SHARPS CLINICAL MANAGEMENT PROCEDURE

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Author:	Corporate Health and Safety Team		
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Authorised by Medical Director & Workplace Director			
Approval Route: Health and Safety Committee			
Approved By:		**Date Approved:**	
Health and Safety Committee			
Care and Clinical Policies Group			
Links or overlaps with other procedures/policies:			
Health and Safety Policy			
Needlesticks & Contamination Injuries to Healthcare Workers Guideline 0324			
Safe Practice in the Perioperative Environment – Standard Precautions Protocol 0360			
Waste Management Policy			
Safe Working Practice Guideline 0514			
Trust Ophthalmology Theatres Sharps Procedure			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
6.0	Full review	May 2023	Full review due and HSE improvement notice relating to management of sharps issued to Trust early 2023 required changes	

Please note:

If you require a copy of this procedure in an alternative format (for example Large Print, Easy Read) or would like any assistance in relation to the content of this procedure, please contact the Human Resources (HR) team on 01803 656680.

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1. Statement of Intent

The Trust is committed to ensuring safe practice by effective sharps management in accordance with the European Council Directive 2010/32/EU 'Prevention from sharp injuries in the hospital and healthcare sector', which has formed part of the national legislation since 11th May 2013.

Needles, scalpels etc. are essential tools for effective medical care. However, the Trust will ensure that sharps are only used where they are required. The Trust shall assess the risk of exposure to biological hazards including blood-borne viruses and risk of sharps injuries from procedures and activities.

The Trust will substitute traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so and the Trust fully supports the introduction of syringe devices, with engineered safety mechanisms to reduce incidents of needlestick injuries.

Conventional sharps should only be used in exceptional circumstances (for instance, pre-filled immunisations from manufacturers) and an assessment **must** be completed on the activity where this non-safe sharp is to be used ensuring that safe procedures for working and disposal of the sharp are in place. This assessment must be recorded, approved and regularly reviewed.

Staff are expected to use retractable needles or other devices with engineered safety mechanisms, to administer injectable medicines.

2. Purpose

The Trust is required under existing health and safety law to ensure that the risks from sharps injuries are adequately assessed and the appropriate controls measures are in place. The Sharps Regulations build on the existing law and provide specific detail on requirements that must be taken by the Trust.

The 2010/32/EU directive was introduced in order to prevent injuries and the risk of blood-borne infection to healthcare workers from sharp instruments such as needles. The purpose of the Directive is to implement the Framework Agreement to ensure that injuries of workers by all medical sharps (including needlesticks) are prevented; to protect workers at risk and to establish procedures in risk assessment; risk prevention; training, information awareness and monitoring.

This clinical management procedure aims to reduce the risk of Trust staff being injured from sharps by providing guidance to ensure the safe management, use and disposal of sharps.

3. Introduction

This procedure applies to all staff and must be implemented as a minimum standard throughout the Trust.

Accidental injury with sharps is recognised as an occupational hazard in the healthcare setting. Accidental inoculation with infected blood presents a real risk, even if the volume of

blood transferred during the sharps injury is small. Sharps injuries constitute a major route to acquire occupational infection and it is for this reason sharps injuries have assumed such importance.

All blood and body fluids must be treated as potentially infectious.

4. Definitions

4.1 Sharp

A 'Sharp' is defined as any object, which can pierce or puncture the skin, which could be potentially contaminated with blood or body fluids e.g. needles, razor blades, glass vials/ampoules, scalpels, lancets, scissors or stitch cutters.

4.2 Safer Sharp

The term 'Safer Sharp' means medical sharps that incorporates features or mechanisms to prevent or minimise the risk of accidental injury.

4.3 Contamination / Needlestick incident (in the context of this policy)

Any incident resulting in, or with potential to result in, an injury from any sharp.

5. Responsibilities

The Trust Health and Safety Policy sets out the responsibilities for the Chief Executive, Directors, Clinical Leads, Managers, Employees and Working Groups for all Health and Safety policies, procedures and working guidelines, and has the same relevance to this policy.

Directors, senior managers and line managers must ensure that this procedure is followed in all areas under their control, and ensure that adequate resources are made available to implement this procedure effectively.

5.1 The Trust

The Chief Executive has overall responsibility for ensuring the health and safety of the employees in the Trust. This responsibility is co-ordinated through the Health and Safety Committee and other sub-groups. It is the responsibility of these groups to take a lead on issues surrounding sharps, including implementation of procedures, risk assessment, monitoring and reviewing.

The Trust as an employer must avoid the unnecessary use of sharps and ensure that they are only used where there is no suitable alternative.

The Trust will ensure that a Senior Clinical Lead is appointed to chair the Sharps Group to enable appropriate clinical leadership and understanding across the Trust.

5.2 Medical Director

The Medical Director has overall responsibility for the Clinical Leadership on the management of Safer Sharps in the Trust.

5.3 Medical Director and Chief Nurse

The Medical Director and Chief Nurse have the responsibility to promote a safety first culture in the Trust and ensure the Medical Directors, Associate Director Of Nursing (ADN's), Clinical Leads, and System Directors and Integrated Service Unit (ISU) Leads understand their responsibilities relating to the management of Sharps.

5.4 Workplace Director

The Workplace Director has overall responsibility for the management of Health and Safety in the Trust. They will ensure that there is a process to audit and monitor the procurement and disposal of Sharps.

5.5 Director of Infection Prevention and Control

Promote a safety-first culture in the trust and challenge poor practice and the use of non-safe sharps.

To be advised on all matters relating to sharps and contamination incidents and ensure the Infection Prevention & Control team support incident investigations.

To be kept fully informed of changes in health and safety legislation which might affect safe working practices.

5.6 Infection, Prevention and Control Team

To assist in the delivery of sharps training across the Trust

To monitor sharps incident reports and lead sharps incident investigations.

To provide the Health and Safety Committee with a Sharps report with joint input from Infection Prevention & Control regarding Sharps incidents, location, root causes and key issues/actions taken or required.

To provide a bi-annual report on Sharps to Risk Group that summarises the reports to the Health and Safety Committee, including clinical actions needed to address any issues or trends.

5.7 Procurement Department

The procurement department has a key role in monitoring the development of new devices in liaison with suppliers and manufactures and is responsible to ensure that non-safer sharps are only procured if a non-safer sharps risk assessment for their use has been completed.

To monitor devices currently available on the market and notify the Sharps Group of new developments.

To ensure that old non-safe stock is removed from procurement systems and correct stock is in place.

To ensure that when a safer sharps product becomes unavailable the Sharps Group is immediately notified so they can approve a temporary or permanent alternative for the Trust/relevant department.

5.8 Clinical Leads, System Directors and ISU Leads

The use of non-safer sharps is only permitted if a suitable safer sharp is not available, or an assessment shows that there is clear clinical reason why a safer sharp cannot be used i.e. the device may compromise patient care. The Leads for each division are responsible to ensure that where a safer sharp is not being used a risk assessment has been carried out and that these risk assessments are reviewed and updated at least annually (before if any process, training, equipment or sharp instrument changes).

The Clinical Leads must authorise the use of any non-safe sharp in their division (as per process in Appendix 3).

A link to the location of these risk assessments can be found at the Health and Safety web pages on the Trust intranet system.

To ensure that the Governance structure of the individual units support and promote compliance with the clinical management of sharps within the Trust.

5.8 Managers

All managers are responsible for any non-safe sharp that is used in their area and responsible for ensuring that a suitable and sufficient risk assessment is undertaken and documented.

The Trust form TSF/SO14 must be used to complete this assessment (see Appendix 1) available from ICON under “Health and Safety – Safer Sharps”. This form will need to be authorised by the Department Manager, Clinical Lead and ADNPP. Once, and if, authorised this form should be sent to Procurement and the Health and Safety team for action (see Appendix 3).

This risk assessment should include the selection of equipment and the safe placement of sharps containers in addition to ensuring correct assembly and disposal.

Managers will ensure that any incident involving a sharp (including near miss occurrences) are reported on the Trust Incident Reporting System in line with the Trust Incident Reporting Policy, to enable time critical investigations to occur and the Trust to meet its Health and Safety duties under RIDDOR (if applicable).

Managers must ensure they and any staff member suffering a sharps injury follows the G0324

Needlesticks and Contamination Injuries to Healthcare Workers Guideline.

Line managers shall investigate the circumstances and causes of any incidents, completing the Sharps/Contamination Injury Investigation form in full, and attaching it to the incident report, and take action required to prevent reoccurrence.

Managers must ensure that any learning from the outcomes of these investigations is shared Trust wide with other departments through ISU clinical governance meetings, ISU management meetings, matrons meetings and other forms of communication available.

Line managers are responsible in ensuring that staff (including bank and agency staff) are made fully aware of the risks that sharps pose and are competent in the use of all sharps that they are required to use. This should be confirmed as part of the local induction process and as such must be recorded.

Managers must ensure staff are trained in any sharps equipment they are expected to use, and if any products are changed, especially if use of non-safer or alternative safer sharps becomes necessary, then all staff are trained on the new products and their disposal. Please refer to section 6.4 for further training requirements.

Managers must ensure that the annual Sharps Bin Audit, where applicable, has action plans and that these are completed.

5.9 Corporate Health and Safety

To support ISU's in ensuring that appropriate action is taken as a result of a sharps incident, including the involvement of the Infection Control team.

To ensure any RIDDOR (Reporting of Incidents, Diseases and Dangerous Occurrence Regulations) reportable incidents (such as those involving known high risk patients) are reported to the Health and Safety Executive within the appropriate timeframe.

To liaise with Complaints and Litigation when there has been an incident that has the potential to result in a claim.

To facilitate formal investigations into high risk incidents and report to the Sharps Group.

To provide the Health and Safety Committee with a Sharps report with joint input from Infection Prevention & Control regarding Sharps incidents, location, root causes and key issues/actions taken or required.

To provide a bi-annual report on Sharps to Risk Group that summarises the reports to the Health and Safety Committee, including clinical actions needed to address any issues or trends.

Waste Manager

To ensure that there is an annual audit of compliance in the use of sharp bins, and the disposal of sharps in a safe manner with adherence to the use of safer sharps in practice.

5.10 All Staff

All staff have a responsibility to:

- Familiarise themselves with this policy regarding the management of sharps
- Adhere to safe working practices in order not to harm either themselves or others
- Attend mandatory training and refresher training
- Attend sharps equipment and sharps bins training when necessary
- Be aware of the necessary action to take in the event of a sharps injury as per the Management of Needle Stick & Contamination Injuries to Healthcare Workers Guidance 0324
- Report all incidents, including near misses, of sharps injury via the Trust Incident Reporting System

5.13 Health and Safety Committee

The Health and Safety Committee will:

- Review performance and sharps incident reports and agree actions required
- Raise any concerns to Risk Group in the bi-monthly Health and Safety Committee report
- Ensure there is relevant and robust sharps safety training in induction and mandatory training updates

5.14 Sharps Group

The Sharps Group is a subgroup of the Health and Safety Committee and in accordance with the Terms of Reference will:

- Review national guidance and statutory changes and take appropriate action
- Review sharps related incidents regularly and identify learning to share Trustwide
- Review new safer sharp products as identified by Procurement or staff members making recommendations for trial as appropriate
- Approve non-safe sharps that have been authorised and sent on by Corporate Health & Safety team and supervise the introduction and training on the new devices
- Review all risk assessments for use of non-safe sharps on an annual basis

- To supervise the consultation, introduction and training of new Sharpsafe devices
- Provide reports for the Health and Safety Committee with exceptions report to the IP&C Group
- Ensure there is relevant and robust sharps safety training in induction and mandatory updates
- Monitor sharps disposal systems, audits and compliance issues and ensure action plans are completed
- Meet at least quarterly

5.11 Process

If any clinician needs to use a non-safe sharp they should follow the process in Appendix 3, with form TSF/SO14 available from ICON under “Health and Safety – Safer Sharps”.

5.12 Governance

Risk Group will receive a six monthly Sharps report from Health and Safety/Infection Prevention & Control, by clinical area, summarising six months of data received by the Health and Safety Committee. Any concerns requiring Trust decision/action will be escalated to the Risk Group.

All ISU’s will ensure that management of sharps, including incident reviews, is placed as a standard agenda item on monthly team meetings, clinical governance meetings and share learning. Where relevant to ensure information/learning/concerns are escalated through the monthly Quality Performance meetings.

Operational teams will ensure that all incidents relating to Sharps (including waste compliance) are monitored and reviewed in line with recommended best practice (see below).

Examples of best practice within the Trust - Podiatry and Dental Services:
Podiatry Services:
Have a process in place of peer reviews which are undertaken to ensure knowledge and compliance of safer sharps within the department and that training is being followed and recorded. At induction of new staff members, the team leader undertakes a peer review using a standard proforma to check that they know what to do in an event of sharp injury and that they can demonstrate the correct use of sharp bins and disposal of sharps. For all podiatry staff peer reviews are undertaken every 4-6 months or in each area of podiatry they work in.

Dental Services:
Discuss all sharps injuries within their service in their monthly clinical governance meetings. They also undertake and report on regular decontamination audits which are designed to ensure compliance with HTM0105, and included in this is an audit of sharps bins

management. A key aspect to this is to encourage an open, honest and inclusive culture that allows team members to feel safe and supported when discussing any issues that they have themselves been directly involved in.

6. Procedures

6.1 Safety precautions

The following safety precautions must be followed when using and disposing of sharps:

- Staff involved in providing care should adhere to hand decontamination and use standard precautions to include the use of **gloves and aprons** in conjunction with the safe use and disposal of sharps

- Only new sharps that have been authorised by Clinical Leads and approved by the Trust Sharps Group must be used. Where appropriate, patients self-administering insulin using non-safer sharps must be provided with safety needles and relevant training in their use. Self-administering patients must also have a sharps bin provided for immediate disposal of needles after use (at point of use)

- In clinical areas never carry sharps by hand to the patient – Use the Cannulation/bloodletting trolley provided in all clinical areas

- Select the relevant **size and colour** of sharps waste container most appropriate to your needs (this aims to avoid prolonged uses and non-compliant waste). Refer to waste guidance if necessary

- Discard sharps directly into a sharps waste container immediately after and at the point of use (only exception will be risk assessed SOP based activities in Theatres due to instrument count requirement)

- **Do not** re-sheath a needle unless a risk assessment has identified the requirement do so. For example the use of needle-blocks

- Dispose of needle and syringe as a complete unit – never detach unit by hand unless a risk assessment has been completed

- Do not pass sharps directly from hand to hand, or pass to another person – handling should be kept to a minimum. **Only the person using the sharps must dispose of them, unless risk assessed procedures state a different process**

6.2 Sharps Containers/Sharps Bin Safety

All staff must ensure that they comply with the Trust Waste Policy and that:

- It is the responsibility of the person using the sharp to dispose of it safely

- Containers are **correctly** and **securely** assembled (follow manufacturers' instructions)

- Containers are not stored on the floor at any time

- Where possible containers are not to be carried by hand. In clinical areas they must be secure in/on the appropriate trolley i.e. bloodletting/cannulation trolley. The exceptions to this are busy areas that can use sharps boxes in white trays (A&E, EAUs, AMUs).

- Patients administering their own medications within clinical areas must be given a sharps bin and instructed on how to use it by a qualified person in that clinical area.

- The label is completed fully to on assembly, including date source, etc as enables a clear audit trail as required by legislation

- When not in use (e.g. between treatment sessions) sharps containers should be stored with the lid in the 'temporary closed' position to prevent spillage of sharps (e.g. if the container is knocked over) or access by vulnerable persons (e.g. children or those with mental health difficulties)

- Dispose of container when it is no more than three-quarters full (shown by a "fill line" on each container) – ensure secure closure and locking, and ensure the label is **fully** completed.

- Sharps bins **should never** be placed in any waste bags or waste bins other than those designated for the collection of full rigid sharps containers prior to their consignment for disposal

- Fluids of any sort are not discharged into bags or containers

- Avoid prolonged use of sharps containers – maximum period of use **three months** (even if not full)

- Always store in a safe, designated, secure area, i.e. in a locked area, containers should never be placed in corridors or areas with access to the general public unless a specific risk assessment identifies the need

- Sharps containers that are used at multiple sites and used by community teams should never be left at a patient's home

- Whenever possible, when a sharps container is not in use it should be stored securely/wall mounted to prevent risk of spillages

- Disposal of sharps containers to be completed safely in accordance with the Trust waste procedures

- A sharps container that is left at patients own home for their own use, needs to be risk assessed and consideration taken for positioning and storage

- Where a patient has a sharps bin in their own home safe disposal can be arranged via the local council

- Sharps containers being transported in vehicles must be safety secured in the boot of the vehicle. Guidance can be found in the Transporting patients and equipment by clinical staff document (G1938).

6.3 Information

The Sharps Regulations require the Trust to provide health and safety information to staff.

The information provided must cover:

- The risks from injuries involving medical sharps
- Relevant legal duties on staff
- Risk Assessments associated with their role and working practices
- Good practice in preventing injury
- The benefits and drawbacks of vaccination
- The support available to an injured person

The above information should be given to staff as part of the induction process, and reviewed with any staff member injured when using or disposing of a sharp.

6.4 Training

All staff must receive a relevant induction to the Trust, and local induction when joining a department. This training must be recorded.

Under the regulations the training provided to staff must cover:

- Management of Safer Sharps
- The correct use of safer sharps
- The correct practice when using sharps.
- Safe transfer of the sharp
- Safe use and disposal of medical sharps
- What to do in the event of a sharps injury
- How to record a sharps injury
- The Trust arrangements for health surveillance and other procedures

In the event that new procedures are introduced, existing procedures are revised, or the products in use change, then all staff affected must be re-trained. It is good practice to

include a review of your management of sharps during your regular review of workplace risk assessments.

6.5 Sharps Injuries

The Sharps Regulations require the Trust to have procedures in place to ensure that they can respond effectively when an injury occurs.

Staff who receive a sharp injury at work must report it on the incident reporting system as soon as practicable and the Trust guidelines contained in the **'Needlesticks and Contamination Injuries to Healthcare Workers G0324'** document must be followed (see the Infection Control Policies and Procedures on the Trust Intranet).

The record of the injury should include who was injured, and when and where the incident occurred. The summary record must contain sufficient detail to identify what type of sharp was involved, at what stage of a procedure or post-procedure/disposal of the sharp the injury occurred, and the severity of the injury.

6.6 Investigation of sharp incidents

The Trust must investigate the circumstances and causes of any incidents and take any action required. This investigation must be recorded with the report on the Trust Incident Reporting System by the responsible manager.

The purpose of the investigation should be to establish whether the employer's existing risk control measures are adequate. It should look at underlying and root causes as well as the immediate factors that led to the individual incident. Investigations should be conducted with accident prevention in mind, not placing blame. Any lessons to be learned should be applied across the trust, not just in the location or department where the accident occurred.

6.7 Insulin

Insulin should only be withdrawn from insulin vials using a Megellan insulin safety syringe (order no FTR1278.

Insulin should not be withdrawn from insulin pen devices as it poses a severe risk of harm or death.

If staff are administering insulin they should use either syringe and vial as above or prefilled insulin device/pens with safety insulin pen needles (order no AUTO5MM)

Patients who are self - administering their insulin vials should have a self – administration form completed and use their regular insulin device/pen with 5mm insulin pen needles (order no BD320425). They must be provided with a sharps bin and taught how to use it.

7.0 References

7.1 Health and Safety at Work Act 1974

7.2 European Council Directive 2010/32/EU
7.3 Management of Health and Safety at Work Regulations
7.4 Health and Safety (Sharps Instruments in Healthcare) Regulations 2013
7.5 Sharps Safety – RCN guidance
7.6 Management of Needle Stick & Contamination Injuries to Healthcare Workers Procedure
7.7 NHS Employers – Managing the Risks of Sharps Injuries
7.8 HTM 07-01
7.9 Trust Waste Management Policy
7.10 Trust Procedure for Venepuncture, Protocol 1535
7.11 Trust Safe Working Practice Guideline 0514
7.12 Trust Transporting patients and equipment by clinical staff policy
7.13 Trust Protocol 0360 - Safe practice in the perioperative environment – standard precautions

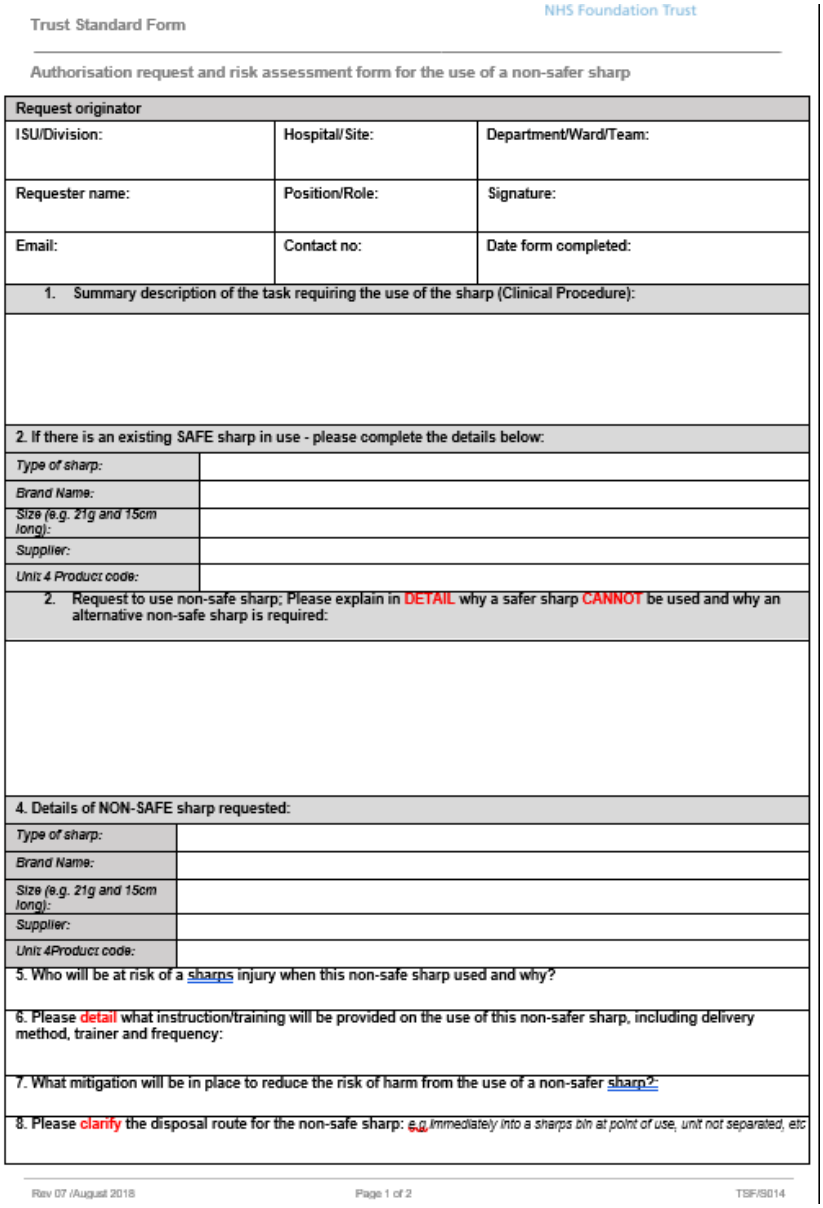
8.0 Further Information

Any queries or questions relating to this document should be referred to the Corporate Health and Safety Team.

Appendix 1

Picture Example of TSF/S014:

Authorisation / risk assessment form for non-safe sharps use



Trust Standard Form

NHS Foundation Trust

Authorisation request and risk assessment form for the use of a non-safer sharp

Request originator		
ISU/Division:	Hospital/Site:	Department/Ward/Team:
Requester name:	Position/Role:	Signature:
Email:	Contact no:	Date form completed:

1. Summary description of the task requiring the use of the sharp (Clinical Procedure):

2. If there is an existing SAFE sharp in use - please complete the details below:

Type of sharp:	
Brand Name:	
Size (e.g. 21g and 15cm long):	
Supplier:	
Unit 4 Product code:	

2. Request to use non-safe sharp; Please explain in DETAIL why a safer sharp CANNOT be used and why an alternative non-safe sharp is required:

4. Details of NON-SAFE sharp requested:

Type of sharp:	
Brand Name:	
Size (e.g. 21g and 15cm long):	
Supplier:	
Unit 4Product code:	

5. Who will be at risk of a sharps injury when this non-safe sharp used and why?

6. Please detail what instruction/training will be provided on the use of this non-safer sharp, including delivery method, trainer and frequency:

7. What mitigation will be in place to reduce the risk of harm from the use of a non-safer sharp?:

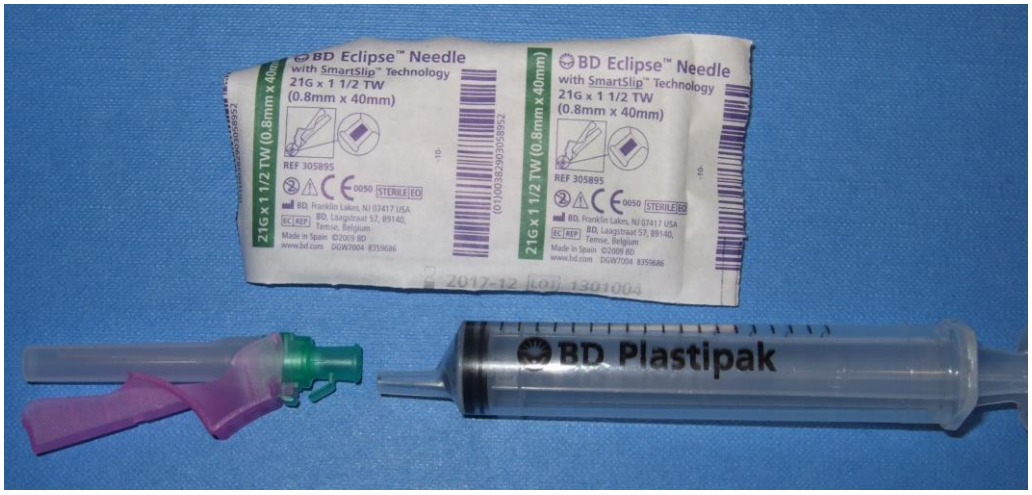
8. Please clarify the disposal route for the non-safe sharp: *e.g immediately into a sharps bin at point of use, unit not separated, etc*

Rev 07 /August 2018 Page 1 of 2 TSF/S014

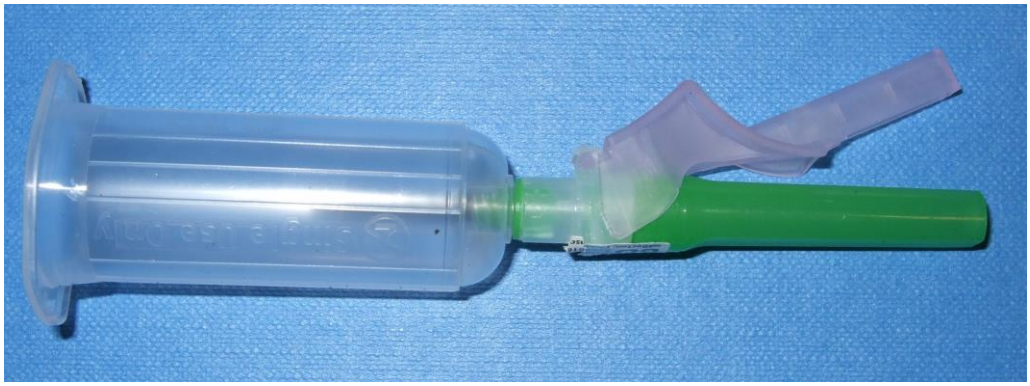
Please find the full form on the Trust “Policy and Procedures” webpages – this is only a snapshot and NOT the full form.

Appendix 2 **- Examples of Approved Trust-wide Safer Sharps (pictures for reference only – product codes may be out of date)**

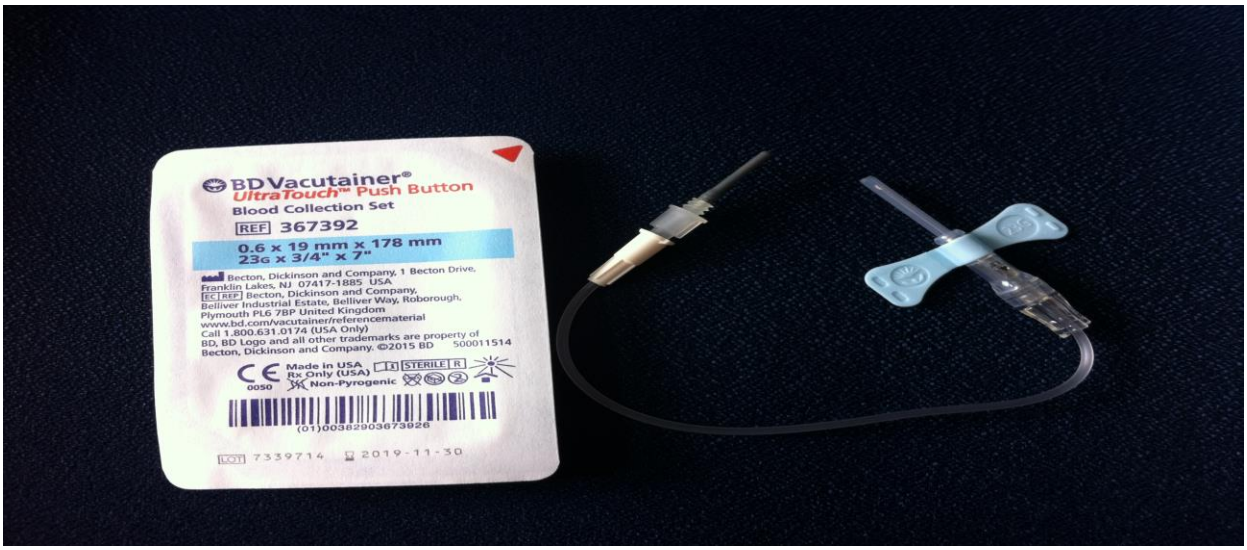
BD Eclipse Needle for use with syringes (green with pink end):



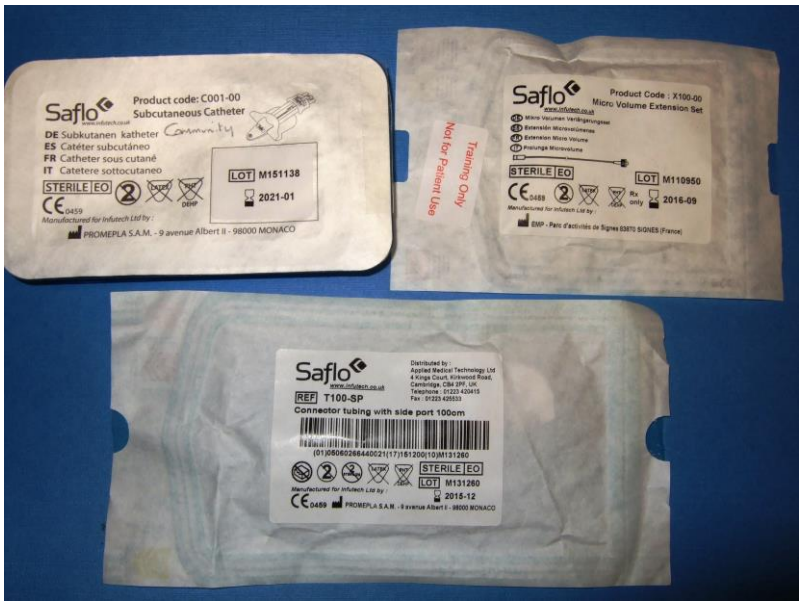
BD Vacutainer Safety Lock for use with Vacutainers (green or black needle with white end):

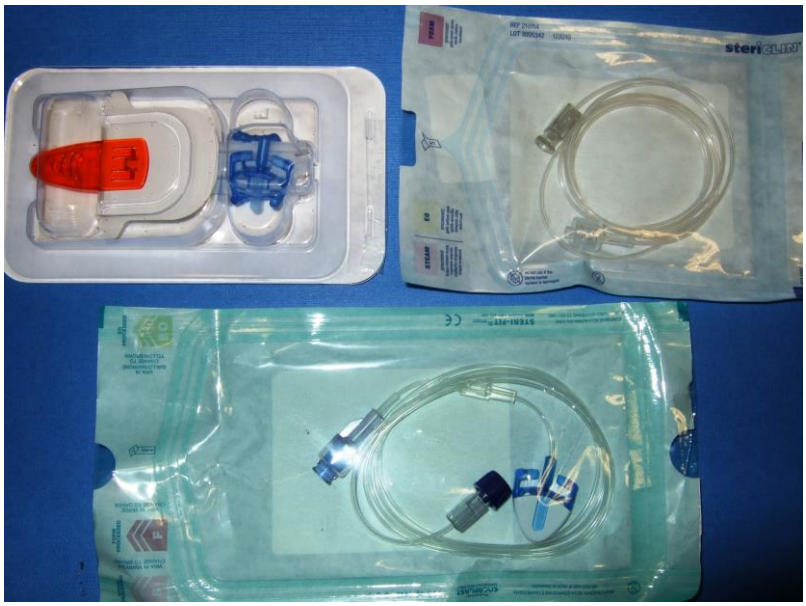


Safety Butterflies BD PUSH BUTTONt:

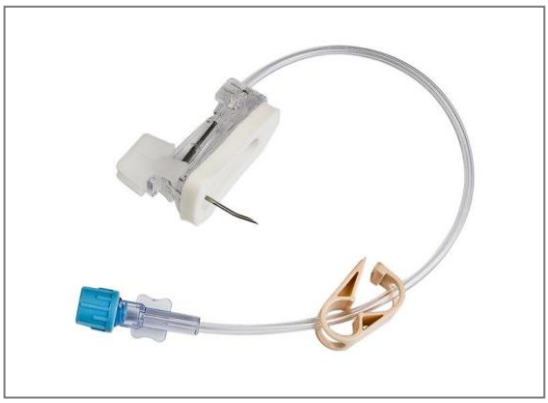


Saflo Infusion Sets for Subcutaneous administration (with lines):

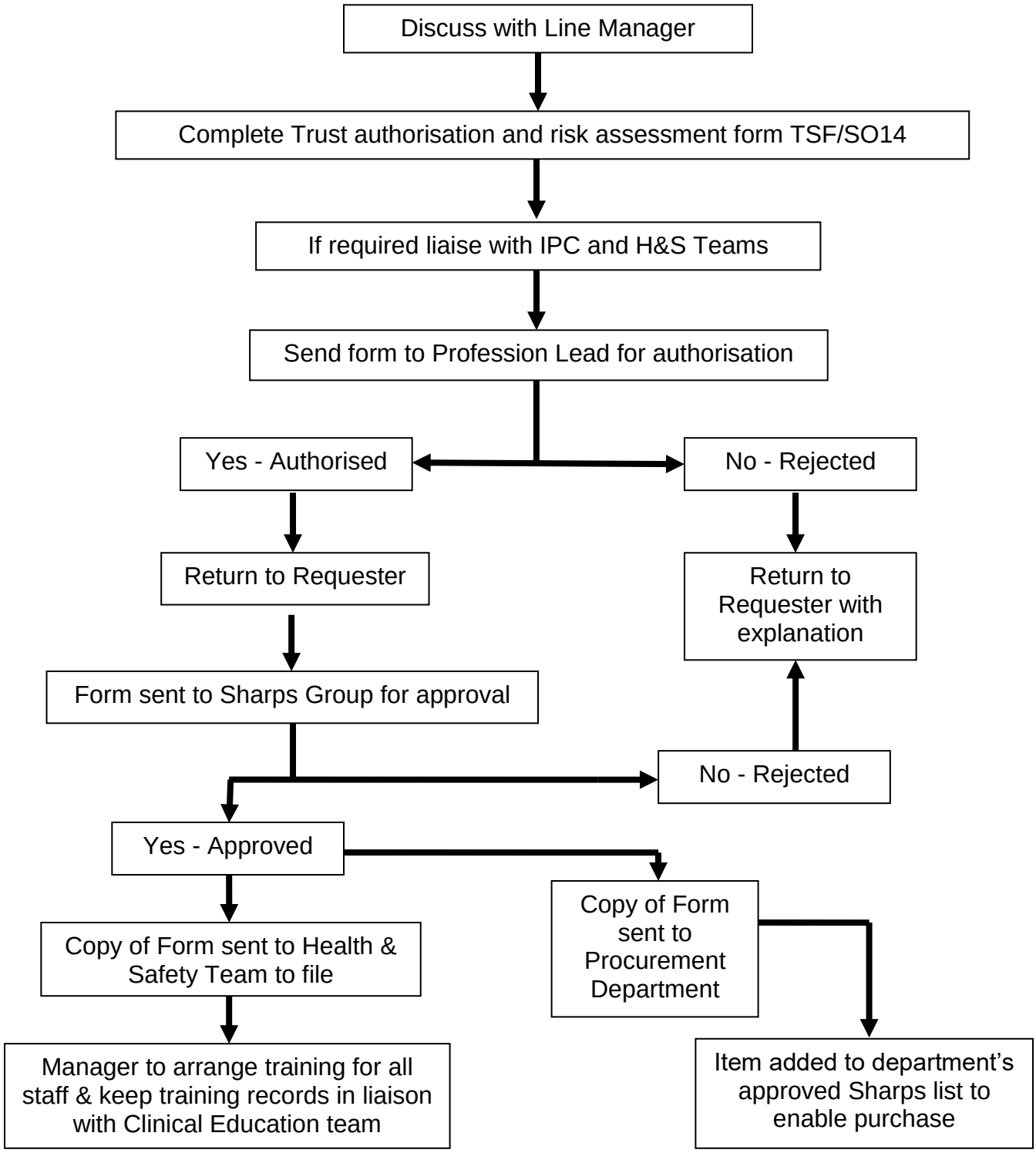




Griper Huber (Cancer & Vascular Access Team only):



Appendix 3 **– Flowchart for Requesting/Use of Non-Safe Sharps**



Appendix 4 – **Administering Insulin poster**

ADMINISTERING INSULIN

PATIENTS ONLY	NURSES ONLY	NURSES ONLY
		
		
Code-BD320425 	Code-AUTO5MM 	Code-FTR1278 

UPDATED 14/06/2023 - A H (DSN) Diabetes and Endocrinology Dept.

Appendix 5 - **Cleaning of White Sharps Trays**

1. Procedure / Steps:

1.1. Sharps bins must always be taken to the point of use in a white plastic sharps bin tray in A&E, AMU & EAUs.

1.2 Before and after using a white plastic sharps bin tray wipe over with an 'S' shape movement using a detergent wipe.

1.3. If the sharps bin, white tray is soiled with with blood or bodily fluids and there are **less** than 20 spots of blood with diameters less than 3mm a Sani-Cloth wipe (70% alcohol and 2% Chlorhexidine) can be used to clean the white tray. After cleaning allow the tray to air dry.

1.4. If the sharps bin tray is soiled with with blood or bodily fluids and **more** than 20 spots of blood or with blood spots with diameters more than 3mm then the tray must be washed in a sink (not kitchen) with water and detergent. Dried with a paper towel. Then wiped over with a Sani-Cloth wipe (70% alcohol and 2% Chlorhexidine). After wiping allow the tray to air dry.

2. Responsibilities

2.1 It is the responsibility of every user to ensure equipment is clean before use and to clean after use.

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Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	***SHARPS CLINICAL MANAGEMENT PROCEDURE***	**Version and Date**	***V6***
Policy Author	Senior Corporate Health and Safety Advisor		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.
Suitable risk assessment will be completed depending on staff circumstances.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access? See individual Risk Assessment.

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☒ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

The purpose of this Procedure is to set out the Trusts policy for the **management of sharps, and the** reporting, reviewing and learning from **sharps/contamination** incidents. It provides a robust framework to ensure a consistent approach across the whole organisation and is to be implemented throughout all the services provided.

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

Safer Sharps Group
Health and Safety Committee
Quality Improvement Group
Staffside

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**
none		

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form	SE	**Signature**	
Validated by (line manager)	KW	**Signature**	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy