

Safe Use, Handling and Disposal of Sharps Policy

(Including inoculation injuries and the prevention and management of body fluid splashes.)

Version 2.0
Ref IC 18

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Lead Author:	Infection Control Lead
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Contents

1. Introduction	Page 3
2. Purpose and Scope	Page 3
3. Definitions	Page 3
4. Responsibilities	Page 4
5. Training	Page 7
6. Monitoring	Page 7
7. Dissemination and Review Process	Page 7
8. References	Page 7
9. Version Control	Page 8
10. Appendix 1, SOP wearing gloves and visors	Page 9
11. Sharps Bins and Containers	Page 11
12. Disposal of sharps used in a patients home	Page 13
13. Sharps Injuries and First Aid	Page 14
14. Appendix 2 Management of potential BBV incidents	Page 15
15. Equality Impact Assessment Tool	Page 16
16. Policy Ratification Tool	Page 17

1. Introduction

The Health and Safety (Safe Instruments in Healthcare) Regulations 2013 came into force in May 2013. The Regulations state that traditional, unprotected medical sharps should be substituted with a 'safer sharp' where it is reasonably practicable to do so. Therefore CSH Surrey is committed to the introduction of sharps that are fitted with integral safety devices and to ensure that co-owners are adequately trained in their safe use and disposal.

Sharps injuries and body fluid splashes are well-known to occur in the health and social care environment. Sharps contaminated with an infected patient's blood can transmit diseases such as hepatitis B, C and Human Immunodeficiency Virus (HIV). Because of this transmission risk, sharps injuries can cause distress to any healthcare worker who receives them.

Where no safety device is available on the market, suitable and sufficient risk assessments and control measures will be put in place to justify the use of such sharps. The emphasis is on the prevention of foreseeable sharps and splash injuries that may result when sharps are used and when co-owners are likely to be exposed to blood and other body fluids.

2. Purpose and Scope

The purpose of this policy is to help CSH Surrey comply with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013; to define the roles and responsibilities of managers and co-owners in relation to these Regulations and to identify clear, safe systems of work and procedures for the safe use, operation and disposal of sharps; thus preventing sharps injuries.

The Regulations only apply to employers, contractors and workers in the healthcare sector. NHS Trusts/Boards, independent healthcare businesses and other employers whose main activity is the management, organisation and provision of healthcare, are subject to complying with the Regulations. This policy applies to all CSH co-owners and any other relevant persons working for or on behalf of CSH Surrey.

The term 'sharps' is a generic term and therefore the scope of this policy relates to a very wide range of equipment and instruments used within CSH Surrey. This includes, but is not limited to, the following examples:

Hypodermic needles, cannulas, phlebotomy needles, venepuncture and blood collection devices, suture needles, scalpels / blades / knives / scissors, glass ampoules, acupuncture needles, chloraprep, winged steel butterfly needles, insulin pens, any other surgical device or instrument which has sharp points or edges.

3. Definitions

Sharp: The Health and Safety Executive (HSE) define a sharp as a needle, blade (such as scalpels) or other medical instrument that are necessary for carrying out healthcare work and could cause injury by cutting, piercing or pricking the skin.

Sharps injury: A sharps injury is an incident which causes a needle, blade or other medical instrument or piece of equipment to penetrate the skin. This is sometimes called a percutaneous injury.

A '**Safer sharp**' is defined as a medical sharp that incorporates features or mechanisms to prevent or minimise the risk of accidental injury (HSE 2013).

An **inoculation** injury involves a co-owner having a percutaneous exposure or a mucocutaneous exposure to blood or bodily fluids from a patient.

A **percutaneous** exposure is where a needle/sharp object that has already been used on a patient, a human scratch or bite has **broken the skin**.

A **mucocutaneous** exposure is where the mucous membranes i.e. mouth, nose or eyes or non-intact skin have been contaminated by blood or bodily fluids from a patient.

Splash, an incident where blood or other human body fluid (such as plasma, urine or cerebrospinal fluid) splashes into the eye, mouth or onto broken skin. The recipient is defined as, the injured party (IP) who has received an accidental exposure.

4. Responsibilities

4.1 Director of Nursing and Quality

The Director of Nursing and Quality is responsible for providing leadership in the management of the requirements of this policy. They will promote the use of sharps safety devices and the undertaking of suitable and sufficient risk assessment to ensure the safety of nursing staff, doctors, clinicians and professions allied to healthcare who use sharps for any clinical treatment or therapy within CSH Surrey.

4.2 Heads of Nursing / Deputy Director of Nursing / Heads of Community Services / Clinicians / Matrons / Ward & Department Managers

All managers are responsible for ensuring that:

1. They undertake, or make arrangements for, suitable and sufficient risk assessments to be undertaken, regarding the safe use of sharps.
2. They familiarise themselves with the requirements of the Health and Safety, Sharp instruments in healthcare Regulations 2013.
3. They consider first whether it is possible to use needle free devices or other means of administering medication or procedure that does not require the use of a sharp instrument.
4. Their co-owners are informed of and comply with the requirements of this policy.
5. All the co-owners they are responsible for attend mandatory training sessions relating to infection control and the safe use of sharps.
6. New and unused sharps are securely stored and used as per the manufacturer's recommendations.
7. Used sharps and sharps bins (awaiting disposal) are stored securely in locked waste disposal storage areas and that sharps bins are appropriately signed and dated.
8. They contact the source patient medical practitioner and request they approach the source patient for consent to obtain a blood test to screen for Blood-Bourne-Virus BBV (Should a CSH co-owner receive a sharps injury, human bite or splash).
9. Essential sharps safety advice and guidance for all managers, nursing staff and CSH co-owners is provided in Appendices 1 & 2.

4.3 Occupational Health Department

1. Establish if the exposure is high risk or not, and the Hepatitis B Virus (HBV) antibody status of the person exposed. Where the risk of contamination is identified – CSH Surrey will undertake testing of the donor patient and contact the Occupational Health Team with the results of the test.
2. Give the individual a booster dose of the hepatitis B vaccination if they have not received one within the past 12 months.
3. Take a serum sample and send to Microbiology for serum save; if this has not already been done.
4. Liaise with the Consultant Microbiologist in cases where there is a potential high risk contamination injury and a possible need for post exposure prophylaxis.
5. Counsel the exposed person and if required commence on HIV Post-Exposure Prophylaxis (PEP) treatment.
6. If deemed High Risk exposure and PEP has been prescribed. The Occupational Health Advisor will provide the co-owner with an immediate supply of HIV PEP.
7. Offer follow up screening for BBVs as appropriate.
8. Report any High Risk exposures incidents to the Public Health England and liaise with the Health and Safety Manager to ensure the incident is appropriately reported, as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, as updated 2013.
9. Liaise with the Infection Prevention and Control Team if following assessment of an inoculation injury it has resulted from poor practice or was an avoidable accident so that appropriate investigation, training and remedial action can be taken to prevent future similar incidents.
10. Provide reports to the Strategic Infection Control Committee to help monitor the adequacy of the management procedures in place.

4.4 Infection Prevention and Control Team (Head of IPC/Specialist IPC Nurse)

1. Investigate the circumstances of sharps incidents and determine any lessons learnt that can be shared to help improve practice.
2. If informed by Occupational Health, follow up inoculations injuries which have resulted from poor practice or were avoidable incidents.
3. Provide sharps awareness training as appropriate.
4. Coordinate the CSH wide, sharps bin audit which is carried out annually by the sharps bin supplier; and provide the results of the audit and subsequent actions to the Strategic Infection Control Committee.
5. Ensure all co-owners are given training on the actions to take if they sustain an inoculation injury within the CSH Surrey Induction, as per mandatory training schedule.

4.5 Health and Safety Manager

The Health and Safety Manager is responsible for:

1. Informing CSH Surrey of new legislation and Regulations in relation to the use of sharp instruments.
2. Raising awareness of the risks associated with the use and disposal of sharps.
3. Assisting with the undertaking of risk assessments and the development of suitable sharp safety policies, sharps related risk assessments, procedures and sharp safety equipment.
4. Reporting sharps injuries as per the requirements of the RIDDOR Regulations and CSH's Incident Reporting Policy.

4.6 Head of Learning & Development

The Head of Learning and Development Department is responsible for ensuring that effective training systems or arrangements are in place for the delivery of mandatory and statutory (MAST) infection control training sessions. This training incorporates elements of the transportation and safe disposal of sharps, and is provided for CSH co-owners who use or transport sharps in the community.

4.7 CSH Co-owners.

All CSH Surrey co-owners are responsible for:

1. Working safely and complying with the requirements set out in this policy.
2. Alerting their manager to any issues hindering their compliance with this policy.
3. They deploy and use the safety devices fitted to sharp instruments.
4. They handle and dispose of sharps safely as per their training.
5. They immediately dispose or use sharps at the point of use; 'use it, bin it'.
6. Should they receive a sharps injury, they must take the appropriate first aid measures; attend A&E and/or Occupational Health Department and they must report the sharps incident on the DATIX reporting system.
7. Essential sharps safety advice and guidance for all CSH co-owners is provided in Appendices 1 & 2.

4.8 Safer Sharps Group

The Group comprise members of the HR/Occupational Health Team; Procurement Department; Infection Control; Health and Safety; Training and Education; Risk Management, Operational clinical staff who use 'sharps'.

The main aims of the Group are to

1. Have agreed terms of reference; it meets quarterly and reports up to the Health and Safety Committee.
2. Ensure that this policy and other sharp safety procedures, information and instructions are up to date and available to all co-owners.
3. Assist clinical departments and community managers in the undertaking of suitable sharps safety risk assessments.
4. Assess and help to introduce sharps products that are suitable for the patient cohorts that CSH Surrey serve.
5. Review incident data relating to sharps injuries and looking for root causes to prevent a reoccurrence of sharps incidents.

5. Training

All CSH Surrey co-owners will be provided with suitable training on the safe use, handling and management of inoculation injuries, either at induction or as part of the on-going Infection Prevention and Control training schedules.

6. Monitoring

The Occupational Health Department, in collaboration with the Infection Control Team and the Health and Safety Manager will monitor and review all incident reports of inoculation/sharps and splash injuries within CSH Surrey and address any issues raised. They will also monitor and review trends and provide reports to CSH Surrey's Health and Safety Committee.

7. Dissemination and review process

The policy has been written by the Head of Infection Control and the Health and Safety Manager. It is approved and ratified by the Strategic Infection Control Committee.

The policy will be available on the Intranet and will be reviewed by the Safer Sharps Implementation Group every 3 years or sooner if relevant new legislation, guidance or evidence is published.

8. References

Health and Safety Executive (HSE) Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Guidance for employers and employees. HSE: Health Services Information Sheet 7 (HSE leaflet HSIS7) guidance on how to comply with the Regulations.

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<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Royal College of Nursing (RCN) guidance and the Department of Health Guidance document: Health Technical Memorandum (HTM) 07;01, Safe Management of Healthcare Wastes 2013.

This policy is cross referenced with the following CSH Surrey Policies

- Health and Safety Policy
- Infection Control Policy
- Personal Protective Equipment
- Risk Management Policy
- Spillage of Blood and Body Fluids Policy
- Waste Management Policy

9. Version control.

Version	Date	Author	Status	Comment
1			Requires to be fully revised and updated.	Policy No IC 18. Last reviewed June 2018
2	August 2018	Peter McDermott, Health and Safety Manager. Sarah Pooley, Specialist Infection Prevention and Control Nurse	Fully revised, updated and ratified.	This fully revised and updated policy combines 'Safe Handling & Disposal of Sharps Policy and the Management of Needlestick / Sharps injuries, blood and body fluid splashes, human bites and Inoculation injuries Policy. Next review date August 2021.

Appendix 1: Standard Operating Procedures

Wearing of gloves and visors whilst using sharps / potential splash incidents.

Taking blood or administering an injection are invasive procedures with the potential for healthcare workers to be exposed to blood borne pathogens. When assessing the risks associated with such invasive procedures, consideration must be given to wearing Personal Protective Equipment such as a face visor and donning an apron. Gloves must be worn in the following instances:

1. Where the health care worker has cuts, abrasions on their own hands.
2. When the patient is either known or suspected to belong to a high risk group.
3. When the patient is restless or uncooperative.
4. When a dynamic risk assessment indicates that the HCW is at risk of exposure to blood or body fluids.

Principles of the safe use of sharps

1. A risk assessment must be undertaken for all types of sharps devices to ensure suitable safety products have been chosen and that an appropriate procedure, as to their safe use, is in place.
2. All co-owners using safer sharps devices must be trained in the correct use and disposal of the product.
3. Co-owners must not remove or deactivate a sharp's safety device. If they do, they must justify doing so by documenting this in a risk assessment. For example, removing a safety device because it compromises the line of sight of the clinician or the safety device would abrade delicate skin.
4. It is the responsibility of the co-owner carrying out a clinical procedure to ensure that the sharp is disposed of immediately at the point of use (the 'Use it, bin it'. principle). Small portable sharps bins are available and these must be taken to the patient's bedside.
5. Handling of sharps should be kept to a minimum; they must not be passed directly from hand to hand; co-owners must never move around and openly carry unsheathed, unused or used sharps; co-owners must not put sharps in their pockets or leave them unattended in a tray or any other surface.
6. Do not re-sheath needles. If it is essential to re-sheath a needle in specialist areas, then a re-sheathing device must be used and a risk assessment must justify this practice.
7. Never disconnect the needle from the syringe after use; the needle and syringe must be disposed of as a single unit; larger units must be disposed of in the larger sharps bins.
8. Needle free devices must be used where reasonably possible. Needle free devices must be a first consideration as a means of administering medication; this is because it eliminates the possibility of anyone receiving a sharps injury.
9. Blunt fill needles must be used when a drug/medication is to be drawn up from an ampoule or vial; blunt fill needles fitted with filters eliminate the possibility of glass shards being drawn up; blunt fill needles must never be used to administer medication to ant person.

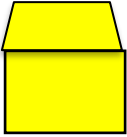
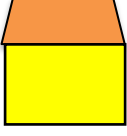
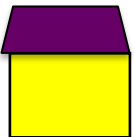
10. Never reuse a sharp. Once a sharp instrument has been removed from its sterile packaging and had its safety cover or sheath removed it must not be recapped, repackaged or reused.
11. A new sharp that has just been removed from its packaging and is being prepared for use is regarded as a 'clean' sharp. Once it had been used to perform a procedure (used to inject, have a drug drawn up or to have cut tissue, for example) it is regarded a 'dirty' needle or sharp.
12. Sharps that are fitted with a safety device (sheath, cap, sliding cover or similar) must have this device deployed at the appropriate time and these devices must not be disabled or removed prior to the sharp's use
13. When performing venepuncture, a vacuum blood collection system must always be used wherever possible. In some exceptional circumstances, such as in Paediatrics, this may not be possible. In these circumstances only a needle and syringe or butterfly can be used and a documented risk assessment must be in place to justify this procedure.
14. Vacutainers are recommended for taking blood samples. The vacutainer needle, together with the guard must be immediately discarded into a sharps container after use.
15. Needles must never be used to pierce the rubber bung of a blood connection bottle; minute particles of rubber can be dislodged.
16. When using sharps on a patient who is conscious and alert; in order to prepare and calm the patient, they must be fully informed as to what the procedure entails so they do not flinch or move inappropriately; this is particularly important if the patient has a needle or sharp phobia.
17. Assistance must be sought from other qualified clinical co-owners prior to attempting to give a disorientated or agitated patient an injection, performing venepuncture or using any other sharp instrument.
18. Domestic staff during the normal course of their duties should not come into contact with or handle sharps. They must be made aware of the remote possibility that inappropriately discarded sharps do exist and they must be instructed in being vigilant to this and the procedure for reporting sharps incidents.
19. Report injuries caused by sharps, fluid splashes or human bites using the DATIX system. Such incidents must be investigated and measures put in place to prevent a reoccurrence.

Sharps bins and containers.

In order to minimise the risk of a sharps injury occurring, the following measures must always be followed when using sharps bins and containers:

1. There must be suitable means of complying with BS EN ISO 23907 and also ensuring that the correct colour of lid (in relation to the clinical waste being disposed of) is used. See Section 9.1
2. Never place sharps or needles (including IV giving sets) into domestic waste bins or plastic waste bags, of any colour; this action may cause injury to others.
3. All sharps bins/containers must be carefully and correctly assembled. The co-owner who assembles the container must ensure that the lid is securely attached to the base prior to commencing use of the container. They must also sign and date the bin within the space provided for this purpose.
4. Where rectangular sharps bins are used, it must be ensured that the fill-line is located at the **front** of the container.
5. All sharps containers must be stored off the floor, and securely held in place; ideally at waist height, in an area that is inaccessible to unauthorised persons i.e. away from children's reach and not in open public areas.
6. Sharps containers must never be stored on window sills or surfaces where they could fall or be knocked over. Where there is no suitable storage space, an appropriate wall bracket must be provided. The bins must be placed out of direct sunlight and away from sources of heat.
7. All sharps containers which are ready for disposal must again be signed with the date when it was closed; the department name; and the name of the person who closed the container. On community sites a coded tag must also be applied (for tracking purposes) to the container prior to its disposal.
8. Sharps containers must be permanently sealed when (or before) the contents reach the level of the fill line. They must then be stored in a secure lockable sluice/dirty room or compound whilst awaiting collection. Discarded sharps must not protrude from the aperture.
9. Any outdoor storage area holding sharps containers awaiting collection must remain locked at all times and be inaccessible to unauthorised persons and pests.
10. All sharps bins in use must be sealed within three months of assembly; regardless of how full the bin is (to comply with infection control requirements, detailed with in the Royal college of Nursing guidance and the Department of Health Guidance document: Health Technical Memorandum (HTM) 07;01, Safe Management of Healthcare Wastes 2013.
11. The temporary sharps bin closure mechanism must be in use in between sharps being discarded into the bin; to prevent people putting their fingers into the mouth of the bin, and to minimise spillages.
12. All sharps containers must only be used for the purpose for which they are intended and sharps bins must never be emptied or decanted out from smaller into a larger sharps container.
13. If used correctly, sharps containers should not leak, break or spill open. However, if they do, then extreme care must be taken in placing the loose sharps into a larger bin. Heavy-duty reinforced gloves designed for the purpose of handling used sharps must be worn. Other minimal touch techniques e.g. careful use of a dustpan and brush, magnets on a stick, long handled forceps must also be used.
14. Large, colour coded, lockable sharps bins will be provided in secure locations outdoors to wards, and clinical departments.

Colour coding of sharps bins/containers

Sharps Container	Disposal (Waste stream)
	<p style="text-align: center;">Infectious waste with pharmaceutical contamination</p> <p>Sharps that are contaminated with body fluids AND used for administering non cytotoxic / cytostatic sharps and medicines.</p>
	<p style="text-align: center;">Infectious Waste</p> <p>Sharps that are contaminated with body fluids but with no contamination from medicines e.g. devices used for venipuncture.</p>
	<p style="text-align: center;">Cytotoxic & Cytostatic Waste</p> <p>Sharps waste contaminated with body fluids AND with cytotoxic / cytostatic residues.</p>



It is **your** responsibility
to dispose of sharps
correctly





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Disposal of sharps used in a patient's home.

Healthcare workers visiting patients in the community must be aware that their patients or their carers may not always safely dispose of their personal use sharps in their home environment.

1. All community staff / Health Care Workers (HCW) must carry an appropriately sized sharps container with the correct colour lid, for use during domiciliary visits. These containers must be sealed when (or before) the contents reach the external fill level.
2. If it is assessed as being safe to do so, the HCW may leave a sharps container in that patient's home. The HCW must inform the patient as to the safe storage, security and closure of the sharps container.
3. If the HCW provides the sharps bin, it is their responsibility to remove the sealed container from the patient's home and return it to the site at which they are based; as long as this site is registered as a 'clinical site'. If it is not registered as a clinical site then there must be arrangements in place for this sharps waste to be taken to the nearest registered clinical site. This sharps waste will be maintained in secure sharps waste containers pending collection by CSH Surrey's waste contractor.
4. All full sharps containers being transported within a staff member's car/vehicle must be fully sealed and well secured and carried in the storage area (boot) of the vehicle so that they cannot open under duress.
5. CSH staff are only responsible for the safe transport and disposal of sharps (and any other clinical waste) that they themselves generate.
6. Patients who bring their sharps bins from their home into hospital or to an Out-Patient-Department should be politely told that CSH Surrey cannot accept them and that they should contact their local Environmental Health Department, or local council domestic waste disposal department to arrange a home collection for their sharps bins.
7. Co-owners who find sharps bins that have been fly-tipped on CSH sites should safely dispose of the sharps via their local waste streams and complete a DATIX incident form to explain the circumstances.
8. The general principle is that the generator of the (Sharps) waste is responsible for the safe disposal of the waste (cradle to grave).



Sharps Injuries and First Aid



1. Should any co-owner receive a sharps injury, a body fluid splash, or a human bite, the following procedures must be followed (particularly if cytotoxic drugs are involved).
2. Encourage the wound to bleed.
3. Wash the site immediately with copious soap and water, but do not scrub the skin or put the broken area of skin into one's mouth.
4. If splashed (by any body fluids) remove contaminated clothing and wash the area immediately with copious amounts of water. If the eye has been splashed, remove contact lenses first.
5. Cover the wound with a waterproof plaster and/or sterile bandage.
6. Keep a note of the name and location of the patient concerned, if known.
7. Take note of the exact type of sharp / ampoule / drug which caused the injury / fluid splash and the circumstances in which the incident occurred.
8. If possible take a photograph of the sharps involved and then safely dispose of the offending items.
9. Report to the Occupational Health (OH) Department immediately; contact number 01372 205760. If Occupational Health is closed, report immediately to the local Accident & Emergency (A&E) Department.
10. Report the accident to your line manager and complete an online DATIX incident report form.

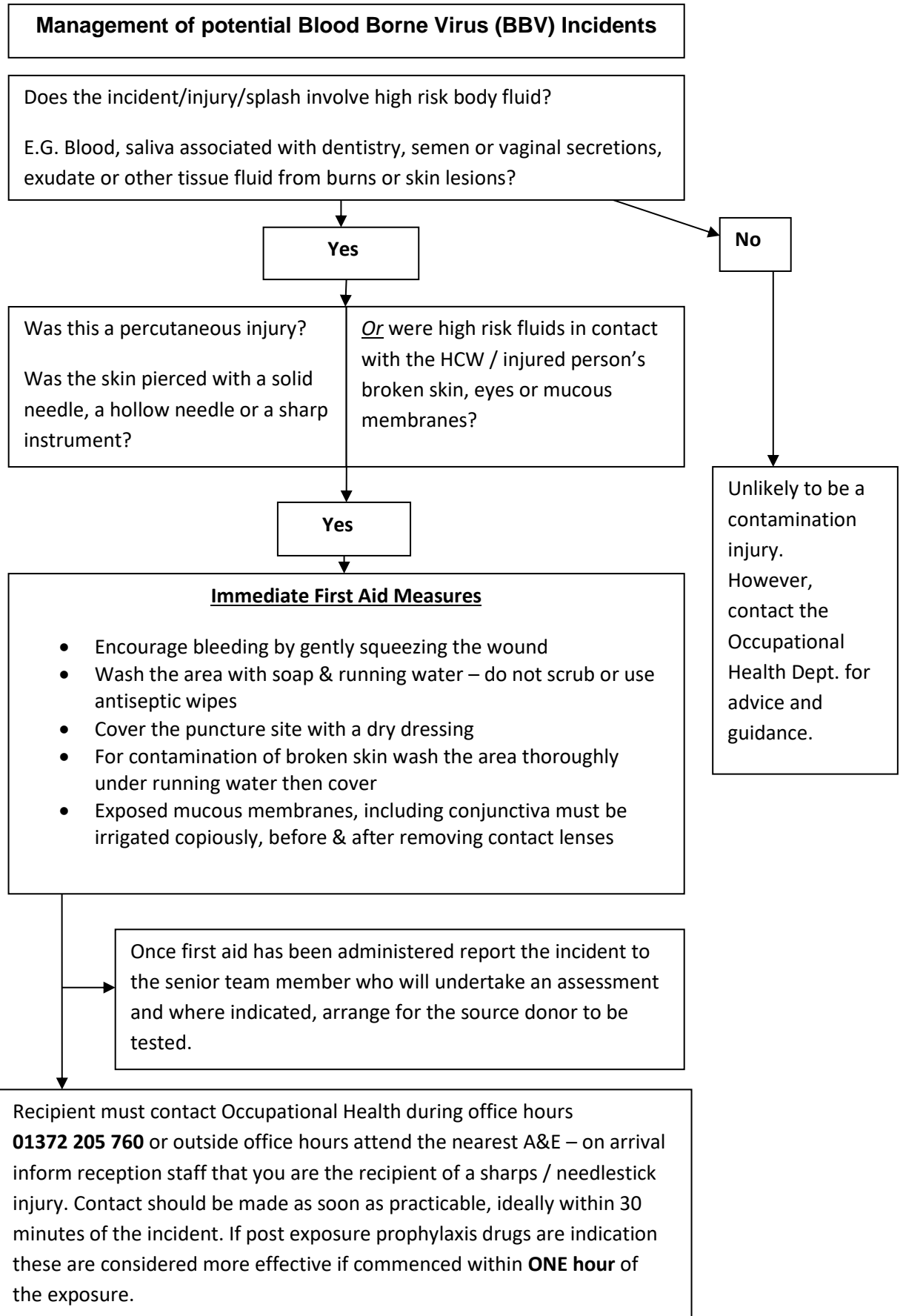
FOR YOUR OWN PROTECTION, DO NOT DELAY, ACT IMMEDIATELY

The infographic is titled 'SHARPSGUARD® Sharps Injury' and features four main steps, each with an icon and text:

- ALLOW IT TO BLEED**: Accompanied by an icon of a hand with a small wound and a syringe.
- WASH IT**: Accompanied by an icon of hands being washed with soap and water. The text below reads 'with soap, under running water'.
- COVER IT**: Accompanied by an icon of a waterproof dressing. The text below reads 'with a waterproof dressing'.
- REPORT IT**: Accompanied by an icon of a checklist with a pen.

At the bottom of the infographic, there is a QR code with the text 'Download app for 24/7 Support', social media icons for Twitter, Facebook, and LinkedIn, and the logo for 'd. DANIELS' (an MFUSION Company). The footer text reads: 'The Application of Innovation www.daniels.co.uk © DANIELS HEALTHCARE LTD 2017 Safety, Service and Support - Every Day, Affordably & Responsibly. Unless otherwise stated, the information contained herein is at the specific request of the user and has been sponsored and made available by Daniels Healthcare Ltd.'

Appendix 2



Equality impact assessment tool.

CSH Surrey is committed to providing the highest clinical standards and a safe working environment where all co-owners, patients, visitors and contractors are welcomed, respected and treated in a consistent and non-discriminatory manner. This approach will be applied irrespective of race, gender, disability, age, sexual orientation, religion or faith, transgender and status.

CSH Surrey underpins this by ensuring its current and future clinical services and their outcomes, are reflective of its values and commitments. CSS Surrey will ensure that appropriate policies, procedures, recruitment and development programmes, are fairly and consistently applied, assessed, monitored regularly and treated seriously.

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race	N	
	• Ethnic origins (including gypsies and travellers)	N	
	• Nationality	N	
	• Gender	N	
	• Culture	N	
	• Religion or belief	N	
	• Sexual orientation including lesbian, gay and bisexual people	N	
	• Age	N	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	N	
2.	Is there any evidence that some groups are affected differently?	N	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N	
4.	Is the impact of the document/guidance likely to be negative?	N	
5.	If so, can the impact be avoided?	N	
6.	What alternative is there to achieving the document / guidance without the impact?	N	
7.	Can we reduce the impact by taking different actions?	N	

Policy Ratification Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Document title: Safe Handling and Disposal of Sharps Policy

Governance Criteria – the following is clearly stated or evident within this Policy document:	Standard met? Yes / No / NA
Are the lead author's details clearly stated	Y
Have the lead author (and/or working party if applicable) appropriate qualifications / experience to develop this document?	Y
Is it clear who the document applies to?	Y
Is the purpose for the document is clear?	Y
Are the auditable standards or processes of monitoring compliance and implementation clearly stated?	Y
Are any associated risks have been clearly documented?	Y
Is there an appropriate evidence base, including references?	Y
Is the reference to consent requirements evident in all direct care related documents?	Y
Does the content supports the Policy's rationale?	Y
Is the content clear and unambiguous?	Y
Equality and Diversity – no group or individual will be affected differently by the implementation of the document?	Y
Where appropriate, have consultation processes, dates and those involved including co-owners and public been recorded?	Y
Corporate Image: Are pages, entries and sections clearly numbered, Arial 11+ been used?	Y
Document control – Is the CSH Surrey logo present. Are the reference and version numbering correct?	Y
Is the Review date (one/two or three years) stated?	Y
Are the external regulation Requirements (e.g. NHSLA / CQC / HSE) contained within document?	Y

Comments:

Quality checked by:	Peter McDermott
Approved by:	Health and Safety Committee
Signature	
Date	23.08.2018