



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Policy on the Prevention of Sharps Injuries



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HSE Policy on the Prevention of Sharps Injuries

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1.0 Policy Statement

- 1.1 It is the policy of the Health Service Executive to ensure as far as reasonably practicable, the safety, health and welfare of its employees and others who may be affected by its work activities.
- 1.2 The HSE acknowledges that employees may be exposed, through work activities, to sharps. Indeed, this would appear to be an occurrence which carries significant likelihood, with more than one million sharps injuries being estimated to occur in the European Union each year¹. Sharps contaminated with an infected patient's blood can transmit many diseases, including Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV). Victims of sharps injuries may also suffer significant worry and stress².
- 1.3 In compliance with the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014, the HSE is committed to eliminating or reducing the risk of exposure³.
- 1.4 All hazards associated with exposure to blood and bodily fluids from sharps injuries must be identified, the risks assessed, control measures identified and implemented to ensure the safety and health of employees and those affected by HSE activities as far as is reasonably practicable.

2.0 Purpose

- 2.1 The purpose of this Policy is to inform all Managers (Responsible Persons) and employees of the key issues to address when developing safe work practices for the prevention of sharps injuries.

3.0 Scope

- 3.1 This Policy applies to all employees and others working in the HSE including temporary employees, agency employees, students, volunteers, contractors and any employee contracted to provide services for the HSE.

4.0 Health and Safety Legislation

- European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations, 2014
- Council Directive 2010/32/EU implementing the Framework Agreement on prevention from sharps injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU
- Safety, Health and Welfare at Work Act 2005
- Safety, Health and Welfare at Work Act (General Application) Regulations, 2007
- Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013

¹ HSA, 2014. Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014. Dublin, HSA.

² HSE (UK), 2014. Sharps injuries. www.hse.gov.uk

³ See section 9 for applicable Legislation.

- Non Fatal Offences against the Persons Act, 1997

5.0 Glossary of Terms/Definitions/Abbreviations

Adverse Event⁴	An incident which resulted in harm
Employee⁵	Means any person who has entered into or works under (or, where the employment has ceased, entered into or worked under) a contract of employment and includes fixed-term employee and a temporary employee and references, in relation to an employer, to an employee shall be construed as references to an employee employed by that employer
Employer⁶	In relation to an employee: <ul style="list-style-type: none"> a) Means the person or persons with whom the employee has entered into or for whom the employee works under (or, where the employment has ceased, entered into or worked under) a contract of employment b) Includes a person (other than an employee of that person) under whose control and direction an employee works, and c) Includes where appropriate the successor of the employer or an associated employer of the employer
Hierarchy of Control	In order of effectiveness, the measures used to avoid, eliminate and reduce risks ⁷
Sharps	Objects or instruments necessary for the exercise of specific healthcare activities, which are able to cut, prick, cause injury and/or infection ⁸ . E.g. scalpels, needles, cannula and trocar, etc. Sharps are considered to be work equipment within the meaning of Regulation 2 of the Safety, Health and Welfare at Work (General Application) Regulations, 2007 ⁹
Just Culture	A culture which seeks to balance the need to learn from mistakes and the need to take disciplinary action
Sharps Injury Prevention Sub-Group	The purpose of the Sharps Injury Prevention Sub-Group is to assist the organisation in achieving compliance with the EU Council Directive 201/32/EU Prevention of Sharps Injuries in the Hospital and Healthcare Sector

⁴ Health Service Executive, 2014. Safety Incident Management Policy. OPSD-D-060-1.1

⁵ Safety, Health and Welfare at Work Act 2005

⁶ Safety, Health and Welfare at Work Act 2005

⁷ Derived from the Safety, Health and Welfare at Work Act 2005, Schedule 3 – General Principles of Prevention. Refer to Act 2005 for Information

⁸ European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014

⁹ HSA, 2014. Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014.

Contributory Factors	A circumstance, action or influence which is thought to have played a part in the origin or development of an incident or to increase the risk of an incident
Safety Engineered Devices	Sharps designed and constructed to incorporate a feature or mechanism (safety-engineered protection mechanism) which prevents or minimises the risk of accidental injury from cutting or piercing the skin. There are two main types of safety engineered sharps devices: active (require employee to activate) and passive (deploy automatically) ¹⁰
Contractor	A person or firm who contracts to supply materials (any machinery, appliance, apparatus, tool or installation for use at work as defined by the Safety, Health and Welfare at Work (General Application) Regulations 2007 as amended) or labour (Collins Dictionary 2000). In this document the term “Contractor” is used broadly and is intended to cover Contractors, Agencies and Temporary Employment Businesses
Responsible Person	All those who have responsibility for the management of resources and the management and supervision of staff. For example, Line Managers, Ward, Department and Service Managers, Senior Clinicians and Clinical Directors are considered to be “Responsible Persons”.

Abbreviations

HSE	Health Service Executive
HCW	Healthcare worker
HIV	Human immunodeficiency Virus
HSA	Health and Safety Authority
EMI	Emergency Management of Injury
EU	European Union
PEP	Post Exposure Prophylaxis
ND	National Director
AND	Assistant National Director
AM	Area Manager
CEO	Chief Executive Officer
GM	General Manager
DG	Director General
CO	Chief Officer

¹⁰ HSA, 2014. Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014

6.0 Roles & Responsibilities

6.1 Responsibilities of the Director General (DG)

- 6.1.1 The DG has overall responsibility to ensure, as far as is reasonably practicable, the safety, health and welfare at work of all employees and others affected by HSE activities by:
 - 6.1.1.1 Ensuring that arrangements are in place for identifying, evaluating and managing the risks associated with sharps injuries
 - 6.1.1.2 Ensuring the development of and compliance with this Policy
- 6.1.2 Ensure the National Procurement policy takes account of the need to procure medical devices that help minimise the risk of sharps incidents and incorporate safety-engineered sharps protection mechanisms¹¹
- 6.1.3 The DG delegates accountability for coordinating and monitoring implementation of this Policy and any associated procedures to ND, AND, AM and equivalent

6.2 Responsibilities of the National Directors

- 6.2.1 Ensure arrangements are in place for identifying, evaluating, managing, monitoring and auditing the risks associated with sharps injuries
- 6.2.2 Ensure the necessary resources are provided for implementing this Policy

6.3 Responsibilities of the Assistant National Directors, Hospital Group Chief Executive Officer's, Chief Officers Community Health Organisations

- 6.3.1 Ensure that appropriate structures are in place for the effective implementation of this Policy
- 6.3.2 Ensure this Policy is brought to the attention of all staff
- 6.3.3 Ensure that arrangements are in place within their Divisions for identifying, evaluating and managing the risks associated with Sharps Injuries
- 6.3.4 Ensure that appropriate resources are available to support the implementation of this Policy

¹¹ Under the sharps regulations 2014 the duty to provide such devices applies where those mechanisms are available and appropriate.

6.4 Local Senior Managers e.g. Hospital GM/CEO, Area Manager, Operations/Business Manager or Support Services GM/Directors of Nursing are responsible to:

- 6.4.1 Ensure that all employees are aware of this Policy
- 6.4.2 Ensure that risk assessments are undertaken^{12,13}, regularly reviewed, communicated, in a written format and form part of the service/site specific Safety Statement
- 6.4.3 Where the results of the risk assessment reveal a risk of injury and/or infection from sharps, ensure that appropriate control measures¹⁴, procedures and safe systems of work are in place to eliminate the risk¹⁵.
- 6.4.4 Ensure that employees are provided with appropriate information, instruction and training
- 6.4.5 Ensure that adverse events involving sharps are reported in accordance with HSE policy and procedures and ensure that remedial measures identified through incident reviews are promptly implemented
- 6.4.6 Monitor and review the effectiveness of preventative procedures and measures
- 6.4.7 Ensure that the prevention of sharp injuries becomes a standing item on Health and Safety (or equivalent) Committees and Sharps Injury Prevention Sub-Groups are established as appropriate (Appendix 4)
- 6.4.8 Ensure that staff receive health surveillance as appropriate¹⁶
- 6.4.9 Audit the implementation of this Policy

6.5 Line Managers e.g. Clinical Directors, Ward Managers, Department Managers, Service Managers, (Responsible Persons) are responsible for:

- 6.5.1 General responsibilities of Ward/Department/Line Managers are given in the local Site Specific Safety Statement and are not reproduced here (refer to said document for further information). However, the integral role of such persons in assessing and reducing the risk from sharps in day-to-day clinical procedures and processes is emphasised

¹² The standard HSE risk assessment methodology, as set out in Office of Quality and Risk/QPS documents: *Developing and Populating a Risk Register Best Practice Guidance* (OQR010), and *Risk Assessment Tool and Guidance* (OQR012), shall be used for this purpose.

¹³ Further useful guidance is provided in: *Guidance for Developing a Biological Agents Risk Assessment for the Healthcare Sector* (Health Service Executive, 2011).

¹⁴ Control measures should adhere to the general principles of prevention/Hierarchy of Controls – See Appendix 1, and Appendix 2, Figure 2.

¹⁵ Refer to Appendix 2 of this Policy

¹⁶ In accordance with Section 22 of the 2005 Act and Regulation 12 of the Safety, Health & Welfare at Work (Biological Agents) Regulations 2013

- 6.5.2 Ensure that all hazards and risks associated with the risk of exposure to sharps injuries are identified and assessed and appropriate measures put in place to eliminate, control or minimise the risk¹⁷.
- 6.5.3 Responsible Persons and Senior Clinicians are responsible for conducting the risk assessment process for each patient and procedure to ensure that any risks from sharps arising during clinical procedures are adequately assessed and controlled¹⁸
- 6.5.4 Implement, monitor and review practices, procedures, control measures, risk assessment and findings of incident investigation as are necessary to avoid or reduce to the lowest level reasonably practicable the risk of sharps injury. Responsible Persons must adhere to the requirements of the Sharps Regulations and Appendix 2 of this Policy when determining the most appropriate control approach (practices, procedures and control measures, etc)

6.6 Responsibilities of Employees

- 6.6.1 Take reasonable care to protect their safety, health and welfare and that of others
- 6.6.2 Adhere to and apply this Policy, local procedures and safe systems of work and any associated risk assessments and risk controls
- 6.6.3 Work in a safe and responsible manner and co-operate with their employer. In particular employees must not recap needles unless they incorporate safety and protection mechanisms and do not pose a risk of injury
- 6.6.4 Co-operating in the regular review of risk assessments and control measures
- 6.6.5 Attending relevant training as appropriate
- 6.6.6 Reporting any defects in equipment or the place of work and any unsafe systems of work to the Responsible Person
- 6.6.7 Reporting accidents, incidents and near misses in line with the HSE Safety Incident Management Policy (2014)¹⁹

7.0 Procedure

7.1 Risk Assessment Process

- 7.1.1 Prevention of exposure to blood borne pathogens is an underlying principle of the Regulations. To ensure this preventative principle is followed sharps risk assessments must be undertaken to determine if existing workplace controls are adequate. Where additional controls are identified they must take account of the

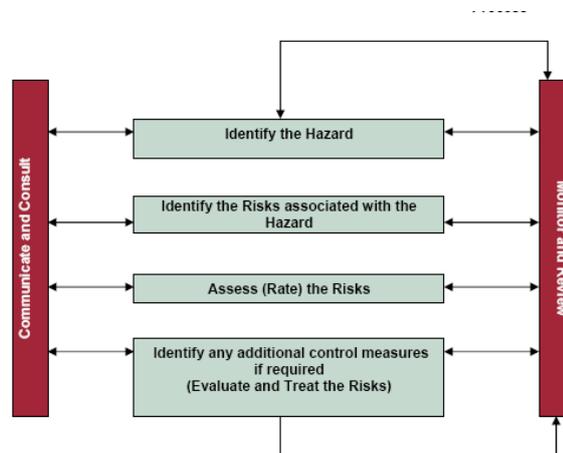
¹⁷ Refer to Appendix 1 of this policy.

¹⁸ Refer to Appendix 1 of this policy.

¹⁹ As per 7(2)(e) Sharps Regulations 2014

hierarchy of controls and principles of prevention (Appendix 2). The risk assessment process can be broken down into a number of steps as outlined in Figure 1.

Figure 1. Risk Assessment Process



A more detailed discussion of the risk assessment process is given in Appendix 1 of this Policy

7.1.1 Communication and Consultation during the Risk Assessment Process

Communication and consultation is essential and should occur throughout the risk assessment process. In order to ensure that all employees are consulted risk assessments could be carried out during the care planning process for each patient and, for example, during the “Safety Pause”²⁰

7.1.2 Monitoring and Periodic Review

Risk assessments must be documented and reviewed at suitable intervals. As indicated above, risk should be assessed for each patient/procedure as the circumstances and associated risk level can vary from one patient, procedure, items of equipment and location to the next.

More general risk assessments should be reviewed at least annually and possibly more often such as when there has been/is to be a change in working practices or when new equipment is to be introduced.

As part of the risk assessment process the effectiveness of control measures in place should also be reviewed. This will include the review of incidents/trends, workplace inspections and the auditing of systems of work.

²⁰ See: Quality and Patient Safety Department, 2013:*The Safety Pause: Information Sheet*.

7.2 Information, Awareness and Training

7.2.1 Information and training covering the following (non-exhaustive list) shall be provided to employees²¹

- The HSE's policies and procedures with regard to the prevention of sharps injuries and infections and procedures relating to the monitoring of work practices relating to sharps
- Potential risks to health in relation to sharps and blood and body fluid exposures
- Precautions to prevent exposure including, the introduction of safer devices, standard precautions, safe systems of work, the correct use of sharps and sharps protection mechanisms, disposal procedures, the importance of immunisation, etc
- The steps to be taken, including recording requirements (see section 6.6.7), by employees in the case of accidents, incident and injury. This should include immediate first aid measures to be taken and where to seek any further assistance
- Guidance on legislation relating to the protection of employees at work from the risks to health and safety from sharps
- Information on any post-exposure/incident support programme. Support programmes may include counselling services and Employee Assistance Programmes
- Any other information, education and/or training shown through risk assessment to be necessary

7.2.2 Training must be provided on recruitment, in the event of a transfer of an employee, a change of task, or on the introduction of new work equipment, new technology, systems of work or changes in existing work equipment or systems

7.2.3 Training must also be repeated at regular intervals, the frequency of which should be based on a consideration of the following:

- The level of compliance with current safe work practices
- New or changed risks arising from the use of sharps
- Improvements in the prevention and/or treatment of sharps injuries and infections

7.2.4 Finally, in line with 6.6.5 of this Policy employees must attend training as directed by the Responsible Person.

Further general details in relation to information and training provision can be found in the Corporate Safety Statement.

²¹ Sections 8 (General Duties), 9 (Information for Employees), 10 (Instruction, Training and Supervision), 11 (Emergencies and Serious Imminent Dangers) and 13 (Duties of Employee) of the Safety, Health and Welfare at Work Act 2005 contain important provisions relevant to this section of the Policy.

7.3 Adverse Event Reporting

Employees shall immediately report to their employer or supervisor any accident, incident or near miss (adverse event) involving sharps²². This will ensure that the injured employee receives the appropriate care (see Section 7.4 below) and the incident can be investigated. An employer must report certain categories of work-related sharps injuries to the Health and Safety Authority (HSA) as follows:

- Where a work-related sharps injury results in an employee being prevented from carrying out their normal work for more than three consecutive days not including the day of the accident. This must be reported online at www.hsa.ie or on an IR1 form
- Where the incident could cause severe human infection/human illness, e.g. a percutaneous injury with a contaminated sharp where the source patient is known and found to be positive for Hepatitis B, Hepatitis C or HIV, or where the source is unknown and the HCW is commenced on treatment post-exposure prophylaxis (PEP) then the IR3 Form (Report of Dangerous Occurrence) may be used to report the incident to the HSA
- Report all occurrences to the State Claims Agency via National Incident Management System (NIMS) and using the appropriate forms

Because sharps are considered to be medical devices within the definition of this Policy, it should be noted that there is a voluntary system of reporting incidents involving medical devices to the Health Products Regulatory Authority www.hpra.ie.

7.4 Post Adverse Event Response and Follow up

Each service shall have a local procedure in place to ensure employees who have suffered an adverse event have access to treatment and follow up. This should include the following:

- The immediate first-aid response and arrangements for the care of the injured employee. Post-exposure prophylaxis (PEP), any medical tests considered necessary and appropriate health surveillance must be made available. In situations where employees work out of hours and/or on premises where there are no appropriate treatment services available to them, the Responsible Person shall ensure that employees are able to access treatment in a timely manner
- Employee Support Services, e.g. Occupational Health, Employee Assistance Services and the Health and Safety function must also be made available to an employee who has sustained a sharps injury where appropriate.
- The Responsible Person must investigate any adverse events and take any necessary remedial action to prevent recurrence. The purpose of the investigation should be to establish whether the existing controls are adequate and look at underlying causes as well as the immediate factors that led to the adverse event
- Addressing confidentiality issues which may arise for the injured employee.
- The risk assessment may need to be updated following on from the findings of the incident investigation

²² See Health Service Executive, 2014. Safety Incident Management Policy. QPSD-D-060-1.1

The HSE/HPSC Guidelines for the Emergency Management of Injuries (including needle-stick and sharps injuries etc.) should be taken into account when determining appropriate response and follow-up procedures. See www.hpsc.ie²³ and www.emitoolkit.ie

8.0 Implementation Plan

Implementation of this Policy forms an integral part of the Safety Management Programme and is underpinned by effective consultation, communication, supervision, monitoring, audit and review.

8.1 Communication

The HSE must make this Policy available to all staff. Electronic and other communication means can be used to maximise distribution. Copies should also be made available to external providers of services to the HSE.

Managers must ensure that personnel under their supervision have read and understand the Policy. A signature sheet is provided for this purpose.

8.2 Responsibilities for Implementation

Managers (Responsible Persons) at all levels are responsible for implementing this Policy within their area (See Section 6.0, Appendix 5 & 6). Effective implementation will require training and support for managers.

It is essential that changes in terms of devices and work practices etc., are implemented systematically.

9.0 Monitoring, Audit and Review

9.1 Managers are required to monitor implementation of this policy and maintain evidence of same

9.2 Implementation of this Policy shall be audited periodically at national level

9.3 This Policy shall be reviewed at national level every three years or earlier if circumstances require it.

10.0 References

General

Department of Health, 2005. The prevention of Transmission of Blood-Borne Disease in the Healthcare setting.

Health Service Executive and Department of Health, 2010. Healthcare risk waste management segregation, packaging and storage guidelines for healthcare risk waste. 4th Ed.

Department of Health, 2013. National Immunisation Guidelines for Ireland.

European Biosafety Network, 2011. Toolkit for the Implementation of European Directive on Prevention from Sharps Injuries (Council Directive 2010/32/EU) in Member States – accessed Jan 2013

Gardner, J. 1996. Guidelines for isolation precautions in hospitals. American Journal of Infection Control, (24), 24-52

²³ Guidelines cover: First aid, assessment of the risk of transmission of infection, testing, treatment (including post-exposure prophylaxis for HBV and HIV), counselling and follow-up, records and documentation.

Health & Safety Authority, 2014. Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations, 2014.

Health Service Executive, 2011. Guidance for Developing a Biological Agents Risk Assessment for the Healthcare Sector

Health Service Executive, 2011. Risk Assessment Tool and Guidance. OQE012.

Health Service Executive and Patient Safety Department, 2013: *The Safety Pause: Information Sheet*

Health Service Executive/Health Protection Surveillance Centre, 2012. Guidelines for the emergency management of injuries (including needle stick and sharps injuries, sexual exposure and human bites) where there is a risk of transmission of blood borne viruses and other infection diseases.

Health Service Executive, 2013(updated August 2015). National Immunisation Guidelines for Ireland

Health Service Executive, 2014. Corporate Safety Statement

Health Service Executive/Department of Health, 2013. Quality and Safety Committee(s) Guidance and Sample Terms of Reference.

Health Service Executive, 2014. Safety Incident Management Policy. QPSD-D-060-1.1

HOSPEEM, 2009. Framework Agreement on Prevention of Sharps Injuries in the Hospital and Healthcare Sector.

Health Information and Quality Authority, 2012. National Standards for safer better healthcare.

Mast St, Woolwine JD and Gerberding JL. Efficacy of gloves in reducing blood volumes transferred during simulated needlestick injury. J Infect Dis. 1993 Dec; 168(6):1589-92

The Safety Needles Network and the Partnership for Occupational Safety and Health in Healthcare (POSHH), 2010.

11.0 Appendices

Appendix 1

Steps in the Risk Assessment Process

The following paragraphs describe a four-step process for the assessment of sharps risks. (see completed sample Risk Assessment Form Appendix 3)

Step 1 - Identify the hazard associated with the task.

All sharps with the potential to lead to the risk of transmission of blood borne viruses and associated anxiety and stress to the injured person are considered hazardous.

Step 2 - Identify the Risks

Consider:

- 1 The work activities/tasks/clinical procedures being undertaken where sharps are used, stored and disposed of e.g.:
 - Clinical procedures such as phlebotomy, cannulation, vaccination, acupuncture and surgical procedures
 - Ancillary services including housekeeping, portering, laundry, medical decontamination and sterile supplies
 - Diagnostic and laboratory work
 - Mortuary work
- 2 The employees who are directly involved and others who may be affected by the work activity/task being undertaken. These employees include (non-exhaustive):
 - Doctors, nurses, dentists, phlebotomists, physiotherapists and laboratory technicians
 - Employees e.g. Healthcare assistants, household and portering staff are at risk of exposure to sharps where correct disposal procedures are not followed
 - Incorrect disposal or management of used sharps may also present a downstream risk of injury to laundry, waste management, administrative and other employees
 - Finally, contractors, patients and visitors may also be exposed to a risk of sharps injury and should be accounted for when determining who may be at risk
3. The type of equipment in use as this may present a higher risk from the inoculation injury e.g.:
 - Hollow bore hypodermic needles
 - IV cannulae
 - Winged steel needles (*butterfly*)

- Phlebotomy needles
 - Sharps used in a visibly bloody field, e.g. scalpels and suture needles
4. The classification of the biological agent(s) in accordance with the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013
 5. Potential impacts that may arise from exposure to the sharps in question, e.g. (non exhaustive²⁴).
 - Injury – penetrating injury
 - Transmission of blood-borne pathogen, which may include Hepatitis B, Hepatitis C or HIV
 - Subsequent illness
 - Even in absence of illness there may be significant emotional stress/trauma for the employee
 6. Whether existing control measures are adequate. Additional information from the review of incidents that have occurred and audits that have been undertaken will assist in determining the likelihood and impact of the risk.

Step 3 – Assess and Rate the Risk

The next step is to assess and rate the likelihood of the anticipated risk and the harm (impact) it may cause whilst taking into account any existing control measures in place.

1. The Likelihood will depend on the control measures already in place, how effective they are, the experience, knowledge and skill of the employee(s) undertaking the task, the system of work and the available resources. However, other contributory factors that may increase the likelihood of an adverse event should be considered. For example (non-exhaustive list):
 - The type of work involved and whether such activities increase the likelihood of injury, e.g. employees involved in invasive or emergency procedures
 - The likely prevalence of disease in the patient population, e.g. Employees may be working with patients known to be (or likely to be) infected with a blood-borne virus (Hepatitis B, Hepatitis C or HIV)
 - The skill and competence of the employee(s), i.e. new or inexperienced employees may be at greater risk
 - The patient’s mental or behavioural capacity, e.g. patients who are confused or small children
 - The work environment, e.g. working in areas that are understaffed and overcrowded

Based on a consideration of the above factors, a numerical likelihood rating should be selected from the “Likelihood Table”²⁵

2. Having selected a rating for the Likelihood, the process should be repeated for the Impact(s) discussed in Step 2 above. Possible ratings are given in an “impact table”²⁶

²⁴ Refer to HSE Quality and Patient Safety Documents OQR010 and OQR012 for further potential impacts.

²⁵ HSE Risk Assessment Tool and Guidance, 2011 OQR012

²⁶ HSE Risk Assessment Tool and Guidance, 2011 OQR012

3. Finally, the scores should be plotted on the “HSE Risk Matrix” to determine the overall rating of the risk being assessed.

Step 4 – Identify any additional control measures required.

Step 4 revolves around the question of whether it would be reasonably practicable to do more to eliminate or reduce the risk.

For the purpose of identifying the potential means of eliminating exposure, and alternative systems that may eliminate or reduce the risk of exposure to a minimum the sharps risk assessment should take account of²⁷:

- Available technology that eliminates or reduces the risk of exposure
- How the work is organised
- Working conditions
- The influence of factors related to the working environment e.g. staffing levels, patient acuity
- The level of competence (training, knowledge and experience) of relevant employees

Ultimately the chosen approach to risk control should follow the General Principles of Prevention (see Appendix 2) and include any specific measures detailed in the Biological Agents Regulations, 2013 and Sharps Regulations, 2014.

²⁷ European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014 – Regulations 4(3)

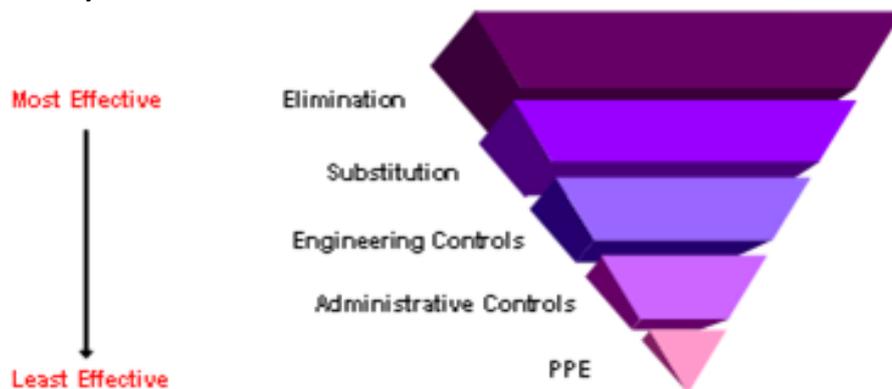
Appendix 2

Selection of Controls/Risk Reduction Measures

The Sharps Regulations 2014²⁸ build on the Safety Health and Welfare at Work Act 2005 and the Biological Agents Regulations 2013²⁹ and place a duty on the employer to ensure that, where a risk of injury and/or infection from sharps is identified, control measures are implemented to eliminate or reduce the risk.

Control programmes must accord with the General Principles of Prevention – a hierarchy of control measures set out in descending order of preference – contained in Schedule 3 of the Act 2005 and summarised in Figure 2 below.

Figure 2 Hierarchy of Controls



The following paragraphs describe the control measures set out in legislation³⁰ and associated authoritative guidance³¹.

1. Eliminate the unnecessary use of sharps

Where a risk of exposure to injury and/or infection from sharps has been identified, the Sharps Regulations require the employer to eliminate the risk in so far as is reasonably practicable by (this list is non-exhaustive):

- Specifying and implementing safe procedures for using and disposing of sharps and disposing of contaminated waste
- Eliminating the unnecessary use of sharps by implementing changes in practice
- Providing medical devices incorporating safety engineered sharps protection mechanisms (where available and appropriate)
- Eliminating the procedure of re-sheathing/re-capping. The recapping of needles is prohibited (where there is a risk of injury and/or infection)³²

²⁸ European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014

²⁹ Safety, health and Welfare at Work (Biological Agents) Regulations 2013

³⁰ European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014

³¹ HSA, 2014. Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014

³² Except where the needles have safety and protection mechanisms and do not pose a risk of injury

- Where safety engineered devices are introduced, old stock should be disposed of appropriately

Practical examples may include:

- Needleless intravenous systems/needle free connectors
- Devices that eliminate the use of needles from common drug mix and preparation tasks

Some of these measures are examined further in the following paragraphs

2 Substitution and Engineering controls

When elimination is not possible, the Sharps Regulations require that sharps must be substituted for a safer device. That is, a device that incorporates a safety-engineered protection mechanism, referred to here as 'safer sharps'.

Safer sharps have a safety feature which retracts, blunts or sheaths the sharp, is integral to the device, and prevents or minimises injury before, during and after use. The safety feature must remain in place after disposal. Devices can be passive or active. Passive devices have an automatic safety mechanism that is activated after use, such as when a cannula is withdrawn from a patient's vein. An active device needs to be manually activated by the employee. In general passive devices are preferable. Where these devices are provided, healthcare employees must be trained in their correct use.

The following criteria³³ should be taken into consideration when selecting safer sharps:

- The device must not compromise patient care
- The device must perform reliably
- The safety mechanism must be an integral part of the safety devices, not a separate accessory
- The device must be easy to use and require little change of technique on the part of the healthcare professional
- The device must not create other safety hazards or sources of blood exposure
- A single-handed or automatic activation is preferable
- The activation of the safety mechanism must be convenient and allow the caregiver to maintain appropriate control over the procedure
- The activation of the safety mechanism must manifest itself by means of an audible, tactile or visual sign to the healthcare professional
- The safety mechanism should not be easily reversible once activated

³³ The safer needles network and the partnership of Occupational Safety and Health in Healthcare, 2010 (POSHH)

3 Administrative controls

Local procedures and guidelines are a necessary control. They inform employees of safe work practices and assist in changing behaviour. However the procedures and guidelines may need to be supported by appropriate training, additional instruction and information (see Sections 7.2 of this Policy document) and adequate supervision.

Some examples of safe work practices include::

- Prohibition on the recapping of needles (where there is a risk of injury and/or infection)³⁴
- Disposing of sharps immediately after use in designated sharps containers, which are kept as close as possible to the work area where the sharps are used (e.g. attached to a dispensing trolley). The Sharps Regulations also require that a notice of the procedure for disposal is placed as close as possible to the area where the sharps are used or found
- Engaging the temporary safety locking mechanism on sharps waste disposal boxes when not in use
- Sealing and safely disposing of sharps containers when they are three-quarters full or filled to manufacturers fill line

To ensure that the necessary procedures and guidelines are developed and implemented it may be necessary to convene a sub-group (known as the Sharps Injury Prevention Sub-Group) of the Hospital or Care Area Health and Safety Committee (or equivalent). The role of the Sharps Injury Prevention Sub-Group would be to assist in the implementation of this Policy and assist the Organisation in achieving compliance with the Sharps Regulations. (See Appendix 4 for further information).

4 Vaccination

Where the risk assessment indicates that there is a risk of exposure to a biological agent for which an effective vaccine exists, the employer must offer the vaccine (free of charge) to the employee at risk.

Presently a vaccine is available for protection against Hepatitis B, but not for Hepatitis C or HIV. The Immunisation Guidelines for Ireland, Royal College of Physicians of Ireland, list the vaccines recommended for certain categories of workers based on the type of work they carry out. See www.hpsc.ie for further information.

The Department of Health 2005 guidance on the Prevention of transmission of blood-borne diseases in the health-care setting (Chapter 4, page 21) states that:

“All health-care personnel who have direct contact with blood or body fluids, or with patients’ tissues and who are therefore at risk of acquiring HBV occupationally, should have their anti-HBs status established. If the contact involves undertaking EPPs, testing should also include anti-HBc and HBsAg. Susceptible staff should be vaccinated for their own protection.”

Health-care workers who are unwilling to be vaccinated when it is appropriate should be considered for redeployment to a position where they will not be involved in exposure-prone procedures.

³⁴ Except where the needles have safety and protection mechanisms and do not pose a risk of injury

Immunisation Guidelines for Ireland 2013 recommends:

The following groups are at increased risk of HBV infection and should receive Hepatitis B vaccine if non-immune, this list is not exhaustive :

Persons with occupational risk of exposure to blood or blood- contaminated environments
Doctors, nurses, dentists, midwives, laboratory staff, mortuary technicians, ambulance personnel, cleaning staff, porters, medical, nursing and dental students, other health-care professionals.
Staff and carers in centres for those with learning disability (including day-care facilities, special schools and other centres).

Employees must be informed of the benefits and drawbacks of both vaccination and non-vaccination. Records of vaccination and follow-up (where required) should be retained and should be kept confidential.

Whilst immunisation is an effective healthcare intervention, it is just one part of a wider strategy to prevent the transmission of blood borne infections. It should never be regarded as a substitute for good infection control practices such as hand-washing and standard precautions.

5 Personal Protective Equipment (PPE)

When it is identified that the risk cannot be reduced further, suitable PPE must be supplied with appropriate instruction, information and training.

PPE as the last line of defence provides a barrier between the employee and the hazard. Examples include:

- Gloves – Disposable gloves should be worn for all activities that carry a risk of exposure to blood or bodily fluids³⁵
- Eye goggles
- Masks
- Visors

Although gloves cannot prevent sharps injuries, they can reduce the risk of infection, in particular double-gloving in operating theatres. The glove material will remove up to 86 per cent of the blood on the outside of the needle, and the inner glove will remove most of the blood not removed by the outer glove³⁶.

³⁵ HSA, 2014. Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014

³⁶ Mast ST, Woolwine JD and Gerberding JL. Efficacy of gloves in reducing blood volumes transferred during simulated needlestick injury. J Infect Dis. 1993 Dec; 168(6): 1589-92



Appendix 3 Sample Risk Assessment Forms

Administrative Area: _____
Location: _____ Clinical Area _____
Section/Ward/Dept: Outpatients Department _____
Date of Assessment: _____ May 2015 _____
Source of Risk: Report from Employee _____
Unique ID No. _____

Primary Risk Category: Human Resource _____
Secondary Risk Category: Employee Safety Health and Wellbeing **Tertiary Risk**
Category: Sharps Injury _____
Name Risk Owner: (BLOCKS) Responsible Person _____
Signature of Risk Owner _____

HAZARD & RISK DESCRIPTION	IMPACTS/ VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Potential exposure from contaminated sharps due to direct patient care	Injury Compliance with Standards (statutory, Clinical, Professional & Management) Service User Experience Objectives/Projects Business Continuity Adverse Publicity/ Reputation Financial Loss (per local contact) Environment	Adherence to the HSE Policy on the Prevention of Sharps Injuries 2016 Staff receive training in line with Core Infection, Prevention & Control Knowledge Skills, A Framework Document, May 2015 Standard precautions are implemented in all clinical areas and for all clinical procedures. Safer sharps in use. An immunisation programme for Hepatitis B vaccination is offered free of charge to all relevant employees. Guidelines for the Emergency Management of Injuries, September 2012 are followed in the event of an injury. Sharps bins suitable in size and shape are available for the disposal of sharps at the site of use. Sharps bins are stored with the temporary closure in place when not in use, in a secure area to prevent unauthorised access. Resheathing of needles is prohibited	Ongoing training, monitoring, supervision and audit	Responsible person (line manager) and relevant employees.	ongoing
INITIAL RISK			RESIDUAL RISK		
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating
2	3	M(6)	0	0	0
					STATUS
					Open

Appendix 4

Sharps Injury Prevention Sub-Group - Sample Terms of Reference and Membership

1 Purpose

The purpose of the Sharps Injury Prevention Sub-Group is to assist the organisation in achieving compliance with the EU Council Directive 2012/32/EU Prevention of Sharps injuries in the Hospital and Health Care Sector and other domestic Safety Legislation.

2 Aims/responsibilities of the Sub-Group

- To work collaboratively with other key stakeholders for the prevention and management of sharps injuries.
- To demonstrate good governance and compliance with the EU Council Directive 2012/32/EU Prevention of Sharps injuries in the Hospital and Health Care Sector.
- To ensure sharps incidents are investigated appropriately as per HSE Incident Management Policies and Guidelines.
- Monitor trends in adverse events related to Sharps.
- To advise and inform the Safety Committee (or equivalent) on recommendations arising out of investigations and trend monitoring, etc.
- Arrange for the implementation of recommendations of investigations as part of the HSE risk management work including entering, managing and communicating “Contributory Factors” on risk register.

3 Accountability

The Sub-Group should have an appropriate reporting relationship to the Health and Safety Committee (or equivalent), which in turn reports to the Quality and Safety Executive Committee and sufficient authority to implement recommended changes.

4 Membership

Membership of the group would depend on the size of the organisation and the complexity of procedures undertaken. Members could include:

- Occupational Health Representative
- Hospital/Care Area Management Representative
- Infection control specialists
- Ad hoc members may include Health & Safety, Quality Patient Safety, Medical Device Specialists and Procurement representatives

5 Sample Agenda³⁷

- Review of data on Sharps injuries and trends
- Review of the risk register, QIPs, etc.
- Update on principles arising from particular incident investigations
- Information/awareness-raising on preventing and dealing with Sharps Injuries
- Implementation of learning/safety improvements
- Funding and procurement

6 Frequency

The sub-group shall meet quarterly, or more frequently as needs dictate.

7 Chair

E.g. Consultant Occupational Health Physician.

8 Circulation of Documents

Minutes and action points to be circulated 3-weeks prior to next meeting.

9 Secretariat

To be agreed.

³⁷ European Biosafety Network, 2011. Toolkit for the Implementation of European Directive on Prevention from Sharps Injuries (Council Directive 2010/32/EU) in Member States - accessed Jan 2013

Appendix 5
Step-by -Step Procedure for Policy Implementation

Director of HR in relation to Occupational Safety and Health	Reference
<ul style="list-style-type: none"> Ensure this policy is reviewed and updated as appropriate 	HSE Corporate Safety Statement Section 2.5

National Health and Safety Function	
<ul style="list-style-type: none"> Review and revise this Policy three yearly or following any significant change in the matters to which it relates, whichever is the soonest Provide Occupational Safety and Health support 	HSE Corporate Safety Statement Section 2.9

National Directors	
<ul style="list-style-type: none"> Ensure arrangements are in place for identifying, evaluating, managing, monitoring and auditing the risk associated with Sharps 	6.2.1
<ul style="list-style-type: none"> Ensure the necessary resources are provided for implementing this Policy 	6.2.2
Assistant National Directors, Hospital Group Chief Executive Officers, Chief Officers Community Health Organisations	
<ul style="list-style-type: none"> Ensure that appropriate structures are in place for the effective implementation of this policy 	6.3.1
<ul style="list-style-type: none"> Ensure this policy is brought to the attention of all staff 	6.3.2
<ul style="list-style-type: none"> Ensure that arrangements are in place within their Divisions for identifying, evaluating and managing the risks associated with Sharps injuries 	6.3.3
<ul style="list-style-type: none"> Ensure that appropriate resources are available to support the implementation of this policy 	6.3.4

Local Senior Manager	
<ul style="list-style-type: none"> Disseminate this policy 	6.4.1
<ul style="list-style-type: none"> Ensure that risk assessments are undertaken, appropriate control measures, procedures and safe systems of work are in place to eliminate or reduce the risk 	6.4.2 & 6.4.3
<ul style="list-style-type: none"> Monitor the effectiveness of preventative procedures and measures 	6.4.6
<ul style="list-style-type: none"> Provide appropriate information, training and instruction 	6.4.4
<ul style="list-style-type: none"> Ensure that adverse events involving sharps are reported & managed in accordance with HSE policy 	6.3.3
<ul style="list-style-type: none"> Ensure prevention of sharps injuries as a standing item on health and safety (or equivalent) committees or Sharps Injury Prevention Subgroups 	6.4.7
<ul style="list-style-type: none"> Ensure that staff receive health surveillance as appropriate 	6.4.8
<ul style="list-style-type: none"> Audit implementation of this Policy 	6.4.9

Line Managers e.g. Clinical Directors, Ward Managers, Department Managers, Service Managers, (Responsible Persons) are responsible for:	
<ul style="list-style-type: none"> • Conduct risk assessments and ensure that any risks from exposure to sharps including during clinical procedures are adequately assessed and controlled 	6.5.2
<ul style="list-style-type: none"> • Implement, monitor and review practices, procedures, control measures, risk assessments and findings of incident investigation as are necessary to avoid or reduce to the lowest level reasonably practicable the risk of sharps injury 	6.5.3
<ul style="list-style-type: none"> • All other duties described in the Site Specific Safety Statement 	6.5.1

Employee	
<ul style="list-style-type: none"> • Take reasonable care to protect their safety, health and welfare and that of others 	6.6.1
<ul style="list-style-type: none"> • Adhere to and apply this Policy, local procedures and safe systems of work and any associated risk assessments and risk controls 	6.6.2
<ul style="list-style-type: none"> • Work in a safe and responsible manner and co-operating with their employer. In particular employees must not recap needles unless they incorporate safety and protection mechanisms and do not pose a risk of injury 	6.6.3
<ul style="list-style-type: none"> • Co-operating in the regular review of risk assessments and control measures 	6.6.4
<ul style="list-style-type: none"> • Attending relevant training as appropriate 	6.6.5
<ul style="list-style-type: none"> • Reporting any defects in equipment or the place of work and any unsafe systems of work to the Responsible Person and report 	6.6.6
<ul style="list-style-type: none"> • Reporting accidents, incidents and near misses in line with the HSE Safety Incident Management Policy (2014) 	6.6.7

Appendix 6

HSE Policy on the Prevention of Sharps Injuries Simplified Implementation Plan

Implementation of this Policy forms an integral part of the Safety Management System and is underpinned by effective consultation, communication, supervision, monitoring, audit and review. The following flowchart illustrates the day to day implementation steps.

