

**Joint Policy for Cumbria Partnership Foundation Trust & North Cumbria
University Hospital NHS Trust**

Sharps Safety Policy

Reference	POL/COR/004
Version	1.0
Date Ratified	22/11/2018
Next Review Date	30/11/2021
Accountable Director	Executive Director of Finance
Policy Author	Health and Safety Advisor

Please note that the Intranet / internet Policy web page version of this document is the only version that is maintained.

Any printed copies or copies held on any other web page should therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments.

Policy On A Page

SUMMARY & AIM

This policy identifies management and staff responsibilities in relation to the safe selection, handling and disposal of sharps.

The policy aims to identify the hazards presented by sharps usage and to prevent or minimise the risk of the acquisition of blood borne viruses from inoculation/sharps injuries and blood/body fluid exposure.

TARGET AUDIENCE:

All North Cumbria University Hospital and Cumbria Partnership Foundation Trust staff and contractors who may come into contact with sharps implements during their normal daily work.

TRAINING:

There is no formal training for safe sharps. Staff will receive local training during induction into their area of work if required. Staff must refer to this policy for guidance and information.

KEY REQUIREMENTS

Managers must substitute traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so.

It is the responsibility of Line Managers to ensure their staff receive appropriate training in accordance with the Mandatory Training Policy and Training Needs Analysis

Staff must use safer sharps as provided and as trained. Interfering with any safety device on a sharp contravenes the Health and Safety at Work Act 1974 and the Sharp Instruments in Healthcare Regulations 2013.

Adhere to the Trust's safe sharps standards as set out in this policy and adhere to safe working practices

Staff must actively demonstrate compliance with this policy and participate in the production of risk assessments.

Managers and Clinicians must complete a risk assessment when a sharp without a safety device is deemed safer for the clinical intervention. This assessment must be approved by the Care Group Safety and Quality Group prior to the instruments use.

TABLE OF CONTENTS

1.	INTRODUCTION	4
2.	PURPOSE	4
3.	SHARPS POLICY	4
3.1	Safety Devices	5
3.2	Safe Handling	5
3.3	Use of Sharps Containers	6
3.4	Staff using Sharps in the Community	7
3.5	Patients discharged on medication requiring needles and syringes	8
4.	TRAINING AND SUPPORT	8
5.	PROCESS FOR MONITORING COMPLIANCE	9
6.	REFERENCES:	9
7.	ASSOCIATED DOCUMENTATION:	9
8.	DUTIES (ROLES & RESPONSIBILITIES):	10
8.1	Chief Executive / Trust Board Responsibilities:	10
8.2	Executive Director Responsibilities:	10
8.3	Managers Responsibilities:	10
8.4	Staff Responsibilities:	10
8.4.1	All staff:	10
8.4.2	Waste Porter Team Responsibilities are:	11
8.5	H & S Committee Responsibilities:	11
8.6	Infection Prevention team	11
8.7	Occupational Health Department	11
8.8	Health and Safety Team	12
9.	ABBREVIATIONS / DEFINITION OF TERMS USED	12
	APPENDIX 1 - SHARPS BOX SELECTION	13
	APPENDIX 2 – RISK ASSESSMENT – NON SAFETY SHARP	14
	APPENDIX 3 - USE AND ACCESS TO SAFE SHARPS FOR CUMBRIA PARTNERSHIP EMPLOYEES WORKING IN THE COMMUNITY OR COMMUNITY INPATIENT SETTINGS	16
	DOCUMENT CONTROL	17

1. INTRODUCTION

Sharps like syringe needles, scalpel blades and many other sharp devices are routinely used as part of healthcare practice in acute and primary care settings. Every year numerous staff sustain injuries from contaminated sharps. These injuries pose a significant risk to the physical and mental health of the staff member, cost the healthcare organisation time and resources, and have the potential to result in costly litigation.

All employers are required under existing health and safety law (see Reference a) to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place. The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (Reference b) build on the existing law and provide specific detail on requirements that must be taken by healthcare employers and their contractors.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 follows the principles of the hierarchy of preventative control measures, set out in the Control of Substances Hazardous to Health Regulations (COSHH) (Reference d) (see also [Appendix 2](#)).

This policy provides a clear, evidence-based framework to ensure safe practice when sharps are used, thereby minimising injuries caused by contaminated sharps. It is applicable to all staff who handle sharp items during the course of their employment, and applies at all times, in all situations.

2. PURPOSE

This document sets out the approach of the Trust to ensure the safe use and disposal of sharps and should be read in conjunction with the Trust's Waste Management Policy, Management of Blood Borne Viruses Policy and Health and Safety Policy.

This policy aims to ensure that:

- Sharps are used and disposed of safely within the Trust
- All staff are aware of the action to take in the event of a needle stick or sharps injury and that these are managed in a timely, appropriate and consistent manner
- The Trust complies with the Health Care Code Act 2008 Hygiene Code and Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

3. SHARPS POLICY

Many sharps injuries can be avoided by adherence to the principles of safe practice highlighted:

3.1 Safety Devices

It is recognised that some sharps injuries are complete accidents. It is possible to reduce the risk of these happening by the use of safety devices. These are devices that incorporate a built-in safety feature in their design, which is intended to reduce the risk of sharps injury. An integrated safety feature is part of the basic design of the device that cannot be removed. A passive safety feature is one that does not require the user to activate it, and remains effective before, during and after use.

The employer must substitute traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so. Managers should consider the supply of safety devices in preference to standard devices wherever possible. In areas that have been assessed to be higher infection risks, safety devices should be considered for use as a priority.

The following factors should be considered:

- The device must not compromise patient care.
- The reliability of the device.
- The care-giver should be able to maintain appropriate control over the procedure.
- Other safety hazards or sources of blood exposure that use of the device may introduce.
- Ease of use.

Staff must use safer sharps as provided and as trained. Interfering with any safety device on a sharp contravenes the Health and Safety at Work Act 1974. If for any clinical reason a safer sharp device cannot be used, then a risk assessment ([appendix 2](#)) must be completed by the relevant area to support the non-use of a safer sharp. All sharps risk assessments must be approved by the Care Group Safety and Quality Committee and a copy sent to the Trust Health and Safety Manager.

Extreme care must be taken to ensure that needles and other sharp instruments are handled safely to prevent sharps and inoculation accidents. It is the responsibility of all staff to ensure that used needles and other sharps are immediately disposed of in sharps containers.

3.2 Safe Handling

The use of sharps should be avoided where possible. When their use is essential, a safer sharp device should be used where it is reasonably practicable to do so. Safer sharps do not necessarily remove all risks associated with the use of sharps and therefore sharps must be handled with care, in accordance with the following principles:

- Use needleless intravenous devices and safer needle systems whenever possible and wherever available
- Do not re-sheath used needles.

- In exceptional circumstances, if re-sheathing CANNOT be avoided, use a specific needle re-sheathing/removing device.
- Always get help when using sharps with a confused or agitated patient.
- Never pass sharps from person to person by hand; use a receptacle or a 'clear field' to place them in.
- Never walk around with sharps in your hand.
- Never leave sharps lying around, dispose of them yourself.
- Dispose of sharps at the point of use; take a sharps container with you.
- Dispose of syringes and needles as a single unit; do not remove the needle first.
- Needles or other sharps must not be bent.
- When transporting a blood gas syringe, remove the needle using a removal device and attach a blind hub prior to transport.

3.3 Use of Sharps Containers

Sharps must never be carried in hands, a suitable receiver or sharps container at bedsides must be used.

Sharps must not be passed directly from hand to hand and handling must be kept to a minimum.

The user must ensure that the size of the sharps container is appropriate for the clinical activity and size of the equipment being disposed.

Sharps boxes must not be filled above the maximum fill line.

Sharps containers must conform to UN 3291 and BS 7320 standards (NB: yellow bins with purple lids must be used for disposal of cytotoxic waste)

Sharps containers must be located in a position that is out of reach of children.

Sharps containers must not be stored on the floor or above shoulder height; they should where possible be wall or trolley mounted.

Sharps containers can be positioned on shelving at an appropriate height to allow disposal of items in a safe manner.

When the maximum fill line is reached, sharps containers must be closed, locked and the label completed by the person doing this.

Locked containers must be stored in an appropriate facility i.e. ward sluice whilst waiting for the collection.

Sharps containers must be kept away from children and vulnerable patients/visitors.

Open footwear should not be worn at any time in a clinical environment.

It is the responsibility of the staff member using the sharp to dispose of it properly at the point of use. Never leave sharps for others to clear away.

Following injection of drugs, syringes with attached needles must be immediately placed into a sharps container. In order to reduce injuries safer sharps should be used as provided by the Trust.

Needles must not be removed from the syringe or re-sheathed.

Never place sharps or needles (including giving sets) into waste bags as this may tear the bag and cause injury to others. The whole device (including any remaining fluids) must be placed inside the sharps an access plus container. Attempts should not be made to cut sharps from lines, tubes and fluid bags.

When handling sharps containers, always carry with caution and use the handle/bracket if available.

Staff who transport sharps containers within the hospital/community must ensure they are transported upright and securely. Sharps containers must not be transported with the lid open or temporarily closed. Sharps containers must be securely closed for disposal when transporting in vehicles.

Phlebotomy Staff who transport sharps containers on a trolley from ward to ward must not leave the trolley unattended, Sharps container temporary closure must be used when not in use and going from ward to ward.

Vacutainers must be used for phlebotomy wherever possible.

Sharps containers on a resuscitation trolley used during an arrest situation must be disposed of immediately after each use of the resuscitation trolley. Used and open sharps containers should not be left on resuscitation trolleys when not in use.

Any sharps found in a public area, the finder must contact their Line Manager immediately for disposal and incident report form completed.

3.4 Staff using Sharps in the Community

Staff employed by the Trust who use sharps in the community should undertake a risk assessment to ensure the appropriate sharps devices are being utilised and safe working procedures are in place. The size of the sharps container carried should be appropriate for the safe disposal of sharps used, yet it should be as small as is practicable.

While the sharps container is being transported in a car, it must have the temporary closure mechanism in place and should be secured so spillage would be minimised in the event of an accident. The sharps container may be placed inside a clear plastic bag during transport in a vehicle in order to prevent leakage.

Sharps containers should be kept out of sight and the vehicle in which it is stored must be locked. The vehicle should be checked after every shift to ensure there has been no spillage of sharps. If sharps have been spilled, the affected area should not be used until the vehicle has been safely decontaminated. The incident should be reported appropriately.

Refer to [Appendix 3](#) regarding use and access to safe sharps in the community.

3.5 Patients discharged on medication requiring needles and syringes

Occasionally patients are discharged home taking medications which require needles and syringes, e.g. enoxaparin. Staff must complete the form located on Staffnet which must be faxed or emailed to the relevant local authority.

Link Below:

http://staffnet/TrustDocsMedia/DocsForAllStaff/InfectionControl/Patientsdischarge_donenoxaparinhealthcarewast/Healthcarewastecollectionreferralform.doc

Once received they will register the patient for sharps bin collection. The patient must be informed to telephone their local authority when they are ready to have their three quarters full sharps bin collected. Contact numbers are found on Staffnet along with the form.

The patient must also be taught how to safely use the sharps container prior to discharge. This information must include where to safely store the sharps bin whilst in use, how to use the temporary closure and how to lock the bin closed ready for collection.

4. TRAINING AND SUPPORT

- 4.1** Sharps management training is provided at Corporate Induction and Mandatory training sessions for all Trust staff.
- 4.2** It is the responsibility of Line Managers to ensure their staff have received appropriate training in accordance with the Mandatory Training Policy and Training Needs Analysis.
- 4.3** Localised training is provided by the departmental leads.

5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Sharps Incidents	Report on Incidents report to the Occupational Health Department	Head of Occupational Health	Health and Safety Committee/ Infection Prevention and Control Committee	quarterly

6. REFERENCES:

- a) Health and Safety At Work etc. Act 1974
- b) Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- c) Management of Health & Safety at Work Regulations 1999
- d) The Control of Substances Hazardous to Health Regulations 2004
- e) Environmental Protection Act 1990
- f) Hazardous Waste Regulation 2005
- g) Health Care Act / Hygiene Code 2008
- h) The Duty of Care Regulations 1992
- i) The Environmental Permitting Regulations 2010
- j) The Special Waste Regulations 1996
- k) The Waste (England & Wales) Regulations 2011
- l) The Personal Protective Equipment at Work Regulations 1992
- m) NICE guidance [Healthcare-associated infections: prevention and control in primary and community care \(CG139\)](#)

7. ASSOCIATED DOCUMENTATION:

Joint Health and Safety Policy

NCUH Policies

<http://nww.staffweb.cumbria.nhs.uk/policies/categories/security-health-and-safety/glove-selection-clinical-policy.pdf>

<http://nww.staffweb.cumbria.nhs.uk/policies/categories/infection-prevention/infection-prevention-and-control-standard-precautions-policy.pdf>

8. DUTIES (ROLES & RESPONSIBILITIES):

8.1 Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice. Ref: Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

8.2 Executive Director Responsibilities:

The Executive Director has the responsibility to ensure that Trust policies meet statutory legislation and guidance where appropriate. They will ensure this policy is kept up to date by the relevant author and approved at the appropriate committee.

8.3 Managers Responsibilities:

All Ward Managers and Matrons are responsible for:

- Ongoing compliance with this policy within their clinical areas, investigating and reporting non-compliance to the DIPC via the Infection Prevention and Control Committee.
- Ensure all inoculation injury incidents are reported
- Ensure records of all training are maintained and are available at ward/department level
- Carry out workplace risk assessments and audits
- Make available relevant personal protective equipment for use by staff
- Support any staff that sustains an inoculation/sharps injury.
- Make arrangements to cover the duties of any staff that need to attend health screening following an inoculation/sharps incident
- Investigate inoculation/sharps or exposure incidents and take action to prevent a reoccurrence, informing the Infection Prevention and Control Committee of any incidents through Occupational Health.
- To report any exposure incidents to the Occupational Health Team.

8.4 Staff Responsibilities:

8.4.1 All staff:

- Have a duty to take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work
- Adhere to the Trust's safe sharps standards as set out in this policy and adhere to safe working practices
- Must actively demonstrate compliance with this policy
- Participate in the production of risk assessments
- Implement the policy and agreed measures to manage risks
- Attend any training which is provided in relation to this policy
- Report all incidents related to sharps to their line manager

- Ensure referral to Occupational Health is made as soon as possible after an injury has taken place for appropriate advice and follow up action
- Attend for any health screening appointments required
- Have a duty of care to use and dispose of sharps in a safe and appropriate Manner

8.4.2 Waste Porter Team Responsibilities are:

- responsible for collection of sharps bins from wards and departments for safe disposal from site
- to report all incidents of non-conformance matters relating to waste, including sharps, to the Facilities Manager to investigate

8.5 H & S Committee Responsibilities:

The Chair of the approving committee will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy. The committee receives quarterly reports from occupational health manager on sharps injuries notified to the department.

8.6 Infection Prevention team

The Infection Prevention Team will support the Estates & Facilities Management Team in reviewing and monitoring the effectiveness of the sharps disposal procedures within the Trust.

The team will support training and provide advice about safe handling of sharps, prevention of sharps injuries and what to do in the event of an injury.

The Infection Prevention and Control Committee will receive quarterly reports from occupational health manager on sharps injuries notified to the department.

8.7 Occupational Health Department

The Occupational Health department are responsible for providing a timely service to all staff attending with any sharps injury, maintaining documentation and confidentiality of any information obtained (Refer to the Management of Exposure to Blood Borne Viruses Policy for more information).

The Occupational Health quarterly report to the Infection Prevention and Control Committee / Health and Safety, Security Committees will include sharps injury performance and incident outcomes.

The department will report any high risk inoculation to the Health Protection Agency and advise the H & S Team accordingly re RIDDOR.

8.8 Health and Safety Team

Are responsible for facilitating any formal investigations into high risk incidents reportable under RIDDOR to the Health and Safety Executive.

9. ABBREVIATIONS / DEFINITION OF TERMS USED

ABBREVIATION	DEFINITION
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

TERM USED	DEFINITION
A sharp	Includes items such as a needle, sharp edged instruments, broken glassware, razors, scissors, bones and teeth.
Sharps injury	Defined as an injury where a needle or other sharp object, which may be contaminated with blood or other body fluid, penetrates the skin. This also includes human bites and scratches that break the skin.

APPENDIX 1 - SHARPS BOX SELECTION

Selecting Your **SharpSmart** Container

For sharps excluding those contaminated with medicinal products - Blood contaminated only



For sharps contaminated with medicinal and chemical products



For sharps contaminated with cytotoxic and/or cytostatic products



For the disposal of waste pharmaceuticals and medicinal bottles



For the disposal of single-use metal instruments for recycling



EDUC085

APPENDIX 2 – RISK ASSESSMENT – NON SAFETY SHARP

RISK ASSESSMENT PROFORMA						
PART A - ASSESSMENT						
Title of Risk Assessment: Non safety sharps usage						
Risk Assessor: Ward/Department manager to put name here						
Date of Risk Assessment: Date required				Site: West Cumberland Hospital & Cumberland Infirmary		
Ward/Department: To be added				Clinical Business Unit or Corporate Department: To be added		
Details: In order to reduce the risk of potential injury from medical sharps to the staff and patients at NCUH. The Trust will, where possible, use safe sharp products. However, where it is not possible to use these products this risk assessment will outline the process and procedures to mitigate the increased risk.						
State what the Hazard is: The use of non-safe sharp products has the potential to increase the possibility of harm from an inoculation injury. However, two factors prohibit the transfer to all safety devices within the Trust, these are; <ul style="list-style-type: none"> the operator requiring maximum sensitivity, dexterity and precision to safe guard the patient and ensure success of the procedure Unavailability of some products as a safety device. <p>Devices covered in this risk assessment are: Suture Needles Stitch cutters Hypodermic needles Scalpels Products use to aid the insertion of devices, for example chest drains & central lines. Cannula</p> <p>Ward/department manager to add any other product used in their areas which is a non-safety sharp and delete this sentence</p>						
INITIAL RISK GRADING BEFORE IMPLEMENTATION OF CONTROLS						
LIKELIHOOD						
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
SEVERITY	5	Extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	1	Negligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART B – CONTROLS AGAINST RISK						
State the controls that are in place to mitigate the Risk: <ol style="list-style-type: none"> The Trust, where possible, has replaced non-safety sharps with safety sharps following discussion with the department and clinicians. Sharps have been removed from clinical areas which have had no clinical reason to stock the product Non-safety products will be 'masked' from the automatic order process and requests to order will 						

<p>require authorisation by the clinical manager of the area following completion of this risk assessment</p> <ol style="list-style-type: none"> 4. Training is provided for the staff using the new safe sharps products. 5. The use of posters, screen savers and the promotion of the inoculation injury policy to increase the awareness of the risk when using sharps. 6. The provision of needle removers for insulin pens 7. A review of the numbers of sharps bins and the placing of these bins to facilitate use within the clinical area. 8. Ward/department/line managers will ensure that procedures requiring a sharp product are carried out by or supervised by a clinician trained to do so. 9. Manager to enter any controls specific to their areas here and delete this sentence. 			
How effective are these Controls?			
Adequate <input checked="" type="checkbox"/>	Inadequate <input type="checkbox"/>	Partial <input type="checkbox"/>	No Controls <input type="checkbox"/>
Assurance on Controls/Evidence they are working:			
<ol style="list-style-type: none"> 1. Reduction in inoculation injuries caused by medical sharps as reported via the Ulysses system 2. The inability for non-safe sharps to be ordered without authorisation and a risk assessment 3. Evidence of risk assessments in place in the clinical environment. 4. Staff will report that they are trained to use the devices required in their role. 5. Manager to comment on the assurance of the controls in their areas. 			
Adequacy of Assurances			
Full <input checked="" type="checkbox"/>	Part <input type="checkbox"/>	None <input type="checkbox"/>	

COSHH Hierarchy of Controls

In order of priority:

- 1 Eliminate the use of a harmful product or substance and use a safer one.
 - 2 Use a safer form of the product, eg paste rather than powder.
 - 3 Change the process to emit less of the substance.
 - 4 Enclose the process so that the product does not escape.
 - 5 Extract emissions of the substance near the source.
 - 6 Have as few workers in harm's way as possible.
 - 7 Provide personal protective equipment (PPE) such as gloves, coveralls and a respirator. PPE must fit the wearer.
- If your control measures include 5, 6 and 7, make sure they all work together

<http://www.hse.gov.uk/pubns/indg136.pdf>

APPENDIX 3 - USE AND ACCESS TO SAFE SHARPS FOR CUMBRIA PARTNERSHIP EMPLOYEES WORKING IN THE COMMUNITY OR COMMUNITY INPATIENT SETTINGS .

Where community staff are involved in administration of injectable medicines or procedures involving sharps they should adhere to safe sharps policy using safe sharps or in exceptional situations where non safe sharps are considered with a view to divert from safe sharps. The clinician must have completed health and safety approved risk assessment, it must be current – the risk assessment must be approved pre use of any non-safe sharps equipment.

If the patients in the community self-cares and administer for example their own insulin safe sharps are not required. Or that the community clinician is not directly involved in the procedure where a sharp is being used.

Access safe sharps in the community use one of the following

1. Consider if Primary care will prescribe the safe sharps i.e. insulin needles on FP10 prescription for that specific patient
2. Consider Community clinicians who hold a prescribing qualification prescribing that specific patient safe sharps.
3. If the above cannot be met the community team to order the safe sharps from NHS supplies.

DOCUMENT CONTROL

Equality Impact Assessment Date	7 / 11/ 2018
Sub-Committee & Approval Date	Joint Health and Safety, Security Committee 26 October 2018 Joint Infection Prevention and Control Committee 7 November 2018

History of previous published versions of this document:

Organisation	Version	Ratified Date	Review Date	Date Published	Disposal Date
CPFT – Infection Prevention and Control Safe Handling and disposal of Sharps	POL/001/042/005		May 2020	17/05/2018	May 2028

Statement of changes made from version

Version	Date	Section & Description
0.1	26/10/2018	<ul style="list-style-type: none"> Added final paragraph to policy on a page key requirements section Added reference to appendix 2 in paragraph 3.1 3.1 clarified process that Risk Assessments are to be approved by Care Group Quality and Safety and copy sent to H & S Department Added to appendix 2 the COSHH hierarchy of controls
0.2	28/11/2018	<ul style="list-style-type: none"> Addition of appendix 3, guidance for community staff in relation to obtaining safer sharps Section 3.4 – Staff using sharps in the community – text added to refer to appendix 3 for further information Section 6 updated with references to NICE guidance

List of Stakeholders who have reviewed the document

Name	Job Title	Date
Nicola O'Reilly	Infection Prevention	June 2018
John Wilson	Infection Prevention	June 2018
Safer sharps working group The Safer Sharps Working Group included Procurement, Infection Prevention Control Staff, Occupational Health, Health and Safety Advisors, and Senior Nursing staff and Facilities Management met over a period of weeks to implement and introduce new devices		July 2018
Corporate Health and Safety Committee		July 2018
Corporate Health and Safety Committee for approval		October 2018
Joint Infection Prevention and Control Committee for approval		Nov 2018