

# Presentation by Dr Paul Grime Chair of UK Safer Needles Network



European Biosafety Summit, Dublin  
1 June 2011



# Safer Needles Network UK

**The Safer Needles Network** is made up of trade unions, professional organisations, clinicians, government agencies and manufacturers

**The Network aims to eliminate sharps injuries**

**The Network promotes:**

- Standard universal precautions
- Provision of safety engineered devices
- Safe disposal of sharps
- Education and training



# Information, lobbying and awareness raising

- Coalition building, informing and influencing decision makers and stakeholders
- Media activity and awareness raising of the risks by demonstrating impact of sharps injuries
- Maintaining relationship with employers to implement guidance, regulators to ensure compliance and political campaigning to provide legislative and statutory protection
- Dissemination of information and best practice through websites, emails and workshops
- Encouragement and facilitation of reporting and surveillance systems

# Risk Management and Prevention

- Eliminate risk – unnecessary use of sharps
- Engineering controls – medical devices with safety engineered protection mechanism
- Safe systems of work - effective working procedures, training and disposal and ban on recapping
- PPE – personal protective equipment
- Vaccination
- Well resourced and organised workforce
- Reporting
- Surveillance systems

# Business Case

- Competing priorities mean that any proposal for change must be robust and persuasive to secure success
- Safer systems of work include data recording, regular education and training and provision of medical devices
- Cost considerations can discourage employers to invest to protect staff and patients
- Savings can be made on claims for clinical negligence, usage patterns, discounts, reduction in rate of exposure incidents
- Legislation and regulations compel employers to protect staff and patients
- Costs of not implementing are likely to be greater in the long term if safer systems of work are not introduced in the short term

# Introduction of safety-engineered devices

- Managers should consult with worker representatives on the choice and uses of safety-engineered devices
- Workers need to be involved in any costing data and procurement decisions
- Comprehensive user training is pivotal to the successful introduction of safety devices
- Implementation of safer systems of work is more effective when safety devices, training and safer working procedures are introduced in combination
- The following table summarises the blood exposure risks relative to the use of different types of medical devices:

# Risk assessment matrix

Ref. Prof A Wittman, University of Heidelberg, May 2011

<b>RISK by amount of blood exposure per device</b>	<b>Critical</b>		IV catheter	Blood collection	
	<b>Serious</b>		IM Injection	Lancet	
	<b>Medium</b>	Acupuncture	(Blood splashes)		Surgical devices*
	<b>Low</b>	No patient contact		Heparin Injection	Insulin injection
		<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>	<b>Frequently</b>
<b>FREQUENCY of NSI in health care settings</b>					

**Required preventative actions:**

- Use of Safety Devices essential, vaccination against Hepatitis B and proper information and training for staff obligatory
- Use of Safety Devices required, vaccination against Hepatitis B and proper information and training for staff obligatory
- Training for staff obligatory to achieve the highest possible safety level. Eliminate use of sharp if alternative available.

\*Where safety devices do not exist we recommend the use of double gloving, vaccination against Hepatitis B and proper information and training for the staff.

# Directive and Toolkit for Implementation

- The Directive must be implemented in all Member States by 11 May 2013
- The EBN Implementation Guidance was published to assist employers and workers to prepare for implementation before the deadline – in the UK NHS Employers published parallel implementation guidance in 2010
- Legislation is the most effective route to ensuring that the new requirements of the Directive are implemented – in the UK the Directive will be transposed direct into Statute by 2013
- The EBN Toolkit for Implementation gives practical advice on the measures necessary for effective implementation of the Sharps Directive





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