A ‘NEAR MISS’ NEEDLESTICK INJURY (NSI) prompted a question to the College Management in Practice Programme Q&A section recently (Forum, March 2013, page 29). The answer provided a link to the HSA information sheet Prevention of Sharps Injuries in Healthcare, which makes reference to a new EU directive on prevention of sharps injuries in the healthcare sector.

What is the EU directive on sharps?
The EU directive aims to prevent injuries and blood borne infections to hospital and healthcare workers from sharp objects, such as needlesticks.1 Member states had three years from when it was issued on May 10, 2010 to transpose it into national legislation and the directive will become legally binding this month, on May 11. It aims to:

- Achieve the safest possible working environment
- Prevent workers’ injuries caused by all medical sharps (including NSI)
- Protect workers at risk
- Set up an integrated approach to establishing policies in risk assessment, risk prevention, training, information, awareness raising and monitoring
- Put in place response and follow up procedures.

The directive is necessary to highlight the risk of transmission of blood borne viruses, which can be related to bad practice and old techniques. Some GPs and healthcare professionals still use a needle and syringe for phlebotomy and this confers an increased risk of NSI. A 2010 study found that while GPs possess an adequate level of awareness about the risk of NSI both to themselves and others, there was a definite disparity between the recommended ICGP guidelines and daily practices, and some GPs were engaging in high risk behaviours such as recapping needles.2

The use of an approved safety engineered device, such as a Vacutainer blood collection needle with a pre-attached holder, offers a simple effective way to collect blood while reducing accidental NSI. GPs should use the safety engineered devices provided for blood collection and ensure their safe disposal.

Health and safety implications
The GP as an employer under 2005 health and safety legislation must ensure the safety, health and welfare of all employees and provide a safe working environment. Health and safety statements and protocols in the practice will need to be updated to include essential parts of the legislation. The employee should recognise under 1989 legislation that there is a potential risk associated in any phlebotomy procedure and take all reasonable precautions to protect against this risk. This means using the safety engineered devices provided for blood collection and ensuring their safe disposal.

Employer liability
By immediately banning recapping of needles and providing safety engineered devices and enforcing their use, GPs as employers will have minimised any liability as individual healthcare professionals remain accountable for their actions. When performing phlebotomy they have a duty of care for their own safety and that of all patients and staff in the practice, and must therefore comply with the new legislation and follow national guidelines.

Cost implications
The provision of phlebotomy services continues to incur considerable cost to general practice. While arrangements may differ around the country, safety engineered devices for blood collection should be available free of charge to the practice from most public hospital laboratory stores.

Training and education
Practice managers should consult with doctors, nurses and phlebotomists in the practice on the choice and uses of safety engineered devices and identify the best device for the use of blood collection. Training should be provided if needed on the use of safety engineered devices, consultation should also include information and the raising of awareness.

The European Biosafety Network has also published guidance on the implementation of the directive including a practical toolkit for implementation which can be downloaded see www.europeanbiosafetynetwork.eu

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References
2. O’Keeffe E. Through the Eye of a Needle: A Closer Look at Needlestick Injuries in General Practice. NUI Galway. Western General Practice Training Programme, 2010