There is a significant under-reporting of injuries associated with sharps. Sheelagh Brewer outlines the scale of the problem and the ways that risk can be reduced

**KEY WORDS**
- Surveillance
- Sharps injuries
- Risk

---

**Infection Control Focus**

**Risks and effects of sharps injuries**

Nurses face the risk of exposure to blood-borne infections if they suffer a needlestick or other injury from sharp devices such as lancets, scalpels and razors. In order to minimise their risk of contracting viruses such as HIV, hepatitis B and C, or other infections, risk assessment exercises must be undertaken so that safer systems of work can be implemented to protect nurses and other health care professionals.

**Incidence of sharps injuries**

Information on the number and type of sharps injuries is essential so that informed decisions can be taken to reduce the risk.

The RCN began a surveillance project in 2000, which has been conducted across 14 NHS trusts. The college now has data for January to December 2002: 1,445 incidents were analysed and some of the key results are:

- Nurses experienced 41.2 per cent of the incidents, and an additional 3.4 per cent were reported by nursing students;
- 40.5 per cent of incidents occurred in wards and 20.6 per cent in operating theatres;
- In 11.1 per cent of cases, the source patient was not identifiable;
- In 38.4 per cent of cases, the injured person was not the original user of the sharp item;
- Hollow-bore needles were involved in more than 50 per cent of the incidents;
- In 3.3 per cent of incidents, injury occurred while reshieathing a used needle.

This data can be used to identify target areas for implementing safer systems of work. These might include retraining staff to ensure they understand that needles should never be resheathed, or the introduction of safer devices for administering injections.


However, 33 per cent of trusts reported a decrease in the number of injuries as a result of the involvement of infection control and/or occupational health teams in training on safe sharps practice. Some had improved the type and/or location of sharps boxes and 14 per cent reported that they were conducting trials on the use of alternative needles.

The report’s findings highlighted that there is significant under-reporting of accidents generally. It recommended that trusts review and improve their accident-reporting systems.

As a result of the NAO report and a subsequent hearing of the Public Accounts Committee, it is anticipated that new guidance will be produced by the Department of Health later this year.

Scotland has already been active in conducting trials of safer devices and is continuing to explore the issue with further research.

**Reducing risk**

More effort is needed to reduce the risk to nurses. Some of the solutions lie in raising awareness of the risks and in enforcing good practice in, for example, the safe disposal of used needles.

Other solutions involve the use of technology and there is now a wide range of safety devices available that can prevent injury. Although there are financial considerations to be taken into account when purchasing these new devices, there are benefits to be gained.

Not only are there potential savings to be realised from fewer postexposure prophylaxis treatments, but staff are saved the trauma of waiting for test results showing whether they have contracted a disease.

Information on safer products is available from the NHS Purchasing and Supply Agency website at: www.pasa.doh.gov.uk/medicalandsurgical/needlestick

Current health and safety legislation already requires employers to carry out a risk assessment where people are exposed to hazardous substances, and to prevent or control the risk.

Laura Moffatt MP recently introduced a bill in the House of Commons to introduce specific legislation on needlestick injury. The bill aims to enhance protection from needlestick injury by requiring incidents to be reported and results published, and through the establishment of standards in the supply and use of equipment.

Similar legislation was passed in the USA in 2000, which requires employers to introduce and evaluate safer medical devices and maintain a detailed sharps injury log.

**Safer Needles Network**

The Safer Needles Network was formed by a group of key stakeholders, including professional organisations, trade unions, clinicians and manufacturers.

The aims of the network are to reduce the incidence of needlestick injury by promoting proper surveillance and reporting procedures, the implementation of preventative measures and the adoption of needle protection technology.

Further information on the network can be found on its website: www.needlestickforum.net

---

**References**


---

**Sheelagh Brewer, BA, CIPD,** is senior employment relations adviser, Royal College of Nursing, London