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Third of trusts in breach of sharps rules

A third of hospital trusts in England are failing to comply with safety regulations designed to reduce the risk of needlestick injuries to nurses and other frontline staff, according to latest research.

Analysts found 33 per cent of trusts did not instruct staff to use safety devices "wherever possible" in their sharps policies, despite it being an explicit requirement of health and safety regulations introduced last year on the back of a European Union directive.

A report from business analysts MindMetre investigated the implementation of directive 2010/32/EU, which came into force in May 2010, and was followed by UK guidance from the Health and Safety Executive.

Using the Freedom of Information Act, the analysts obtained details of safety policies from 159 hospital trusts.

Their report said: "The emerging picture is one of widespread progress towards adoption and compliance, but also one which shows that there is considerable ground yet to be covered."

It noted that most trusts are "demonstrating their concern of staff safety with tangible action". For example, 84 per cent of trusts had revised and published their sharps policy in light of the EU directive.

However, it highlighted that this still left a "remnant" of 16 per cent of trusts - more than one in 10 - that had no plans in place to revise their sharps policy in the light of the new regulations.

It said some had claimed their existing policies required no revision, while others had simply stated that no revision was planned.

"Given that sharps policy revisions have been deemed necessary by the majority of trusts, including the significant minority of pioneering institutions, it does not seem credible that any trust should require no policy revisions at all," the report warned. "Scrutiny from the regulatory authorities, which is already active, will, hopefully, decide the matter."

In addition, it found 59 per cent of trusts instructed staff to use safety devices "wherever possible" and a further 8 per cent did so but with the caveat that such products may not be available in some treatment categories. The remainder, however, relied on the judgment of clinical staff, it said.

The categories most often cited as having safety device use mandated were cannulation and phlebotomy. This was despite the most common devices involved in sharps injuries being syringes and hypodermic needles having the greatest potential for deep injuries.

The report stated: "There remains a proportion of trusts - around one sixth - 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 a clear piece of guidance in the relevant regulation."

The analysts said they would be following up the investigation later this year "to track further progress". In addition, they are considering looking into sharps policies in the private sector and community settings, where they said "anecdotal evidence suggests that the focus is not as strong".

The directive's implementation brought to a close a legislative process dating back to 2005.

As well as safer sharps, it requires employers to prevent the recapping of needles, train staff in the correct use and disposal of sharps and provide information to them on needlestick injuries.

The directive applies to NHS, private and voluntary sector employers and staff, including contractors such as bank nurses. However, it does not cover residential care homes, prisons or schools.

Sharps injuries account for 17 per cent of NHS staff injuries and at least 17 healthcare workers were infected with hepatitis C as a result of one between 1996 and 2009.