**Training Guidance for the Use of Sharps**

**Information and Training**

Most control measures, when using sharps, are reliant on the user being competent in their use. Therefore, individuals must be trained at induction, for new or temporary staff, and refresher training carried out at appropriate intervals in the use of sharps for work activities. The minimum content should include;

* The hazards and, where appropriate, the biological agents that employees could be exposed to, and the risks from such exposure
* The findings of the local activity risk assessment
* The availability of prophylaxis (such as vaccination) against hazards or potential treatment. Complete the [job hazard form](https://www.ucl.ac.uk/human-resources/files/job-hazard-formdoc) where necessary.
* The control measure to protect employees such as medical devices, safer needle appliances, PPE if required, safe systems of work, local procedures and codes of practice.
* When sharps are not to be used
* Disposal
* Emergency action and the requirement of an individual to report incidents
* Health surveillance where necessary
* UCL support available in the event of an incident

Training must be recorded and the competence of the individual to use sharps assessed. Inspection of work areas where sharps are in use must include a check on their use and disposal.

**Biological Hazards**

In addition to specific biological agents, an accidental exposure to other human tissue derived hazards is defined by Workplace Health as:

* A puncture or break of the skin with a sharp object such as a needle or a blade which has been contaminated by blood or other body fluid such plasma or cerebrospinal fluid
* A splash into the eye, mouth or onto broken skin with blood or other body fluids such plasma or cerebrospinal fluid.

**The following, with content appropriate to the activities of the workplace, as defined in the emergency response documents should be included. Examples are included in grey below.**

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| **Name and types of hazard**Specific chemicalsGMPrionBBVRespiratory pathogen |
| **Hazards**Disease risks, infectious dose and does transmission occur by injection? |
| **Are sharps allowed in the facility?**Knives, scissors, scalpel blades, hypodermic needles, pointed forceps, and glassYes/No |
| **Is prophylaxis available for any hazards, and made available for all users?**For which hazards?Yes/No |
| **Control measures as defined by risk assessment**Eliminate* Prevent the use of needles and sharps if they are not essential. High containment level laboratories should prevent sharps being available.
* Do not use hypodermic syringes (designed to puncture the skin) if they are not necessary. Wide bore steel needles and cannulas can transfer substances while reducing the risk of needle stick injury.

Substitute* Do not use a sharp needle when a blunt needle can be used in its place.

Engineering controls* Use ‘safer sharps’ devices where reasonably practical and when they do not introduce other greater hazards.

Administration controls* Only un-sheath a needle or sharp in the work area when it is required
* **NEVER** re-sheath a needle or remove needles from syringes before disposal unless documented as part of the safe system of work. If this is required for the activity, a suitable ‘safer sharp’ appliance should be used.
* Do not carry sharps between work areas and never by hand around the work area. Use a tray or sealed container.
* Do not place the hand that is not holding the needle in front of the needle (such as holding the container that is used to load the syringe in front of the point)
* Always point sharps away from you and everyone else
* Dispose of sharps correctly
* **NEVER** put sharps, especially needles and scalpels in your lab coat pocket
* Ensure training is completed
* In the case of blades, use single-use instruments where possible to avoid changing blades

PPE* Suitable protective clothing (eye and mouth protection) must be worn when handling human blood and body fluids, infectious agents and respiratory pathogens. This should supplement, not replace, protective engineering controls such as MSCs.
* Exposed cuts or abrasions of the skin must be covered with a waterproof dressing or plaster.
* Wearing gloves to protect against sharps is possible but may decrease dexterity and the ability to feel and manipulate objects, resulting in greater risks.
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| **Disposal**A high-risk activity, when working with sharps, is sending to waste. Each lab should have specific information to cover all the sharps they produce, which will include the following information;* Disposal of sharps must be in the sharps bin approved by UCL and provided for the purpose. They are traceable and depending on the size, can have weight limits.
* Do not use makeshift containers (tin cans, plastic bottles etc.)
* Sharps should be disposed of at the point of use, whenever possible
* Place sharps bins in a suitable place and height, for ease of use and safe storage
* **NEVER** overfill sharps bins or containers, fill to the level indicated (three quarters full).
* **NEVER** press down sharps to make more room
* Do not try to retrieve items from a sharps bin
* Never dispose of sharps in plastic bags or containers that can be punctured by the sharp. This includes yellow hazardous waste bags and autoclave bags.
* Never place broken glass, needles or other sharps in the domestic waste bin.
* Waste containers with lids should be closed prior to collection.
* Place damaged sharps containers inside a larger sharps container.
* Carry sharps containers by the handle, away from the body
* Keep all sharps waste in a designated, secure area until it is collected.
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| **UCL emergency procedures** **in the event of a sharps injury (cut, laceration, puncture wound or injection) or splash**1. Encourage bleeding if there is a puncture wound – but do not suck the wound – by holding the wound under warm running water.
2. Wash wound or exposed area under running water with soap. DO NOT scrub the area which can further damage the skin
3. Irrigate a damaged or splashed eye with water for 20 minutes. If a person has a splash into the mouth, then they should rinse their mouth out with water many times and spit it out. Do not swallow the water.
4. Dry the wound and cover with a waterproof dressing
5. Seek urgent medical advice as below. Ensure you have information on the hazardous substance.

**In the case of potential infection or serious injury, report for assessment within 1 hour.*** **Bloomsbury Campus – UCL Workplace Health (0900-1600) or UCLH Accident and Emergency Department (1600-0900)**
* **Hampstead Campus – Call ‘needle stick hotline’ on 020 7794 3301**
* **Archway Campus – Whittington Accident and Emergency Department**
* **Post Graduate Institutes at sites other than above – follow local NHS Trust Procedure**

**UCL Workplace Health should be contacted in all circumstances as soon as possible after exposure to ensure that a follow up is completed. Call 020 7679 2802 (internal number 32802)**1. Report the incident to the line manager, local DSO, and record the incident on [riskNET](https://www.ucl.ac.uk/safety-services/node/1619). Safety Services will ensure any further actions are taken, including those that may help lower the risk of this happening again
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| **The incident should be reported as a hazard observation on** **[riskNET](https://www.ucl.ac.uk/safety-services/node/1619).** |

**Document control**

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