

Good Practice: guidance, handbooks and toolkits

The UK Partnership Guidelines – from theory to practice

Kim Sunley – Royal College of Nursing
Ann Stansfield – Peterborough City Hospital

Sharps injuries in the UK

- Estimated 100, 000 sharps injuries in UK per annum (1)
- Significant exposure surveillance system (HPA/HPS) 'Eye of the Needle' since 1997 (2)
 - 20 cases of Hepatitis C sero-conversions all percutaneous exposures
 - 5 HIV cases
 - Nurses and doctors/dentists main occupational groups BUT ancillary staff make up around 3% of reports
 - Most occurring in wards and operating theatres
 - Most injuries occurring **after** the procedure

1 Patterson and Elder (2005) Safer Sharps Evaluation Report

2 Health Protection Agency (2012) Eye of the Needle Report

Stakeholders and UK Social partners

- **Safer Needles Network**
 - Set up over 11 years ago
 - Aim to prevent needlestick injuries
 - Key stakeholders invited to attend from trade unions, professional bodies, employer representatives, health and safety regulator, national procurement, industry, national surveillance centre (HPA), litigation authority
 - Lobbying, raising awareness, guidance and joint positions

Stakeholders and social partners

- **NHS Staff Council ‘ Health, Safety and Wellbeing Partnership Group’**
 - Sub group of wider negotiating body on national terms and conditions of NHS (health care staff). Bi-partite group with trade union and employer representatives
 - The purpose of the group is to raise standards of workplace health, safety and wellbeing in healthcare organisations; to promote a safer working environment for all health care staff and to promote best practice across both public and private health care.

Partnership Group

- Occupational health and safety standards
- Series of workshops in 2009/10 to raise awareness of framework agreement
- Joint guidance on sharps injuries (2010)
- Representatives speaking at forums on the directive e.g. Infection control conference, occupational health nurses
- Engagement with regulator
- Joint response to the consultation on draft domestic laws

The Guidelines – Prevention and Management

- Roles and responsibilities
- Policies
- Importance of reporting
- Local Partnership working
- Five steps to assessing the risks
- Selection of devices

The Guidelines

- Five steps to assessing risks
 - Identify the hazard
 - Decide who may be harmed and how
 - Evaluate the risks and decide on precautions
 - Record your findings and implement them
 - Monitor performance and review risk assessments

The Guidelines

- **Hierarchy of controls**
 - Elimination of hazard
 - Engineering Controls
 - Administrative Controls
 - Work Practice Controls
 - Personal Protective Equipment
- **Selection criteria**

Management of exposures

- First Aid
- National protocols
- Unknown and known sources
- Approaching the source patient/checklist
- Counselling staff member - contents

RCN Guidelines



- Taking action and roles and responsibilities
- Safety representatives checklist
- Sample risk assessment

From Theory to local practice



Peterborough City Hospital

Acute Hospital

600 Beds

3500 Staff

- Average of 200 sharps injuries per year over the past 5 years
- 4 high risk sharps injuries in financial year 2012/13 reported to the Health & Safety Executive (HSE)
- HSE Visit in May 2012

Action Taken

- HSE Suggested we speed up implementation of safety devices
- Evaluation to Identify main causes of injuries:
 - Disposal into Sharps Bins
 - Hypodermic Needles - use and disposal
 - Insulin Pen Needles - disposal
 - New intake of Doctors

Action Taken

- Sharps Policy updated using the guidance put together by the NHS Employers Partnership
- Evaluated and moved to a safer Sharps Bin (Sharpsmart)
- Following evaluation across the Trust – rollout of new safety devices to replace:
 - hypodermic needles
 - insulin pen needles
- New post in Trust to follow up and investigate all needlestick incidents
- Additional training for junior doctors
- Sharps Safety Group will continue to Monitor the situation

Main Problems Encountered

- Shortage of stock from Supplier
- Lack of engagement by some Medical Staff
- New devices not suitable for certain tasks

However:

- Positive response from all Nursing staff
- Where the devices are not suitable staff have engaged and are working with the Sharps Safety Group to find a safety solution

Next Steps

- Partners and stakeholders to review joint guidelines with respect to UK regulations
- Gathering good practice examples at a local level
- Continue to promote partnership working at a local level:
 - Role of health and safety committees
 - Monitoring incidents
 - Developing training and information
 - Safety Inspections

