



The 2013 UK sharps safety regulations require healthcare facilities to use safety-engineered devices (SEDs) to protect staff. The recent increase in UK-reported occupational exposures could indicate increased reporting or increased exposures from suboptimal SED use” Grimmond (2019).

Abstract:

**BACKGROUND:** The 2013 UK sharps safety regulations require healthcare facilities to use safety-engineered devices (SEDs) to protect staff. The recent increase in UK-reported occupational exposures could indicate increased reporting or increased exposures from suboptimal SED use.

**AIMS:** To ascertain SED use through examination of sharps container contents in a sample of UK hospitals.

**METHODS:** Reusable sharps containers (RSCs) were selected from seven UK hospitals in 2013 and seven different hospitals in 2016. At licensed processing facilities, the operator, wearing protective apparel, decanted RSCs, separated hollow-bore needles (HBNs) from other sharps and enumerated HBNs into capped/uncapped non-SEDs, activated/non-activated/tampered SEDs, and blunt draw-up SEDs. Probability, risk ratios (RRs) and 95% confidence limits (95% CLs) were calculated using WinPepi v2.78.

RESULTS: In 2013 and 2016, respectively, 2545 HBNs were categorized from 22 RSCs versus 2959 HBNs from 33 RSCs; 70% of HBNs were SEDs versus 93% ( $P < 0.001$ ; RR 1.33; CL 1.30-1.37); 32% of activatable HBNs were not activated versus 22% ( $<0.001$ ; 0.67; 0.60-0.76); 41% of HBNs were discarded 'sharp' versus 20% ( $<0.001$ ; 0.48; 0.44-0.52); 25% of HBNs were uncapped needles versus 6% ( $<0.001$ ; 0.22; 0.19-0.26); 5% of HBNs were capped needles versus 1% ( $P > 0.05$ ); and 1% of SEDs were tampered with in both years ( $P > 0.05$ ). Hospital practices varied widely.

CONCLUSIONS: SED use and activation have increased significantly since 2013. Of concern is that in 2016, 22% of SEDs were non-activated and 20% of sharps were discarded 'sharp'. Increased training in SED handling, assiduous adherence to safe sharps work practices and a higher level of individual safety-ownership are indicated.

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### Reference:

Grimmond, T. (2019) UK safety-engineered device use: changes since the 2013 sharps regulations. *Occupational Medicine*. 69(5), p.352-358. doi: 10.1093/occmed/kqz087.

