

# All IAS Sites

## Sharps Management Policy



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1.3

**Document Author:**

Pippa Halley Nurse Lead

**Document Owner:**

Pippa Halley Nurse Lead

**Approved By:**

Improving Access Service / PCN Clinical Quality Group

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## Background

### 1.1 Purpose

The safe handling and disposal of needles and other sharp instruments forms part of an overall strategy to protect staff, patients, visitors and contractors from exposure to blood borne infections.

### 1.2 Links to National Standards, e.g. Care Quality Commission

- Sharps Safety Directive 2010/32
- EU Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Care Quality Commission (CQC) Outcomes 8, 9, 11 and 14
- DH Health and Social Care Act 2008, Code of practice on the prevention and control of infections and related guidance, Criterion 9
- NHSLA (NHS Litigation Authority) Risk Management Standards 2013-14 for NHS Trusts

### 1.3 Definitions

Sharp or inoculation injuries are defined as injuries resulting in potential blood borne viral infections to healthcare workers from sharp instruments such as needles, blades and dental burrs and includes scratches, bites, contamination and splashes. The most important infection risk from sharps injuries is the transmission of blood borne viral (BBV) infections namely Hepatitis B, Hepatitis C and HIV.

## Sharps Prevention

On the 11th May 2013 the European Directive 2010/32 EU (Sharps Directive) came into force which was transposed into the UK Legislative framework as the Health and Safety (Sharp instruments in Healthcare) regulations 2013 (Sharps Regulations).

Many aspects of the Sharps Directive were already implemented through existing legislation (i.e. Health & Safety at Work Act, RIDDOR, COSHH). The key requirements from the Sharps Regulations require organisations to:

- Ensure staff who may use sharps are trained in the correct use and disposal of sharps and sharps safety devices.
- Offered Hepatitis B vaccinations to all staff that may be exposed to the risk of contracting a blood borne virus by way of a sharps injury. Where evidence of Hepatitis B vaccination and antibody response cannot be evidenced, the Improving Access Nurse Lead will conduct and document a risk assessment with staff members concerned and advise staff member accordingly.
- Undertake suitable and sufficient risk assessment, wherever sharps are used or handled.
- Avoiding the unnecessary use of sharps (e.g. needle-free equipment).
- Using safer sharp devices where it is reasonably practicable to do so.
- Preventing the recapping, bending or breaking of needles.
- Placing secure containers and instructions for safe disposal of medical sharps close to the work area to minimise the handling of sharps.
- Review risk assessments, staff training and safety arrangements following any sharp injury or near miss.

Sharps prevention or safety devices are evidenced as reducing risks but should be evaluated on the following basis:

- does not compromise patient or child care
- performs reliably
- is an integral part of the device
- is easy to use, requiring little change in technique, allowing control of the procedure
- must not create other hazards, or be easily reversible once activated
- single handed or automatic mechanism is preferable
- activation provides an audible, tactile or visual sign to the health professional
- Personal protective clothing should be worn when dealing with blood or body fluids

- Handling of sharps should be kept to a minimum. Do not pass from hand to hand
- **Do not re-sheathe\*, re-cap, bend or break needles \*This rule has been amended for use with COVID-19 vaccines only whereby needles can be re-sheathed in vaccine tray using non-touch technique\***
- Dispose of sharps immediately after use.
- **NEVER** leave sharps/vaccines/needles unattended.
- Needles and syringes should be disposed of as one unit DO NOT SEPARATE (except during Aseptic Non-Touch Technique where unavoidable).
- Risks assessment must be undertaken at a local level in line with local clinical and operational needs (see Appendices 2 and 3).

## Sharps Containers

- **It is the responsibility of the operator carrying out a procedure involving a potential “sharp” hazard to ensure that the sharp is disposed of correctly into an approved sharps container**
- Sharps containers are available at the point of use
- Sharps containers must conform to UN 3291 and BS 7320
- Ensure sharps containers are correctly assembled and permanently sealed when two thirds full. All sharps containers must be dated and signed on assembly and disposal to indicate source
- Sharps containers should be in use no longer than 3 months
- Sharps container should NEVER be placed into waste bags
- Sharps containers should be stored safely away from children and general public ideally in a locked room/ cupboard
- Sharps containers in use must be stored above floor level. Secure with wall/ trolley mounted brackets where possible.
- Do not attempt to retrieve items from sharps containers
- Patients who use needles at home should be provided with a sharps container.
- When ready for collection, sharps containers must be securely sealed for transportation and stored in a designated place for collection.
- Local District Council collections must be organised for patient/ client homes or via waste department
- When not in use, the aperture of the sharps container must be temporarily closed to prevent accidental spills
- Avoid transporting sharps containers in vehicles where possible. Where necessary the container must be kept out of sight and not left unattended. In addition the temporary closure mechanism must be used and the sharps container must be transported in an outer rigid container i.e. community transportation box to avoid spillage of sharps in the vehicle
- Ensure sharps container is held upright for even distribution of sharps away from aperture

## Injury to staff member from an uncontaminated Instrument

In the event of an injury from an uncontaminated instrument/ sharp, the incident should be reported to Clinical Lead, Onsite Clinical Supervisor or Nurse/IPC Lead who will log an incident on Datix. The investigation will then be conducted by the Infection Prevention and Control lead for IAS.

**\*Please note – some of the needles provided with COVID vaccines are very difficult to unsheathe when preparing to draw up vaccines. If this occurs, staff are advised to treat this as faulty equipment, dispose of entire needle and syringe, and begin process again with a new needle and syringe. DO NOT force needle / sheathes or use trays etc as leverage as this can result in sharps injury\***

## Injury to patient from an uncontaminated instrument

Please note that this is a Serious Incident and should be reported immediately to the Clinical Lead, Onsite Clinical Supervisor and Nurse/IPC Lead for management.

- First aid to be administered – bleed it, wash it, cover it and report it.
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- Immediate verbal duty of candour should be completed as per serious incident policy.
- Name and contact details to be collected from affected patient
- Post-incident Patient Facing Sharps Injury Investigation and Action Plan to be submitted along with SVOC Form and saved on Datix.
- 

**Injury to member of staff from a contaminated Instrument**

**ACTIONS**

The following actions must be taken in the event of an injury involving contamination with blood or body fluids:

STEP	STAFF ACTIONS
1.	<b>BLEED IT</b> immediately – never suck the wound.
2.	<b>WASH IT</b> with soap and water. Pat dry.
3.	<b>COVER IT</b> with a waterproof dressing.
4.	<p><b>REPORT IT</b>  <b>Fully report incident immediately to Clinical Lead, Onsite Clinical Supervisor or Nurse/IPC who will then log it as an incident on DATIX and support the staff member in leaving their shift and attending A+E immediately.</b></p> <p>The incident will then be fully investigated and findings shared by one of the clinical leads – see appendices</p>
5.	<p><b><u>Attend A&amp;E for assessment.</u></b>  <b>If the incident is deemed a high risk for HIV, the individual MUST IMMEDIATELY seek medical attention from A&amp;E. The urgency of this is because anti-viral prophylaxis ideally needs to be started within an hour of HIV exposure.</b></p> <p>If member of staff is a known non-responder to Hepatitis B vaccination, they will need to receive immunoglobulin at A+E.</p>

**Injury to patient from a contaminated instrument**

Please note that this is a Serious Incident and should be reported immediately to the Clinical Lead, Onsite Clinical Supervisor and Nurse/IPC Lead for management.

- First aid to be administered as above
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- Immediate verbal duty of candour should be completed as per serious incident policy.
- Name and contact details to be collected from affected patient
- Post-incident Patient Facing Sharps Injury Investigation and Action Plan to be submitted along with SVOC Form and saved on Datix.

### Hepatitis B Vaccination

Hepatitis B vaccination is recommended for healthcare workers in the UK and overseas (including students and trainees): all healthcare workers who may have direct contact with patients' blood, blood-stained body fluids or tissues, require vaccination. This includes any staff who are at risk of injury from blood-contaminated sharp instruments, or of being deliberately injured or bitten by patients.

For those with frequent exposure, pre-exposure immunisation is recommended.

The current UK recommendation is that those who have received a primary course of immunisation, including children vaccinated according to the routine childhood schedule and individuals at high risk of exposure, do not require a reinforcing dose of HepB-containing vaccine, except in the following categories:

- healthcare workers (including students and trainees), who should be offered a single booster dose of vaccine, once only, around five years after primary immunisation
- patients with renal failure
- at the time of a significant exposure.

### Hepatitis B prophylaxis for reported exposure incidents:

HBV status of person prior to exposure	SIGNIFICANT EXPOSURE			NON-SIGNIFICANT EXPOSURE	
	HBsAg positive source	Unknown source	HBsAg negative source	Continued risk	No further risk
Unvaccinated	Accelerated course of HepB vaccine plus HBIG with first dose	Accelerated course of HepB vaccine	Consider course of HepB vaccine	Initiate course of HepB vaccine	No HBV prophylaxis Reassure
Partially vaccinated	One dose of HepB vaccine and finish course	One dose of HepB vaccine and finish course	Complete course of HepB vaccine	Complete course of HepB vaccine	Complete course of HepB vaccine
Fully vaccinated with primary course	Booster dose of HepB vaccine if last dose $\geq$ 1year ago	Consider booster dose of HepB vaccine if last dose $\geq$ 1year ago	No HBV prophylaxis. Reassure	No HBV prophylaxis. Reassure	No HBV prophylaxis. Reassure

Known nonresponder to HepB vaccine (anti-HBs < 10mIU/ml 1-2 months postimmunisation)	HBIG Booster dose of HepB vaccine A second dose of HBIG should be given at one month	HBIG Consider booster dose of HepB vaccine A second dose of HBIG should be given at one month	No HBIG Consider booster dose of HepB vaccine	No HBIG Consider booster dose of HepB vaccine	No HBV prophylaxis Reassure
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Adapted from: PHLS Hepatitis Subcommittee (1992).

**Responsibilities**

**IAS Workforce must:**

- Ensure that they are aware of the policies and other procedural documents relevant to their role.
- Report to their manager any inconsistencies or other weaknesses, which might be resolved by a new or revised policy or other procedural document.
- Complete mandatory infection prevention and control training (including sharps safety) on an annual basis.

**IAS Infection Prevention and Control Lead is responsible for:**

- keeping up to date with new guidance, policy development, production of the infection prevention and control annual report and developing training programmes.
- delivering training sessions (which include sharps safety) for clinical and nonclinical staff.
- disseminating new guidance and help to increase the flow of infection control communication.
- Auditing of sites using the individual Site Assurance documents (including sharps safety).

**All staff are responsible for:**

- reporting infection control concerns, incidents, following guidance and adhering to policies.
- completing in full and as directed any templates or proformas that they have been instructed to use and complete as part of following this policy or procedural document.

**Clinical directors are responsible for:**

- ensuring that the policy and procedures are fully implemented.



## References

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DH Estates and Facilities (2013) *Alert Jan 2013 EFA/2013/001 gateway ref: 18655. Sharps and Sharps Containers Transported in Staff Vehicles* 4 5. *EU Directive 2010/ 32/ EU Implementing the Framework Agreement on prevention of sharps injuries in the hospital and healthcare sector*

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# SHARPS/SPLASH INJURY:

**BLEED IT** immediately – never suck the wound.

**WASH IT** with soap and water. Pat dry.

**COVER IT** with a waterproof dressing.

**REPORT IT** immediately to the on-site Clinical Lead

**ATTEND A+E** If the incident is deemed a high risk for HIV, you **MUST IMMEDIATELY** seek medical attention from A&E. The urgency of this is because anti-viral prophylaxis ideally needs to be started within **1 hour** of HIV exposure. If you are a known non-responder to Hepatitis B vaccination, you will need to receive immunoglobulin at A+E.

Appendix -

10. 2 Example Patient-Facing Sharps Risk Assessment

Department	Assessor	Date
<p><b>Description of activities / task being assessed</b>  <i>Potential exposure to blood borne viruses through sharps injuries, scratches, splashes or contamination of exposed wounds.</i></p>		
<p><b>What are the hazards?</b>  <i>Potential transmission of blood borne viruses i.e. Hepatitis B, Hepatitis C and HIV</i></p>	<p><b>Who may be harmed and how?</b>  <i>Healthcare workers, patients, children, relatives, visitors or contract workers, as above</i></p>	<p><b>What are the associated risks and score? Score 4 x 2 = 8</b></p>
<p><b>What are the existing control measures?</b></p> <ul style="list-style-type: none"> <li>• <i>Sharps Safety Procedure</i></li> <li>• <i>Blood Borne Virus Policy</i></li> <li>• <i>Annual staff training on Infection Control, including sharps safety procedure</i></li> <li>• <i>Sharps Injury poster – promotes sharps hotline and clinical incident report</i></li> <li>• <i>Hepatitis B vaccination on joining the Service, and antibody check for staff in the event of a sharps injury</i></li> <li>• <i>Sharps containers have temporary closure mechanism</i></li> <li>• <i>Sharps containers are stored securely away from public and above floor level</i></li> <li>• <i>Sharps containers are available at the point of need</i></li> <li>• <i>Sharps containers are sealed when 2/3s full or after 3 months.</i></li> <li>• <i>Needles and syringes are disposed as one unit where possible</i></li> <li>• <i>Needles are never re-sheathed, bent or broken</i></li> <li>• <i>Sharps section in annual Site Assurance audits</i></li> </ul> <p><b>Identify any tasks, where safer sharp devices are not used:</b></p> <p><b>If safer sharp devices are not used, record the reasons and/or circumstances why:</b></p>		

<p><b>What are proposed control measures?</b></p> <ul style="list-style-type: none"> <li>• <i>Use needle safe devices where reasonably practicable</i></li> <li>• <i>Risk assessment with control measure must be complete if unable to use needle safe device/s</i></li> <li>• <i>Generic staff training slides to include prevention</i></li> <li>• <i>Check adequate lighting and space</i></li> <li>• <i>Promote near-at-point trays/sharps brackets</i></li> </ul>	<p><b>Persons responsible and Implementation date for proposed control measures: IPC Lead</b>  <i>Clinical Director</i></p>
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<ul style="list-style-type: none"> <li>• <i>Restrict transport of sharps containers in vehicles and arrange collection from site. Where necessary use temporary closure mechanism and an approved outer rigid transport container.</i></li> <li>• <i>Post-Injury Investigation form for managers</i></li> </ul>	
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**What is / are risk score(s) after control measures fully implemented? 4 x 1 = 4**

**Review date for this risk assessment:**

<b>Signed:</b>	<b>Name:</b>	<b>Date of signature:</b>
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**Risk Assessment Review**

<b>Review Date</b>	<b>Assessor</b>	<b>Designation</b>	<b>Action</b>

Appendix -

11. 3 Example Non-Patient Facing Sharps Risk Assessment

<b>Department:</b>	<b>Assessor:</b>	<b>Date:</b>
<p><b>Description of activities / task being assessed:</b>  <i>Potential exposure to blood borne viruses through sharps injuries, scratches, splashes or contamination of exposed wounds, through the handling or removal of clinical waste and non-clinical waste.</i></p>		
<p><b>What are the hazards?</b>  <i>Potential transmission of blood borne viruses i.e. Hepatitis B, Hepatitis C and HIV through a sharps injury, scratch, contamination of exposed wounds or scratches.</i></p>	<p><b>Who may be harmed and how?</b>  <i>Non clinical staff involved in the handling and movement of clinical waste and non-clinical waste, including sharps. Contractors responsible for the removal of clinical waste and non-clinical waste.</i></p>	<p><b>What are the associated risks and score?</b>   <i>Score 4x 2=8</i></p>

**What are the existing control measures?**

- *Sharps Safety Procedure*
- *Blood Borne Virus Policy*
- *Annual staff training on Infection Control, including sharps safety procedure for non-clinical staff*
- *Two yearly staff training on Waste Awareness.*
- *Sharps Injury poster – promotes sharps hotline and clinical incident report*
- *Hepatitis B vaccination on joining the Trust, and antibody check for staff in the event of a sharps injury*
- *Sharps containers have temporary closure mechanism*
- *Sharps containers are stored securely away from public and above floor level*
- *Sharps containers are available at the point of need to facilitate safe disposal*
- *Sharps containers are sealed when 2/3s full or after 3 months. Sharps containers will not be removed unless consignment label on the side is completed correctly.*
- *Personal Protective Equipment provided to Porters and Facilities staff removing/handling waste i.e. Kevlar Grip Gloves*
- *Long handled grappers (helping hand), used to pick up sharps spillages. □ Sharps section in annual Infection Control Environmental audits*
- *Waste Audits carried out by Facilities staff, as per policy and Hazardous Waste Regs. • Departmental Health & Safety Audits and Risk Assessments.*

**Identify any tasks, where safer sharp devices are not used:**

**If safer sharp devices are not used, record the reasons and/or circumstances why:**

**What are proposed control measures?**

- *Sharps site on IAS Website*
- *Restrict transport of sharps containers in vehicles in the community and arrange collection from property.*
- *Where necessary use temporary closure mechanism and an approved outer rigid transport container.*
- *Post Injury Investigation form for managers*

**Persons responsible and Implementation date for proposed control measures:**

*Infection Prevention and Control Lead  
Clinical Director  
Service Manager*

**Appendix -**

<b>What is / are risk score(s) after control measures fully implemented? 4x1</b> = 4		
<b>Review date for this risk assessment:</b>		
<b>Signed:</b>	<b>Name:</b>	<b>Date of signature:</b>

**Risk Assessment Review**

**12. 4 Patient-Facing Post Injury Investigation Form (following a sharps injury, bite, scratch, contamination or splash to eyes).**

This form has been developed to assist in determining the factor/s that may have contributed to a reported injury/ event as above. The key to the investigation is asking the question ‘why?’ as many times as it takes to get to the ‘root cause’ of the injury / event:

- What happened?
- How did it happen?
- Why did it happen?
- What can be done to prevent it from happening again?

It is the responsibility of the individual sustaining the injury to complete the form and develop an action plan with support from their manager.

<b>Date of injury/ event:</b>	<b>Time: (AM/PM)</b>	<b>Location:</b>
	<b>Weekday:</b>	

<b>Review Date</b>	<b>Assessor</b>	<b>Designation</b>	<b>Action</b>

**Details of how the injury/ event occurred:**

*Sharps injury sustained while re-sheathing patient's insulin pen in patient's home*

**Description of Injury/ event**

Contributing Factors			If "Yes", what contributed to this factor being an issue?	Is this a root cause of event?	
				Yes	No
	Yes	No	<b>Examples</b>	Yes	No
<b>Issues related to patient?</b>			<i>Patient agitated or un-cooperative. Patient unable to self-medicate</i>		
<b>Issues related to staff training?</b>			<i>Sharps training not attended annually. Were staff familiar with and competent in the use of the device?</i>		
<b>Type of device involved</b>			<i>Was the device a safer sharp device? If not, could a safer alternative have been used?</i>		
<b>Work environment?</b>			<i>Lighting poor Space inadequate</i>		
<b>Sharps container?</b>			<i>Not available at point of care Overfilled Undated/ unlabelled</i>		



			<i>Temporary closure mechanism not used Inappropriate storage Transport container not used in vehicle</i>		
<b>Communication?</b>			<i>Language barrier Patient deaf or blind Cognitive problems</i>		
<b>Policy/Procedure?</b>			<i>Sharps Procedure not available Blood Borne Virus Policy not available Sharps poster not displayed</i>		
<b>Personal issues?</b>			<i>Staff member fatigued, hungry or ill</i>		
<b>Supervisory issues</b>			<i>Lack of supervision provided to undertake procedure or role</i>		

**13. Appendix 5 Example Post Injury Investigation Action Plan**

<b>Risk Reduction Strategies</b>	<b>Measure(s) of Effectiveness</b>	<b>Responsible Person(s) and target completion date</b>	<b>Action completed date</b>
<b>Action Item</b> <b>Patient issues</b>	<i>Clear explanation of procedure given to patient  Needles are never re-sheathed</i>		
<b>Action Item</b> <b>Staff training</b>	<i>Sharps training attended annually and recorded</i>		

<b>Action Item</b> <b>Equipment/ device</b>	<i>Insulin to be given via needle safe device where patients unable to self-administer.</i>  <i>Training on device received prior to use.</i>  <i>Consideration of replacing the device with a safer sharp or alternative product.</i>		
<b>Action Item</b> <b>Work Environment</b>	<i>Alternative room used with adequate space available to safely give injection</i>		
<b>Action Item</b> <b>Sharps container</b>	<i>Sharps container is available at point of care</i>  <i>Sharps container is dated and labelled</i>  <i>Temporary closure mechanism is used when sharps container not in use</i>  <i>Sharps container is stored in a locked cupboard when not in use away from patient's children.</i>  <i>Sharps containers are routinely sealed when 2/3s full or within 3 months.</i>  <i>Staff have made arrangement with local authority to collect sharps container from patient home</i>		

<b>Action Item</b> <b>Communication</b>	<i>Polish interpreter contacted to aid communication</i>		
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**14. Appendix 6 Non Patient-Facing Post Injury Investigation Form (following a sharps injury, contamination or splash to eyes).**

This form has been developed to assist in determining the factor/s that may have contributed to a reported injury/ event as above. The key to the investigation is asking the question 'why?' as many times as it takes to get to the 'root cause' of the injury / event:

- What happened?
- How did it happen?
- Why did it happen?
- What can be done to prevent it from happening again?

It is the responsibility of the individual sustaining the injury to complete the form and develop an action plan with support from their manager.

<b>Date of injury/ event:</b>	<b>Time: (AM/PM)</b>	<b>Location:</b>
	<b>Weekday:</b>	
<b>Details of how the injury/ event occurred:</b>		
<i>Sharps injury sustained whilst Facilities Assistant was exchanging orange clinical waste bag, which was overfilled. Sharps was disposed incorrectly, and put in the orange bag.</i>		

**Description of Injury/ event**

<b>Contributing Factors</b>			<b>If "Yes", what contributed to this factor being an issue?</b>	<b>Is this a root cause of event?</b>	
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
			<b>Examples</b>		
<b>Issues related to patient?</b>			<i>Outpatient/visitor accessing clinical waste bin and incorrectly disposing of sharps.</i>		
<b>Issues related to staff group?</b>			<i>Facilities staff not following safe disposal practises. Clinical staff not following safe disposal practises.</i>		
<b>Issues related to staff training</b>			<i>Infection Control/ Waste Management training not attended Infection Control/ Waste Management training not followed Clinical waste bins unsecured</i>		

<b>Equipment</b>			<i>Personal Protective Equipment (PPE) not available</i>		
			<i>PPE not worn PPE not fit for purpose Clinical waste bin broken</i>		
<b>Work environment?</b>			<i>Lighting poor Space inadequate, where clinical waste bin is stored for safe removal of bag.</i>		
<b>Sharps container/clinical waste bags?</b>			<i>Sharps container not available at point of care/need Sharps container overfilled so not used to dispose of sharps. Clinical waste bags being over filled</i>		
<b>Communication?</b>			<i>Clinical waste bags being over filled Full sharps container not replaced Broken bin not reported/replaced PPE needed to be replaced</i>		
<b>Policy/Procedure?</b>			<i>Sharps Procedure not available Blood Borne Virus Policy not available Procedures not followed Waste Audits not carried out.</i>		
<b>Risk assessment</b>			<i>Risk Assessments not available/not reviewed.</i>		
<b>Personal issues?</b>			<i>Staff member not following procedure/training</i>		
<b>Supervisory issues</b>			<i>Staff waste handling not being supervised/monitored</i>		

15. Appendix 7 Example Non Patient-Facing Incident Post Injury Investigation Action Plan

Risk Reduction Strategies	Measure(s) of Effectiveness	Responsible Person(s) and target completion date	Action completed date
<b>Action Item</b> <b>Patient issues</b>	<p><i>Ensure clinical waste bins are kept secure/not accessible by patients.</i></p> <p><i>Patient awareness of safe disposal of sharps</i></p> <p><i>Staff have made arrangement with council to collect sharps container from patient home</i></p>		
<b>Action Item</b> <b>Staff Group</b>	<p><i>Facilities/Clinical staff made aware of incident</i></p>		
<b>Action Item</b> <b>Staff Training</b>	<p><i>Infection Control/ Waste Management training received and recorded</i></p>		
<b>Action Item</b> <b>Equipment/ device</b>	<p><i>PPE i.e. Kevlar Grip Gloves usage reviewed and new gloves issue where applicable and recorded.</i></p> <p><i>Clinical waste bin replaced.</i></p>		
<b>Action Item</b> <b>Work Environment</b>	<p><i>Lighting tube replaced.</i></p> <p><i>Alternative room used for storage of clinical waste bin.</i></p>		
<b>Action Item</b> <b>Sharps container/clinical waste bags</b>	<p><i>Sharps containers to be available at point of care/need. Review undertaken</i></p> <p><i>Facilities staff are monitoring overfilled clinical waste bag/sharps containers, and reporting to Clinical staff. This information is also being recorded to enable appropriate feedback.</i></p>		
<b>Action Item</b> <b>Communication</b>	<p><i>Reminders issued at Facilities and Clinical Communication Meetings, regarding</i></p>		

		<p><i>importance of reporting damaged equipment/PPE, and not overfilling sharps containers and clinical waste bags.</i></p> <p><i>Reminders included in staff supervisions.</i></p>		
<b>Action Policy</b>	<b>Item</b>	<p><i>Sharps Injury procedure poster displayed in Facilities offices and Cleaning cupboards.</i></p> <p><i>Staff are aware how to access the Sharps Procedure and Blood Borne Virus policy from IAS site</i></p> <p><i>Assurance Forms to be signed by staff as and when Policies are issued</i></p> <p><i>Additional training has been given to staff to ensure correct safe handling of all waste</i></p> <p><i>Waste Audits carried out and recorded</i></p> <p><i>Action Risk Assessment</i></p> <p><i>Risk Assessment reviewed and updated.</i></p>		
<b>Action Personal Issues</b>	<b>Item</b>	<p><i>Staff re-trained and being monitored.</i></p>		
<b>Action Supervision</b>	<b>Item</b>	<p><i>Team Leaders/Supervisors monitoring waste handling procedures and spot checking staff 'on the job'</i></p> <p><i>Feedback being given to areas where overfilling containers and bags is an issue.</i></p>		