

Facilities – Sharps SOP



Title:

Facilities – Sharps

Standard Operating Procedure (SOP) Version 2.0

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Version Control

Date	Author	Version	Reason for change
30/09/19	K Fraser	1.0	Consultation
22/10/19	K Fraser	1.1	Consultation complete
13/10/21	K Fraser	1.2	Consultation complete
13/10/21	K Fraser	1.3	Approved and implemented
27/02/25	K Fraser	1.4	Under review
15/05/2025	K Fraser	2.0	Approved by the Facilities Policy Review Group

Executive Summary

The purpose of this document is to define the procedures to be followed in the event of any Facilities member of staff being exposed to an inappropriately discarded sharp or receiving a sharps related injury.

This should be read in conjunction with the [Clinical Sharps Devices Policy](#)

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1.0 Introduction and Purpose

The purpose of this document is to define the procedures to be followed in the event of any Facilities member of staff being exposed to an inappropriately discarded sharp or receiving a sharps related injury.

This should be read in conjunction with the [Clinical Sharps Devices Policy](#).

2.0 Scope

Relevant to all Estates & Facilities Staff who may be exposed to a sharp as detailed below.

3.0 Facilities Teams potentially affected by this risk

- Domestic Services
- Portering Services
- Catering Services
- Transport Services
- HSDU
- Laundry
- Craftsperson's/Maintenance Staff
- Grounds and Gardens Staff

4.0 Aims SOP/Definitions of Sharps

- To ensure Estates & Facilities staff are informed of the risk from inappropriately discarded sharps
- To ensure Estates & Facilities Managers liaise with the department the risk originated from to minimise sharps exposure to Facilities staff through inappropriate disposal
- For the purpose of this SOP Sharps will mean any hypodermic needle, scalpel, scissors, medical sharp or device

5.0 Risk Assessment

- A specific departmental risk assessment must be completed and communicated to all relevant staff. See appendix 2

6.0 Procedures to be followed

- Each department will detail their identified individual risk areas /tasks of concern
- Each Department will detail the specific procedures required on their individual risk assessment or develop a local site LOP (Local Operating Procedure) or SSoW (Safe System of Work) based on their identified risks and controls
- This must also include information on the actions to be taken in the event of a sharps injury

7.0 Training, Information and Communication

- All relevant staff will receive a Sharps Toolbox Talk annually – this can be by using the Facilities generic version (see appendix 1) or be developing a specific departmental one
- If developing a departmental Toolbox Talk then it must include information on the steps to be taken if a sharps injury occurs
- Ensure this is recorded and staff sign to confirm receipt of the information

8.0 Adverse Event Reporting and Occupational Health Procedures

- All adverse events will be reported, recorded and reviewed via the internal Datix system.
- Try and find out where the sharp originated (e.g. patient, theatres etc) as it is important from an Occupational Health advice perspective and to liaise with the relevant department
- Where a Sharps injury becomes RIDDOR reportable a full Significant Adverse Event Review will be carried out
- See Appendix 1 for information on sharps injuries and the actions required
- If you require emergency advice following a sharp or contamination the most up to date advice and contact details can be found on the [NHSL Intranet Page for Sharps and Contamination Advice](#)

9.0 Performance Monitoring and Auditing

- Quarter 3 reporting deals specifically with the management of Sharps and an annual performance review (and assurance level) will be recorded in the report
- The Facilities Significant Adverse Event Group will review any RIDDOR/ SAE reports and offer advice or recommendations to the Adverse Event Manager.

10.0 Review Information

- Next review May 2028

APPENDIX 1 – Needlestick Protocol Toolbox Talk

Resources required:

- Instructions/procedures
- Attendance list
- Picture of drug paraphernalia (included)
- Picture of hazard kit

How could a needle stick injury occur?

- Staff not following training
- Medical staff disposing of hypodermic needles incorrectly
- Patients discarding sharps on meal trays, floors, window ledges etc
- Sinks or drains where accidental drop can occur
- Members of the public leaving needles in public areas
- Handling waste / dirty laundry
- Not using correct PPE (gloves)

There has been a noticed trend of increased near misses and actual events across NHSL sites.

How would you prevent a needlestick injury?

- Use correct PPE
- Follow training and procedure
- Use correct bag handling technique

What action should you take if finding needlestick/sharp?

Any needles/sharps found in a clinical area that has not been disposed of correctly must be reported to person in charge of area at that time. This person should then have the needle/sharp disposed of, following the correct procedure.


Remember to inform domestic supervisor of the incident.

What action would you take in the event of a needlestick injury?

- Wash thoroughly with soap and lukewarm water, do not scrub!
- Gently encourage bleeding. Squeeze gently!
- Cover with a waterproof plaster
- Thoroughly irrigate exposed mucous membranes and eyes with water
- Refer to Occupational Health Poster for next steps
- Refer to the [Clinical Sharps Devices Policy](#)
- Report incident to clinical staff/line manager as soon as possible. Record evidence e.g. photograph.
- Complete DATIX
- Follow normal procedures for dealing with contamination – see [National Infection Prevention and Control Manual](#) Chapter 3. *(in relation to this Facilities SOP this link provides general IPC information that may assist training and Incident Investigation)*

Whom to contact following injury


Managing sharps or contamination injuries



FIRST AID



FOLLOWING AN EXPOSURE TO BLOOD OR OTHER BODY FLUIDS, THE EXPOSED SITE SHOULD BE IMMEDIATELY CLEANSED AS FOLLOWS:

For skin exposures; encourage the site to bleed by gentle squeezing then wash with soap and water. Small wounds and punctures may also be cleansed with an antiseptic, for example an alcohol-based hand hygiene solution.



Don't scrub the wound

In cases of mucosal exposure, the exposed mucous membranes should be flushed with a copious amount of water. Eyes should be irrigated with saline or water.

Irrigate eyes before and after removing contact lenses

ASSESS INCIDENT RISK

Was the Injury...

YES

Body fluid involved was...

- Blood free saliva/spittle
- Blood free urine
- Blood free vomit
- Tears
- Sputum/phlegm

Body fluid involved was...

- Blood
- Pleural fluid
- Blood - stained low risk fluid
- Saliva associated with dentistry
- Semen
- Vaginal Secretions
- Breast Milk
- CSF
- Synovial fluid
- Blood stained body fluids e.g. urine/vomit
- Peritoneal fluid,
- Amniotic fluid,
- Pericardial fluid,
- Unfixed tissues/organ

YES

You have an injury that may be considered low risk

A splash of any body fluid on to intact skin is considered low risk

No further action is required


NO

YES


You have an injury that may be considered high risk

For a risk assessment to be undertaken:

- For access via NHS Lothian Intranet, please access via the Cority Sharps/Contamination incident form on the **applications list** or use the QR code on the left
- For external users, please search "NHS Lothian Occupational Health" and select "Contact Us - Occupational Health (Commercial)" then select the My Cority link at the bottom of the page or use the QR code on the left
- On the My Cority site click on the Guest Log in, click Accept for the Privacy Agreement, then click the New NHSL Needlestick - Self Reg Form
- Complete all mandatory fields. These are highlighted with an *
- Take each step as advised by the outcome of the risk assessment.
- Final step is to Click Submit.



Scan this QR code to access risk assessment form



Scan this QR code to access risk assessment form

- THERE IS NO PHONE LINE FOR IMMEDIATE SHARPS AND CONTAMINATION ADVICE - INSTEAD, SCAN THE QR CODE ON THE POSTER ABOVE.
- Occupational Health Details along with "management of needle stick and contamination injury" are in the Yellow Folder in your D.S.R for reference!

APPENDIX 2 –

SAMPLE: RISK ASSESSMENT TO BE ADAPTED TO DEPARTMENT SPECIFIC

ID: SJH
Sharps (01)

Record of Sharps Risk Assessment

Name of Assessor(s):		Date of original assessment:	
Posts held:			
Manager responsible:			
Department:			

Subject of Assessment: Consider Task or Environment
Exposure to inappropriately disposed of clinical sharps or other sharp instruments/objects

Step 1: What are the hazards?
Potential for injury/exposure to biohazards (high risk blood borne viruses)

Step 2: Who might be harmed and how?
<ul style="list-style-type: none"> • Domestic Staff – dealing with waste and during cleaning duties • Portering staff – dealing with waste and transporting sharps boxes • Catering staff – dealing with sharps returned on meal trays • Transport drivers – dealing with sharps during transportation of sharps boxes • Ground and gardens staff – dealing with sharps discarded externally • Estates staff – dealing with sharps discarded in plumbing • Laundry staff – dealing with sharps sent to the laundry within laundry bags • HSDU staff – dealing with sharps returned on surgical trays for decontamination • Contractors – who may come across a discarded sharp whilst carrying out work for NHSL <p>There is the possibility of transmission of blood borne infection plus the emotional distress of uncertainty of transmission and therefore contracting illness.</p> <p>Mixture of safety and non-safety devices used across NHSL but, if safety guard not activated, risk remains high</p>

Step 3: What are you already doing? (existing precautions)

- Staff trained in clear up of sharps – SOP/training/awareness etc
- Spill kit/clean up kit available on each site, held in the supervisor's office with sharps boxes
- Information/posters are available on the correct construction of sharps boxes – including how to properly seal them prior to uplift
- Staff are informed of what to do in the event of a sharps injury
- Observation of staff practice on an ongoing basis by supervisors
- All incidents and near miss events are recorded on DATIX, so they can be fully investigated
- Staff aware they must alert clinical staff in the department they are in, to alert them to the situation if they discover a sharp or are injured by a sharp
- Laundry and HSDU can alert the department sending the sharp if the contact tracing information is accurate

Level of Risk: (likelihood x consequence) =

Yellow

Current risk level:

Risk is rated yellow due to the controls highlighted in section 3 – there remains a residual but acceptable risk

Step 4: Action Plan

What further action is necessary?	Action by whom?	Action by when? (dd/mm/yy)	Action completed. (dd/mm/yy)

Step 5: Review Table			
Date	Reviewer	Reasons for review	Approved/not approved and date.

Step 6: Communication
How will you communicate this risk assessment to all the relevant staff in your teams?