

Trust Standard Operating Procedure



Sharps Handling during invasive procedures in the Operating Theatre or Procedure room

Issue Date	Review Date	Version
January 2019	January 2021	V1

Purpose

This SOP identifies the recommended process for handling and passing sharps during invasive procedures in the operating theatre or procedure room.

Who should read this document?

This SOP applies to personnel employed by University Hospitals Plymouth and to personnel working in satellite facilities under the remit of University Hospitals Plymouth

Key Messages

This SOP will ensure that there is a system in place for the safe handling and management of sharps used in clinically invasive procedures, and that they are handled appropriately to reduce the risk of harm to patients and personnel employed by University Hospitals Plymouth

Core accountabilities

Owner	Katy Griffiths – Lead Clinical Educator Theatre Central
Review	Theatre Governance Committee
Ratification	Theatre Service Line Clinical Director
Dissemination	Senior Matron – Theatre and Anaesthetics
Compliance	Theatre Board

Links to other policies and procedures

Swab counts during Invasive Procedures policy v5 CLI.THE.POL.371.5
Policy for management of Sharps in Operating Theatres and Procedural rooms
CLI.THE.POL.797.4
NHS England (2015) National Safety Standards for Invasive Procedures (NatSSIPs) London

Version History

1	January 2019	Approved by Theatre Governance Committee
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available in Document Library.
Larger text, Braille and Audio versions can be made available upon
request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Section	Description	Page
1	Introduction	4
2	Definitions	4 - 5
3	Regulatory Background	5
4	Key Duties	5
5	Procedure to Follow	5 - 7
6	Document Ratification Process	7
7	Dissemination and Implementation	7 - 8
8	Monitoring and Assurance	8
9	Reference Material	8

Standard Operating Procedure (SOP)

Sharps Handling during invasive procedures in the Operating Theatre or Procedure room

1 Introduction

The Theatre Policy and Standards Group is committed to ensuring the safety of patients undergoing surgical procedures and recognises the need for a standardised procedure for handling of Sharps during invasive procedures in the Operating Theatre and Procedural rooms. Clear policies enable the implementation of standard practice and reinforce the principle of consistency.

All staff have a responsibility to themselves, their colleagues and patients to safely handle monitor and dispose of sharps and medical devices. As Health Care Practitioners the law is clear that they have a duty of care and are accountable for the care that is delivered. Health Care Practitioners must ensure that no harm is caused when handling sharps during a procedure. A standardised strategy for passing sharps during a procedure must be compiled as the risk cannot always be predicted: All actions must be in compliance with European Directive 2010/32/EU

2 Definitions

Sharps are designed to perform a specific function, for example:

- Puncture, cut, saw
- Haemostatic electrode blades
- Guide wires
- For the purpose of this SOP, the term sharp will refer will refer to all single use and re-usable instruments/medical devices.
- All sharps have the potential to become a foreign body if left in the wound and must be included in the general counts for all invasive procedures, including minimally invasive procedures.
- Miscellaneous disposable bio-medical devices are classed as clinical waste following use.

Sharps may include but are not limited to:

- Scalpel blades
- Suture needles known as Atraumatics
- Hypodermic needles
- Guide wires with connectors
- Drain trocars

- Endoscopic equipment including disposable items
- The term Surgeon also refers to Specialist Surgical Nurse
- The term Scrub Practitioner includes Registered Nurse (RN), Operating Department Practitioner (ODP) Assistant Practitioners (AP) and Associate Scrub Practitioner (ASP)

3 Regulatory Background

- To provide a safe system for the counting, handling and management of sharps for invasive surgical procedures, that is in accordance with NatSSIPs (2015)
- To provide a recommended standard for passing, receiving and handling sharps during an invasive procedure
- To provide a safe and standardised system to be followed by UHP personnel
- To reduce the likelihood of a sharps injury

4 Key Duties

- Theatre Policy and Standards group – body responsible for writing policies and procedures used in Theatres
- Theatre Governance Committee – committee responsible for validating and ensuring that the Theatre Policies and Procedures are adhered to
- Senior Matron Theatre and Anaesthetics – Senior Nurse in overall charge of day to day running of Theatres, responsible for safety, quality and efficiency
- Theatre Matrons and Team Leaders – responsible for monitoring of local standards and reporting compliance

5 Procedure to Follow

Main step 1

5.1 Neutral Zone

- If it is necessary to pass a sharp during a procedure, it should not be passed hand to hand. A clearly defined 'neutral zone' must be established. Sharps may be left in the neutral zone until they are needed again during the procedure or promptly disposed of.
- The neutral zone should be identified by the surgeon and scrub practitioner before skin incision. This can be a basin, magnetic pad, or area within the aseptic field.
- No touch techniques should be used to minimize handling of sharps by gloved hands. Suture packets should be used to manipulate atraumatics. Instruments should be used to pick up sharps that have fallen off the aseptic

field. Scalpels should be handled safely at all times, using instruments to load where necessary.

- Situational awareness should be maintained at all times with verbal notification each time a sharp is located in the neutral zone.
- The neutral zone should only have one sharp in at a time.
- Sharps placed in the neutral zone should be orientated for easy retrieval by the surgeon
- Double gloving is recommended practice to reduce percutaneous exposure should gloves become perforated. Perforation indicator system gloves are recommended.
- Standard precautions should be used. Personal Protective Equipment should be used including protective eyewear, masks and gloves.
- Sharps disposal containers should be recognisable, visible and in proximity to the point of use.
- Sharp containment devices should be used to confine or contain sharps to a specific area of the aseptic field. This enables the scrub practitioner to monitor and be accountable for the sharps for counting purposes until the patient leaves the area.
- Best practice is that Instruments should be used to retract tissue, not hands. This is to reduce the chance of sharps injury.

5.2 Modified neutral zone

- There may be situations when it is not possible to have a neutral zone –
 - Surgery under microscope or loupes
 - Surgeon cannot reach the neutral zone due to patient positioning
 - Surgeon cannot avert eyes from the surgical field eg trauma
- In these situations the sharps can be placed carefully in the surgeons hand, and returned a neutral zone after use by the surgeon.
- Large devices that contain sharp elements should be handled in a controlled manner, as agreed between the Surgeon and Scrub Practitioner, in such a way to reduce the chance of sharps injury.

5.3 Reusing needles

- Needles must not be re-sheathed, bent or broken during use.
- Where possible use a product that does not require disassembly before disposal.
- Blade removal devices should be used where possible.

5.4 Disposal

- Sharps should be disposed of immediately after use into a sharps container conforming to BS7320.
- Sharps must not be bent, broken or resheathed prior to disposal
- If a sharp is to be retained for subsequent use on the same patient, it must be held in a containment zone.
- Where elimination of sharps is not feasible, safety engineered sharps must be used to isolate or remove the risk.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Theatre Governance Committee and ratified by the Theatre Service Line Clinical Director or Clinical Lead.

Non-significant amendments to this document may be made, under delegated authority from the Theatre Service Line Clinical Director or Clinical Lead, by the nominated author. These must be ratified by the Theatre Service Line Clinical Director or Clinical Lead and should be reported, retrospectively, to the Theatre Governance Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Theatre Service Line Clinical

Director or Clinical Lead and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

What are we monitoring?	Compliance with Sharps handling during invasive procedures
How is it monitored?	Audit of sharps injuries during invasive procedures
Lead	Theatre Matron
Validation	Data results validated by Theatre Matron and Practitioners Recorded incidents on Datix
Frequency	Monthly
Reporting Arrangements	The Theatre Board will be responsible for investigating any incidents reported via the Electronic reporting system
Sharing the Learning	Lessons learned and best practice to be shared using appropriate communication pathways and training

9 Reference Material

NHS England (2015) National Safety Standards for invasive procedures (NatSSIPs) London

AORN Recommended Practices for Sharps Safety (2014) AORN Inc 2014

Royal College of Nursing Sharps Safety (2013) RCN London

Association for Perioperative Practice Sharps (2013) www.afpp.org.uk