SHARPS MANAGEMENT

GUIDELINE

Department: Quality Improvement Document Identifier: GL/HCO/004/03





GUIDELINE - SHARPS MANAGEMENT

INTRODUCTION

Sharps are items that have corners, edges or projections that can cut or puncture human skin, e.g. needles, stylets, scalpels and razor blades, surgical and dental instruments, broken glass and ampoules, lancets, capillary tubing, microscopic slides, and bone and teeth. Sharps which are contaminated with blood or body fluid pose a serious risk of infection to workers, patients, and visitors in healthcare facilities. The risk of life threatening blood borne illness such as Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) from needle stick or sharps injury is to be minimized. Improper handling and disposal of sharps is a significant cause of injury in the workplace and a primary cause of workplace infection transmission.

1. P	1. PURPOSE	
1.1	The purpose of this guideline is to provide minimum standards and procedures for the safe handling and disposal of sharps by healthcare operators and workers in medical facilities in Dubai Healthcare City (DHCC).	
1.2	This guideline has been developed to assist healthcare operators implement best practices in infection control and prevention and may be adopted by licensed healthcare operators (HCOs) in DHCC as part of their internal policies and procedures.	

2. APPLICABLE TO

2.1

This guideline is applicable to all healthcare workers, domestic, cleaning staff and other workers including contracted service workers in healthcare facilities who handle or may come in contact with potentially contaminated sharps.

3. (3. GUIDELINE	
3.1 Safe Handling of Sharps:		
3.1.1	Healthcare operators are encouraged to use sharp safety-engineered devices such as needless	
	systems, retractable or sheathed needles and blades, needle-free connectors, etc.	
3.1.2	Never bend, manipulate, break, recap or re-sheathe used needles.	
3.1.3	Never pass sharps by hand to others. Use of a tray is recommended.	
3.1.4	Avoid recapping needles. If absolutely necessary to recap a needle to prevent further risk, such as	
	when protecting the sterility of a syringe contents, then devices designed to control the risk of injury	

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	are to be used. For example, needle-blocks can be used to remove and hold the needle cap and so allow safe one-handed recapping.
3.1.5	Ensure that used sharps do not become obscured by dressings, paper towels or drapes during procedures.
3.1.6	Staff should receive education to include: 3.1.6.1 practices for the safe handling and disposal of sharps; 3.1.6.2 types of infection risks and the benefits and drawbacks of vaccination; and 3.1.6.3 what to do in the event of a sharps injury (see 4.6 below)

3.2 Disp	3.2 Disposal of Sharps:	
3.2.1	Used sharps are to be discarded immediately into a puncture proof sharps container at the point of use by the person who used it.	
3.2.2	Avoid accumulating sharps containers for extensive periods by selecting containers appropriate to the organization's needs and ensuring frequent disposal. Healthcare organizations which generate a high volume of sharps should select larger size sharp containers, while those that use few sharps should purchase smaller size containers. Sharps containers are available in a wide range of sizes starting from as small as 250 ml volumes up to large volumes which are suitable for use in facilities which handle large numbers of sharps such as clinical laboratories.	
3.2.3	Dispose used needles and syringes as one unit.	
3.2.4	Drop used sharps properly into the sharps container. Never insert fingers/hands past the level of the lid.	

3.3 Placement of Sharps and Safe Containers:	
3.3.1	Locate sharps containers close to the point of use of sharp items to facilitate easy disposal and avoid the moving or transporting of sharps.
3.3.2	Sharps containers should preferably be wall mounted: 125 cm from the floor for standing access and 50 cm above seat height for a seated workstation.

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3.3.3	Alternatively, sharps containers can be placed on a shelf or work surface close to the work area. This may include placing on dispensing or procedure trolleys.
3.3.4	Never place sharps containers at floor level or at the height or location where children have easy access to them.
3.3.5	Display instructions for safe disposal of sharps in the work area.
3.3.6	Keep sharps containers in an area that excludes risk of injury to staff and visitors.
3.3.7	All sharp containers are to be labelled with the name of the healthcare facility and the date of first utilization.

3.4 Dispo	osal of Sharps and Safe Containers
3.4.1	Sharps containers are to be safely disposed of when 3/4 full or when they are filled to the "Full" mark. Never overfill sharps containers above the "Full" mark.
3.4.2	Sharps containers should be in use for no more than 8 weeks from first use after which they should be disposed of irrespective of whether they are filled to the "Full" mark.
3.4.3	Firmly secure the lid on sharps containers before transporting to the medical waste collection area for disposal.
3.4.4	Used sharps containers are to be disposed of in accordance with the Dubai Healthcare City HSE Approved Code of Practice by an approved waste disposal contracted company.

3.5 Injuries related to improper sharps disposal and handling can occur for the following reasons:	
3.5.1	Inappropriate sharps usage and handling practices during provision of care by healthcare professional.
3.5.2	Disposal of sharps in general or medical waste bins and not in sharps containers.
3.5.3	Improper design of sharps disposal container.
3.5.4	Inappropriate placement of sharps disposal container.
3.5.5	Overfilling of sharps disposal container.

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3.6 Management of Sharps Injuries:	
3.6.1	Each healthcare organization is to have in place an effective procedure for responding to a sharps injury to its staff or contracted workers.
3.6.2	Immediately following a sharps injury, the individual should:
	3.6.2.1 encourage the wound to gently bleed, ideally by holding it under running water;
	3.6.2.2 wash the wound using running water and plenty of soap;
	3.6.2.3 don't scrub the wound while you're washing it;
	3.6.2.4 don't suck the wound;
	3.6.2.5 dry the wound and cover it with a waterproof plaster or dressing; and
	3.6.2.6 if necessary seek further medical attention.
3.6.3	As soon as is practicable inform the organization's management or other appointed staff in
	accordance with the organization's procedures.
3.6.4	All sharps injuries are to be recorded preferably on an incident report in accordance with the
	healthcare organization's policy.
3.6.5	In the case of an injury where there may have been exposure to a blood-borne virus or other
	significant infection, the organization should establish the infection status of the source patient (if
	possible). If this information is known, it should be handled in accordance with appropriate
	requirements for patient confidentiality. If it is promptly shared with the medical professional who is
	treating the injured person, it can greatly assist with ensuring they receive the right treatment or that
	they do not take unnecessary prophylaxis or anti-viral treatments.
3.6.6	If information regarding the infection status of the source patient is not known, a request for urgent
	blood examination may be requested from the source patient and the exposed individual. It may be
	required to obtain explicit consent from the patient source and employee prior to obtaining blood
	samples for testing of HIV and other blood borne viruses.
3.6.7	Each employer when notified of a sharps injury to an employee that may have exposed them to a
	blood borne disease is required to ensure that:
	3.6.7.1 the employee has immediate access to medical advice and treatment as necessary;
	3.6.7.2 maintains a record of the incident;

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3.6.7.3 investigates the incident to discover possible cause or contributors to the incident;

3.6.7.4 takes actions as are reasonably practicable to avoid a repeat incident for similar cause.

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