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### European Directive on Prevention of Sharps Injuries

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**Research by MindMetre, a UK-based consumer and business analyst, has revealed that one third of NHS Trusts in the UK do not instruct staff to use safety devices 'wherever possible' in their sharps policies, despite this being an explicit requirement of the UK's Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.**

More than 1 million sharps or needlestick injuries occur every year, forming one of the most common health and safety threats in the European workplace. They are an extremely common occupational hazard for healthcare workers with nurses being most at risk. Needlestick injuries can occur during many procedures including injection administration and the handling of clinical waste.

#### The Framework Agreement and Directive

Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector of 10 May 2010 implements the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by the European Hospital and Healthcare Employers' Association (HOSPEEM) and the European Public Services Union (EPSU). The purpose of the Directive is to implement the Framework Agreement so as:

- To prevent workers' injuries caused by all medical sharps (including needlesticks);
- To protect workers at risk; and
- To set up an integrated approach establishing policies in risk assessment, risk prevention, training, information, awareness raising and monitoring;

It was the duty of Member States to bring into force the laws, regulations and administrative provisions necessary to comply with this Directive, and ensure that the social partners introduced the necessary measures by 11 May 2013 at the latest. Member States also determine what penalties are applicable when national provisions enacted pursuant to this Directive are infringed.

The Directive applies to all workers in the hospital and healthcare sector. It tasks employers and workers' representatives to work together to eliminate and prevent risks, protect workers' health and safety, and create a safe working environment following the hierarchy of general principles of prevention via information and consultation.

The Directive calls for thorough risk assessment when injury, blood or other potentially infectious material is possible or present with a focus on how to eliminate these risks. The risk management measures are:

- Specifying and implementing safe procedures (including safe disposal);
- Eliminating unnecessary sharps use;
- Providing safety-engineered medical devices;
- Prohibition of recapping;
- Coherent overall prevention policy;
- Training and information;
- Personal protective devices and offering vaccination;
- Workers should report any accident to the responsible person; and

- The accident should be investigated and the victim treated.

## Progress in the UK

In line with the EU Directive, the UK introduced the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. These new regulations particularly focus on requirements that are not specifically addressed in existing legislation.

Official guidance documentation from the Health and Safety Executive (HSE) notes that, “Where it is not reasonably practicable to avoid the use of medical sharps, the Sharps Regulations require employers to use safer sharps (incorporating protection mechanisms) – regulation5(1)(b).” The safer sharps incorporate special features that prevent or minimise the risk of accidental injury. For example, syringes and needles equipped with a shield to cover the needle after use.

The majority of NHS Trusts are vigorously working towards compliance with the EU Directive on the prevention of sharps injuries. Five in every six have reviewed their sharps policies, and two-thirds have instructed staff to use safety devices ‘wherever possible’ in order to protect clinical, care and ancillary staff from injury and possible infection, but some Trusts are being left behind.

Findings from the MindMetre research report include:

- 84% of Trusts have revised and published their sharps policy in the light of the EU Directive, of whom 17% revised their sharps policy post-Directive and pre-UK statutory instrument;
- 59% of Trusts instruct staff to use safety devices ‘wherever possible’ in their sharps policy; however 33% of Trusts do not make this instruction in their sharps policy;
- 29% mandate the use of safety devices in particular categories, particularly cannulation and phlebotomy; and
- Of those Trusts able to make an accurate estimate, safety device usage (measured in volume of procedures) has risen from 23% in 2009, to 67% by the end of 2013.

Talking about the research, Paul Lindsell, Managing Director of MindMetre Research highlights the strong level of compliance within the UK: “Evidently, the larger proportion of NHS Trusts are taking compliance ... very seriously. With almost a fifth of Trusts having revised their sharps policies in advance of the mandatory national regulation date in 2013, and with two-thirds of Trusts instructing staff to use safety sharps products ‘wherever possible’, it is clear that most are demonstrating their concern with clinical, care and ancillary staff safety with tangible action.”

Lindsell admits there is much work left to be done, “there remains a proportion of Trusts that have not revised their sharps policies; moreover, one-third of Trusts are not encouraging their staff to use safety devices ‘wherever possible’, despite this being an explicit piece of guidance in the relevant regulation.” But he is optimistic for the future and improved working conditions for health professionals, “We expect further progress to be made across 2014, both by pioneering Trusts in this regard, and also from those that have made slower progress. An estimated one million sharps injuries occur in the European Union each year. The risk of injury and possible infection (from bloodborne pathogens including Hepatitis and HIV) for the dedicated people working in our health service is clearly unacceptable and now has the force of EU law and local regulation behind it.

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