

Further reading

Association for Perioperative Practice 2011 **Standards and Recommendations for Safe Perioperative Practice** Harrogate, AfPP

Health and Safety Executive 2013 **CD244 - Consultation on proposed regulations to implement Council Directive 2010/32/EU on preventing sharps injuries in the hospital and healthcare sector** [online] Available from: www.hse.gov.uk/consult/condocs/cd244.htm [Accessed April 2013]

Health and Safety Executive 2013 **Background to EU Directive** [online] Available from: www.hse.gov.uk/healthservices/needlesticks/eu-directive.htm [Accessed April 2013]

Health Protection Agency 2012 **Eye of the Needle** [online] Available from: <http://www.hpa.org.uk/Publications/InfectiousDiseases/BloodBorneInfections/EyeOfTheNeedle/> [Accessed May 2013] HPA, London

Reference

British Standards Institute 2012 **Sharps injury protection. Requirements and test methods. Sharps containers** BS EN ISO 23907-2012 London, BSI

Guide to Best Practice for safe handling of Surgical Sharps.

With over 400,000 occupational injuries reported each year, aspects of the EU Sharps Directive 2010/32/EU are to be implemented from the 11th May 2013 under the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 which aim to achieve the safest possible environment for healthcare workers through the prevention of sharps related injuries.

The objectives of the EU Legislation can be summarised as:

- 1) To achieve the safest possible working environment.
- 2) To prevent workers injuries caused by medical sharps.
- 3) To protect workers at risk.
- 4) To set up an integrated approach establishing policies in risk assessment, risk prevention, training, information awareness raising and monitoring.
- 5) To put in place response and follow up procedures.

The prevention of injuries caused by all medical sharps is the overriding objective of the new Directive and this is hoped to be achieved by applying a number of control measures within the working environment

These would be:

- 1) Elimination of unnecessary use of sharps through changes in working practice identified during risk assessment.
- 2) Safe procedures to be clearly specified and implemented for the use and disposal of sharp medical instruments and contaminated waste.
- 3) Engineering Controls enabling the provision of medical devices incorporating safety mechanisms and protection.
- 4) PPE - the use of personal protective equipment such as gloves, gowns and masks.



Sharps

A policy for the disposal of sharps is recommended.

Needles, blades and other sharps should be collected and contained safely during surgical procedures. Needles should not be re-sheathed.

Special care should be taken when disposing of needles used to 'draw up' solutions for injections. Used needles and syringes should not be parted but placed as a whole in a yellow sharps bin or other recommended container in accordance with national/local guidelines.

In addition:

- Sharps bins should be available at all times and located at the most suitable place.
- Sharps containers must conform to the British Standard BS EN ISO 23907-2012 which specifies that they must:
 - be leak-proof
 - have a handle which does not interfere with the disposal process
 - have a suitable aperture
 - be able to be sealed
 - have a line showing when the container is three quarters full
 - be able to be incinerated
 - be yellow and clearly marked 'Danger, contaminated sharps only, destroy by incineration'.
- Sharps bins are to be sealed and sent for incineration when they are three quarters full.



All staff should be made aware of the protocols to be followed in the event of a sharps injury. The number, frequency and types of sharps injuries should be reviewed periodically.

SAFE HANDLING - PROCEDURES

Safe Handling of Surgical Blades

The way in which a surgical blade is handled prior to use can determine how effectively it performs during use.

There are a number of ways that the cutting edge of a blade can become damaged once removed from its protective foil packet.

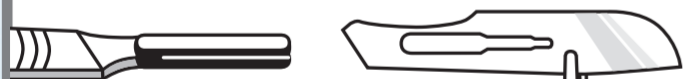
When removing a blade from the protective packet make sure it is not dropped into a metal bowl or container as this can reduce the initial keenness of the cutting edge even before it is fitted to the handle.

If you have to use forceps or needle holders to remove the blade from its protective packet ensure that you do not grip the blade across the cutting edge.

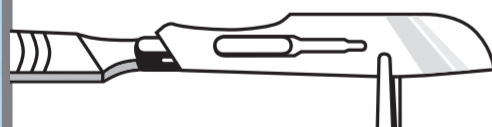
Attaching a surgical blade

Use the following procedure to attach a surgical blade:

- 1 Grip blade with forceps, or similar, avoiding contact with cutting edge.
- 2 Hold handle in left hand with bayonet fitting uppermost.



- 3 Place blade partway over handle fitting and engage slots.
- 4 Slide blade until it clicks into position.

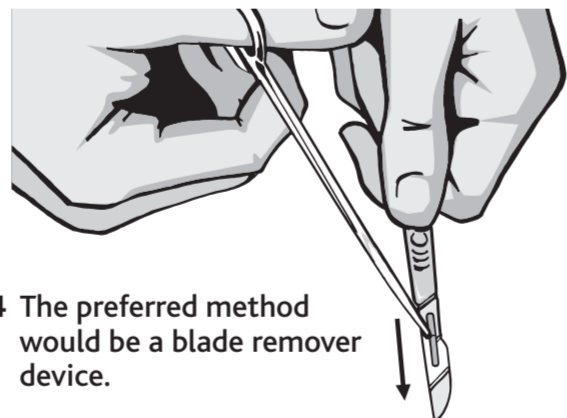


- 5 To improve assembly, flex blade slightly upwards when sliding onto the handle.

Removing a surgical blade

Use the following procedure to detach a surgical blade:

- 1 Grip the blade with forceps or needle holders at point A making sure that the cutting edge is facing away from the hand and body.
- 2 Ensure the blade is pointing downwards and towards the trolley and NOT towards another member of your team.
- 3 Whilst holding the handle firmly lift the back edge of the blade with the forceps or needle holders and slide away the handle.

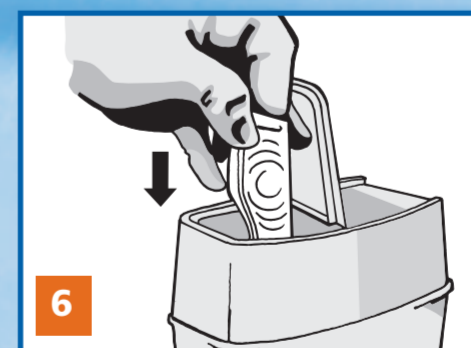
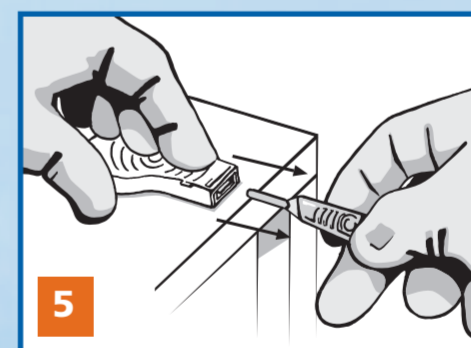
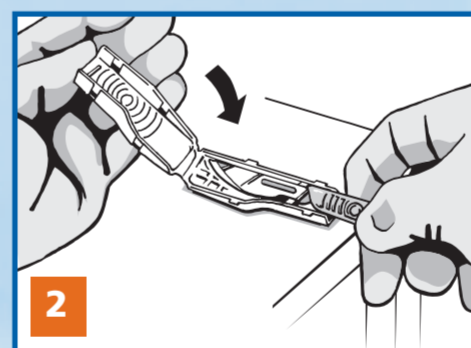
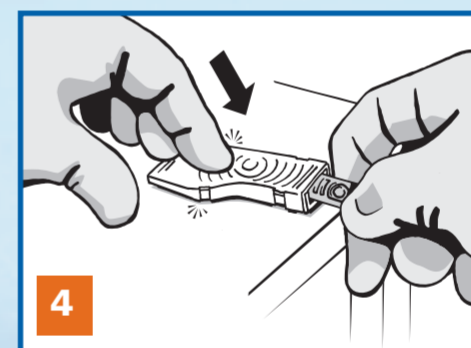
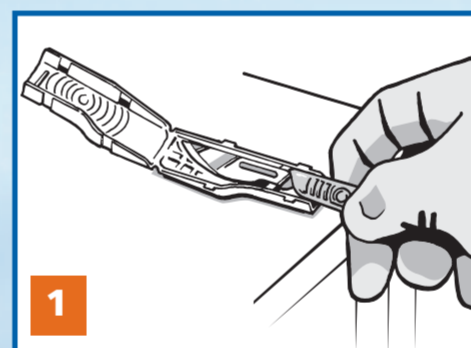


- 4 The preferred method would be a blade remover device.

SAFE & EASY - THE BLADE REMOVER

Designed for the safe removal and disposal of contaminated surgical blades

A blade remover allows for safe and easy removal of all sizes of scalpel blade from both No 3 and No 4 handles assisting in the reduction of accidental sharps injuries amongst nursing staff and the associated risks of cross infection and exposure to blood borne pathogens.



- 1 Preferably place the open remover onto a stable flat surface and introduce the blade into the bottom section locating it over the blade shape outline.
- 2 With the blade located within the remover use the palm of your other hand to move the top of the unit over and onto the blade until it closes with an audible click.
- 3 Ensure the front set of locking tabs are now engaged by applying downward pressure with your fingers.
- 4 Now repeat this with the rear set of locking tabs.
- 5 Hold the remover with your thumb over the centre of the ring pattern and simply withdraw the handle.
- 6 The unit can now be disposed of in an appropriate sharps container.

Safety Scalpel for single patient use only, disposable, sterile and Latex safe.



Carefully extend the blade by moving the slider towards the tip of the scalpel, using the thumb of the hand holding the scalpel.



Extend the slider until you reach the positive stop, the slider will fit into the specially designed notch when it is completely extended.



To retract the blade, move the slider to the back of the scalpel you will feel clicks as the blade is retracted and a positive stop as the blade is safely retracted.



To permanently retract the blade move the slider past the 'safe' position into the permanent notch at the end of the scalpel. The most commonly used blade shapes, 10, 11P and 15 are currently



available sterile on the retractable mounting however a wider range of shapes are available non sterile for use in custom kits and trays such as the 6, 10A, 14, 15C and 16.