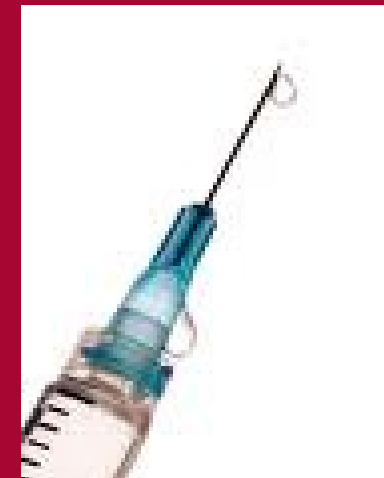


Prevention of sharps injuries in the hospital and healthcare sector

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Prevention of sharps injuries in the hospital and healthcare sector:



- UK context and current picture
- What needs to change?
- Consultation
- What next?



UK context: health and safety reform

- Improving the perception of health and safety, ensuring that it is taken seriously by employers and the public
- Professor Löfstedt report "Reclaiming health and safety for all: An independent review of health and safety regulation" 28 November 2011.
 - reduce regulatory requirements on business where they do not lead to improved health and safety outcomes, and
 - remove pressures on business to go beyond what the regulations require, enabling them to reclaim ownership of the management of health and safety.
- Guiding Principles for transposition of European Directives so that burdens on UK business are minimised

What is the current picture? (1)

UK Healthcare sector

UK - 1.7 million healthcare workers

	Public	Private	Civil society
Hospitals (ES&W)	337	192	Not known
GPs (ES&W)	9754	Not known	Not known
Dental Surgeries (E&S)	11,531	Some (included in public)	Not known
Ambulance Services (E&S)	13	Not known	Some – eg air ambulance
Care Homes and Hospices (E&S)	6355	Some (included in public)	Some (included in public)

What is the current picture? (2)

- Needlestick injuries:
 - Estimates around 100,000 annual
 - 2010 Care Quality Commission survey of NHS staff - 2% reported that they had suffered a needlestick injury in the previous 12 month period
- HSL “Systematic Review – An evaluation of the efficacy of safer sharps devices,” 2011 (RR914)
- HSE - 22 NHS Trusts/Boards review of management of the risks of exposure to employees from blood borne viruses (BBV) as a consequence of sharps injuries

What is the current picture? (3)

Conclusions

- UK Healthcare sector has established guidance on safe systems of work to control risk of injury from needlesticks
- Compliance varies and there is room for improvement
- Use of 'safer sharps' is increasing and does reduce the risk of injury
- Use of 'safer sharps' is most effective where introduced with training

What needs to change?

Main requirements of the Directive



Directive/Agreement	Requirement	Current Position
Clause 5	Risk Assessment	Already required
Clause 6	Elimination, Prevention and Protection Incl: safer sharps and ban on recapping	Some additional - already in good practice
Clauses 7 & 8	Information, Awareness Raising and Training	Some additional detail - already in good practice
Clause 9	Reporting	Already required, additional for workers
Clause 10	Response and Follow Up	Additional - already in good practice

Consultation



- HSE informal consultation
 - NHS, trade unions etc
 - Safer Needles Network
 - Pharmacists and ambulance services
 - Harder to reach groups – such as private healthcare, especially small firms
- Formal consultation on proposed new Regulations in summer 2012
 - Seek views on proposed Regulations
 - Improve the evidence

What next?

- Analysis of responses to the consultation
- Identify areas that may cause difficulty and help employers to find solutions
- Prepare Regulations for Parliamentary scrutiny
- Produce HSE guidance (for early 2013)
- Work with partners to raise awareness and promote improved control of risk from sharps in the hospital and healthcare sector
- Regulations in force 10 May 2013

Questions



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Topic – biosafety

Industry – Healthcare

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