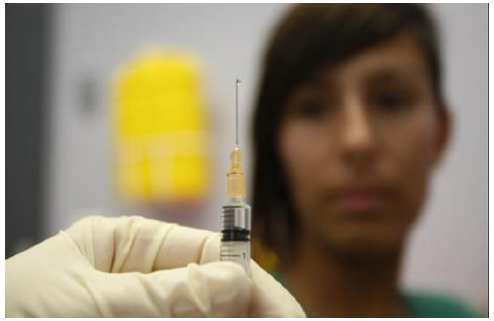
European Biosafety Network

# EBN Sharps Survey
# Assessing practice in the workplace following the European Sharps Directive 2010/32/EU – prevention from sharps injuries in the hospital and healthcare sector





## Presentation to EU-OSHA - 10 May 2016

# About the EBN

European Biosafety Network

- Established in 2009 by the founding partners, the Spanish General Council of Nursing and the British public services union UNISON.

UNISON
the public service union

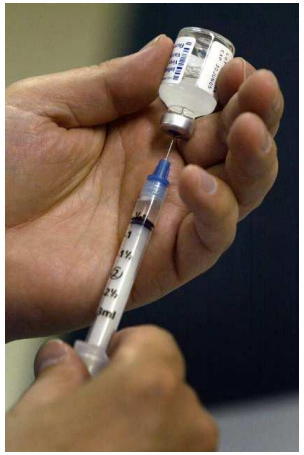
Spanish General Council of Nursing

- To help support the early, consistent and effective implementation of the Directive on preventing sharps injuries in the hospital and healthcare sector (2010/32/EU) in all European Union Member States.
- The Network is an inclusive organisation made up of national and European professional institutions, representative associations, unions and other interested parties committed to biological and occupational safety in healthcare throughout the European Union.

# The European Biosafety Network - Objectives

European Biosafety Network

- The Network's primary focus has been on promoting and encouraging the early legislative implementation of the Sharps Directive 2010/32/EU in Member States.
- The EBN helps raise awareness, provide guidance, disseminates information and supports effective reporting and monitoring.
- Its focus extends to other significant exposure areas as the need arises, particularly regarding the safe handling of toxic and dangerous biological and chemical substances in healthcare settings.



# The European Biosafety Network - Activity

European Biosafety Network

**Engaging with and bringing together: -**

- Healthcare and non-healthcare workers and their representatives at the European and national level, healthcare management, leading academics, occupational safety experts, infection control experts, national coalitions of stakeholders, the European Commission, the European Parliament, the European Agency for Safety and Health at Work, government agencies and other important stakeholders

- Raising awareness, providing information, guidance on implementation, risk assessment and prevention, education and training, reporting and monitoring

# The First European Biosafety Summit, Madrid

European Biosafety Network

- **The European Biosafety Summit was convened in Madrid in June 2010** following the final adoption of the new European Directive on preventing sharps injuries, to improve the safety of patients and healthcare and non-healthcare workers who are at risk of injury from used needles and other medical sharps, which can lead to potentially fatal infections such as HIV and hepatitis B and C.

- The Summit gave recognition to all those involved in this key achievement including; the important work carried out by the EU social partners, EPSU and HOSPEEM, in negotiating the EU Framework Agreement; the European Commission; European Council of Ministers; Members of the European Parliament; trade unions, associations, organisations, agencies and key academics on this issue.

- The Summit recognised that the EU Sharps Directive was a key step forward in the prevention of sharps injuries, but also noted that the "real work" begins now, in the effective implementation and transposition of the Directive within the Member States.

# The Second European Biosafety Summit, Dublin

- The European Biosafety Network and the Irish Nurses and Midwives Organisation hosted the **2nd European Biosafety Summit in Dublin** in June 2011.

- The Summit was held in the Coach House, Dublin Castle, and was addressed by the European Commissioner for Employment, Social Affairs and Inclusion, László Andor and representatives from European Member States.

- The European Biosafety Summit highlighted the impact of sharps injuries and reported on progress within the Member States and across Europe towards implementation of the Sharps Directive and its transposition into national legislation. The European Biosafety Network also published a practical toolkit for implementation at the Summit.

# Third European Biosafety Summit, London


- The European Biosafety Network, UNISON, and the Royal College of Nursing welcomed delegates from all across Europe to the UNISON Centre, London for the **3rd European Biosafety Summit in June 2012**.
- Keynote speakers included representatives from the European Commission, EU-OSHA, the Health and Safety Executive and the Social Partners, EPSU and HOSPEEM.
- The Summit highlighted the importance of the European Directive on Sharps Injuries for the safety of patients and healthcare and support staff and provided a great opportunity to share best practice on the practical steps that employers and workers can take to prepare for the implementation of the Directive by 11th May 2013.

# Fourth European Biosafety Summit, Warsaw

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- The 4th European Biosafety Summit was held at the Polish Parliament in **Warsaw in December 2013**, approximately 6 months after the deadline for Member States to transpose and implement the EU Council Directive on prevention of sharps injuries in the hospital and health care sector (2010/32/EU).

- The Summit focused on the transposition and implementation of the Directive and the practical steps that employers and workers are taking to comply with it, as well as challenges being faced in the Member States. The European Federation of Nurses Associations presented the results of a questionnaire on practical implementation in the workplace in the various Member States.

- Results from 7,000 Healthcare workers showed that a lack of an explicit ban on recapping, lack of risk assessments, access to safety devices and lack of education and awareness raising are still major problems that need to be addressed.  A presentation analysing the legal transposition of the Directive by Member States was given by a legal expert

# Fifth European Biosafety Summit, Brussels

- Glenis Wilmott MEP chaired the 5th European Biosafety Summit in **Brussels in June 2015**. The European Commission said that it would begin to look at whether Member States had transposed the Directive correctly and encouraged direct feedback and information on the current situation from members of the Network to guide them in this process.

- The evidence presented suggested that implementation of the Directive was far from consistent, and Summit delegates called for further practical action to be taken in the field to tackle the weak spots and in particular outside the conventional hospital setting. It was agreed that elements of the Directive could and should be applied outside of the hospital and healthcare sector, in cases where workers are potentially exposed to used medical sharps.

# Background on Sharps Injuries

European Biosafety Network

- Injuries caused by needles and other sharp instruments are one of the most common and serious risks to healthcare workers in Europe and represent a high cost for health systems and society in general.

- It is recognised that hospital and healthcare workers (nurses, doctors, surgeons, etc.), particularly in certain departments and activities (emergencies, intensive care, surgical operations, etc.), frequently risk infection due to injuries caused by needles or other sharp instruments (scalpels, suture equipment, etc.). The consequences may be very serious, possibly leading to serious diseases such as viral hepatitis or AIDS.

- Some studies estimate the number of needle-stick injuries at approximately 1,200,000 per year in Europe.

- In the Community strategy 2007-2012 on health and safety at work, the Commission announced its intention of continuing its work, through consultation of the European social partners as provided for in Article 139 of the EC Treaty, on ways of improving risk prevention with regard to needle-stick infections, among others.

- On several occasions, the European Parliament has expressed concern at the life-threatening risks faced by healthcare workers from contaminated needles.

# Survey methodology

European Biosafety Network

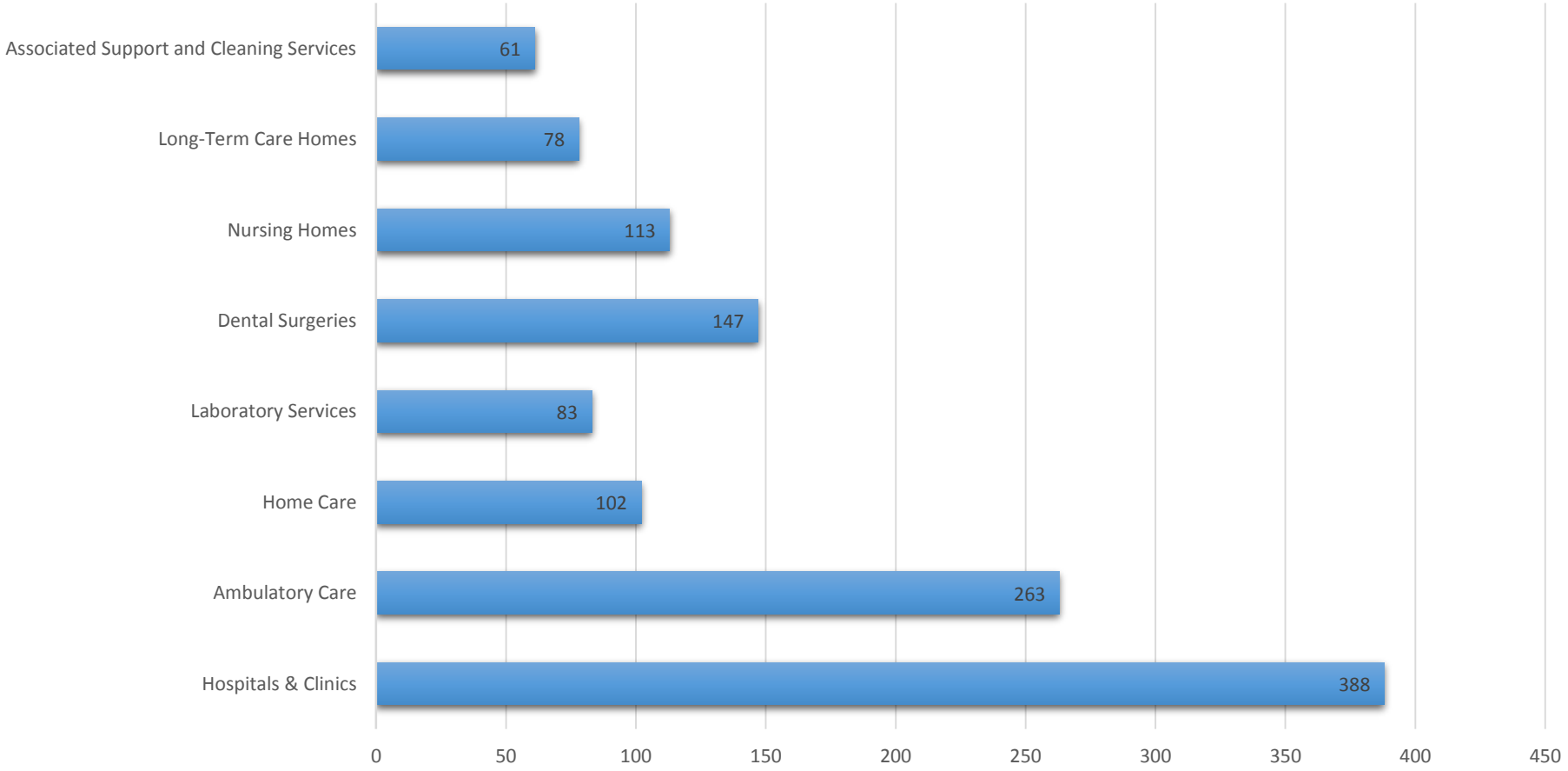
- An online questionnaire addressing key aspects of awareness, training and implementation of safer sharps policy was published by the EBN, in conjunction with EU OSHA, and translated into 12 languages.
- Occupational health leaders and EU OSHA focal points distributed this questionnaire in their respective countries for those in the healthcare sector who are active in sharps prevention in all the European member states.
- The survey went online in early January and will remain online for a year.
- Interim results have been compiled and analysed following receipt of 756 submissions from 21 member states. Responses to questions have been analysed both by sector, as an aggregate and by country.
- As this survey sampled a largely self-selecting group, the reality of awareness and compliance may be worse than the headline survey results.

# Survey responses by sector

## Need to address lower compliance in non-traditional healthcare settings and the protection of self-employed, contract and agency staff

European Biosafety Network

# Survey responses by sector

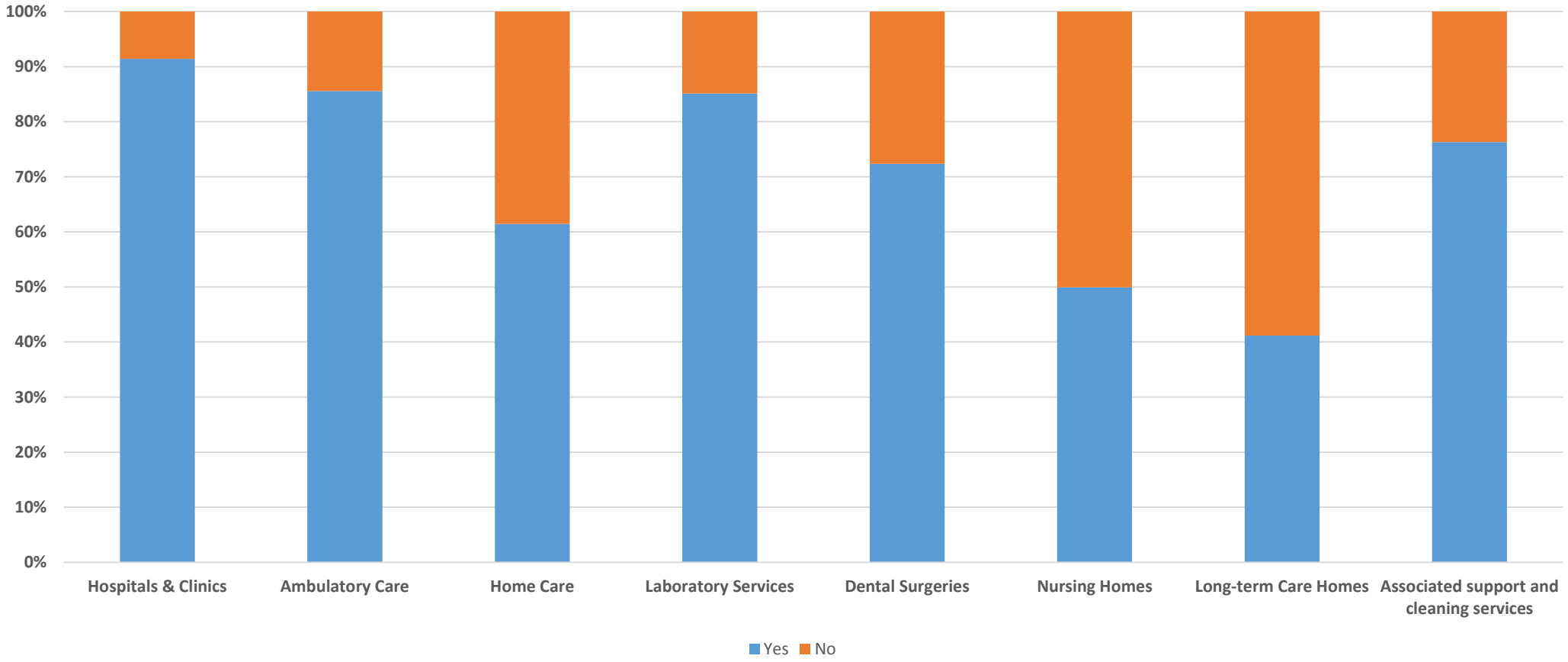



**N.B. Individual respondents selected all sectors that were included in their remit.**

# Awareness of national legislation

European Biosafety Network

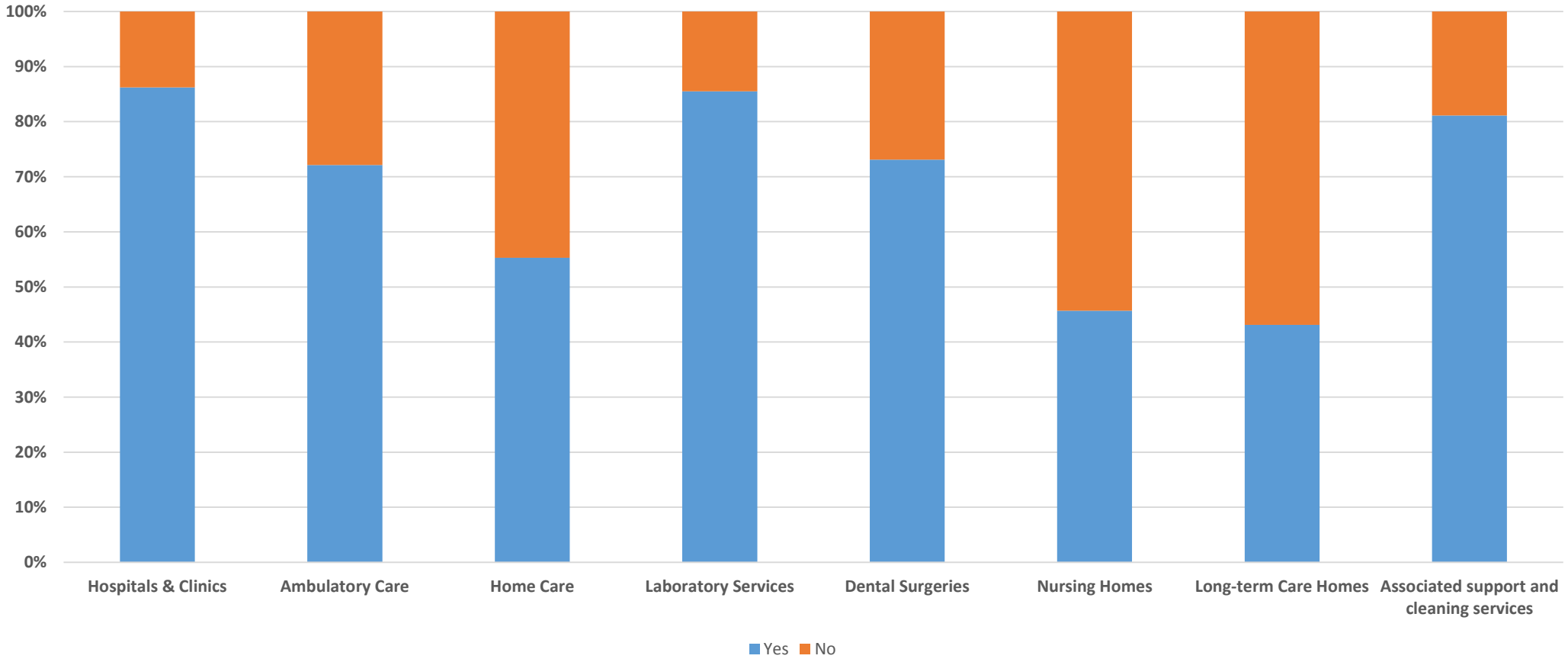
## Q1. Are you aware of national legislation concerning the prevention of sharps injuries in the hospital and healthcare sector (introduced to transpose Directive 2010/32/EU) effective from 2013?



# Implementation of national legislation

European Biosafety Network

## Q2. Have you revised your sharps injuries prevention policy since 2013 as a result of national legislation and guidance?



# Training staff

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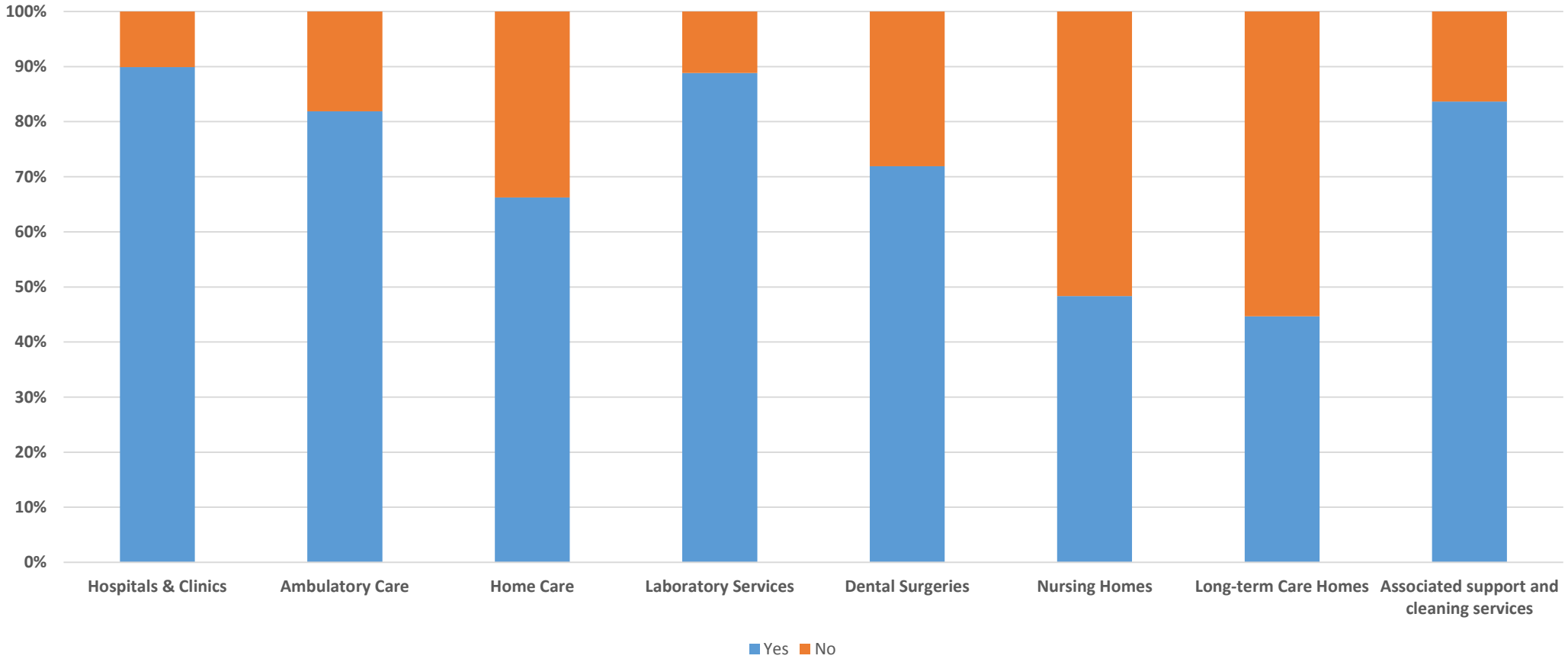
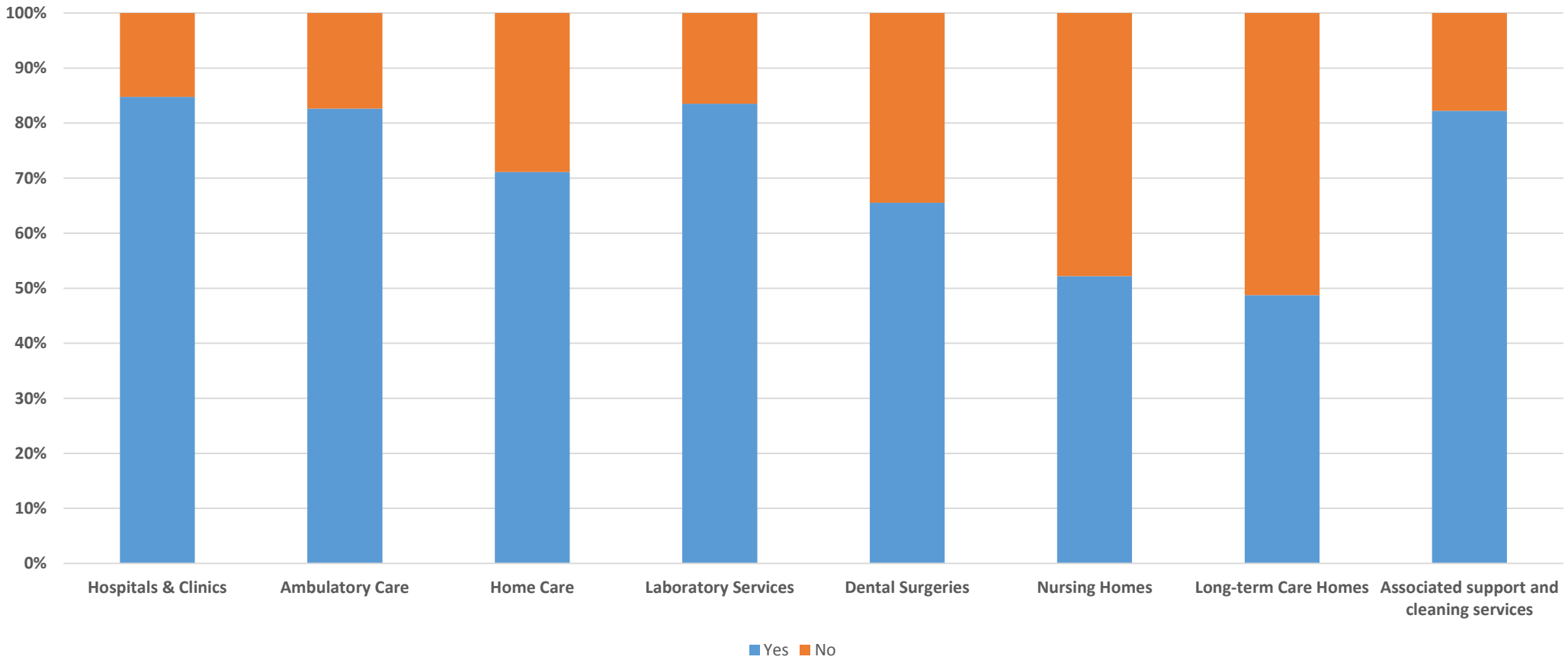
**Q3. Is specific training provided on the risks associated with blood borne infections, the prevention of sharps injuries, the correct use of medical devices incorporating sharps protection mechanisms and the reporting of sharps injuries, including actions to be taken following an injury?**



# Risk assessments

## Q4. Are risk assessments undertaken for all activities where there is a potential exposure to a medical sharp?



# Eliminating risk

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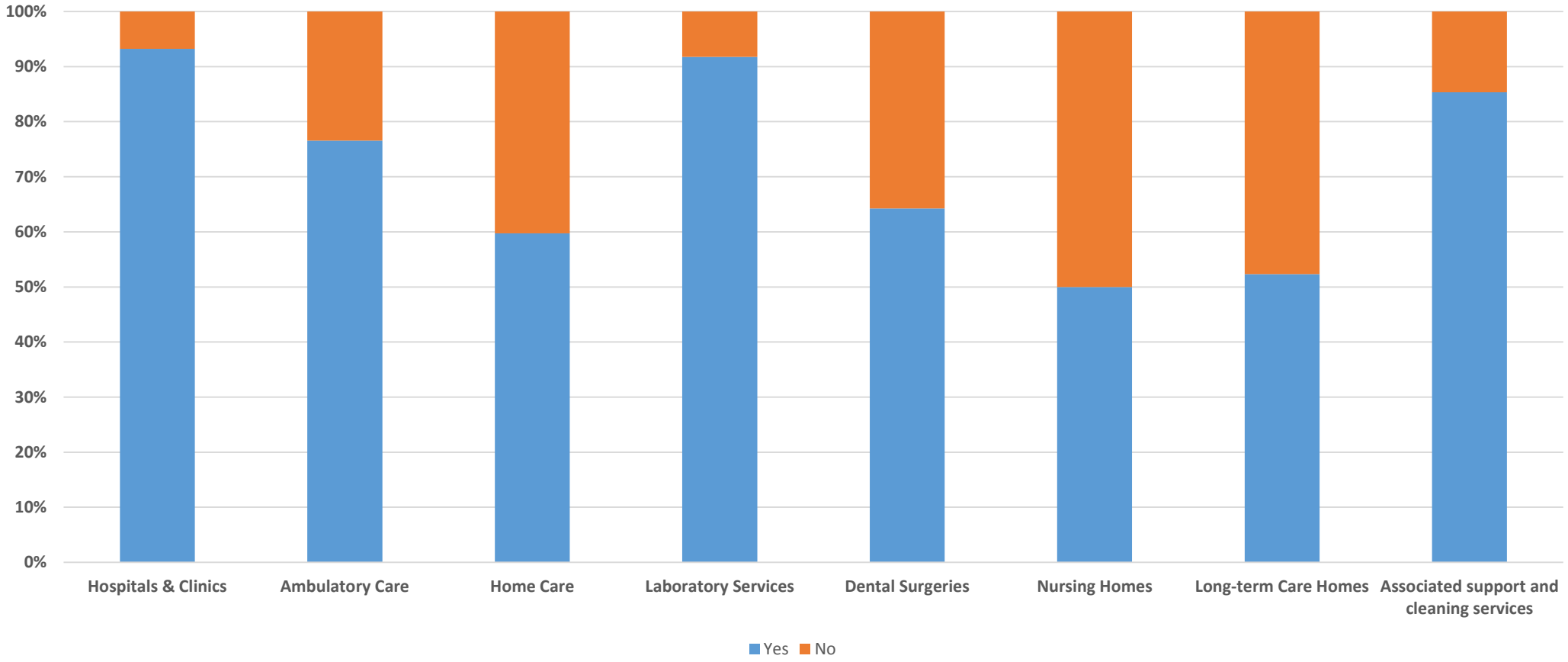
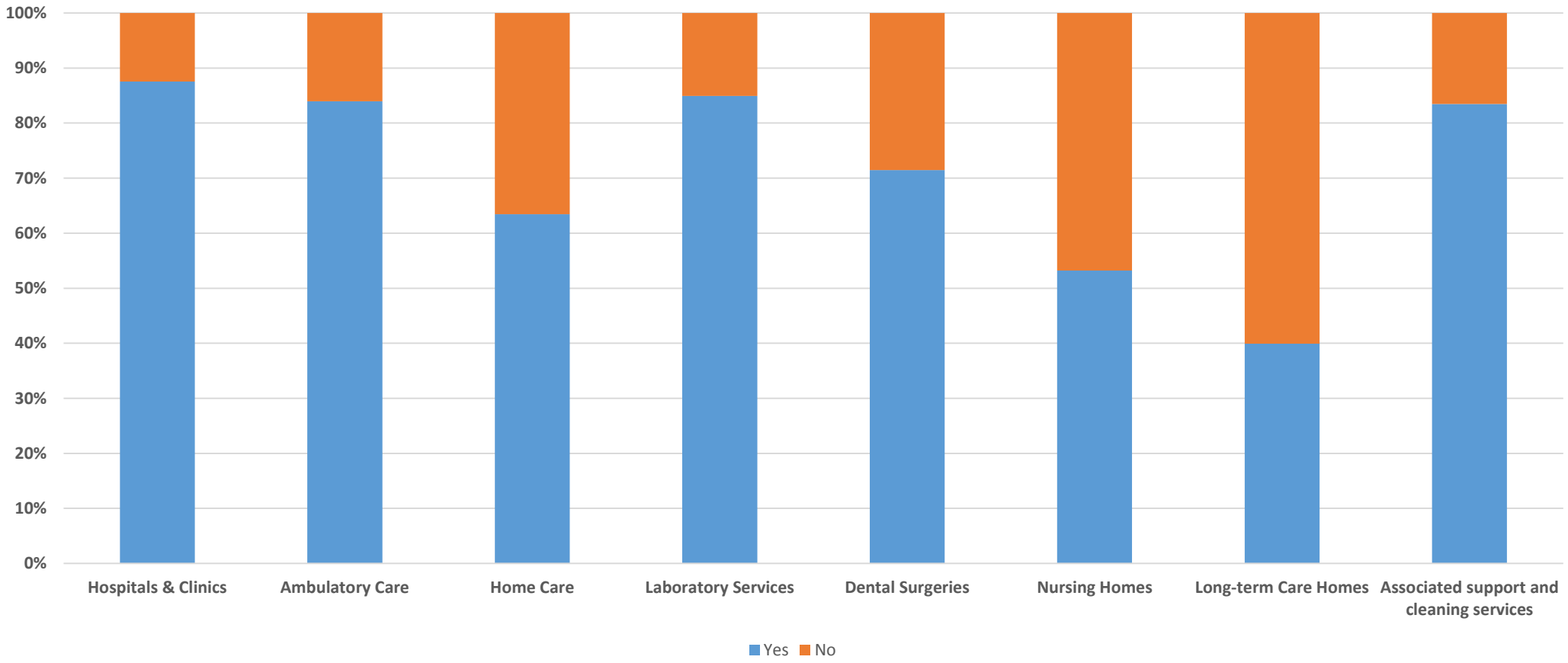
## Q5. Where the results of the risk assessment reveal a risk of injuries with a sharp and/or infection are the risks eliminated or reduced to the extent practicable, such as with the elimination of unnecessary sharps usage and the provision of safety engineered medical devices?



# Use of safety devices

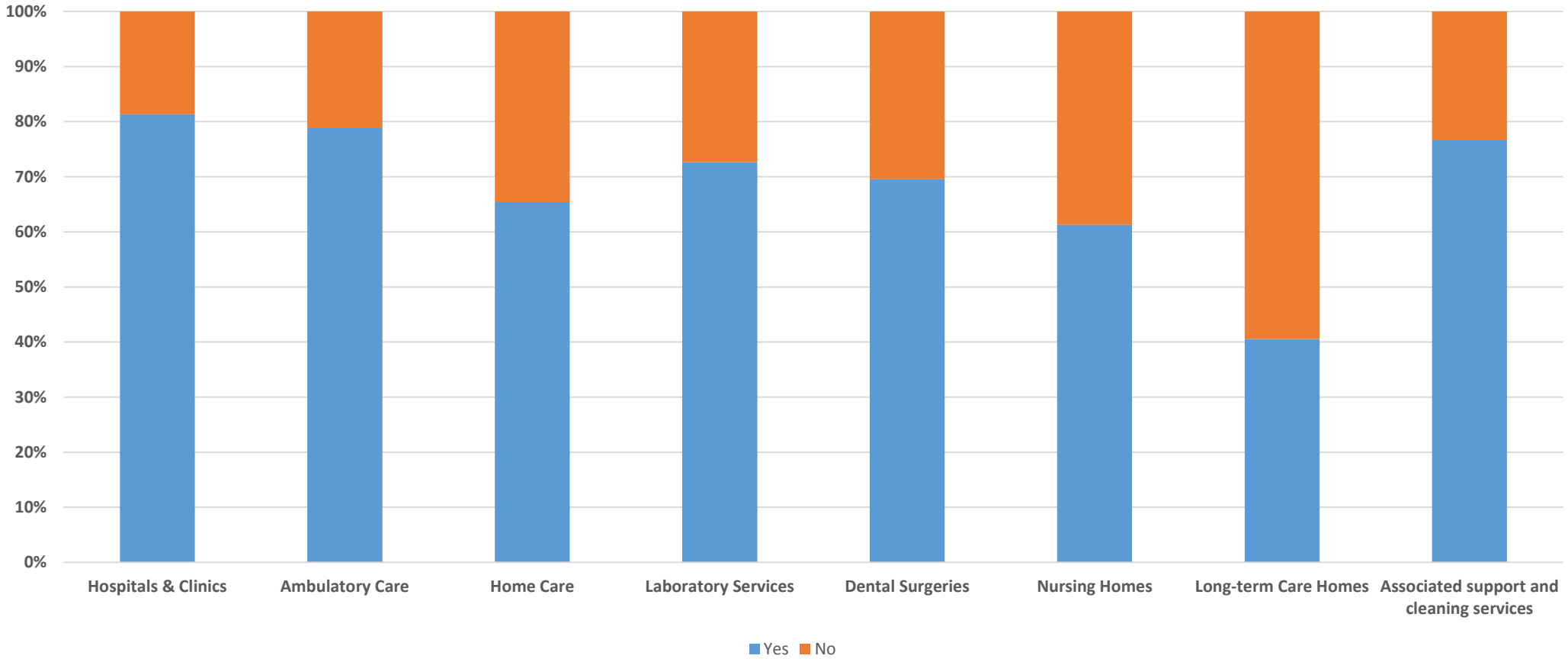
European Biosafety Network

## Q6. Are staff instructed to use safety engineered medical devices wherever possible?



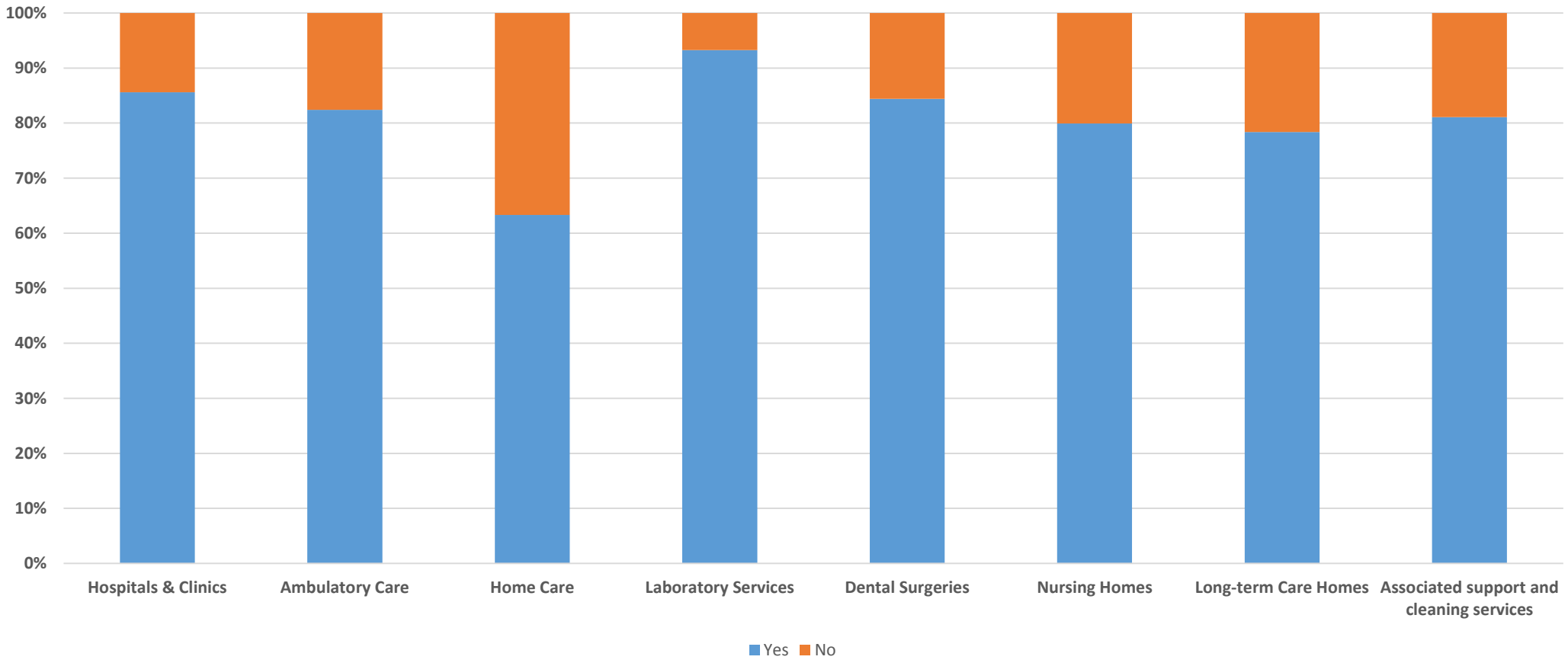
# Implementation

## Q7. Do all of the above measures equally apply in situations where your organisation utilises self-employed, contract and agency staff?



# Uptake of safety devices

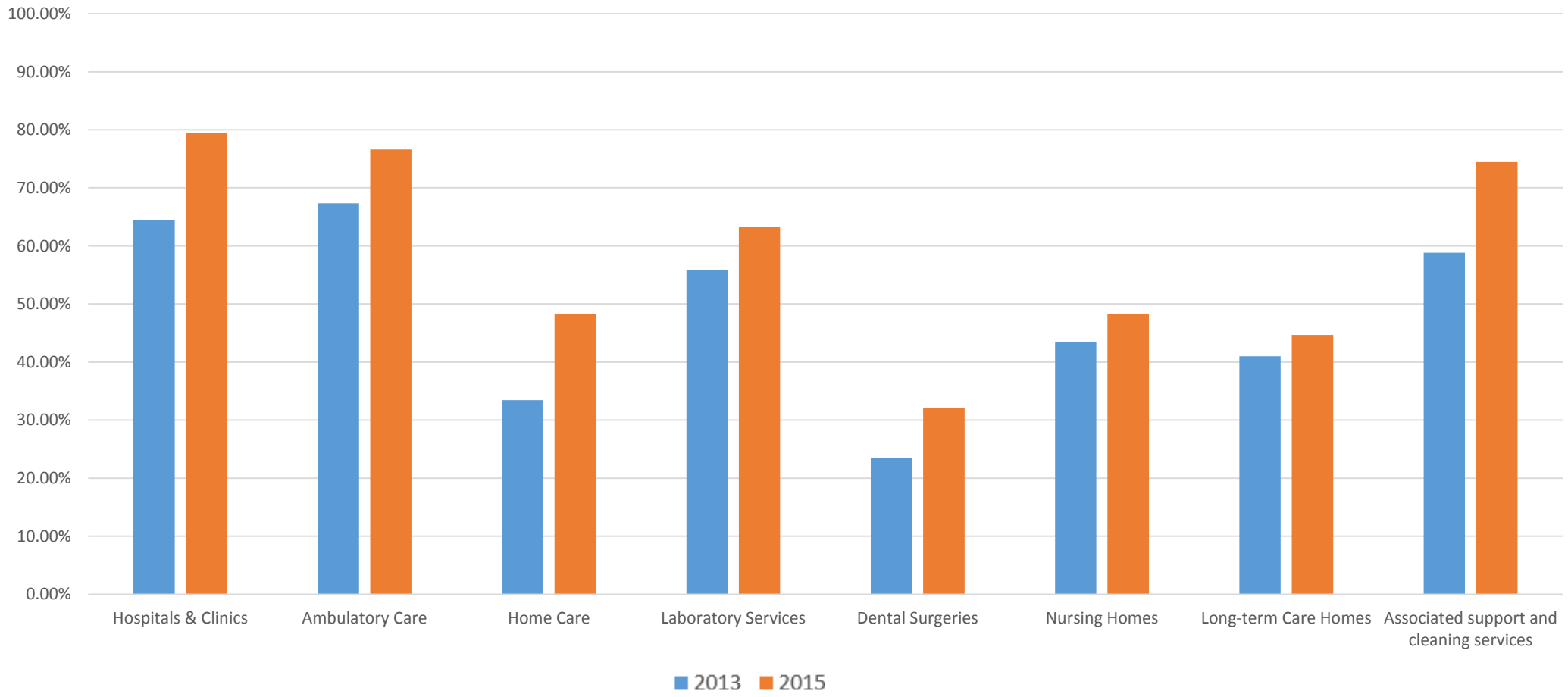
## Q8. Are all incidents involving sharps injuries reported?



# Awareness of national legislation

European Biosafety Network

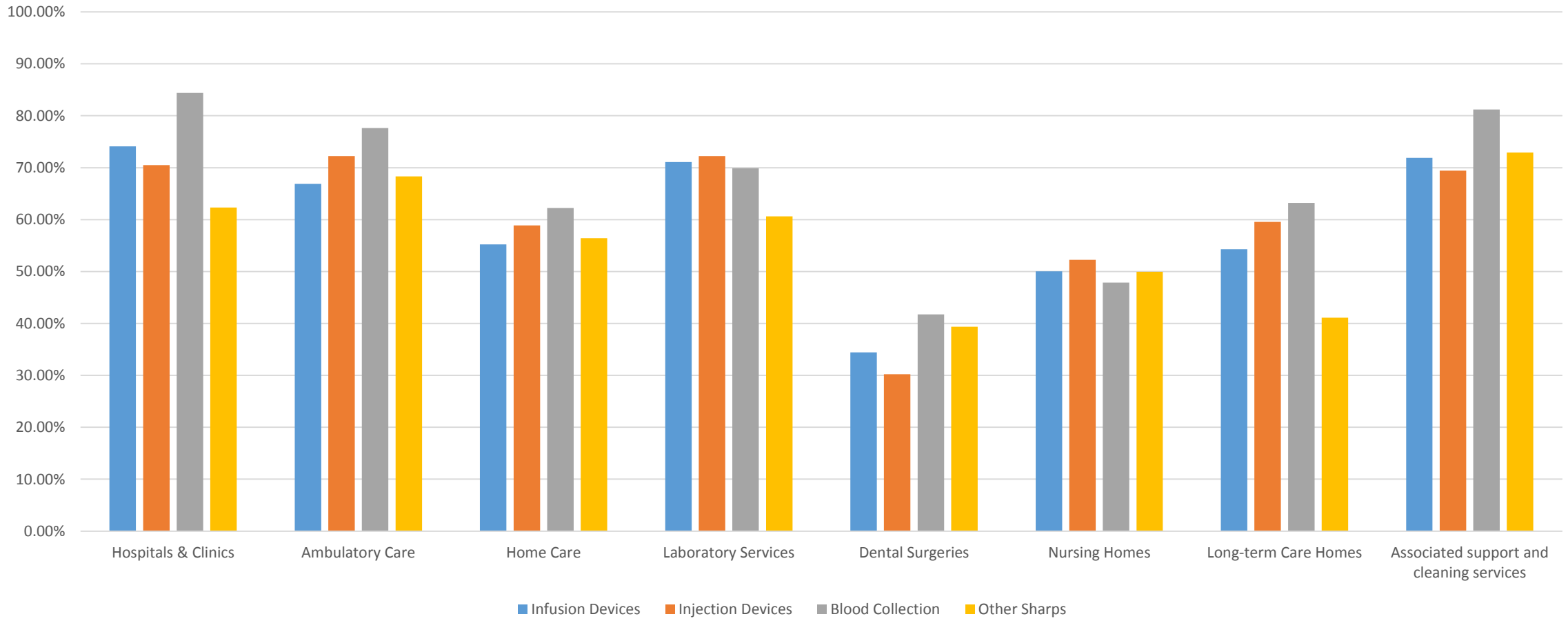
## Q9. For devices that incorporate a needle or other sharp, used in the period defined below, what percentage incorporated safety mechanism to prevent exposure to the used sharp?



# Uptake of safety devices

European Biosafety Network

## Q10. For devices that incorporate a needle or other sharp in 2015 what percentage incorporated safety mechanism in the following categories of devices?



# Conclusions by sector

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- Hospitals and clinics report high levels of awareness and compliance with the Sharps Directive but non-traditional settings, including nursing homes, long-term care homes and dental surgeries, would seem to be a cause for concern.

- Uptake of safer sharps in these non-traditional settings remains proportionally poor with dental surgeries having the lowest conversion to safer sharps.

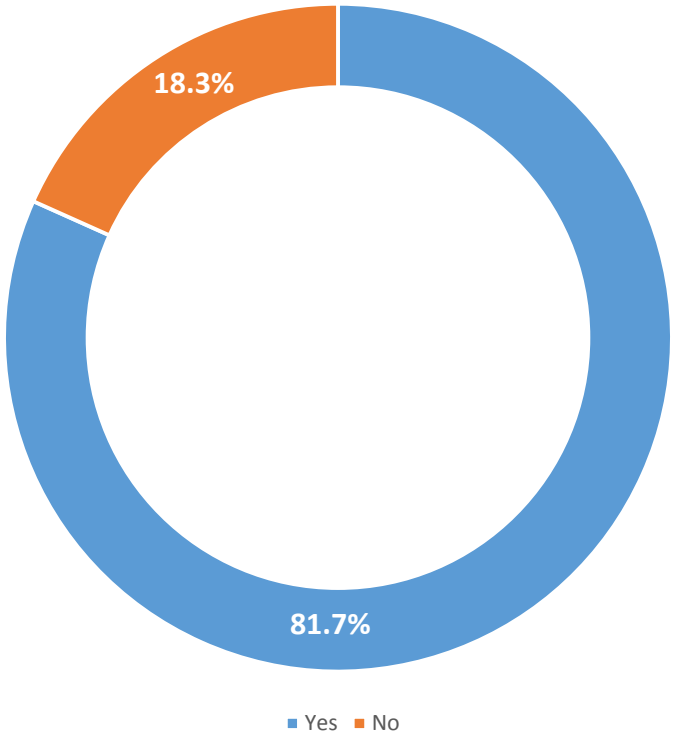
- Reported awareness and compliance for laboratory services and associated support and cleaning services is relatively high, but this may be due to respondents who oversee these services being disproportionately from large tertiary hospitals.

# Aggregated survey responses

## Awareness not necessarily translating into procurement and genuine compliance

# Awareness of national legislation

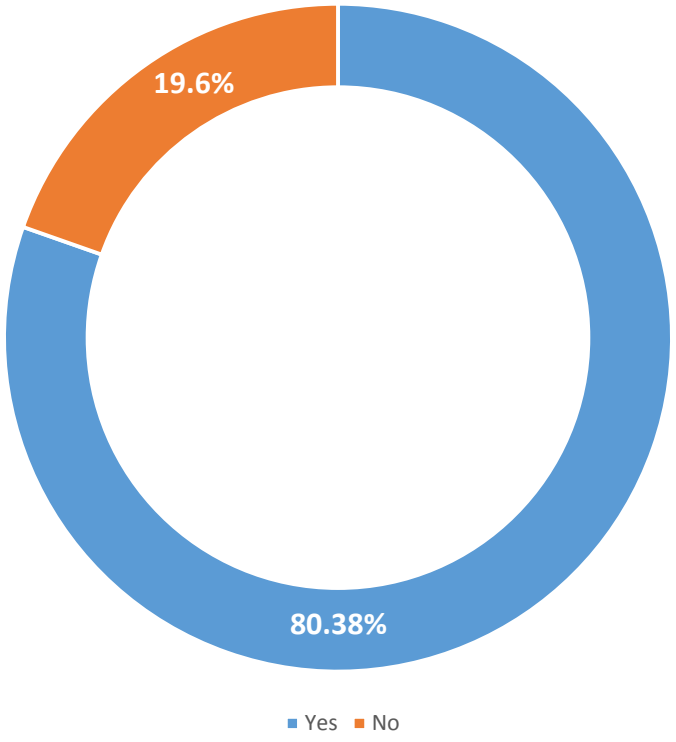
**Q1. Are you aware of national legislation concerning the prevention of sharps injuries in the hospital and healthcare sector (introduced to transpose Directive 2010/32/EU) effective from 2013?**




**n = 756**

# Implementation of national legislation

**Q2. Have you revised your sharps injuries prevention policy since 2013 as a result of national legislation and guidance?**

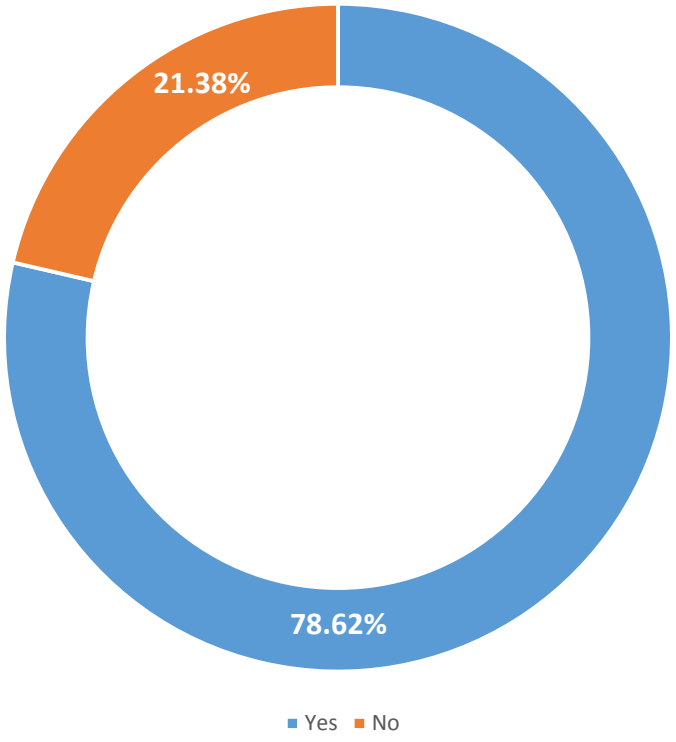



**n = 756**

# Training staff

European Biosafety Network

**Q3. Is specific training provided on the risks associated with blood borne infections, the prevention of sharps injuries, the correct use of medical devices incorporating sharps protection mechanisms and the reporting of sharps injuries, including actions to be taken following an injury?**

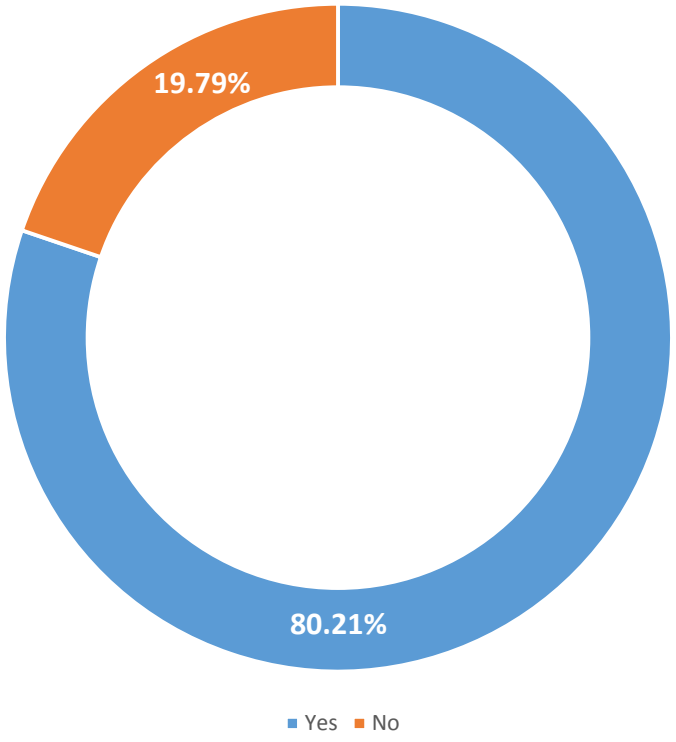



**n = 751**

# Risk assessments

European Biosafety Network

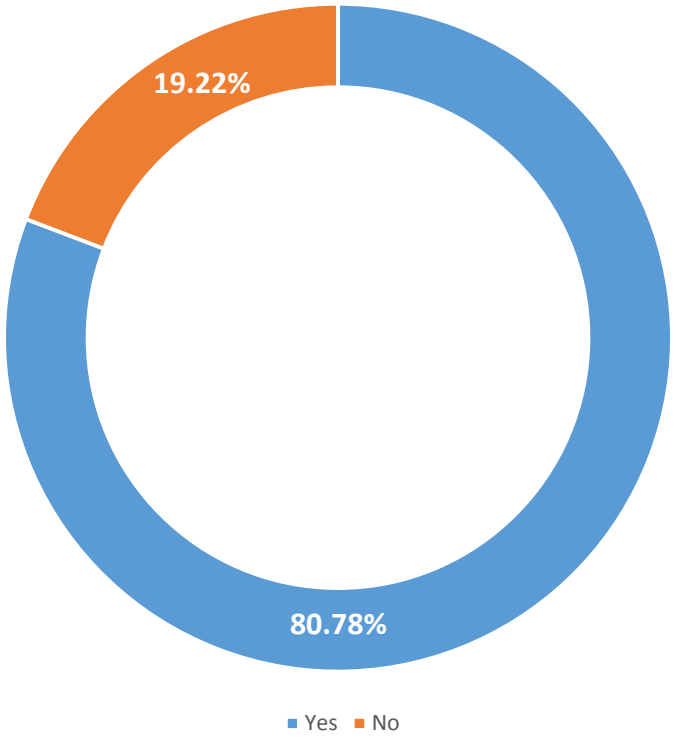
**Q4. Are risk assessments undertaken for all activities where there is a potential exposure to a medical sharp?**




**n = 749**

# Eliminating risk

**Q5. Where the results of the risk assessment reveal a risk of injuries with a sharp and/or infection are the risks eliminated or reduced to the extent practicable, such as with the elimination of unnecessary sharps usage and the provision of safety engineered medical devices?**

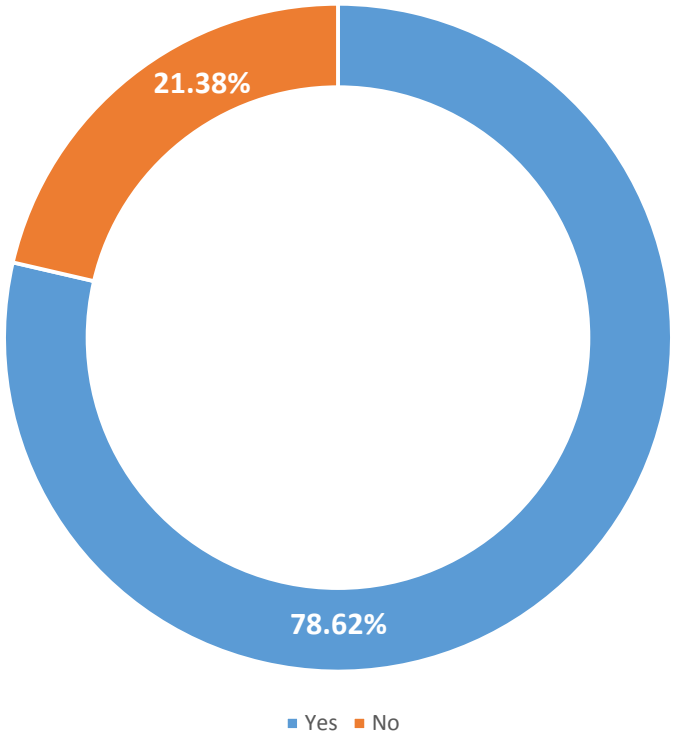



**n = 752**

# Use of safety devices

European Biosafety Network

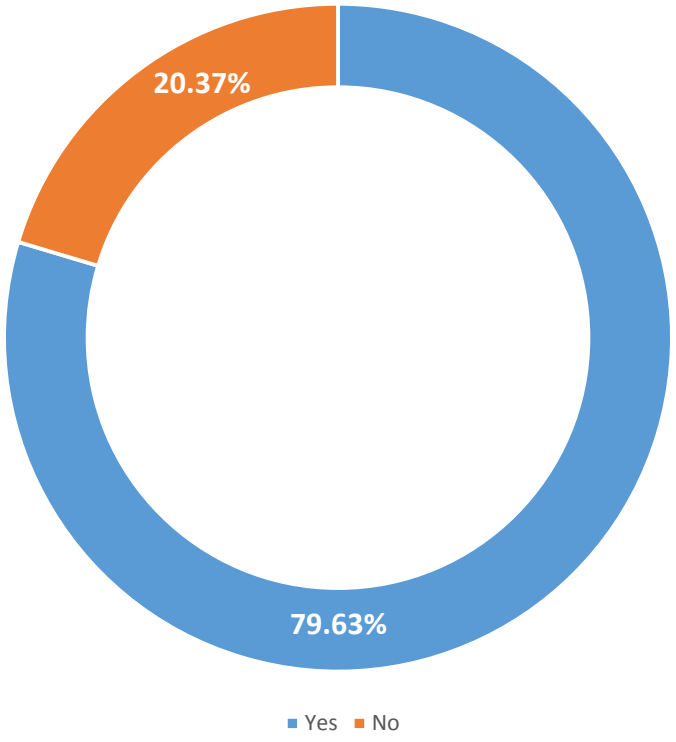
**Q6. Are staff instructed to use safety engineered medical devices wherever possible?**




**n = 738**

# Implementation

**Q7. Do all of the above measures equally apply in situations where your organisation utilises self-employed, contract and agency staff?**

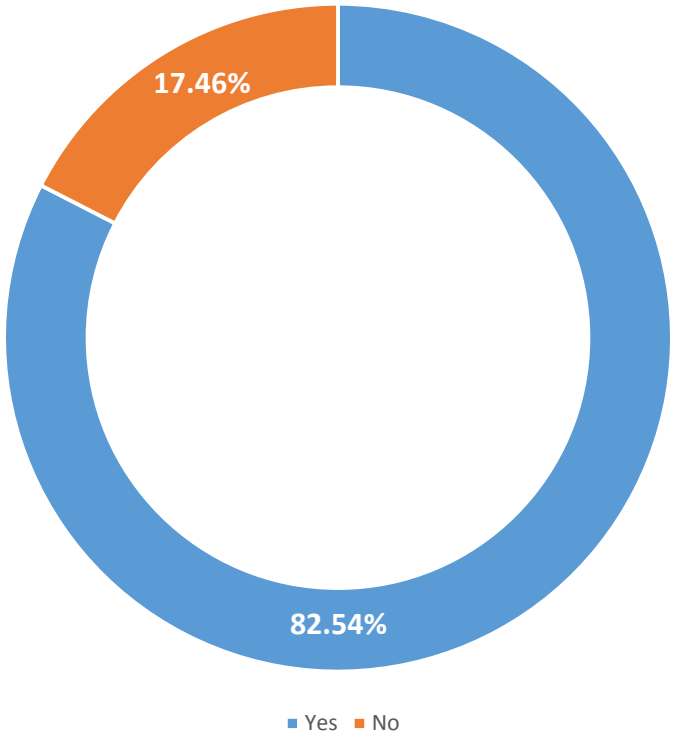



**n = 740**

# Reporting of sharps injuries

European Biosafety Network

**Q8. Are all incidents involving sharps injuries reported?**

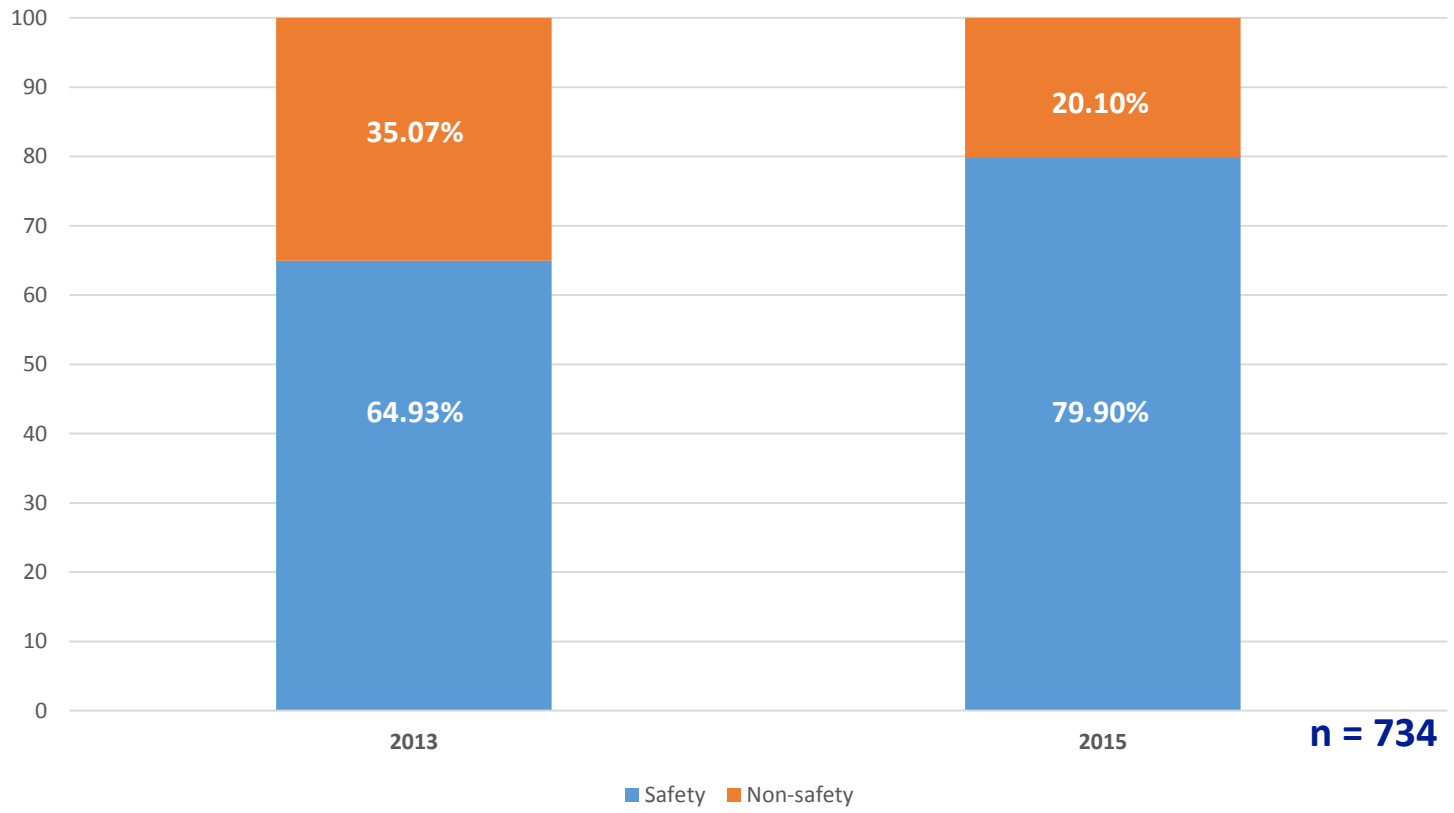



**n = 751**

# Uptake of safety devices

European Biosafety Network

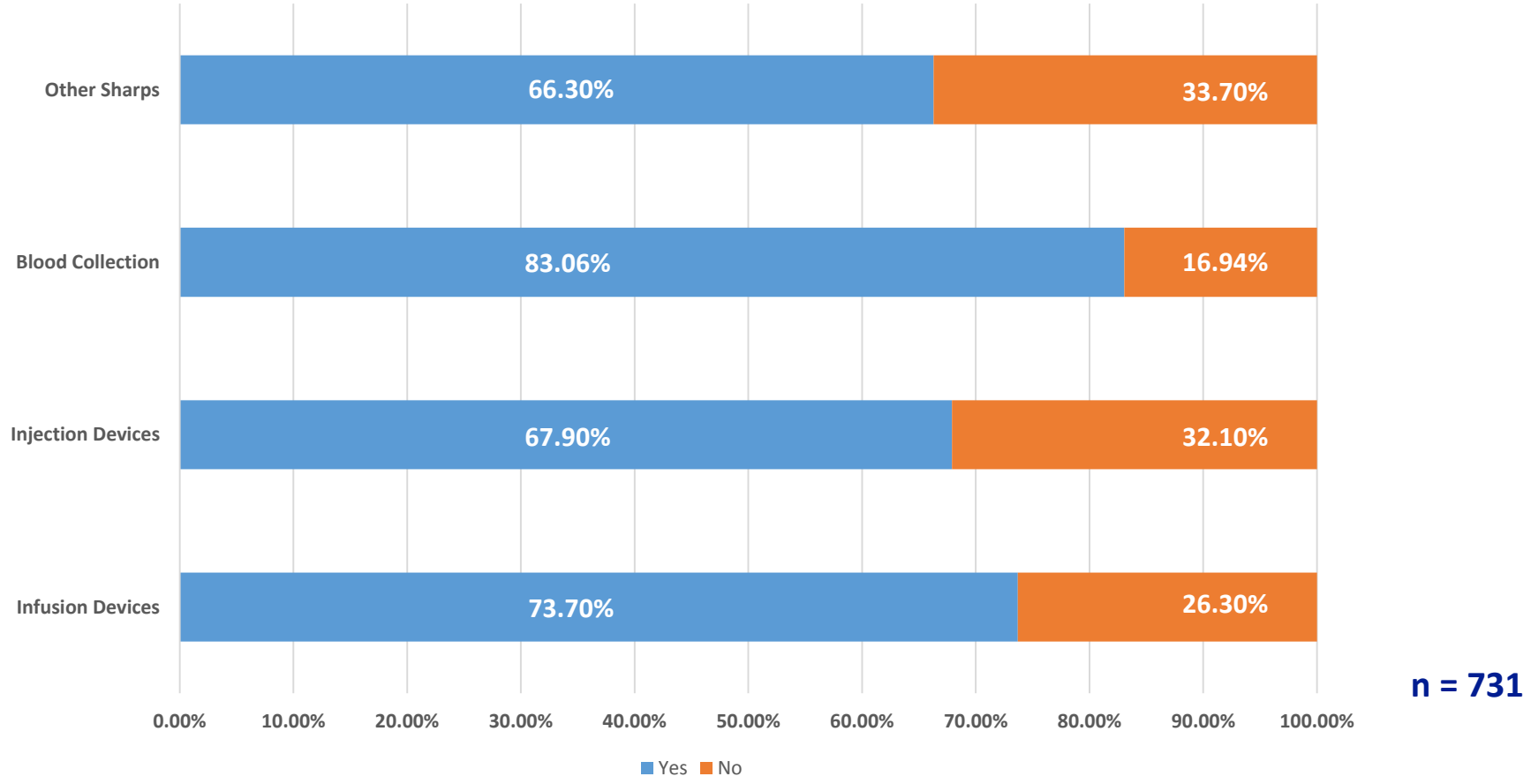
**Q9. For devices that incorporate a needle or other sharp, used in the period defined below, what percentage incorporated safety mechanism to prevent exposure to the used sharp?**



# Uptake of safety devices

European Biosafety Network

**Q10. For devices that incorporate a needle or other sharp in 2015 what percentage incorporated safety mechanism in the following categories of devices?**




n = 731

# Aggregate Conclusions

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- Levels of awareness of the Sharps Directive are relatively high but there is a still a problem with c 20% of respondents saying that risk assessments and training are not being carried out, the Sharps Directive does not apply to contract staff and sharps injuries are still not being reported.

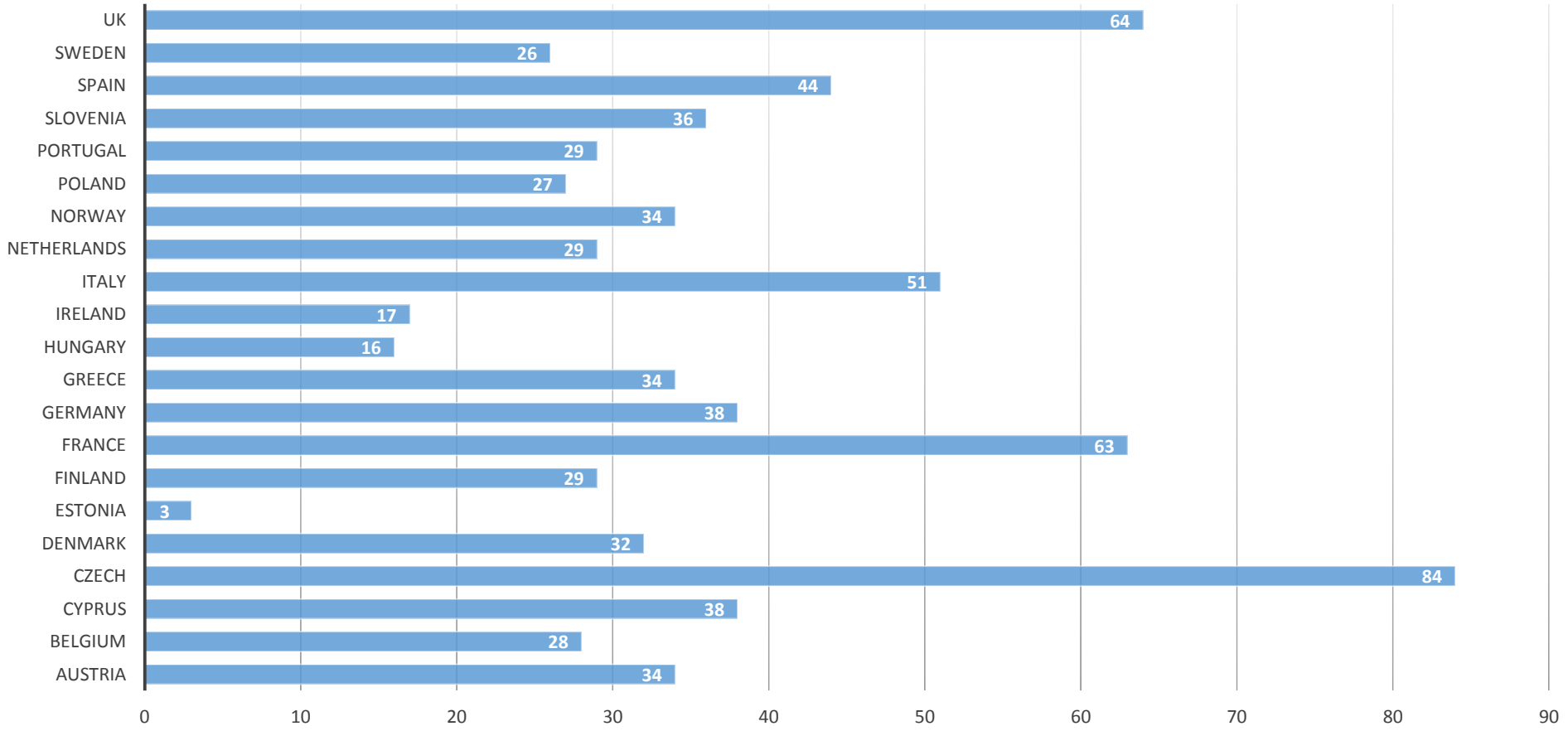
- High awareness is not being translated into significantly higher levels of procurement of safer sharps with more than a third of injection devices and other sharps still being standard sharps.

# Survey responses by country

## Small number of countries consistently lower in awareness and compliance

European Biosafety Network

# Survey responses by country



# Awareness of national legislation

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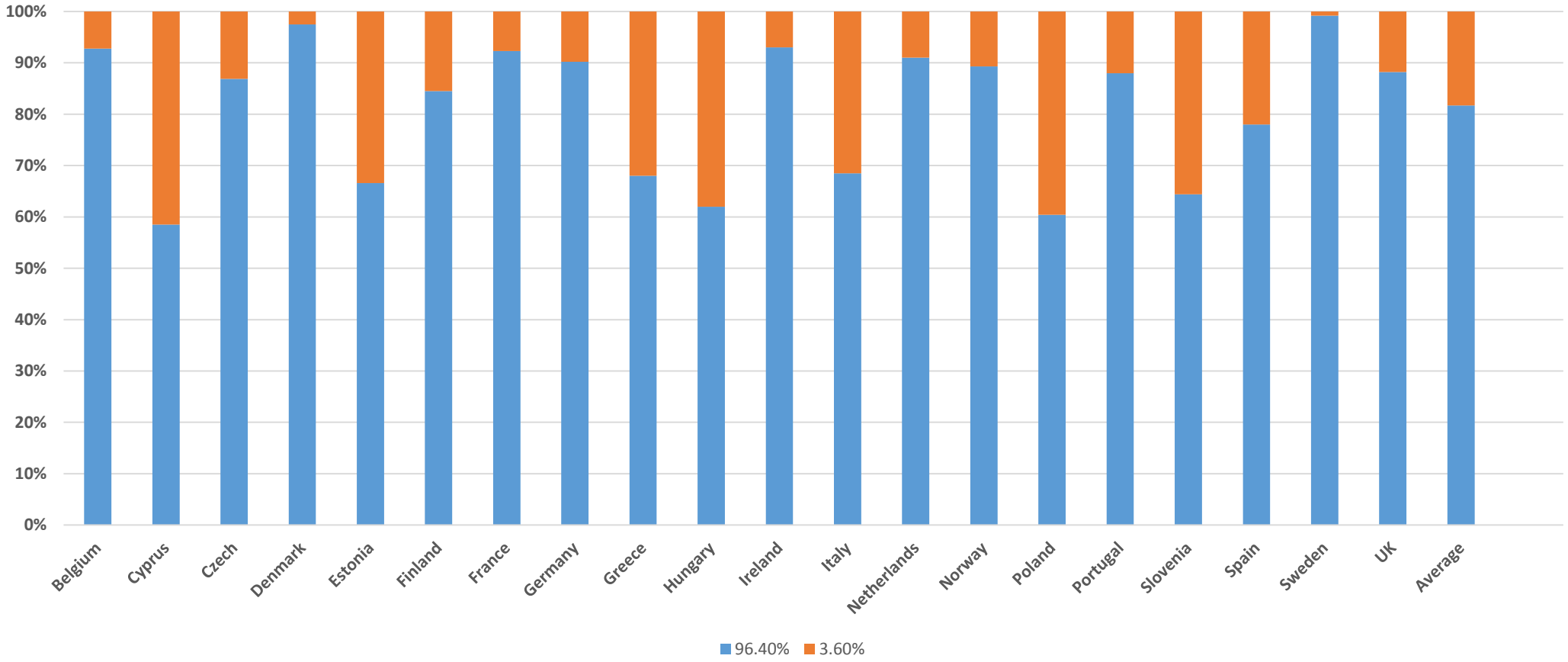
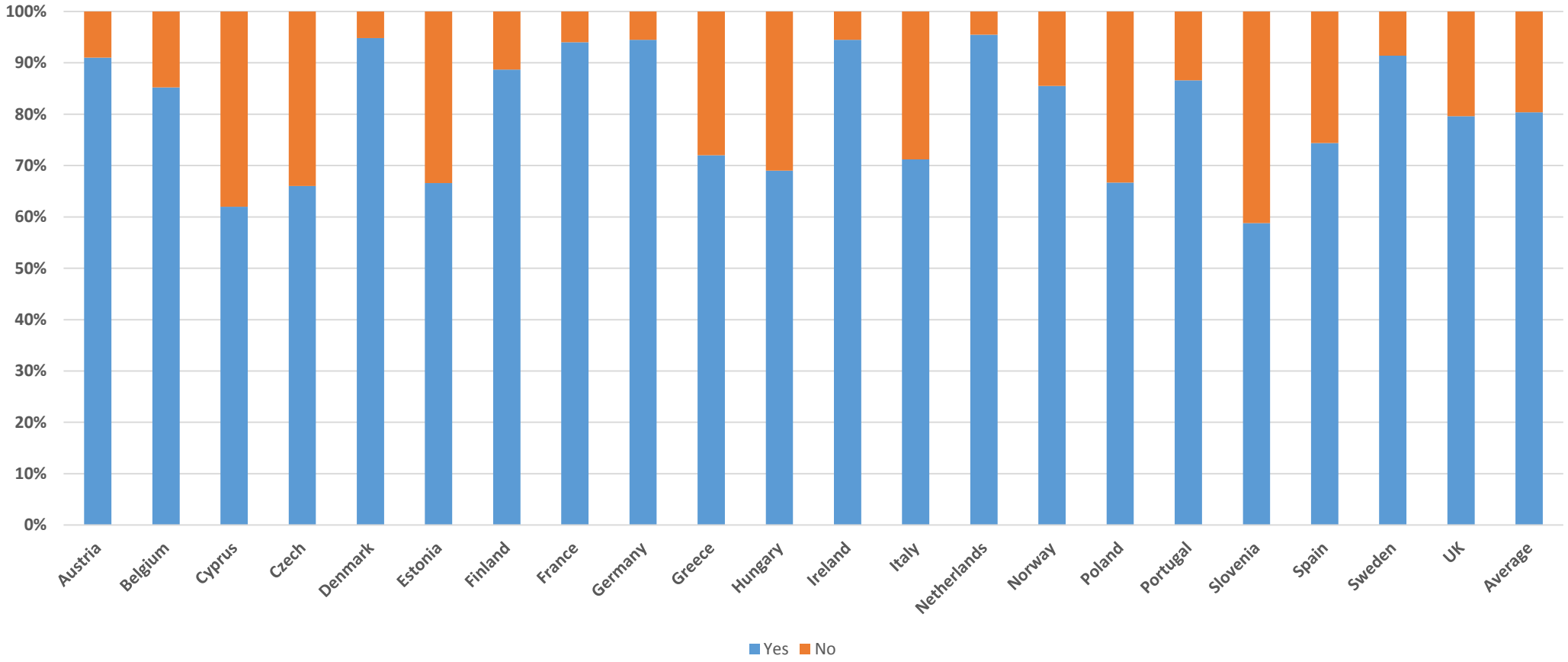


# Implementation of national legislation

European Biosafety Network

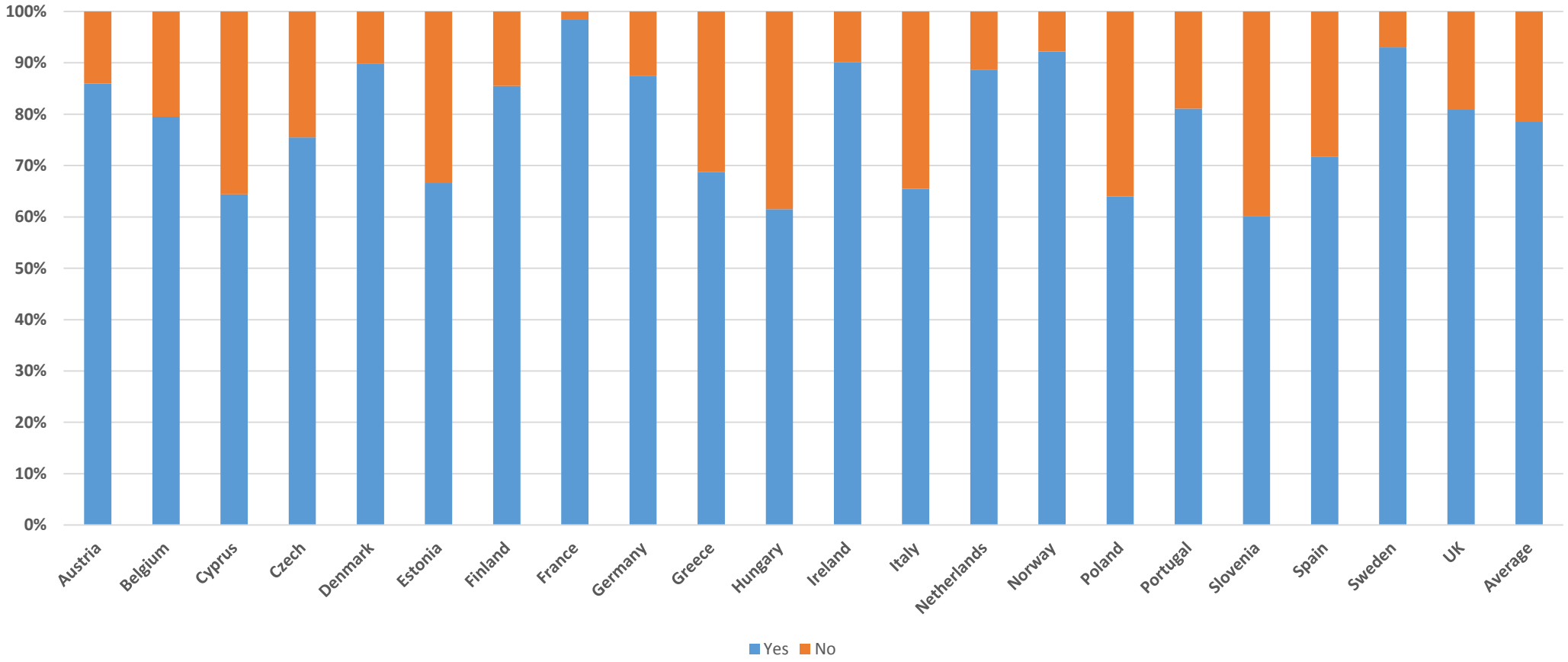
## Q2. Have you revised your sharps injuries prevention policy since 2013 as a result of national legislation and guidance?



# Training staff

European Biosafety Network

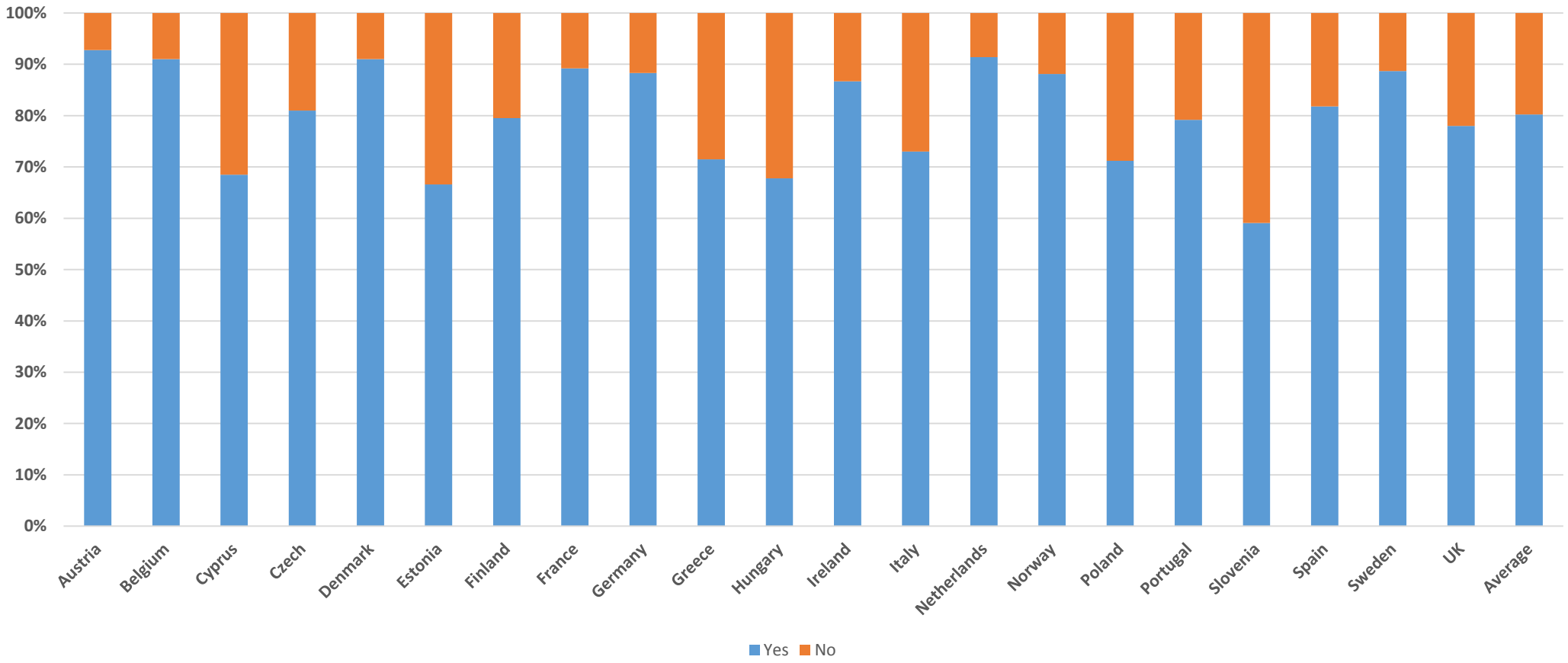
**Q3. Is specific training provided on the risks associated with blood borne infections, the prevention of sharps injuries, the correct use of medical devices incorporating sharps protection mechanisms and the reporting of sharps injuries, including actions to be taken following an injury?**



# Risk assessments

European Biosafety Network

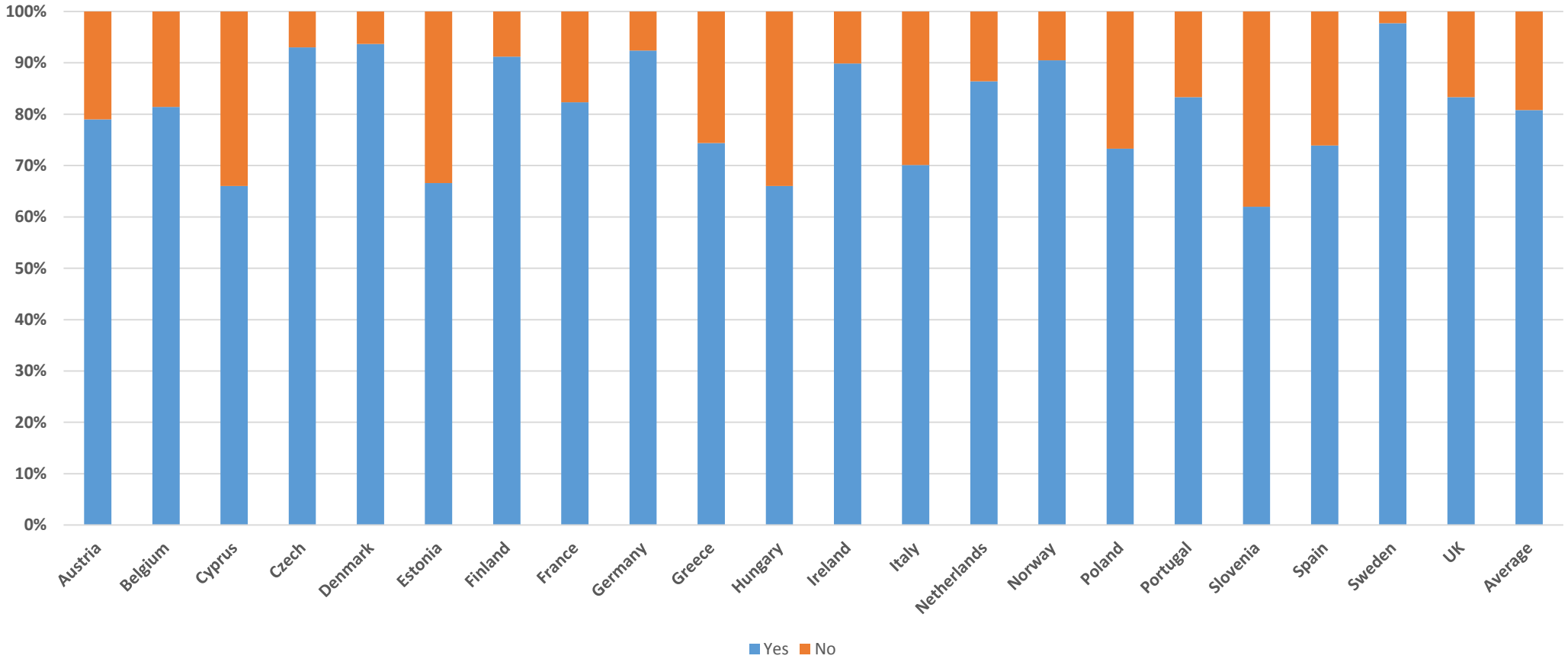
## Q4. Are risk assessments undertaken for all activities where there is a potential exposure to a medical sharp?



# Eliminating risk

European Biosafety Network

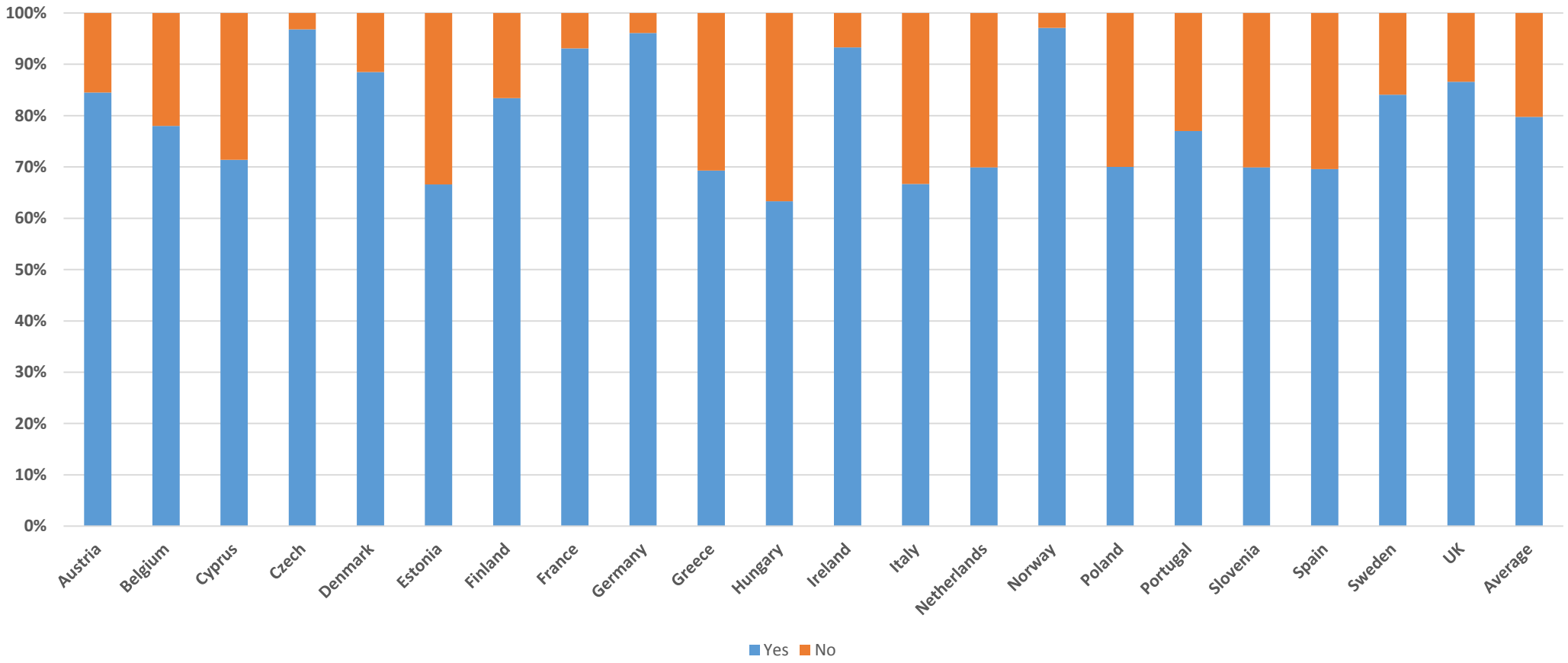
## Q5. Where the results of the risk assessment reveal a risk of injuries with a sharp and/or infection are the risks eliminated or reduced to the extent practicable, such as with the elimination of unnecessary sharps usage and the provision of safety engineered medical devices?



# Use of safety devices

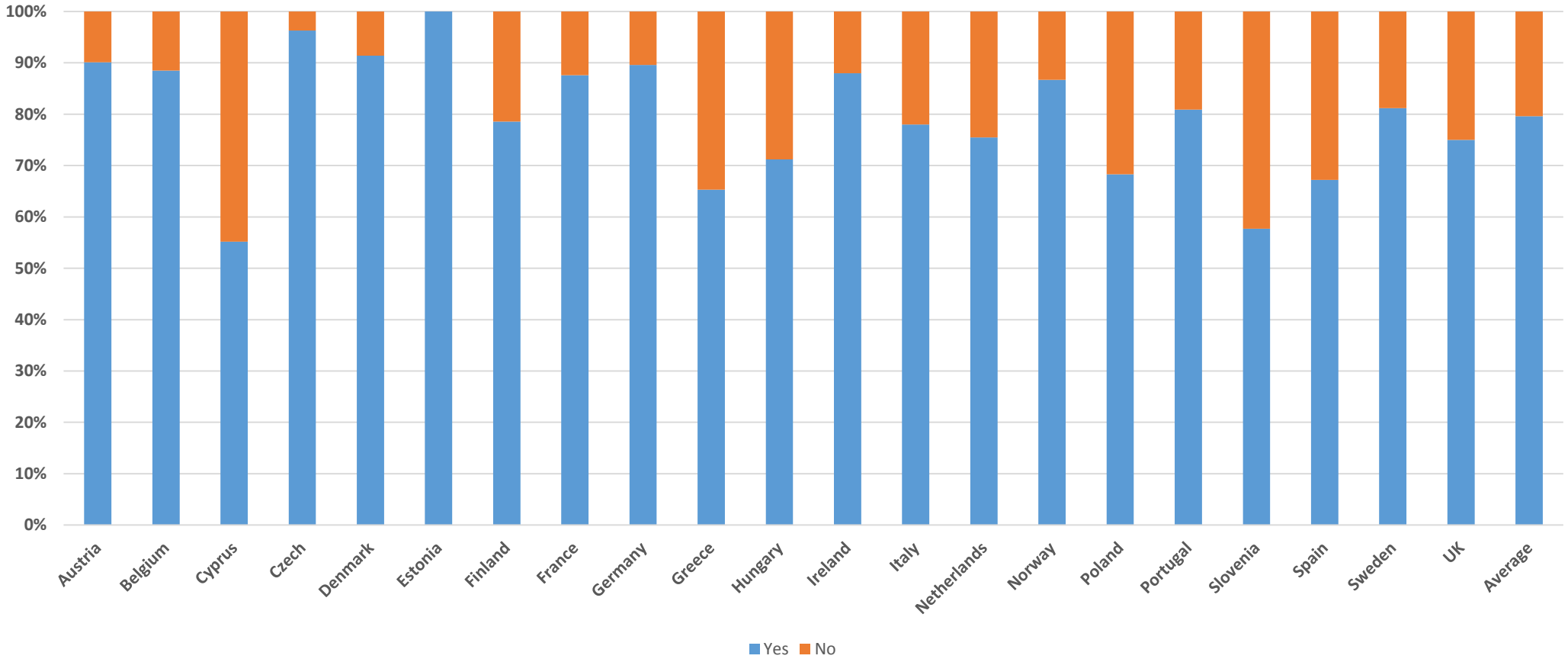
European Biosafety Network

## Q6. Are staff instructed to use safety engineered medical devices wherever possible?



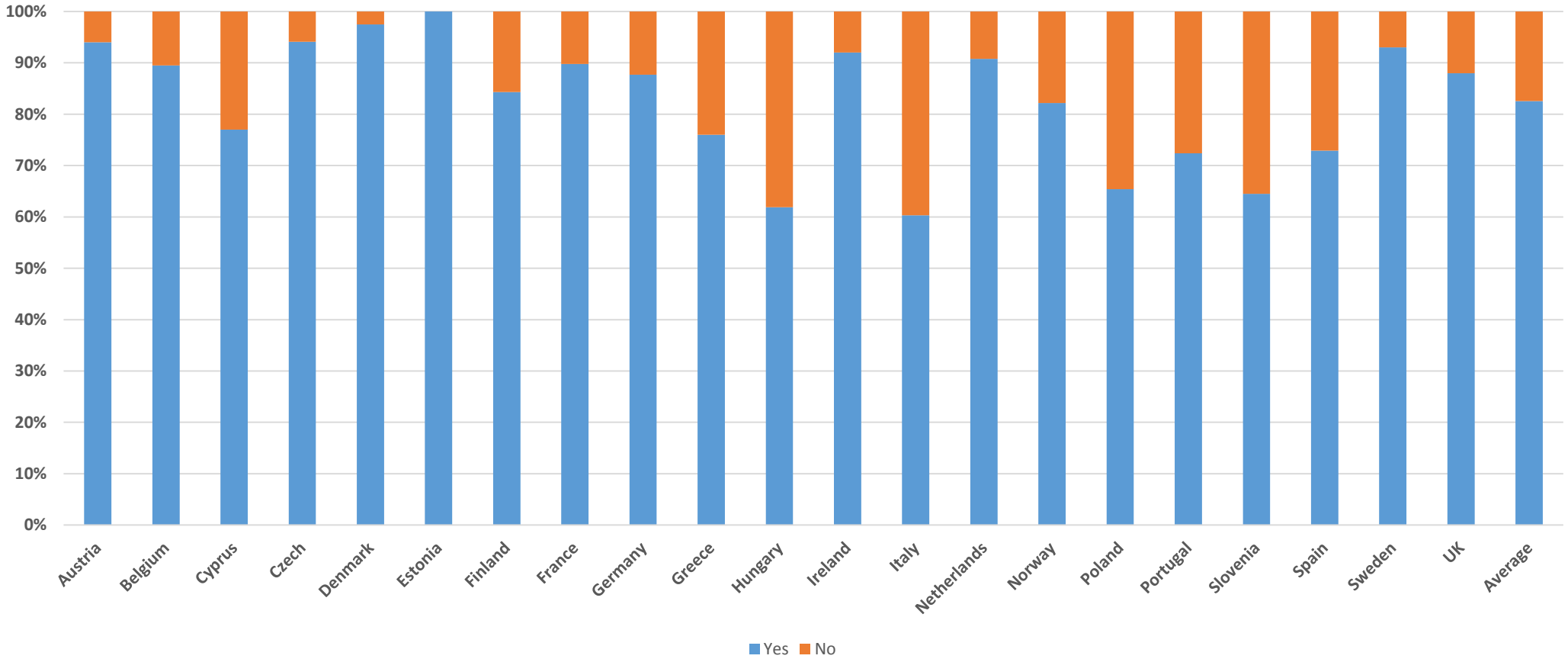
# Implementation

## Q7. Do all of the above measures equally apply in situations where your organisation utilises self-employed, contract and agency staff?



# Uptake of safety devices

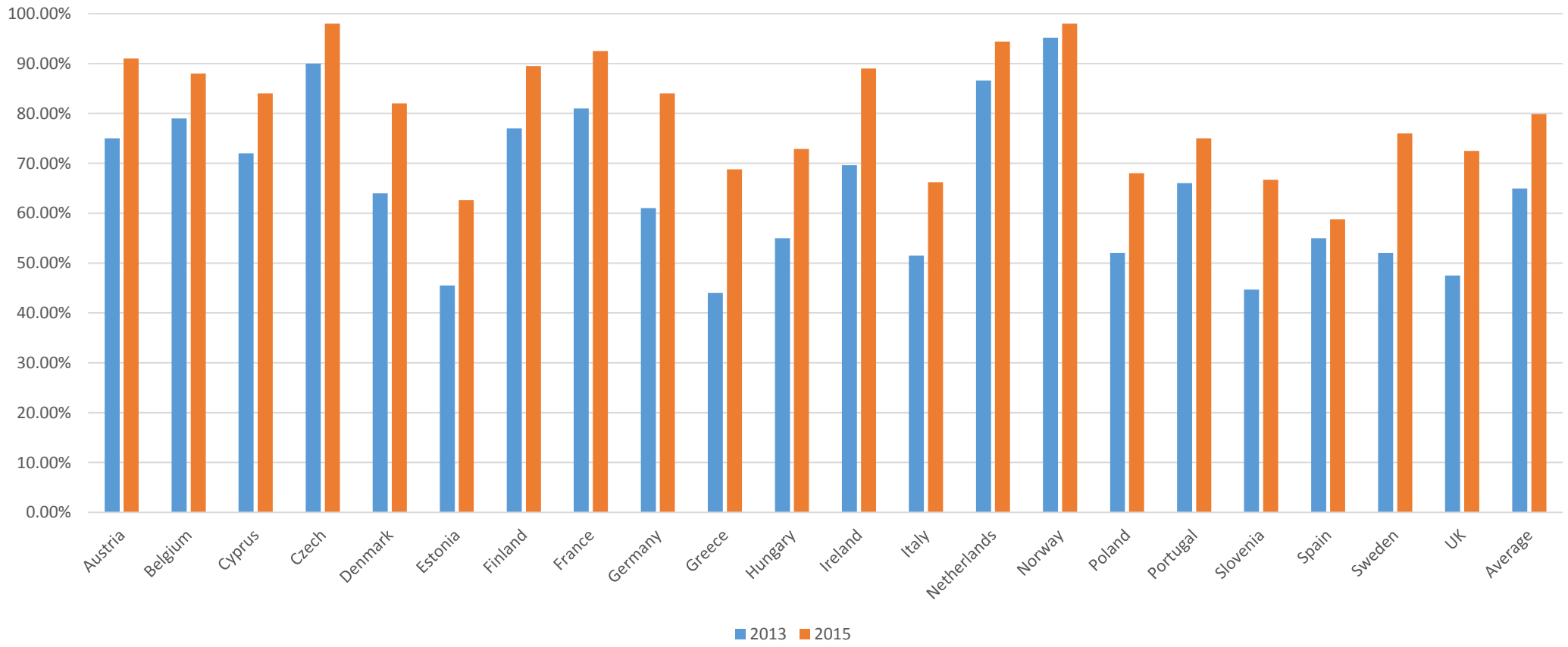
## Q8. Are all incidents involving sharps injuries reported?



# Awareness of national legislation

European Biosafety Network

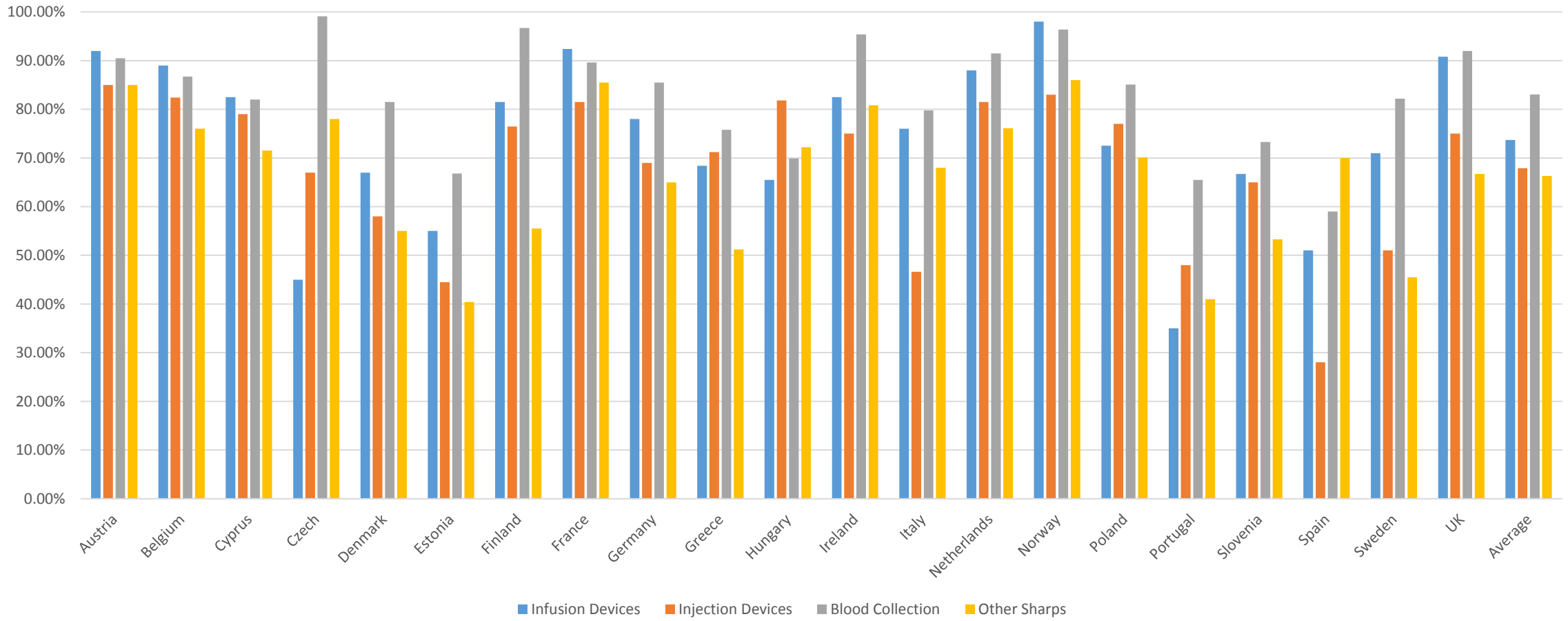
**Q9. For devices that incorporate a needle or other sharp, used in the period defined below, what percentage incorporated safety mechanism to prevent exposure to the used sharp?**



# Uptake of safety devices

European Biosafety Network

## Q10. For devices that incorporate a needle or other sharp in 2015 what percentage incorporated safety mechanism in the following categories of devices?



# Conclusions by country

European Biosafety Network

- Some EU member states, including  Belgium, the Netherlands, France, Germany, Ireland, Scandinavia and the UK, have championed safer sharps and as a result awareness and compliance are generally higher.

- A small number of EU member states, including Estonia, Slovenia, Hungary, Greece, Poland and Cyprus, consistently report lower levels of awareness and compliance.

# Preliminary Analysis

European Biosafety Network

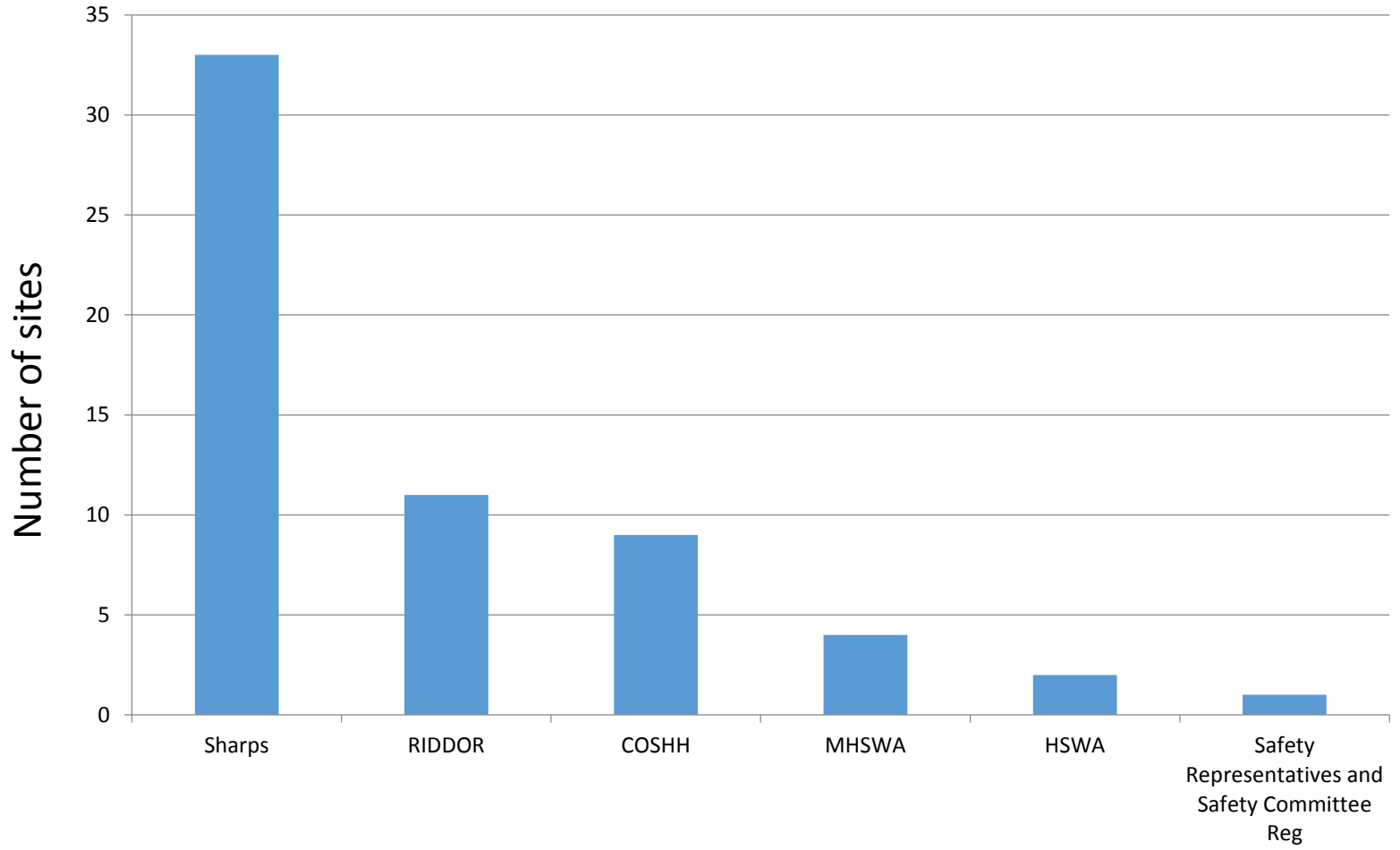
## Possible Causes for Concern

- A significant number of countries reported that awareness of legislation, training of staff and the procurement of safety engineered devices were more limited.
- A small number of member states had consistently lower levels of awareness and compliance with the Sharps Directive across all questions.
- In a number of countries where compliance is generally good, use of some specific categories of safety engineered devices, such as injection devices, is more restricted.
- Agency, contract and self-employed staff are either not covered or less aware of the legislation or regulations and thus more at risk of breaching the Sharps Directive.
- Care homes, long-term care settings and dental practices are generally underperforming with regard to safer sharps awareness and uptake.

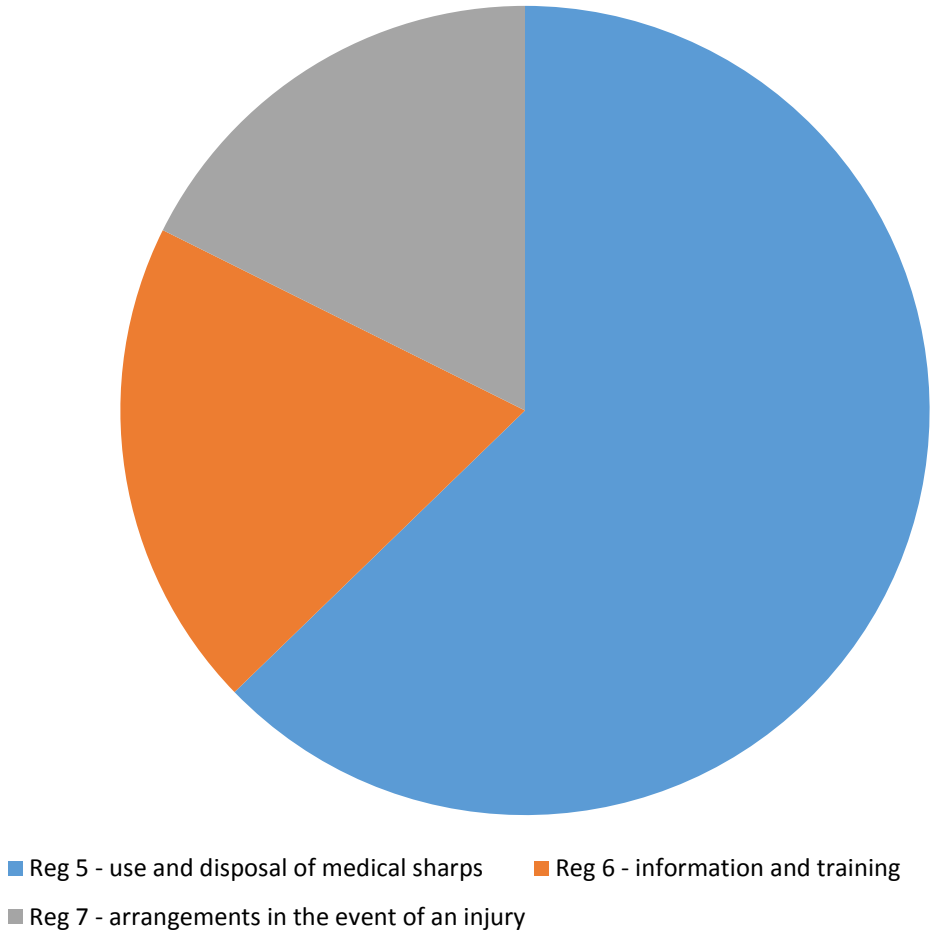
# Case study: United Kingdom

- HSE has conducted 40 inspections in UK on compliance with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 which derive from the Sharps Directive.
- Health and safety breaches were identified in approximately 90% of the hospitals visited.
- 83% of breaches failed to comply with the Sharps Regulations.
- 10 improvement notices have been issued so far to at least a third of the hospitals visited.
- Inspections were conducted over two years and formally finished at the end of 2015 but Inspectors are still picking up further breaches.

# Case study: United Kingdom



# Case study: Distribution of breaches of the Sharps Regs



# Case study: issues identified

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- Failure to use safer sharps where reasonably practicable or inconsistent use of safer sharps across the trust
- Failure to assess risks of exposure to blood borne viruses from sharps injuries
- Failures to report RIDDORs or report correctly as dangerous occurrence when appropriate
- Information and training
- Not investigating thoroughly
- Lack of suitable and sufficient  risk assessments around the use of non-safe sharps (e.g. vaccines)

# Case study: conclusions

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- Whilst the interim results of the EBN survey conducted are broadly positive, this picture is not reflected by the case study of recent inspections conducted by the HSE in the UK in a sample of self selecting sites with likely problems.
- Sharps legislation in the UK was breached significantly more frequently in the inspections than any other legislation.
- It is likely that compliance is actually lower than reported in the EBN survey and risk is not managed as effectively as the Directive and the UK Regulations require.

# Case study: United Kingdom

HSE will be conducting a Post Implementation Review (PIR) of the impact of the Sharps Directive and Regulations in the UK. A PIR is an assessment of the effectiveness of a regulation after it has been implemented and operational for a period of time. This assessment will look at the extent to which the regulation is achieving its intended effects, whether there have been any unintended effects, how well it is working and the reasons why. The Sharps Directive itself allows its application to be reviewed after five years by the parties to the agreement.

For information, and useful background, the impact assessment on the implementation of the Sharps Directive is available here - http://www.legislation.gov.uk/uksi/2013/645/pdfs/uksifia_20130645_en.pdf.

# Conclusions

- Implementation and compliance with the Sharps Directive at the formal level is generally good across member states but is it actually reducing the number of injuries, risks and changing behaviour in practice?
- Some member states and some sectors, like long term care, care homes and dental surgeries, are lagging behind in awareness etc and might therefore be  less compliant with the Sharps Directive.
- The UK case study shows that in a small sample of at risk hospitals there is actually very low compliance with the Sharps Directive but also that inspections and enforcement work in changing behaviour, as evidenced by inspections conducted in the HSE.
- More still needs to be done on implementation and compliance for those in healthcare but also in non-healthcare settings, including care homes and dental practices.
- Self-employed, contract and agency staff in healthcare and non-healthcare settings are more at risk of not complying with the Sharps Directive.

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