

An NHS Resolution learning resource

Did you know?

Preventing needlestick injuries

Advise / Resolve / Learn

2,600 claims for needlestick injuries were received by NHS Resolution with incident dates between 2012 - 2022 (fiscal years).

Of these, there were 1,947 successful claims which cost the NHS £10,799,616 (total damages paid plus legal costs). The total cost for this time period could be higher as 167 claims remain open.



Successful claims were received from ancillary workers (including cleaners, porters, laundry and maintenance staff) – employees exposed to sharps



432

Successful claims by clinical staff





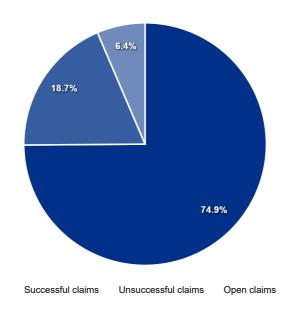
There are hidden costs of harm and money to the NHS and its staff:

- Unpleasant and debilitating side effects of antiviral drugs causing suffering to employees and their families;
- Backfill for sickness as a result of the incident
- Resources for investigations

The harm and cost are largely avoidable

Most needlestick injuries can be prevented, and there are legal requirements on employers to take steps to prevent healthcare staff being exposed to infectious agents from sharps injuries (<u>Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 [https://www.hse.gov.uk/pubns/hsis7.htm]</u>).

Breakdown of needlestick injury claims outcomes 2012-2022



Did you know?

The two top types of injury claims coding are: psychiatric and orthopaedic (for example, soft tissue trauma to arm/foot/hand).

Did you know?

People suffer stress and fear while waiting (sometimes for months) for results of potential transmission of blood-borne viruses whilst receiving post-exposure prophylaxis treatment.

Themes

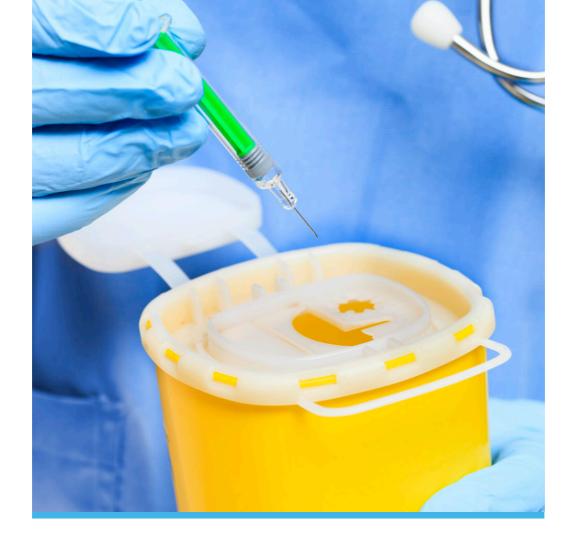
Causes

- Non-compliance with standard infection control precautions
- Inadequate disposal of clinical waste
- Overfull sharps bins
- Not using safer sharps
- Not using Personal Protective equipment

Non-compliance with:

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

By failing to prevent needle stick injuries, trusts can be found to be in breach of regulations, which could result in notices of contravention. You may also find your organisation facing costly legal claims.



All employers are required under existing health and safety law to ensure that risk of sharps injuries from needles are adequately assessed, and that appropriate preventative and control measures are in place. The Sharps Regulations build on the existing law and provide specific detail on requirements that must be taken by healthcare employers and their contractors.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

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Advice and resources

What could you do?

- Employee training: Check training on correct disposal procedures is up-to-date
- Review your organisation's procurement of safer sharps versus conventional sharps
- Consider why you are not using safer sharps, is this habit or lack of awareness?
- Check training is implemented on the use of safer sharps

- Review your organisation's claims for needlestick injuries, costs and hidden costs any extra cost of safer sharps is likely to reduce harm and the cost of legal claims
- In addition to the requirements of the 2013 regulations, assess other factors which increase sharps injury risk including fatigue, poorly lit environments, staff shortages, wearing of additional PPE, and lack of space and put measures in place to reduce the risk of harm

See guidance on sharps safety:

- 1. Health and Safety Executive **Sharps injuries** [https://www.hse.gov.uk/healthservices/needlesticks/]
- 2. Royal College of Nursing **Sharps safety** [https://www.rcn.org.uk/Professional-Development/publications/rcn-sharps-safety-uk-pub-010-596]
- 3. Royal College of Nursing <u>Blood and Body Fluid Exposures in 2020</u> [
 https://www.rcn.org.uk/Professional-Development/publications/rcn-blood-and-bodily-fluid-exposures-uk-pub-009-687]



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Data inclusion criteria for Liabilities to Third Parties Scheme (LTPS) claims:

Cause code: sharps injury, Injury code: needle stick

Incident dates between 01.04.2012 – 31.03.2022

Data set correct as of 29.11.2022

Please note that this data is accurate at the time of the data analysis (12/2022), more recent data will reflect different data.

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