



Sharps Containment Procedure

Procedure Number

WCDHB-IC-0033

Version Nos:

7

1. Purpose

This Procedure outlines the process for the management of used sharps by the West Coast District Health Board (WCDHB) staff members.

2. Application

This Procedure is to be followed by all clinical staff throughout the WCDHB.

3. Definitions

For the purposes of this Procedure:

Sharps is taken to mean any needle, syringe, scalpel blade, suture needle, or sharp disposable items.

4. Responsibilities

For the purposes of this Procedure:

Infection Control Advisor is required to:

- oversee all aspects of this Procedure
- monitor the performance of WCDHB staff members in relation to this Procedure;

Staff Members are required to:

- ensure they abide by the requirements of this Procedure;
- abide by all WCDHB Infection Control Policy and Procedures;
- abide by all WCDHB Health and Safety Policy and Procedure.

5. Resources Required

This Procedure requires:

- i) Sharps container
- ii) Sterile kidney dishes
- iii) Hot water and Precept

6. Process

- 1.00 Any sharp that has been in contact with blood or body fluids must be treated as contaminated, i.e. has the potential to cause infection and is to be disposed of via a sharps container.
- 1.01 All single use only sharps are disposed of immediately after use, to a sharps container.
- 1.02 Sharps containers are easily recognisable and are available from the stores department on request.
- 1.03 To ensure the safe transport and disposal of needles and syringes staff members must:
 - i) ensure that the sharp is safely transported in a kidney dish. This includes:
 - Intramuscular, subcutaneous or subdermal injection;
 - Intravenous injection;
 - Venepuncture;
 - Phlebotomy.



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- 1.04 Upon completion of the procedure the uncapped needle is then placed into the kidney dish for disposal into a suitable sharps container. Under no circumstances is there to be any attempt to be made to render the syringe useless by bending, breaking, cutting, or crushing the syringe.
- 1.05 Staff members are not to sort through the rubbish.
- 1.06 The sharps container is to be considered for disposal when 2/3 full. Staff members are not to be tempted to force a sharp into the container. The 2/3 full container is then sealed by securely pressing the lid on until an audible click is heard. It is then sent to Stores (Grey Base Hospital) for incineration. If the container cannot be picked up immediately, it should be stored in a secure area to prevent tampering.
- 1.07 Sterile kidney dishes for transporting sharps is the ideal but if these are not available, once the procedure has been performed and the sharps disposed of:
 - i) Wash the dish with hot detergent and water and dry.
 - ii) Wipe the dish with Precept on a paper towel.
- 1.08 Sharps that are recognised as being able to be resterilised by the manufacturer, should be placed into a rigid sided, puncture proof container, sealed and forwarded to CSSD for decontamination and resterilisation as per protocols.
- 1.09 Scalpel Blades are handled in a non-touch technique in and out of a kidney dish. They are disposed of into a scalpel blade remover which is placed conveniently near the instrument sink. They are changed as indicated by the disposal unit into the sharps container.

7. Precautions And Considerations

- ➔ Any sharp that has been in contact with blood or body fluids must be treated as contaminated
- ➔ The sharps container is to be considered for disposal when 2/3 full.
- ➔ Scalpel Blades are handled in a non touch technique in and out of a kidney dish

8. References

New Zealand Standard – Infection Control (NZS 8142:2000)

9. Related Documents

WCDHB Infection Control Procedure Manual

WCDHB Health and Safety Policy and Procedure Manual

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