



HSE Policy on the Management of Sharps and Prevention of Sharp Injuries 2022

Policy ☒

Procedure ☐

Protocol ☐

Guideline ☐

Title of PPPG Development Group:	Sharps Policy Development Group	Presented to the National Joint Council	21.09.2020
Approved by:	National Director HR <i>Quae Marie Hickey</i> 20 October 2020	Consultation with the Trade Unions completed	28.09.2020
Reference Number:	HSP:005:02		
Version Number:	03		
Publication Date	February 2022		
Date for revision:	August 2023		
Electronic Location:	https://healthservice.hse.ie/staff/benefits-services/health-and-safety/safe-use-of-sharps.html		
Version	Date Approved	Amendments	Author
3	February 2022	Step 3 Assess and Rate the Risk – Updated link to HSE Risk Assessment Tool	NHSF
3	February 2022	Appendix 1 – Risk Assessment Tool removed	NHSF

TABLE OF CONTENTS

PART A:

1.0	Introduction	3
1.1	Risk Assessment Process	4
2.0	Monitoring and Periodic Review	8
3.0	Communication and Notification of Risk	8
4.0	Information, Awareness and Training	9
5.0	Vaccination	9
6.0	Incident Management	10
7.0	Post Incident Response and Follow up	11
8.0	Roles and Responsibilities	11
8.1	CEO	11
8.2	Local Senior Manager e.g. Hospital GM/CEO, Heads of Service, DON	11
8.3	Line Managers e.g. Clinical Directors, Ward Managers, Dept. Managers, Service Managers, Person in Charge/Responsible Person	12
8.4	Employees	13
8.5	HBS Procurement	13
9.0	Appendices to Part A	
	Appendix I Sharps Injury Prevention Sub-group –Sample Terms of Reference	14

PART B:

1.0	Initiation	16
1.1	Purpose	16
1.2	Policy Statement	16
1.3	Scope	17
1.4	Objectives	17
1.5	Outcomes	17
1.6	Policy Development Group	17
1.7	Policy Governance Group	17
1.8	Supporting Evidence	18
1.9	Glossary of Terms/Definitions/Abbreviations	18
2.0	Development of Policy	
2.1	Literature Review Question	18
2.2	Literature Search Strategy	18
2.3	Methods of appraising evidence	18
2.4	Recommendations	19
2.5	Resources necessary to implement Policy recommendations	19
3.0	Governance and Approval	19
4.0	Communication and Dissemination	19
5.0	Implementation	19
6.0	Monitoring, Audit and Evaluation	19
7.0	Revision/Update	20
8.0	Reference	20
9.0	Appendices to Part B	
	Appendix I Signature Sheet	21
	Appendix II Membership of the Policy Development Group	22
	Appendix III Membership of the Policy Governance Group	23
	Appendix IV Glossary of Terms/Definitions/Abbreviations	24
	Appendix V Checklist for the implementation of the HSE Policy on the Management of Sharps and Prevention of Sharp Injuries, 2022	27

PART A:

1.0 Introduction

Sharps injuries in the healthcare setting may result in the transmission of blood borne viruses (BBVs) such as Hepatitis B (HBV), Hepatitis C (HCV) or Human Immune Deficiency Virus (HIV).

Sharps are objects or instruments necessary for the exercise of specific healthcare activities, which are able to cut, prick, cause injury and/or infection e.g. scalpels, needles, cannulas, trocars. 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.

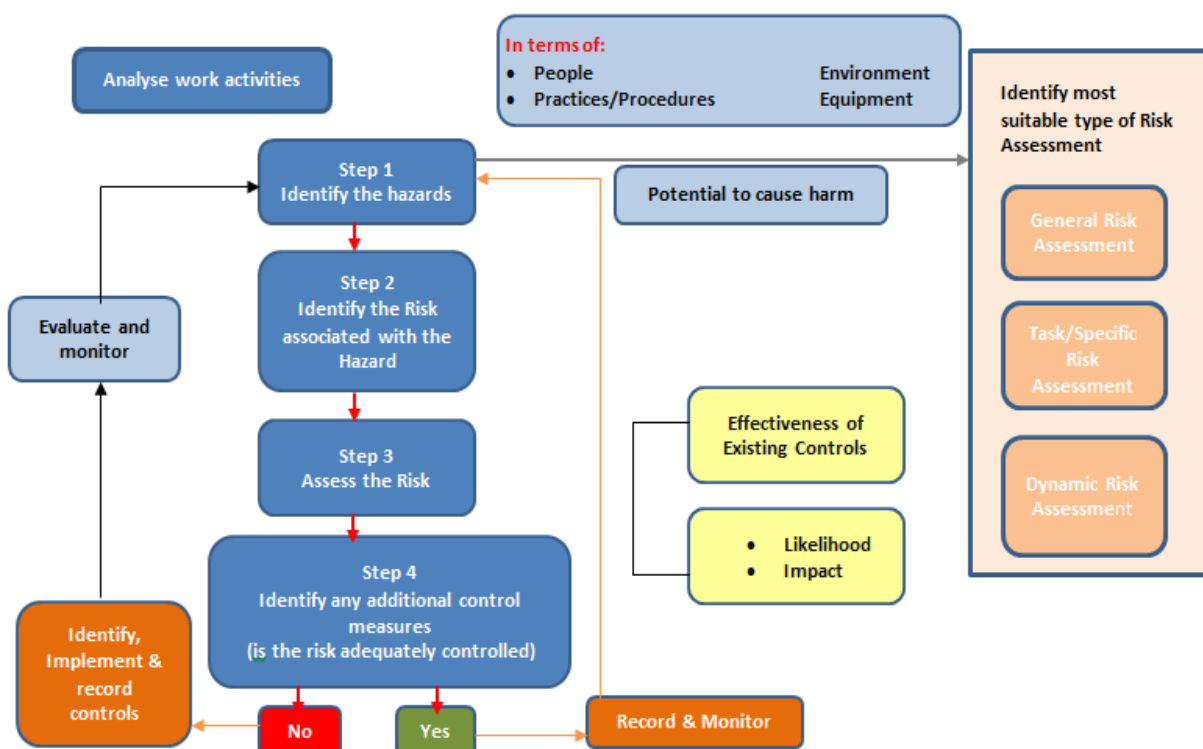
Prevention of exposure to blood borne viruses (BBVs) is an underlying principle of [The European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations, 2014](#). To ensure this preventative principle is followed, documented sharps risk assessments which take account of an employee's risk of exposure to a sharp's injury and/or infection must be undertaken in consultation with employees to determine if existing workplace controls are adequate. Where additional controls are identified they must take account of the *hierarchy of controls* as outlined in Step 4 of the risk assessment process.

Figure 1 below outlines the four steps in the **Risk Assessment Process**.

Note: Dynamic risk assessments (undocumented) should be carried out 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.

Communication and consultation throughout the risk assessment process is essential and will help achieve better health and safety outcomes.

Figure 1 Risk Assessment Process



1.1 Risk Assessment Process

Step 1 - Identify the hazard

All sharps with the potential to lead to the risk of transmission of BBVs and/or an associated psychological impact to the injured person are considered hazardous.

If there is the potential for a risk of injury and/or infection continue with the Risk Assessment as outlined below.

Step 2 - Identify the risks associated with the hazard i.e. identify the work activities/tasks involving potential exposure to a sharps injury, identify who is at risk of exposure and examine the work environment and work practices.

Consider the work activities/tasks/clinical procedures being undertaken in the workplace to include Hospital, Community, Domiciliary setting, Primary Care, Emergency Ambulance Setting etc.	Examples (non-exhaustive): <ul style="list-style-type: none">• Clinical procedures such as phlebotomy, cannulation, vaccination, intra muscular injections, acupuncture, surgical procedures, administration of anaesthetic, tooth extraction• Ancillary services including housekeeping, portering, caretaking, laundry, medical decontamination and sterile supplies• Diagnostic and laboratory work• Mortuary work• Patients use of own Insulin pens
Consider the work environment where sharps are used, stored and disposed of	Examples (non-exhaustive): Overcrowded conditions, fatigue, stress and emergency situations could increase the risk of sharp injuries. Consider also the availability and proximity of sharps bins
Consider the knowledge and experience of employees	Employees who have not received training and information on safe work practices, or new and inexperienced employees, may be at greater risk
Consider the employees who are directly involved and others who may be affected by the work activity/task being undertaken	These employees include (non-exhaustive): <ul style="list-style-type: none">• Doctors, nurses, dentists, phlebotomists, vaccinators, physiotherapists, ambulance personnel and laboratory technicians• Healthcare assistants, pharmacists, household and portering employees are at risk of exposure to sharps where correct disposal procedures are not followed• Laundry, waste management, administrative and other employees where incorrect disposal or management of used sharps may also present a downstream risk of injury• Contractors, patients and visitors may also be exposed to a risk of sharps injury and should also be taken into account when determining who may be at risk
Consider the type of equipment in use as this may present a higher risk from a sharps injury	Examples (non-exhaustive): <ul style="list-style-type: none">• Insulin needles• Hollow bore needles• IV cannula

	<ul style="list-style-type: none"> • Steel winged needles (<i>butterfly</i>) • Phlebotomy needles • Sharps used in a visibly bloody field, e.g. scalpels and suture needles
Classify the biological agents and identify their route of exposure in accordance with the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2013 Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013	<ul style="list-style-type: none"> • Hep B, Hep C, HIV have been classified as Group 3 biological agents • In the context of the Sharps Regulations their route of exposure is through inoculation
Identify the potential risks that may arise from exposure to the sharps	<p>Examples (non-exhaustive):</p> <ul style="list-style-type: none"> • Injury – inoculating 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 psychological impact for the employee • Direct/Indirect costs e.g. claims, absenteeism

Step 3 – Assess the Risk

The next step is to:

- (1) Identify and document the existing control measures and
- (2) Assess and rate the risk associated with the hazard taking into account any existing control measures (refer to [HSE Risk Assessment Tool](#))

- The likelihood and impact 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
- Other contributory factors that may increase the likelihood of an incident should also be considered including:
 - 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/service users mental or behavioural capacity e.g. patients/service users who are confused/have needle phobias/special needs or small children
 - The work environment

Based on a consideration of the above factors, a numerical likelihood rating and impact rating should be selected from the Risk Matrix (refer to [HSE Risk Assessment Tool](#)).

Step 4 – Identify any additional control measures required

If the risk is not adequately controlled, further measures must be considered utilising the *hierarchy of controls* outlined below. These controls are set out in descending order of effectiveness.

1. Elimination

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 it is reasonably practicable**

Examples (this list is non-exhaustive):

- Removing the use of sharps and needles where possible e.g. using needle-less intravenous systems
- Eliminating all unnecessary injections
- Eliminating unnecessary sharps such as towel clips

Practical examples may include:

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

2. Substitution/ Engineering controls

When elimination is not possible, the Sharps Regulations require that **the employer must substitute traditional, unprotected medical sharps with safer sharp devices (safety engineering devices) where available and appropriate and it is reasonably practicable to do so.**

Safer sharp devices 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 safer devices are provided, healthcare employees must be trained in their correct use.

The following criteria¹ 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 device, 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 healthcare professional 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 reversible once activated

Note: To ascertain Safety Engineering devices on contract please see "*Cbug User-guide*" available through www.hbspass.ie

¹ European Biosafety Network, (undated), Toolkit for the Implementation of European Directive on Prevention from Sharps Injuries (Council Directive 2010/32/EU) in Member States – accessed June 2019

3. Administrative controls

Work practice controls aim to change the behaviour of workers to reduce exposure to occupational hazards.

Examples include:

- Prohibit needle recapping or resheathing
- Adequate number of easily accessible UN approved sharps bins provided
- Provide the person assembling and closing the sharps bin with manufacturers instruction
- Correct assembly of sharps bin to include signature/date of assembly
- Keep sharps bin in a safe place, out of reach of children, at a height that allows safe disposal and secure position to avoid spillage
- Engaging the temporary safety closure mechanism on sharps bin when not in use
- Display a notice of the procedure for disposal as close as possible to the area where sharps are used or stored
- Establishing a means for the safe handling and disposal of sharps devices before the beginning of a procedure
- Disposing of sharps immediately after use (i.e. at point of care) in designated sharps bin (e.g. attached to a dispensing trolley)
- Ensure that needles are not bent or broken prior to use or disposal
- Dispose of needle and syringes as one unit into specified sharps bin
- Do not carry sharps in the hand; always use a tray or receiver
- Securely closing/tagging/signing of identification label and safely disposing of sharps bin when they are three-quarters full or filled to manufacturers fill line
- Establishing a safe system of work to deal with accidental sharps spillages
- Establishing a system of work for healthcare professionals generating sharps waste when undertaking domiciliary visits to include safe assembly, use, storage, temporary closure, final closure and return to healthcare facility
- Where healthcare facilities accept sharps bins from their clients or clients not known to their service, ensure a safe system of work is in place and communicated to all relevant employees and service users to include information on safe assembly, use, storage, temporary closure, final closure and return to healthcare facility
- Always use standard precautions

Policies and practices which aim to limit exposure to the hazard include:

- Ensuring health and safety responsibilities of all employees are clear, well-co-ordinated and adequately resourced to include identification of named persons with responsibility for safe assembly, securely closing and tagging of sharps bins
- Ensuring that when full, sharps bins are stored in a designated locked area waiting collection/disposal
- Establishment of a sharps injury prevention committee with accountability to the Health and Safety Committee or equivalent (See Part A, Appendix I)
- Having a procedure in place for the treatment and follow-up for employees who have sustained a sharps injury (www.emitoolkit.ie)
- Ensuring there is reference to sharps injury prevention in infection, prevention and control and procurement policies
- Replacement of all unsafe devices with safer sharp devices (safety engineered devices) where available and appropriate and it is reasonably practicable to do so
- Implementation of safe systems of work to include high risk areas such as theatres, obstetrics and emergency care
- Provision of consistent information and training that includes: safe systems of work; correct use and disposal of sharps; the use of safety engineered medical devices incorporating sharps protection

<p>mechanisms; measures to be taken in the event of a sharps injury; and how to use personal protective equipment (PPE) provided</p> <ul style="list-style-type: none"> • Promotion of a no-blame culture with emphasis on safety at work as a priority • Incident reporting procedures and reviews that include feedback to employees/employee groups involved • Regular review of incident reports, trends, patterns to identify training • Vaccination programmes and follow up procedures • Implement an audit programme covering the selection, safe handling, use and disposal of sharps
<p>4. Personal Protective Equipment (PPE)</p> <p>When it is identified that the risk cannot be reduced further, suitable PPE (based on risk assessment) must be supplied with appropriate instruction, information and training.</p> <p><i>PPE as the last line of defence provides a barrier between the employee and the hazard.</i></p> <p>Examples include:</p> <ul style="list-style-type: none"> • Single use gloves² • Puncture resistant gloves • Eye goggles • Masks • Visors • Aprons <p>Note: All PPE selected must be worn, stored and maintained appropriately.</p> <p>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% of the blood on the outside of the needle, and the inner glove will remove most of the blood not removed by the outer glove³.</p> <p>For a non-exhaustive list of prompts relevant to the hazard which should be considered in assessing and controlling the risk associated with use of sharps please see Prompt Sheet: Use of Sharps.</p>

2.0 Monitoring and Periodic Review

Once control measures have been introduced, they must be evaluated on a regular basis to assess their effectiveness and ensure they are achieving the desired result. This should be proactive to include sharps audits/workplace inspections, analysing performance indicators to include the number of devices being purchased, and reactive following an incident.

In line with legislation risk assessments must be reviewed where:

- (a) There has been significant change in the matters to which they relate
- (b) There is another reason to believe they are no longer valid

It is best practice and HSE policy, to review risk assessments at least annually.

3.0 Communication and Notification of Risk

Where additional resources are required for the control of a hazard and such resources are not immediately available, the risks associated with the hazard should be incorporated onto the relevant risk register and prioritised for action or notified to the next level. In the interim the risk will continue to be managed and

² WHO (March 2010) Best practices for injections and related procedures toolkit

³ Mast, ST, Woolwine JD and Gerberding JL (Dec 1993). Efficacy of gloves in reducing blood volumes transferred during simulated needle-stick injury. J Infect Dis, pp; 168(6): 1589-92

monitored so far as is reasonably practicable at local level and the relevant manager informed of any changing circumstances⁴.

4.0 Information, Awareness and Training

Information and training covering the following (non-exhaustive list) shall be provided to employees⁵

- The HSE's policy with regard to the prevention of sharps injuries
- Local procedures relating to the monitoring of work practices relating to the safe use of sharps
- Potential risks to health in relation to sharps and blood and body fluid exposures
- Precautions to prevent exposure including, the introduction and safe use of safer devices, standard precautions, safe systems of work, training and instruction on the assembly of sharps bins, the correct use of sharps and sharps protection mechanisms, disposal procedures, the importance of immunisation etc.
- The steps to be taken in the case of an incident to include immediate first aid measures, follow up measures and incident reporting
- 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 include Occupational Health/ Employee Assistance Counselling Services
- Any other information, education and/or training identified through an assessment of training needs, which includes the risk assessment, to be necessary

It should be noted that Section 10 of the [Safety, Health and Welfare at Work Act, 2005](#) requires training to 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.

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

In line with Section 8.4.5 of this Policy employees must attend training as directed by the Line Manager.

5.0 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 \(2005\) Prevention of Transmission of Blood-Borne Diseases in the Health-Care Setting](#), (Chapter 4, page 21) issued by the Department of Health states that:

⁴ HSE, (2017), Integrated Risk Management Policy (Part 3, Managing and Monitoring Risk Registers) – Guidance for Managers 2017

⁵ Safety, Health and Welfare at Work Act 2005 contain important provisions relevant to this section of the Policy -Sections 8 (General Duties), 9 (Information for Employees), 10 (Instruction, Training and Supervision), 11 (Emergencies and Serious Imminent Dangers) and 13 (Duties of Employee)

“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 Exposure Prone Procedures (EPPs), testing should also include anti-HBc and HBsAg. Susceptible employees should be vaccinated for their own protection.”

[The Immunisation Guidelines for Ireland](#), (2015) identifies⁶ 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
- Employees 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 by Occupational Health and should be kept confidential and in line with GDPR.

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.

6.0 Incident Management

All incidents must be reported in accordance with the [HSE Incident Management Framework](#) as soon as is practicable after a sharps injury occurs and no later than one working day after the incident. This will ensure that the injured employee receives the appropriate care and the incident can be reviewed. The purpose of review is to find out what happened, why it happened and what learning can be gained in order to minimise the risk of a similar incident occurring in the future. The review and analysis of incidents should therefore be viewed as a key tool in relation to quality improvement in the prevention and management of sharps injuries'. All incidents must be reported to the State Claims Agency via National Incident Management System (NIMS).

Each service is also required to have a system in place to 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 Healthcare Worker (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

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.

⁶ Immunisation Guidelines for Ireland are updated online at <https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>

7.0 Post Incident Response and Follow up

Each service is required to have a local procedure in place to ensure employees who have sustained a sharps injury have access to treatment and follow up. The arrangements must be robust enough to account for employees who work out-of-hours or away from their base. 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
- Access to Employee Support Services, e.g. Occupational Health/Employee Assistance Counselling Services
- Address confidentiality issues which may arise for the injured employee

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. These guidelines can be found at www.emitoolkit.ie.

8.0 Roles & Responsibilities

8.1 Chief Executive Officer (CEO)

The CEO has overarching responsibility to ensure, so far as is reasonably practicable the safety, health and welfare at work of all employees and others affected by HSE activities by:

- 8.1.1 Ensuring that arrangements are in place for identifying, evaluating and managing the risks associated with sharps injuries
- 8.1.2 Ensuring compliance with this Policy
- 8.1.3 Ensuring the National Procurement process is adhered to and takes account of the need to procure medical devices that help minimise the risk of sharps incidents and incorporate safety-engineered sharps protection mechanisms⁷
- 8.1.4 Delegating operational responsibility for the day-to-day discharge of statutory duties under the Safety, Health and Welfare at Work Act, 2005 to the Executive Management Team, Senior Management Team, Extended Senior Management Team, Senior Managers and Line Managers for all matters within their control

8.2 Local Senior Managers e.g. Hospital GM/CEO, Heads of Service, Directors of Nursing are responsible for:

- 8.2.1 Ensuring that all employees are aware of this Policy
- 8.2.2 Ensuring that risk assessments are undertaken, regularly reviewed, communicated, in a written format and form part of the site or service safety statement

⁷ Under the sharps regulations 2014 the duty to provide such devices applies where those mechanisms are available and appropriate.

- 8.2.3 Where the results of the risk assessment reveal a risk of injury and/or infection from sharps, ensuring that appropriate control measures⁸, procedures and safe systems of work are in place to eliminate or minimise the risk
- 8.2.4 With regard to the purchase of Sharps⁹, ensuring safety engineering devices are procured so far as is reasonably practicable
- 8.2.5 Ensuring that employees are provided with appropriate information, instruction and training
- 8.2.6 Ensuring that incidents involving sharps are managed in line with [HSE Incident Management Framework](#) and ensure that remedial measures identified through incident reviews are promptly implemented
- 8.2.7 Monitoring and reviewing the effectiveness of preventative procedures and measures
- 8.2.8 Ensuring that the prevention of sharp injuries becomes a standing item on Safety Committees (or equivalent) and Sharps Injury Prevention Sub-Groups are established as appropriate (Part A, Appendix I)
- 8.2.9 Ensuring that employees receive health surveillance as appropriate¹⁰
- 8.2.10 Auditing the implementation of this Policy

8.3 Line Managers e.g. Clinical Directors, Ward Managers, Department Managers, Service Managers, Person in Charge (Responsible Persons):

General responsibilities of Line Managers are documented in the local Site or Service Safety Statement and hence are not reproduced here (refer to said document for further information). However, the integral role of the Line Manager in assessing and reducing the risk from sharps in day-to-day clinical procedures and processes is emphasised by:

- 8.3.1 Ensuring that a sharps risk assessment is completed and appropriate measures put in place to eliminate, control or minimise the risk
- 8.3.2 Conducting a dynamic¹¹ risk assessment for each patient and procedure to ensure that any risks from sharps arising during clinical procedures are adequately assessed and controlled
- 8.3.3 Implementing, monitoring and reviewing practices, procedures, control measures, risk assessment and findings of incident reviews as are necessary to avoid or reduce to the lowest level reasonably practicable the risk of sharps injury
- 8.3.4 Adhering to the requirements of the Sharps Regulations when determining the most appropriate control measures (refer to step 4 of the Risk Assessment process)

⁸ Refer to Step 4 of the HSE Policy on the Prevention of Sharps Injuries

⁹ Refer to definition, Appendix IV, Part B

¹⁰ Safety, Health and Welfare at Work Act 2005 (Section 22) and Safety, Health & Welfare at Work (Biological Agents) Regulations 2013 (Regulation 12)

¹¹ An undocumented continuous process of identifying hazards and the associated risks and taking steps to eliminate or reduce the risk in a rapidly changing environment

- 8.3.5 Ensuring employees are provided with appropriate information and instruction, have access to and are facilitated to attend training based on an assessment of training needs and retention of accurate training records

8.4 Employees are responsible for:

- 8.4.1 Taking reasonable care to protect their safety, health and welfare and that of others
- 8.4.2 Adhering to and apply this Policy, local procedures and safe systems of work and any associated risk assessments and risk controls
- 8.4.3 Working in a safe and responsible manner and co-operate with their Line Manager
- 8.4.4 Co-operating in the regular review of risk assessments and control measures
- 8.4.5 Attending relevant training as appropriate
- 8.4.6 Reporting any defects in equipment or the place of work and any unsafe systems of work to the Line Manager
- 8.4.7 Reporting incidents to the Line Manager in accordance with the [HSE Incident Management Framework](#)¹²

8.5 HBS Procurement

HBS Procurement work with services to support supply arrangements for identified needs and engage with the market to deliver the best approach to contracted service requirements. In this regard HBS Procurement is available to support services with the introduction/substitution of contracted products, which incorporate safety-engineered sharps protection mechanisms.

9.0 Appendices

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

¹² HSE, Incident Management Framework

Appendix I

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 reviewed appropriately as per HSE Incident Management Policies and Guidelines
- Monitor incident trends related to sharps injuries
- To advise and inform the Safety Committee (or equivalent) on recommendations arising out of reviews and trend monitoring, etc.
- Arrange for the implementation of recommendations of reviews 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 has 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:

- Hospital/Service Manager
- Occupational Health Professional
- Health and Safety Professional
- Infection, Prevention and Control Specialists
- Ad hoc members may include representation from Quality Patient Safety, Medical Device Specialists and Procurement.

5 Sample Agenda¹³

- Review of data on sharps injuries to include analysis of NIMS data, complaints data to identify any related themes or trends
- Review of the risk register, QIPs, etc.
- Update on principles arising from particular incident reviews
- Information/awareness-raising on preventing and managing 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. Hospital/Service Manager.

8 Circulation of Documents

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

9 Secretariat

To be agreed.

Note: In smaller facilities the role and function may be incorporated into the Safety Committee or equivalent.

¹³ European Biosafety Network, (undated). Toolkit for the Implementation of European Directive on Prevention from Sharps Injuries (Council Directive 2010/32/EU) in Member States - accessed June 2019

PART B:

1.0 Initiation

1.1 Purpose

The purpose of this Policy is to provide Managers with a framework for the effective safe management of sharps and prevention of sharps injuries which builds on existing health and safety legislation to provide:

- A safe working environment
- Safe work equipment and
- Information, instruction and training on safe systems of work.

Note: This Policy supersedes the HSE Policy on the Prevention of Sharps Injuries 2020 (HSP:005:01) and must be implemented with immediate effect.

1.2 Policy Statement

- It is the policy of the Health Service Executive to ensure so far as reasonably practicable, the safety, health and welfare of its employees and others who may be affected by its work activities
- The HSE acknowledges that some employees through their work activities are exposed to sharps. More than one million sharps injuries are estimated to occur in the European Union each year¹⁴. Sharps injuries can occur in any healthcare setting, including non-hospital setting such as home care visits, long-term care facilities, emergency ambulance setting
- Sharps injuries in healthcare settings may result in the transmission of blood borne viruses (BBV) such as Hepatitis B (HBV), Hepatitis C (HCV) or Human Immune Deficiency Virus (HIV). Fortunately while the majority of sharps injuries do not lead to infections, the effects of the injury and anxiety about its potential consequences, including the side effects of post exposure prophylaxis can have a significant impact on injured healthcare worker¹⁵. Since the introduction of the "[European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations 2014](#)" there is evidence that although there is a decline in injuries to clinical staff, there has not been a corresponding decline in injuries to cleaning and housekeeping staff¹⁶
- The introduction of safety engineering devices and education and training of staff in their use can significantly reduce sharps injuries and thus reduce BBV exposure risk in staff¹⁷
- The risk of transmission of blood borne viruses is greater from the patient to the healthcare worker than vice versa. Occupational risk of transmission arises from possible exposure to contaminated blood or other bodily fluids from an infected patient¹⁸
- In compliance with the [European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations 2014](#), where the results of a sharps risk assessment reveal a risk of exposure to an employee the HSE is committed to eliminating the risk in so far as is reasonably practicable

¹⁴ HSA, (2014) Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014.

¹⁵ National Health and Medical Research Council (NHMRC), (2019), Australian Guidelines for the Prevention and Control of Infection in Healthcare

¹⁶ European Federation of Public Service Union (EPSU), HOSPEEM, 2019: Follow up on the directive 2010/32/EU on the prevention from sharps injuries in the hospital and healthcare sector

¹⁷ Grimmond T. (2019) Occupational Medicine, UK Safety Engineering device uses: changes since the 2013 sharps regulations , doi:10.1093/occmed/kqz087

¹⁸ HSE, UK, (undated), Risk to Healthcare Workers – Accessed Sept 2019 available at <http://www.hse.gov.uk/biosafety/blood-borne-viruses/risk-healthcare-workers.htm>

- 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, health and wellbeing of employees and those affected by HSE activities so far as is reasonably practicable

1.3 Scope

- 1.3.1** 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 where their work activities may involve the risk of exposure to a sharps injury and/or subsequent infection.

In line with the HSE Code of Governance (2015) Section 38 and Section 39 Agencies are to adopt this Policy or develop a Policy of their own which is consistent with this Policy and provide an assurance to the HSE regarding same.

1.3.2 Out of Scope

This Policy does not apply to employees to whom there is no risk of exposure to a sharps injury and/or subsequent infection.

1.4 Objective

- To outline the clear roles and responsibilities of all responsible persons
- To ensure the safe management of sharps is incorporated into the risk assessment process
- To provide advice and guidance on risk reduction measures and evidence based practice which will minimise the risks associated with the use of sharps
- To outline the requirements for incident reporting, follow up and care of the injured employee

1.5 Outcomes

- A safer working environment for employees and others who fall under the scope of this Policy and reduce the risk of sharp injuries and exposure to blood borne viruses (BBVs)
- Clear roles and responsibilities of responsible persons are clearly outlined as part of this Policy
- The safe management of sharps is incorporated into the risk assessment process
- There is clear guidance on risk reduction measures and evidence based practice which will minimise the risks associated with the use of sharps
- Requirements for incident reporting, follow up and care of the injured employee are clearly outlined in this Policy

1.6 Policy Development Group

Members of the Sharps Policy Development Group can be found in Part B, Appendix II of this Policy. Conflict of Interest Declaration Forms were signed by members of the Policy Development Group and are retained on file by the National Health and Safety Function (NHSF), Policy Team.

1.7 Policy Governance Group

Members of the Policy Governance Group can be found in Part B, Appendix III of this Policy.

1.8 Supporting Evidence

1.8.1 The following legislation is pertinent and was referred to during the development of this Policy:

- European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations, 2014
- Safety, Health and Welfare at Work Act, 2005
- Safety, Health and Welfare at Work (General Application) Regulations, 2007
- Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013
- Non-Fatal Offences against the Persons Act, 1997

1.8.2 Related PPPGs

The [HSE Policy on the Management of Biological Agents in the Healthcare Sector](#)

1.9 Glossary of Terms/Definitions/Abbreviations

Refer to Part B, Appendix IV.

2.0 Development of PPPG

2.1 Literature Review Question

The objective of the literature review was to determine the legal requirements, establish current evidence and best practice in relation to the prevention of sharps injuries.

2.2 Literature Search Strategy

A literature review was undertaken by the Policy Development Working Group. The search terms used were “sharps regulations”, “safety engineered devices”, “sharps injuries”, “hierarchy of controls”, “managing the risks of sharps injuries”. Search dates were confined to 2005-2019.

Websites accessed included the following: HSA.ie, HSE UK, HOSPEEM, NHS Employers, Public Health. The literature accessed was predominately articles, commentaries or health organisation policies or guidance.

2.3 Method of appraising evidence

The process outlined in this document is based on a review of the relevant legislation, codes of practice and relevant publications as documented in section 1.8 and Section 8.0.

The following questions were considered and documented:

- The legislative requirements under the sharps regulations
- Definition of sharps
- The risk of infection to healthcare workers from sharps injuries
- The control measures to be taken to prevent sharps injuries

Information which was deemed relevant for the purpose of developing this Policy was extracted from these sources by the Policy Development Working Group, and then discussed at the working group meetings to ensure that the guidance selected was appropriate for use in various settings throughout the Irish Health and Social Care Setting.

2.4 Recommendations

The Policy Development Working Group reviewed the results from the literature review in relation to the prevention of sharps injuries. The evidence supported the objectives as outlined in Section 1.4

Key recommendations from the literature review are to:

1. Adopt the definition for Sharps as per the [Guide to the European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations, 2014](#)
2. Develop a national policy to support implementation of the [Guide to the European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations, 2014](#)

These recommendations informed the revision of this Policy as set out in Part A of this document.

2.5 Resources necessary to implement the PPPG Recommendations

This Policy revision requires Service Managers to review existing practices and procedures to ensure they are aligned with the requirements as set out in this Policy.

3.0 Governance and Approval

Formal governance for this Policy is provided by the National Director of Human Resources (see Part B, Appendix III). The PPPG Checklist for developing Non-Clinical PPPGs was signed prior to approval and is retained on file by the NHSF, Policy Team.

4.0 Communication and Dissemination

The Policy will be disseminated by the National HR Directorate for immediate implementation by relevant services, in line with the agreed HSE protocol and is available on <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/?pageNumber=1>.

5.0 Implementation

- 5.1 Managers (Responsible Persons) are responsible for implementation of this Policy to include the identification of responsible person(s), specifying the necessary actions and timeframes for implementation within their areas of responsibility

5.2 Education & Training

To support implementation of this Policy, any queries and or requests for training can be made through the National Health and Safety Function, Helpdesk <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/health-and-safety-helpdesk.html>

6.0 Monitoring, Audit and Evaluation

- 6.1 Managers are required to monitor and audit the implementation of this guideline within their area of responsibility using the checklist in Part B, Appendix V and maintain evidence of same
- 6.2 Implementation of this Policy shall be audited periodically at national level and by the National Health and Safety Function

7.0 Revision/Update

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

8.0 References

General

- [HSA, \(2014\), Guide to the European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations 2014](#)
- Mast, ST, Woolwine, JD and Gerberding JL, (Dec 1993). Efficacy of gloves in reducing blood volumes transferred during simulated needle-stick injury. J Infect Dis, pp; 168(6): 1589-92
- [HSE, \(2017\), Integrated Risk Management Policy \(Part 3, Managing and Monitoring Risk Registers – Guidance for Managers 2017](#)
- [HSE, Incident Management Framework](#)
- [Health Protection Surveillance Centre \(HPSC\), \(Sept 2012, updated 2016, undated 2018\), 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 bloodborne viruses and other infectious diseases](#)
- European Biosafety Network, (undated), Toolkit for the Implementation of European Directive on Prevention from Sharps Injuries (Council Directive 2010/32/EU) in Member States – accessed June 2019
- [National Health & Medical Research Council \(NHMRC\), \(2019\), Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)
- European Federation of Public Service Unions (EPSU), HOSPEEM, (2019): Follow up on the directive 2010/32/EU on the prevention from sharps injuries in the hospital and healthcare sector
- HSE, UK (undated), Risk to Healthcare Workers – accessed September 2019 available at <http://www.hse.gov.uk/biosafety/blood-borne-viruses/risk-healthcare-workers.htm>
- Grimmond T, (2019), Occupational Medicine, UK Safety Engineering device uses: changes since the 2013 sharps regulations, doi:10.1093/occmed/kqz087
- State Claims Agency (SCA), (July 2020) Risk Research Series, Report 02: Needle-stick and Sharps – A 10-year review of incidents and claims across the health and social care sector (2010-2019) <https://stateclaims.ie/uploads/publications/State-Claims-Agency-Risk-Research-Series-Report-02-Needle-sticks-and-Sharps.pdf>

9.0 Appendices

Appendix I	Signature Sheet
Appendix II	Membership of the Policy Development Group
Appendix III	Membership of Policy Approval Governance Group
Appendix IV	Glossary of Terms/Definitions/Abbreviations
Appendix V	Checklist for the implementation of the HSE Policy on the Management of Sharps and Prevention of Sharps Injuries, 2020

Appendix I

Signature Sheet

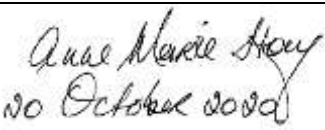

I have read, understand and agree to adhere to this Policy:

Print Name	Signature	Area of Work	Date

Appendix II Membership of the Policy Development Group

Bríd Cooney, National Health and Safety Advisor (Policy Team)
Julie Keegan, National Health and Safety Advisor, (Training Team)
Emma Naughton, Health and Safety Officer, CHO2
Anne-Marie Howard, Occupational Health Nurse Specialist, HSE South SE
Sean Power, HBS Procurement
Dorothy Hanly, Chairperson of the NPDC
Mary McKenna, Infection, Prevention and Control Assistant Director of Nursing, HPSC
Elaine Sheridan, Health and Safety Admin Support
Chairperson: Ms. Margo Leddy, National Health and Safety Manager (Policy Team)

Appendix III Membership of the Policy Approval Governance Group

Anne Marie Hoey, National Director HR	 20 October 2020
Nicholas Parkinson, Head of National Health and Safety Function	 05/11/2020

Appendix IV Glossary of Terms/Definitions/Abbreviations

Agency	<p>A business or other organisation providing a specific service. (Collins Dictionary 2000) (para. 4.3 refers)</p> <p><i>Ref: HSE, Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others</i></p>
Contractor	<p>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</p> <p><i>Ref: HSE, Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others</i></p>
Contributory Factors	<p>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</p> <p><i>Ref: HSE, Incident Management Framework - Guidance</i></p>
Dynamic Risk Assessment	<p>An undocumented continuous process of identifying hazards and the associated risks and taking steps to eliminate or reduce the risk in a rapidly changing environment</p>
Employee	<p>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</p> <p><i>Ref: Safety, Health and Welfare at Work Act 2005</i></p>
Employer	<p>In relation to an employee:</p> <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 <p><i>Ref: Safety, Health and Welfare at Work Act 2005</i></p>
Exposure Prone Procedures (EPPs)	<p>Any situation where there is a potential risk of transmission of blood borne diseases from the Healthcare worker to the patient during medical or dental procedures</p> <p><i>Ref: Dept. of Health “The Prevention of Transmission of Blood-Borne diseases in the Health-care Setting 2005</i></p>
Hierarchy of Control	<p>In order of effectiveness, the measures used to avoid, eliminate and reduce risks</p> <p><i>Ref: Derived from the Safety, Health and Welfare at Work Act 2005, Schedule 3 – General Principles of Prevention. Refer to Act 2005 for Information</i></p>

Incident	<p>An event or circumstance which could have, or did lead to unintended and/or unnecessary harm. Incidents include adverse events which result in harm; near-misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention; and staff or service user complaints which are associated with harm. Incidents can be clinical or non-clinical and include Incidents associated with harm to:</p> <ul style="list-style-type: none"> - patients, service users, staff and visitors - the attainment of HSE objectives - ICT systems - data security e.g. data protection breaches - the environment <p>Ref: HSE, Incident Management Framework - Guidance</p>
Person in Charge	<p>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”</p>
Safety Engineered Devices	<p>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 employees to activate) and passive (deploy automatically)</p> <p>Ref: European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014</p>
Sharps	<p>Objects or instruments necessary for the exercise of specific healthcare activities, which are able to cut, prick, cause injury and/or infection. 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</p> <p>Ref: European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014</p> <p>Ref: HSA, 2014. Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014.</p>
Sharps Injury Prevention Sub-Group	<p>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</p>
Temporary Employee	<p>An employee who is assigned by a Temporary Employment Business to work for and under the control of another undertaking availing of the employee’s services (SHWW Act 2005). These employees are generally known as Agency Staff</p> <p>Ref: HSE, Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others</p>

Abbreviations

Anti – HBs	Antibody to Hepatitis B surface antigen
Anti –HBc	Antibody to Hepatitis B core antigen
BBV	Blood Borne Virus
EMI	Emergency Management of Injury
EPP	Exposure Prone Procedures
EU	European Union
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B
HCV	Hepatitis C
HCW	Healthcare worker
HIV	Human Immunodeficiency Virus
HSE	Health Service Executive
HSA	Health and Safety Authority
PEP	Post Exposure Prophylaxis

Appendix V Checklist for the implementation of the HSE Policy on the Management of Sharps and Prevention of Sharp Injuries, 2022

	Checklist for the implementation of the HSE Policy on the Management of Sharps and Prevention of Sharp Injuries, 2022	Yes	No	NA	Comment
1	Is there a system in place for the appropriate circulation/communication of this Policy to all relevant employees?				
2	Does each relevant department / unit have access to this Policy?				
3	Have sharps risk assessments been completed in line with the risk assessment process as outlined in Part A - Figure 1?				
4	Where the risk is not adequately controlled have additional measures been identified utilising the hierarchy of control outlined in Part A - Step 4?				
5	Have the control measures identified been implemented?				
6	Have control measures been evaluated (proactively and reactively) to determine their effectiveness?				
7	Where identified risks cannot be managed, are they communicated and notified onto the relevant risk register for action?				
8	Has appropriate information, awareness and training been provided based on an assessment of training needs?				
9	Where risk assessment indicates a risk of exposure to a Biological Agent for which there is a safe and effective vaccine, have employees been offered the vaccination in line the Immunisation Guidelines for Ireland ?				
10	Is there a procedure in place for reporting incidents in line with the HSE Incident Management Framework ?				
11	Are reported incidents and complaints analysed regularly to identify learning and support quality improvements?				
12	Is there a system in place to report certain categories of work related sharps injuries to the HSA (reference Part A- Section 6)?				
13	Is there a robust procedure in place to ensure employees who have sustained a sharps injury have access to treatment and follow up?				

Action Plan: Each criterion that scored 'no' must have a comment placed in the comment column – this comment will form the basis of your Quality Improvement Plan (QIP)/Action Plan