**Sharps Audit Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College** | |  | | |
| **Area Visited (Group/Facility)** | |  | | |
| **Questions to ask** *and guidance* |  | | **Notes** | **Areas for Improvement** |
| Are staff/students aware of the procedure for managing an inoculation injury? *Ask two users in area to describe the procedure.* | Yes  No | |  |  |
| Are suitable and sufficient risk assessments in place for the safe use of sharps? *Request copies - do they adequately describe/control activities underway?* | Yes  No | |  |  |
| Is there evidence that safer sharps have been considered? *Check risk assessment – ask users* | Yes  No | |  |  |
| Have users had appropriate training of (a) use and (b) disposal? | Yes  No | |  |  |
| Are used sharps disposed of without re-sheathing? *Visually check contents in bin if possible, observe practice* | Yes  No | |  |  |
| Are in use sharps containers safely positioned near point of use and out of reach of vulnerable people? *Check bins are not stored in an open access area and are positioned at a safe height.* | Yes  No | |  |  |
| Do the sharps containers conform to BS7320 (1990) / UN 3291 standards *Check bins* | Yes  No | |  |  |
| Are sharps containers assembled correctly? *Check that lids are secure on the sharps bins in use* | Yes  No | |  |  |
| Are all sharps bins free from protruding sharps? | Yes  No | |  |  |
| Are the contents of all sharps containers below the 'fill line'? *Check all sharps containers are not overfilled.* | Yes  No | |  |  |
| Are sharps container lids temporarily closed in between use? *Check bins in area.* | Yes  No | |  |  |
| Are locked sharps containers labelled correctly and stored in a secure facility away from public access until collected for disposal? *Check sharps bins awaiting collection.* | Yes  No | |  |  |

|  |  |
| --- | --- |
| **Person carrying out the audit** |  |
| **Date** |  |
| **Conformation that areas for improvement have been addressed (name/date)** |  |