<table>
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<th>NAME OF DOCUMENT</th>
<th>Sharps Management</th>
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<tr>
<td>EXECUTIVE SPONSOR or</td>
<td>Prof George Rubin</td>
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<td>EXECUTIVE CLINICAL SPONSOR</td>
<td>Director Clinical Governance</td>
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<td>KEY TERMS</td>
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<td>Safe disposal of sharps, use of safety sharp devices. Assessing the risk of accidental sharps injury</td>
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1. **POLICY STATEMENT**


Each health care worker (HCW) is responsible for the management and disposal of the sharps they use. All HCWs must use safety sharps devices where provided unless the procedure would be adversely affected.

2. **BACKGROUND**

This document outlines the procedures to ensure the correct management of contaminated sharps.

3. **DEFINITIONS**

- **Accountable item**: an instrument or disposable item which by its nature is at risk of being retained in the patient. It is therefore subject to mandatory documentation on an Approved Perioperative Documentation form.

- **Health care workers (HCWs)**: persons, including students and trainees, whose activities involve contact with patients or with blood or body substances from patients.

- **Sharps**: any object capable of inflicting penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes needles and any other sharp objects or instruments designed to perform penetrating procedures.

- **Sharps container**: a receptacle designed to the relevant Australian Standard for the disposal of sharps.

4. **RESPONSIBILITIES**

4.1 **Employees will:**

Comply with the procedures outlined in this document.

4.2 **Line Managers will:**

- Ensure equipment is available for staff to use.
- Ensure all staff comply with this procedure.
- Ensure all staff receive appropriate education on the safe management of sharps.
- Support a safe workplace through the use of safety engineered devices.
4.3 District Managers/ Service Managers will:
Distribute information to line managers
Assign responsibilities and resources to ensure appropriate management of sharps

5. PROCEDURE

- Wherever possible, the use of sharps devices should be eliminated or the introduction of safety engineered devices should be facilitated
- HCWs will be educated in the use of safety devices
- HCWs shall assess the risk of accidental injury to themselves and others during the use of a sharps and put in place procedures and controls to minimise the risk
- Disposal/reprocessing of the sharp must be planned prior to use
- Disposable sharps must be disposed of as soon as practicable after use, preferably at point of use

5.1 Preparation:
- Obtain assistance before any sharp is used with uncooperative patients or infants and children
- Identify a sharps disposal container as close to point of use as possible

5.2 During procedures
- Sharps must not be passed from the hand of a health care worker to another person, except if during an invasive procedure the proper conduct of the procedure would be adversely affected
- A puncture resistant tray must be used to transfer sharps
- Needles must not be removed from disposable syringes for disposal or be purposely broken or otherwise manipulated by hand unless:
  - it is necessary to remove the needle for technical reasons
  - it is necessary to bend the needle for technical reasons, and then a suitable pair of forceps should be used
  - needles must not be bent after contamination with blood or body substances

5.3 During surgical procedures
- Wherever possible the use of sharps devices should be eliminated and the introduction of safety-engineered medical devices should be facilitated
- Prior to commencement, the surgeon and scrub nurse should decide on the routine for passage of sharp instruments
- The surgeon must avoid placing their less dexterous hand in potential danger
- All surgeons involved in operating room procedures should wear double gloves with a larger size glove on the inside
- A puncture resistant tray must be used to transfer sharps
- Only one sharp at a time is to be placed in a puncture resistant tray
- Hand held straight needles should not be used
- When suturing, forceps or a needle holder should be used to pick up the needle and draw it through the tissue
- A sterile thimble may be used for protection when suturing
• Where practical, suture needles should be cut off before knots are tied
• Fingers must not be used for the purpose of exposure or to increase access for the passage of a suture
• Skin should be closed with staples whenever possible
• Where practical, blunt needles should be used to close the abdomen
• Where it is technically feasible, retractors must be used for the purposes of exposure and access
• Accountable items from the scrub table are transported using a puncture resistant container to the sharps container located outside the theatre
• Scalpel blades must be disposed of as soon as possible after the completion of use and as close as possible to the point of use. Methods of removal are outlined in AS/NZS 3825: Procedures and devices for the removal and disposal of scalpel blades from scalpel handles. 1998

5.4 Insulin Administration
• While patients are being educated to use an insulin pen, staff are to supervise and support the patient as required
• HCWs must not manipulate or resheath the used needle at any time
• Staff must not use the insulin pen to administer insulin
• Patients self administering insulin must be provided with point of use sharps disposal which is secured to prevent falling
• During any period where the patient is incapable of self administering insulin, staff must use a needle and syringe to administer the insulin

5.5 When preparing bodies for Coroner’s Cases
• In general nothing should be done to a body after death if it is a coroner’s matter
• All IV cannulae, needles, and other drains, tubes and airways should be left insitu. Attached drip bags, bottles and feed lines must accompany the body
• All sharps or pieces of equipment left insitu should be firmly taped or secured to the body in such a way that the risk of sharps injury or leakage is minimised
• The immediate area should be checked and any sharps or equipment not required to remain insitu should be removed for disposal or reprocessing

5.6 Following procedures
• Needles must not be re-sheathed except in special circumstances. Where re-sheathing is required:
  ✓ the needle must be properly recapped
  ✓ the sheath must not be held in the fingers
  ✓ either a single handed technique or forceps, or a suitable protective guard designed for the purpose must be used
• Reusable sharps must be placed immediately after use in a puncture-resistant sharps container specially kept for that purpose
• When more than one reusable sharp is carried in a container special care is required during placement and removal of sharps
• Non-reusable sharps must, immediately after use, be disposed of in a puncture resistant container
• If a tilt tray is used the tray must be immediately emptied
• Sharps should never be forcibly placed or thrown into a sharps container

5.7 **Sharps containers**

• Sharps containers must:
  ✓ comply with the relevant Australian Standards
  ✓ be puncture resistant, waterproof and leak proof
  ✓ have an opening that is wide enough to allow sharps to be dropped into the container by a single handed operation
  ✓ be clearly labelled with black lettering on yellow background with the biohazard symbol printed on the container
  ✓ never be overfilled
  ✓ be sealed and changed when ¾ full
  ✓ be securely sealed with a lid before disposal
• Sharps containers should be placed as close as practicable to the point of use to ensure sharps are not carried unprotected through the facility
• Sharps containers should be secured when on trolleys to prevent them from falling
• If it is determined that point of use sharps containers are unable to be made available for specific procedures or settings, puncture proof containers may be used to transport sharps to the nearest sharps container
• Sharps containers should be placed so visitors, particularly children, do not easily access them
• When returning sharps containers to Community Health Centre/facility, sharps container should be sealed and fastened in a holder attached by straps or bracket to the inside of the boot to prevent movement.
• Keep car locked when transporting sharps containers.
• Community Health/TACT staff to educate clients/carers about safe storage and correct disposal of sharps when leaving sharps containers in the home.
• Reusable sharps containers must be:
  ✓ cleaned and disinfected before reuse
  ✓ inspected before reuse to ascertain that they are clean, intact and without leaks
  ✓ repaired before use or taken out of service if found defective
  ✓ resistant to leakage, impact rupture and corrosion

5.8 **Inappropriate disposal**

• Sharps found in inappropriate locations must be disposed of immediately into a sharps container using extreme caution. The following methods may be used:
  ✓ long handled broom and pan
  ✓ dust pan and broom
  ✓ using gloved hands, holding the non-sharp end only
  ✓ other appropriate appliance
• HCWs must assess the situation for risk of injury
• An IIMS report must be completed
5.9 Sharps injury prevention program
   - Refer to NSW Ministry of Health PD 2007_052: Sharps Injuries - Prevention in the Public Health System

6. DOCUMENTATION
   Nil

7. AUDIT
   Sharps container audits

8. REFERENCES
   - Australian College of Operating Room Nurses. ACORN Standards for Perioperative Nursing. 2014
   - Australian Standards. AS/NZS 3825: Procedures and devices for the removal and disposal of scalpel blades from scalpel handles. 1998
   - Australian Standards. AS 4031: Non-reusable containers for the collection of sharp medical items used in health care areas. 1992 and Amendment No. 1. 1996
   - Australian Standards. AS/NZS 4261: Reusable containers for the collection of sharp items used in human and animal medical applications. 1994 and Amendment No.1 1997
   - NSW Ministry of Health Policy Directive ‘Coroners Cases and the Coroners Act 2009’ PD 2010_054
   - Pellissier G. et al. Risk of needlestick injuries by injection pens. Journal of Hospital Infection. 63, 1; 60 – 64. 2006

9. REVISION AND APPROVAL HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
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<tbody>
<tr>
<td>June 2004</td>
<td>0</td>
<td>Infection Control Coordinators, Illawarra Health</td>
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<tr>
<td>Feb 05</td>
<td>1</td>
<td>Approved by Area Policy and Procedure Committee on 10 Feb 2005 and ratified by executive on 21 Feb 2005 for a six month period – review August 05</td>
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<td>Amendment to reflect change to Local Health Network</td>
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| Jun 2014 | 5        | Infection Prevention Control Working Party updated references, level of evidence and include use of safety devices  
Template updated and re-formatted by District Policy Officer |
| Jun 2014 | 5        | Approved by Executive Clinical Sponsor, Prof. George Rubin, Director of Clinical Governance |