



Safer Sharps?

A barometer of take-up in the UK

A MindMetre research note on the implementation of EU Directive 2010/32/EU in UK Acute Trusts

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Introduction

On 10 May 2010, EU Council Directive 2010/32/EUⁱ on the prevention of sharps injuries in the hospital and healthcare sector was introduced. This Directive was designed to prevent injuries and the transmission of blood-borne infections to hospital and healthcare workers from sharp instruments such as needles. Published in the Official Journal of the European Union, the Directive gave member states, including the UK, until 11th May 2013 to ensure that the provisions of the Directive had been implemented into national legislation. Accordingly, in the UK, the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013ⁱⁱ were introduced. These new regulations particularly focus on requirements that are not specifically addressed in existing, more general, legislation.

Official guidance documentation from the Health and Safety Executive (HSE)ⁱⁱⁱ notes that, “Where it is not reasonably practicable to avoid the use of medical sharp, the Sharps Regulations require employers to use safer sharps (incorporating protection mechanisms) – regulation 5(1)(b).” The HSE guidance on implementing Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 continues, “The employer must substitute traditional, unprotected medical sharps with a ‘safer sharp’ where it reasonably practicable to do so.

The term ‘safer sharp’ means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For example, a range of syringes and needles are now available with a shield or cover that slides or pivots to cover the needle after use.”

In other words, the widespread adoption of ‘safer sharps’ is an explicit feature of the UK Regulations and a key component of compliance with EU Council Directive 2010/32/EU.

MindMetre, an independent research organisation (www.MindMetreResearch.com), has been investigating attitudes to sharps injury prevention across Europe for some years, including the passage of relevant EU and national legislation and regulation.

In order to build a picture of the current level of adoption and compliance in UK acute healthcare institutions in respect of EU Council Directive 2010/32/EU and Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, MindMetre conducted a survey of UK NHS Acute Trusts. 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.

Results

Proportion of Trusts revising sharps policy

A sizable proportion of Trusts – almost one fifth – had revised their sharps policy in the light of the EU Directive, well before the issue of the UK Regulations. This community can be characterised as the pioneer group regarding sharps safety. Anecdotally, it can be reported that a handful of Trusts had implemented a ‘safety devices only’ policy back in 2010-11.

- 84% of Trusts have revised and published their sharps policy in the light of the EU Directive
Of those:-
 - 17% revised their sharps policy post-Directive and pre UK statutory instrument
 - 39% completed the process in 2013
 - 29% had the process in progress in 2013
- Moreover, 3% had planned but not yet started the process

This leaves a remnant of 16% of Trusts who had no plans in place to revise their sharps policy in the light of the new Regulations. Some claimed that their existing policies required no revision, and others 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. Scrutiny from the regulatory authorities, which is already active, will, hopefully, decide the matter.

Proportion of Trusts instructing staff to use safety devices “wherever possible”

It is recognised that there are some exceptional cases where the use of safety devices may impinge upon clinical outcomes (such as when dealing with very premature babies). However, this is very much the minority of occasions. Over half of NHS Acute Trusts have instructed staff – through their sharps policies – to therefore utilise safety devices ‘wherever possible’. A further proportion only qualify this advice to accommodate applications where safety devices are not yet commercially available from manufacturers. However, one third of Trusts do *not* instruct staff to use safety devices ‘wherever possible’, instead relying on the judgement of clinical and care staff to make this decision. It is the view of the authors of this research note that, should compliance rates at a Trust be examined and be found to be significantly non-compliant, then the absence of such recommendations from its sharps policy may exacerbate any judgement concerning the non-compliance.

- 59% of Trusts instruct staff to use safety devices ‘wherever possible’ in their sharps policy
- 8% make this instruction but note that safety products are not yet available in some categories
- 33% of Trusts do not make this instruction in their safety policy

Proportion of Trusts making the use of safety devices mandatory

We have already remarked that safety devices are not yet available in every application category, and so making the use of such devices mandatory throughout a Trust is not yet a practicable possibility. Nevertheless, it is interesting to note that a high proportion of Trusts are making safety device usage compulsory in certain categories, with cannulation and phlebotomy most frequently cited – probably because these applications are considered to put healthcare workers at most risk of sharps injury. However, this could be a dangerous assumption, as the most common device to be involved in sharps injuries is the syringe, and hypodermic needles have the greatest potential for deep injuries.

- 29% mandate the use of safety devices in particular categories
 - Most frequently cited are cannulation and phlebotomy
- 71% do not mandate the use of safety devices

Implementation of safety devices, 2009 vs 2013

Finally, this study made an attempt to estimate the growth in the use of safety devices, comparing reported levels in 2009 (just before the EU Directive was finally passed) with reported levels in 2013 (post-implementation deadline for the passing of local UK regulation). The study's findings on this issue must be viewed with an important caveat:- only 53% of Trusts were monitoring their use of safety devices to a sufficiently rigorous extent to feel confident in making a reasonably accurate estimate. Should this situation remain the same after a reasonable implementation window has been granted (say 12-18 months), then it may become an issue of regulatory scrutiny.

Amongst Trusts that were able to make a reasonably accurate estimate of safety device implementation, the picture was very encouraging. Whereas in 2009, less than one quarter of sharps procedures used a safety device, by late 2013, this had risen to around two thirds. Such results evidence the seriousness with which these institutions regard the implementation of EU Council Directive 2010/32/EU and the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. They demonstrate the responsible attitude taken by these Trusts towards the issue of clinical, care and ancillary staff safety, despite pressure on the National Health Service to achieve major efficiency savings.

- In 2009, implementation of safety devices (in terms of procedures) stood at 23%
- In 2013, the same figure stood at 67%
- However, these statistics only applied to Trusts who were capable of making a broadly accurate estimate:-
 - 53% of Trusts were able to make this estimate
 - 47% of Trusts were *not* able to do so

Conclusions

Evidently, the larger proportion of NHS Trusts are taking the issue of complying with EU Council Directive 2010/32/EU and the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 very seriously. With almost a fifth of Trusts having revised their sharps policies well 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 of staff safety with

tangible action. However, 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.

MindMetre will be returning to this subject in late 2014 to track further progress on the issue, to assess the proportion of Trusts measuring their usage of safety products, as well as examine any action from the regulatory authorities regarding Trusts that remain non-compliant even after a reasonable transition period. An assessment of the situation where sharps are used outside the conventional hospital setting might also be an area of study as anecdotal evidence suggests that the focus there is not as strong. Visibility of the situation with private healthcare providers is also required.

Research Method

Over the period July-December 2013, MindMetre Research conducted a request under the terms of the Freedom of Information Act (2000), amongst the UK’s 159 NHS Acute Trusts.

The enquiry sought to understand the proportion of Trusts that had reviewed/revised their safety policy in the light of the *EU Directive 2010/32/EU* in May 2010, through UK statutory instrument, 2013 No. 645, *The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*.

The research covered four key areas:-

1. The proportion of Acute Trusts that has revised and published their sharps policy before or subsequent to the May 2013 deadline for local law transposition of the EU Sharps Directive
2. The level of instruction in those sharps policies to use safety devices wherever possible
3. Any level of mandatory instruction to use safety devices, and for which procedures
4. Safety device implementation levels, comparing 2009 status with that in 2013

Appendix: Further Key Implementation Guidance Documentation

The **Safer Needles Network** has compiled advice for NHS Trusts complying with the sharps Directive. The guidance focuses practical implementation of the Directive and should be read in conjunction with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, as well as the other documents listed below.

The **Royal College of Nursing** has also published guidelines on the prevention of sharps injuries. This publication, entitled Sharps Safety, refers to British law on sharps injuries, the European Directive and its underlying principles, and describes the consequent requirements for healthcare providers.

The **European Biosafety Network** is a body that was set up in the wake of the new European Directive on Sharps Injuries, and is dedicated to improving healthcare worker safety and patient safety. The Network has published guidance documents that offer practical steps towards Implementation of the Directive on the prevention of sharps injuries, both in the hospital environment and in the wider healthcare spectrum.

About MindMetre

MindMetre Research is a leading consumer and business analyst. The organisation has been investigating and publishing on trends in a number of fields and sectors since the late-1990s, particularly healthcare, web technology, financial services and marketing. MindMetre research programmes are regularly conducted across the globe, embracing geographies from the Americas to the Far East. In the healthcare sector, MindMetre is particularly known for its series on healthcare financing, beginning in the early 2000s. For further information go to: <http://www.mindmetreresearch.com/>

ⁱ European Council, Council Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32010L0032:EN:NOT>

ⁱⁱ UK Government, Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 <http://www.legislation.gov.uk/ukxi/2013/645/made>

ⁱⁱⁱ HSE, Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Guidance for Employers and Employees, <http://www.hse.gov.uk/pubns/hsis7.pdf>