

EU Directive 2012/32 – prevention of sharps injuries in the hospital and healthcare sector

A UK perspective on sharps injuries

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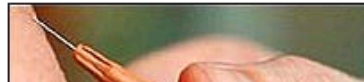
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NHS staff die after HIV accidents

Four UK health workers have died after being injured with needles used on patients infected with HIV, according to official figures.

Another nine are living with HIV after suffering similar "needle-stick" injuries while working in the NHS.



SEE ALSO:

HIV risk prompts renewed safe calls

London Evening Standard

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Nurse died of Aids seven years after needle prick



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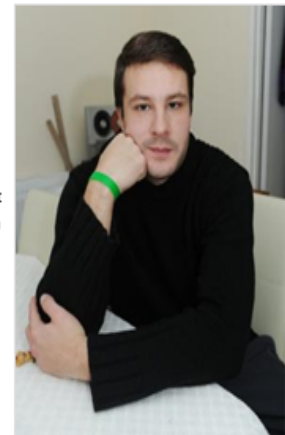
ECHO NEWS

Hospital porter cut by used needles lifts lid on scandal

By Jon Austin

8:00am Thursday 1st November 2012 In Echo News

A PORTER slashed three times by used medical equipment has lifted the lid on Basildon Hospital's crisis with potentially hazardous waste.



Stephen Courtneil says he had to have a total of four months off work after three separate incidents when he was cut by used scalpels and a needle while carrying bags of waste.

The whistleblower, from Whitmore Way, Basildon, who is still employed by the trust, said he had to undergo a series of HIV and

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
 - Since 2002, 34% of healthcare workers exposed to HIV-infected source patients who start HIV PEP commenced it within one hour of their exposure; and 89% within 24 hours

1 Patterson and Elder (2005) Safer Sharps Evaluation Report

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



Eye of the Needle

United Kingdom surveillance of significant occupational exposures to bloodborne viruses in healthcare workers; December 2012



Stakeholders and 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



Protecting healthcare workers from needlestick injuries

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The **Safer Needles Network** is aimed at those concerned with reducing needlestick injuries and bloodborne exposures.

Needlestick accidents occur when healthcare workers jab themselves or a colleague with a needle, or other sharp medical device, which is contaminated with potentially infected blood.

Second only to back-injuries as a cause of occupational injury amongst NHS workers, an ongoing RCN surveillance project suggests that as many as 100,000 needlestick accidents occur in the UK every year.

[More about the Safer Needles Network >](#)

Current News

[HSENI launches consultation for EU Directive](#)

8 JAN 2013

[The Telegraph: Grandfather dies after infection from needle](#)

4 JAN 2013

[NHS Supply Chain launches website for safer sharps](#)

17 DEC 2012

[HPA on reducing occupational exposures to bloodborne viruses](#)

7 DEC 2012

Stakeholders and social partners

- **Partnership for Occupational Safety and Health in Healthcare (POSHH)**
 - 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 POSHH is to raise standards of occupational health and safety in the healthcare organisations and to promote best practice across both the NHS and the independent sector

Partnership for Occupational Safety and Health in Healthcare

- Occupational health and safety standards
- Joint guidance on sharps injuries
- Series of workshops in 2009/10 to raise awareness of framework agreement
- 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

Partnership for Occupational Safety and Health in Healthcare

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Implementation advice on sharps agreement

25/09/2012

The Safer Needles Network and the Partnership for Occupational Safety and Health in Healthcare (POSHH) have agreed advice for the NHS on preparing for implementation of the sharps directive.

Introduction

This advice is intended to help employers in ensuring that they are ready and compliant once UK legislation is passed. It provides important guidance on the practical implementation of the Agreement and the Directive and should be read in conjunction with them and relevant national legislation and guidance.

Following the advice will help to achieve the safest possible working environment by preventing injuries to workers caused by all medical sharps, including needlesticks, and protecting workers at risk. The advice provides for an integrated approach, establishing policies in risk assessment, risk prevention, training, information awareness-raising and monitoring, and for response and follow-up procedures. It applies to all workers, students and subcontractors in the hospital and healthcare sector, including those who are under the managerial authority and supervision of the employers.

Work of UK health and safety regulator (HSE)

- 2011 Systematic review of efficacy of sharps safety devices *“evidence that their use can reduce the incidence of injuries to healthcare workers, when combined with appropriate training and safe working practices”* (1)
- Targeted inspection activity
- Comprehensive website of resources
- Prosecution of trust

(1) HSL (2012) an evaluation of the efficacy of safer sharps devices



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Sharps injuries

A sharps injury is an incident which causes a needle or sharp instrument, such as a scalpel (collectively referred to as 'sharps'), to penetrate the skin. This is sometimes called a percutaneous injury. If the sharp is contaminated with blood or other body fluid, there is a potential for transmission of infection.

Although rare, injuries from sharps contaminated with an infected patient's blood can transmit more than 20 diseases, including Hepatitis B, C and human immunodeficiency virus (HIV).

Because of this transmission risk, sharps injuries can worry the many thousands who receive them.

What to do if you receive a sharps injury

If you suffer an injury from a sharp which may be contaminated:

Resources



[Blood-borne viruses in the workplace](#)



[Biological agents: Managing the risks in laboratories and healthcare premises](#)



[Safe working and prevention of infection in clinical laboratories](#)

Worcestershire hospital trust fined after injury



Friday, 8 October 2010

A hospital trust has been forced to pay more than £20,000 in fines and costs after a healthcare worker contracted Hepatitis C after injuring herself on a needle used to take blood from an infected patient.





Worcestershire Acute Hospitals NHS Trust was fined £12,500 and ordered to pay £9,000 costs after pleading guilty to breaching the Health and Safety at Work Act and the Control of Substances Hazardous to Health Regulations.

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HSE Inspection Activity

- 22 public sector health care organisations 2010/11
 - 16 had a specific policy
 - 10 clear corporate strategic aims and objectives to prevent and reduce the risks
 - 6 had staff at all levels demonstrating a good understanding of their roles and responsibilities
 - In 4, safety representatives were not consulted
 - Risk assessments generally generic
 - Training patchy
 - Safer devices were used in 18
 - Lack of monitoring
 - Only half carried out some form of audit and review



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

- 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

Transposition of the Directive – where are we? (1)

- UK Regulator - Health and Safety Executive/Health and Safety Executive Northern Ireland
- Consultation on transposition in November 2012
- TU response and joint social partners response
- Stand alone regulations: *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*

Transposition of the Directive – where are we? (2)

- Limited to what not already covered in existing EU Directives e.g. Biological agents and framework directive
- Laid before parliament in April
- Guidance from regulator to support organisations implement regulations 6 weeks before they become law

Trade Union concerns

- Scope
- Recapping
- Worker involvement
- Guidance/Approved Code of Practice
- Reporting

Risks and Future Challenges

- Under reporting of injuries
- Cost pressures on health sector
- Increased number of health care providers
- Scope of the Regulations – who is covered?
- Government's position on health and safety laws and European Union
- Lack of proactive inspections by regulators
- Media perceptions of health and safety
- Staff safety = patient safety

Key Messages

- Jointly agreed at EU level
- Need to promote the cost benefits from implementing sharps regulations – as well as legal and moral case
- Organisational commitment to staff health and safety
‘what’s good for staff is good for patients’
- Need to continue partnership working on this agenda at a local level as well as national and European.
Engagement of safety reps
- Role of regulator and importance of reporting injuries