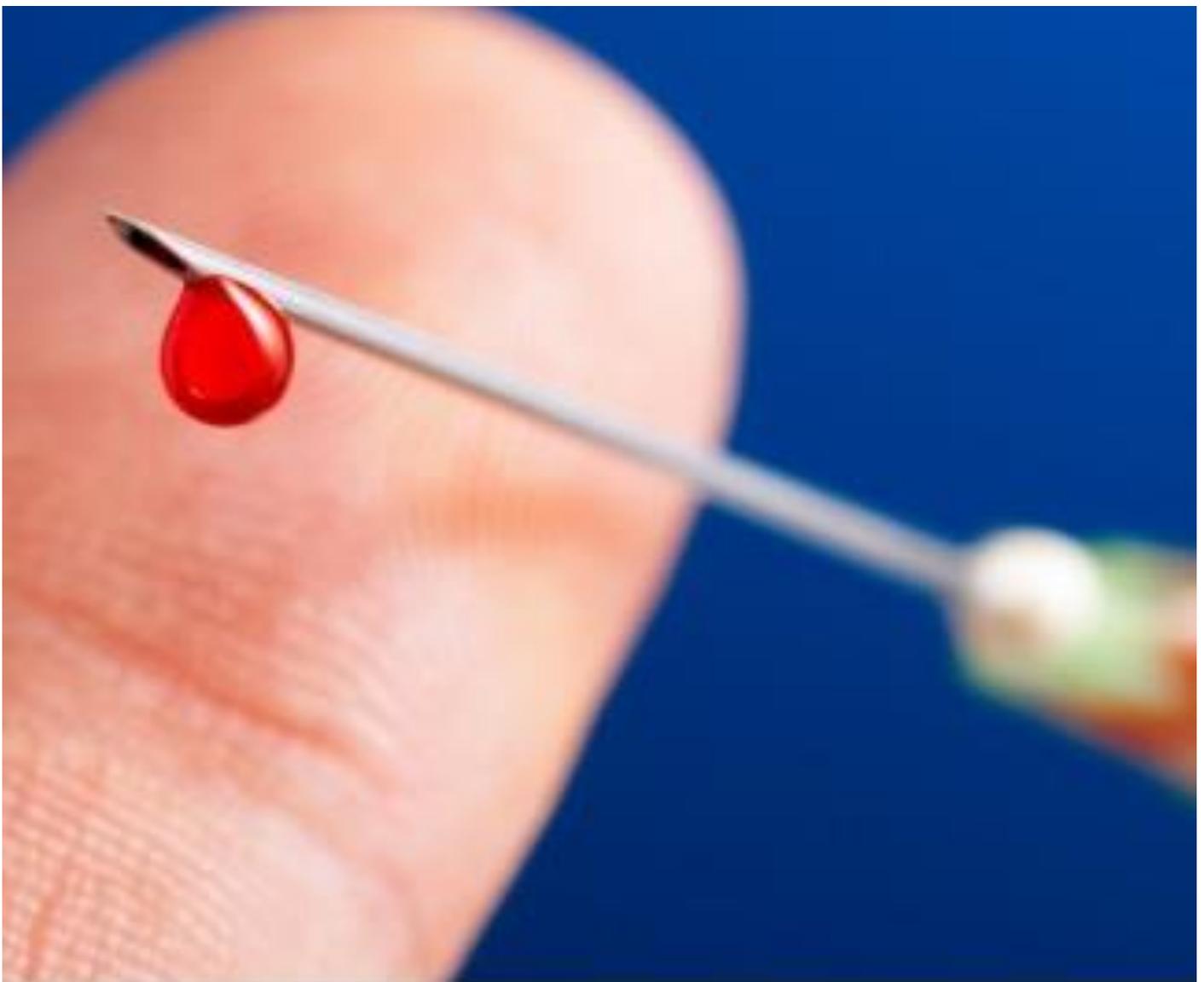


# HOW SHARP ARE WE ON SAFETY?

An assessment of safer sharps adoption in UK hospitals

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

FEBRUARY 2016



## **KEY POINTS**

- **Use of safer sharps still below expected compliance levels, fully two years after UK regulation enacted**
- **Cannulation shows greatest safety compliance.... but blood collection and injection lag behind**
- **Compliance levels from Trust to Trust vary from very high to very low**
- **Rise of HSE Improvement Notices expected to accelerate regulatory compliance**

## **Introduction**

The EU Council Directive 2010/32/EU<sup>1</sup> is designed to prevent injuries and the transmission of blood-borne infections to hospital and healthcare workers from sharp instruments such as needles. It was published in May 2010 and member states were required to transpose it into national law by the deadline of May 2013. In the UK, the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013<sup>2</sup> were introduced. These new regulations particularly focus on requirements that are not specifically addressed in existing, more general, occupational safety legislation in view of the high risks that exist in the healthcare setting.

Compliance is now mandatory. Official guidance from the Health and Safety Executive (HSE)<sup>3</sup> 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.”

Yet, despite the fact that 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, many UK acute trusts have not yet fully complied. This is putting NHS employees at unnecessary risk. MindMetre, an independent research organisation ([www.MindMetreResearch.com](http://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 (and other) healthcare institutions in respect of EU Council Directive 2010/32/EU and Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, MindMetre conducted research into actual purchasing volumes of safer sharps across the UK NHS acute sector.

The results reveal that, although progress has been made, the proportion of safer sharp devices is still nowhere near what would be reasonably expected in order to be fully compliant.

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<sup>1</sup> 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>

<sup>2</sup> UK Government, Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 <http://www.legislation.gov.uk/ukSI/2013/645/made>

<sup>3</sup>HSE, Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Guidance for Employers and Employees, <http://www.hse.gov.uk/pubns/hsis7.pdf>

## Results

- The category of ***Cannulation and Intravenous Blood Collection*** showed the greatest regulatory compliance, with 79% of devices purchased in 2015 incorporating a safety mechanism (up from 69% in 2013). Cannulation is recognised as one of the higher risk procedures.
- ***Blood Collection*** proved the next most compliant category, with 68% of devices purchased incorporating a safety mechanism in 2015 (compared with just 35% in 2013). This is surprisingly low given that this is considered a high risk procedure involving significant volumes of blood.
- 68% compliance in blood collection also still means that some 32% of ‘bloods’ are taking place in a non-compliant environment, and it only takes a single injury to cause potentially life-changing distress to a healthcare professional (health, career and relationships) and to attract the adverse attention of a Health and Safety Executive Improvement Notice as well as possible litigation.
- This research reveals that complacency over the danger of sharps injuries and associated infections is, clearly greatest in the ***Injection*** category. Here, only 44% of devices purchased in 2015 incorporated a safety device (up from 25% in 2013), despite the fact that the most common device to be involved in needlestick injuries is the syringe and needle. Bearing in mind that minute quantities of blood can transmit potentially fatal infections, this is very concerning.

<b><i>Safety Devices - % of Sharps Devices Purchased</i></b>			
	2013	2014	2015
Cannulation	69%	77%	79%
Injection	25%	37%	44%
Blood Collection	35%	55%	68%

- It is not therefore surprising that the Health and Safety Executive has now begun to serve Improvement notices all around the country, in locations as diverse as Shropshire, the Midlands, London and Oxfordshire
- The typical wording of such notices is exemplified in one served to an Oxfordshire NHS Trust, which noted that the notice was, “Served for failure to ensure that safer sharps are used so far as reasonably practicable, as you are not providing Hypodermic needles for use with a safety mechanism to prevent the risk of injury from used needles.”
- Nor are these Improvement Notices limited to public and private hospitals. They have also been issued to care homes in geographies as far apart as Hertfordshire and Tyneside. The authors of this report expect such Notices to increase for as long as compliance levels fail to achieve the change that is appropriate given the seriousness of the issue.

- That most NHS Trusts seriously intend to comply in the near future is probable, based on MindMetre research from 2014 which revealed that 84% of Trusts had revised and published their sharps policy in the light of the EU Directive
- On the other hand, sample enquiries among NHS Trusts suggests that levels of compliance are highly polarised – between very strong and very weak compliance records
- It also has to be recognised that there are a tiny handful of instances where safety devices cannot yet be used – the main example being certain procedures with very young and/or premature children
- Nevertheless, the research picture is one of good progress towards compliance, but much work still to achieve towards levels that properly protect UK healthcare workers in all functions from the unacceptable danger of sharps injury and blood-borne infection.

## **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. Cannulation remains the main focus of compliance however, thus raising serious concerns regarding other applications.

It would seem that blood collection and injection remain high exposure areas. It is to be hoped that the rising tide of HSE Improvement Notices will signal the seriousness with which this issue must be viewed, and will encourage rapidly increasing compliance with legal duties, whether in the acute care context or other areas of healthcare such as care homes, nursing homes and where healthcare is delivered in the patient's home.

MindMetre will continue to return to this subject area in order to act as one of the key monitors of progress on protecting the nation's healthcare workers, from ancillary staff, through care professionals, right through to senior clinicians. We will be consistently tracking purchasing data to report how much healthcare institutions are recognising their duty to protect staff in a health service under pressure, where recruitment, retention, motivation and care of critical staff remains a critical issue for quality of service and patient care.

## **Research Methodology**

MindMetre Research conducted a series of requests under the terms of the Freedom of Information Act (2000), amongst the UK's healthcare institutions and authorities.

The enquiry sought to understand the proportion of healthcare institutions that were following their duties under 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 delivered data on the proportion of sharps devices acquired by healthcare institutions that, under the terms of the current regulation, say "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)."

## **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.

The **Health and Safety Executive** issues improvement notices to non-compliant organisations. Detail of these notices can be found at:-

[http://www.hse.gov.uk/notices/notices/notice\\_list.asp?rdoNType=&NT=&SN=F&EO=LIKE&SF=NSUM&SV=sharps&x=0&y=0&ST=N](http://www.hse.gov.uk/notices/notices/notice_list.asp?rdoNType=&NT=&SN=F&EO=LIKE&SF=NSUM&SV=sharps&x=0&y=0&ST=N)

## **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/>

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