



National Policy National Procedure National Protocol National Guideline
National Clinical Guideline

HSE NATIONAL POLICY ON THE MANAGEMENT OF SHARPS AND PREVENTION OF SHARP INJURIES 2025

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Description:	<p>The purpose of this Policy is to ensure compliance with the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014 by;</p> <ul style="list-style-type: none">• Clearly stating the HSE's policy in relation to the management of sharps and prevention of sharp injuries.• Establishing organisational responsibilities in relation to the management of sharps and prevention of sharp injuries.• Providing managers and employees with support on how to prevent, identify and manage the risk of exposure to sharps with a focus on hazard identification and risk assessment.• Providing a framework to ensure that safe systems and practices of work, including training, are in place to avert incidents of sharp injuries, and minimise associated risks so far as is reasonably practicable.• Increasing employee awareness on the safe management of sharps and prevention of sharp injuries.• Emphasising the importance of having effective systems for the reporting, recording and reviewing of sharp incidents including the awareness of appropriate staff supports.

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1. Planning

1.1 Policy Statement

It is the policy of the Health Service Executive (HSE) to ensure so far as is 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 (EU) each year¹. Sharps injuries can occur in any healthcare setting, including non-hospital setting such as home care visits, long-term care facilities, ambulance setting, General Practitioner (GP) settings, assessment hubs and off site healthcare facilities.

Sharps are defined as 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.

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 Immunodeficiency Virus (HIV). 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 the injured healthcare worker².

The risk of transmission of BBV 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 patient³.

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.

Note: The terms patient/service user are used interchangeably throughout this Policy and apply to anyone who accesses the services provided by the HSE.

1.2 Purpose

The purpose of this Policy is to ensure compliance with the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014 (hereafter referred to as Sharps Regulations, 2014) by;

¹ HSA, (2014) Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014.

² National Health and Medical Research Council (NHMRC), (2019), Australian Guidelines for the Prevention and Control of Infection in Healthcare

³ 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>

- 1.2.1. Clearly stating the HSE's policy in relation to the management of sharps and prevention of sharp injuries.
- 1.2.2. Establishing organisational responsibilities in relation to the management of sharps and prevention of sharp injuries.
- 1.2.3. Providing managers and employees with support on how to prevent, identify and manage the risk of exposure to sharps with a focus on hazard identification and risk assessment.
- 1.2.4. Providing a framework to ensure that safe systems and practices of work, including training, are in place to avert incidents of sharp injuries, and minimise associated risks so far as is reasonably practicable.
- 1.2.5. Increasing employee awareness on the safe management of sharps and prevention of sharp injuries.
- 1.2.6. Emphasising the importance of having effective systems for the reporting, recording and reviewing of sharp incidents including the awareness of appropriate staff supports.

1.3 Scope

- 1.3.1. This Policy applies to all HSE staff and others working under the control of the HSE including temporary employees (to include agency staff) and students who through their work activities may be exposed to the risk of sharp injuries.

Section 38 and Section 39 agencies are required to adopt or develop a policy which is consistent with this Policy.

This Policy supersedes the HSE Policy on the Management of Sharps and Prevention of Sharp Injuries, 2022.

1.3.2. Out of Scope

The Policy does not deal with patient care, except in the context of workplace health and safety.

1.4 Objective(s)

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

1.5 Outcome(s)

- 1.5.1 A safer working environment for employees and others who fall under the scope of this Policy by reducing the risk of sharp injuries and exposure to BBVs.
- 1.5.2 A safer environment in which to deliver quality care for service users.

1.6 Disclosure of interests

Members of The Management of Sharps and Prevention of Sharps Injuries Policy Development Group (refer to Appendix 6) have declared no conflict of interest.

Conflict of Interest Declaration Forms are retained on file by the National Health and Safety Function (NHSF), Policy Team in line with General Data Protection Regulation (GDPR) requirements.

1.7 Alignment with HSE national priorities

1.7.1 The Policy is aligned to key requirements of

- [Safety Health and Welfare at Work Act 2005](#)
- [HSE Health Services People Strategy](#)
- [Sláintecare Reform Programme](#)
- [European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations, 2014](#)

1.8 Supporting Evidence

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

- [Safety Health and Welfare at Work Act 2005](#)
- [Safety, Health and Welfare at Work \(General Application\) Regulations, 2007 and associated regulations](#)
- [Safety, Health and Welfare at Work \(Biological Agents\) Regulations, 2013 and 2020](#)

1.8.2 Related HSE Policies and National Clinical Guidelines:

- [HSE Corporate Safety Statement](#)
- [HSE Enterprise Risk Management Policy and Procedures](#)
- [HSE Guidance on Completing Occupational Safety and Health Risk Assessments](#)
- [HSE Incident Management Framework](#)
- [HSE Policy on the Management of Biological Agents in the Healthcare Sector](#)
- [HSE Policy on Statutory Occupational Safety and Health Training](#)
- [Department of Health NCEC National Clinical Guideline No. 30 Infection Prevention and Control](#)
- [Guidelines for the Emergency Management of Injuries \(EMI\) and Post-Exposure Prophylaxis \(PEP\)](#)
- [Management of Sharps and Prevention of Sharps Injuries Prompt Sheet](#)

2. Methodology

2.1 Key questions this National Policy addresses

1. The legislative requirements.
2. The definition of “sharps”.
3. The identification of the trends and patterns in published statistics relating to sharp incidents within the healthcare sector nationally and internationally.
4. The identification of the potential health outcomes and risk of infection to healthcare workers exposed to sharps.
5. The identification of the prevalence of underreporting relating to sharps incidents within the healthcare sector.
6. The investigation of the impact of safety engineered protection mechanisms in the reduction of sharps injuries.
7. The establishment of best practice in relation to minimising the risks associated with sharps.

The literature review to include search strategy and supporting evidence can be requested through the NHSF.Policyteam@hse.ie.

2.2 Evidence appraisal

2.2.1 The literature review was constructed by an appraisal and analysis of the relevant legislation, codes of practice and relevant publications. It involved assessing the relevance of evidence based research studies to determine their suitability for inclusion as set out through the scope of the Policy. The Policy Development Group reviewed the findings of the literature review within the context of the Policy and adopted evidence based recommendations as appropriate.

2.2.2 The key recommendations in the Policy are derived from evidence based research and aligned with the [DoH NCEC National Clinical Guideline No. 30 Infection, Prevention and Control](#). The consensus of the Policy Development Group are as follows:

- Adopt the definition for Sharps as per the [Guide to the European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations, 2014](#).
- Develop a national policy to support implementation of the [Guide to the European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations, 2014](#).
- Adopt a risk management strategy as the most effective approach in eliminating and minimising the risks associated with sharps.
- Introduce safety engineered devices (where available and appropriate) combined with training in their safe use, disposal and adherence to safe sharps work practices.
- Provide information, instruction and training to staff on the prevention of sharps injuries and the risk of blood-borne viruses.
- Ensure systems are in place for the management of incidents to enable corrective actions to be implemented.
- Establish a sharps injury prevention programme.

2.3 Copyright

No copyright or permissions were required in relation to this document.

3. Procedure

3.1 Roles and Responsibilities

3.1.1 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 the HSE activities by:

- 3.1.1.1 Ensuring the development of and compliance with this Policy.
- 3.1.1.2 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 mechanisms⁴.
- 3.1.1.3 Delegating operational responsibility for the day-to-day discharge of statutory duties under the [Safety, Health and Welfare at Work Act, 2005](#) to the HSE (National) Senior Leadership Team, Senior Managers, Local Senior Managers and Line Managers for all matters within their control.

3.1.2 Senior Managers

Senior Managers are responsible for:

- 3.1.2.1 Ensuring there are adequate and appropriate arrangements in place for the successful implementation, monitoring, evaluation and audit of this Policy throughout their respective areas of responsibility.
- 3.1.2.2 Ensuring necessary resources are allocated and are available for the implementation of this Policy.
- 3.1.2.3 Integrating performance indicators in relation to implementation of this Policy.

3.1.3 Local Senior Managers

Local Senior Managers are responsible for:

- 3.1.3.1 Ensuring that all employees are aware of and implement this Policy.
- 3.1.3.2 Ensuring that the hazards and risks to employees associated with sharps are identified, and assessed and appropriate measures are put in place to eliminate, control or minimise the risk.
- 3.1.3.3 Ensuring that risk assessments are undertaken, regularly reviewed, communicated in a written format and form part of the local Ancillary Safety Statement.
- 3.1.3.4 Where the results of the risk assessment reveal a risk of injury and/or infection

⁴ Under the Sharps Regulations 2014 the duty to provide such devices applies where those mechanisms are available and appropriate.

from sharps, ensure that appropriate control measures, procedures and safe systems of work are in place to eliminate or minimise the risk.

- 3.1.3.5** Where the risk assessment indicates that there is a risk of exposure to a biological agent for which an effective vaccine exists, ensure vaccines are offered to the employees at risk free of charge (to include agency staff unless addressed through a contractual arrangement).
- 3.1.3.6** Ensuring there is a process in place for the line managers to communicate, notify and escalate risk.
- 3.1.3.7** With regard to the purchase of Sharps, ensuring safety engineered devices are procured so far as is reasonably practicable.
- 3.1.3.8** Ensuring that employees are provided with appropriate information, instruction and training.
- 3.1.3.9** Identifying the resources required to implement this Policy.
- 3.1.3.10** Fulfilling the requirements of the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014 (S.I. No. 135/2014) and the [HSE Incident Management Framework](#) to ensure incidents reported are reviewed and any necessary actions taken to prevent recurrence.
- 3.1.3.11** Ensuring local procedures are in place for employees and others working under the control of the HSE, who have sustained a sharps injury have access to treatment and follow up as per [Guidelines for the Emergency Management of Injuries \(EMI\) and Post-Exposure Prophylaxis \(PEP\)](#). The arrangements must account for employees who work out-of-hours or away from their base. (Refer to section 3.9.1).
- 3.1.3.12** Ensuring that the prevention of sharp injuries becomes a standing item on Safety Committees (or equivalent) and Sharps Injury Prevention Committees as appropriate. (Refer to Appendix 1).
- 3.1.3.13** Ensuring that employees receive health surveillance as appropriate.
- 3.1.3.14** Auditing the implementation of this Policy annually to ensure the Policy is being adhered to and intended outcomes are being achieved. (Refer to Appendix 4).
- 3.1.3.15** Providing assurances through respective governance structures that the Policy is being effectively implemented, monitored and audited.

3.1.4 Line Managers

General responsibilities of line managers are documented in the local Ancillary 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 here:

- 3.1.4.1** Ensuring that adequate and appropriate arrangements are in place to implement, disseminate and communicate this Policy.
- 3.1.4.2** Ensuring that a sharps risk assessment is completed in consultation with employees that reflects the specific work activities of employees and others in the place of work and appropriate measures put in place to eliminate, control or minimise the risk.
- 3.1.4.3** Ensuring that the sharps risk assessment and associated control measures are communicated, monitored, evaluated, reviewed and updated on a regular basis,

at least annually, and in the event of any significant change in the work activity or place of work.

- 3.1.4.4** To utilise Safety Engineered Devices (SEDs) where available and appropriate and it is reasonably practicable to do so.
- 3.1.4.5** Instructing employees to conduct a dynamic risk assessment for each patient and procedure to ensure that any risks from sharps arising during clinical procedures are adequately assessed and controlled.
- 3.1.4.6** 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.
- 3.1.4.7** Adhering to the requirements of the Sharps Regulations, 2014 when determining the most appropriate control measures. (Refer to step 4 of the Risk Assessment process).
- 3.1.4.8** Where it is not possible to complete all actions identified due to resources or other constraints, appropriate actions are required to be communicated in line with local agreed routes and processes for the communication, notification and escalation of risk. In the interim the risk will be required to be managed and monitored so far as is reasonably practicable at local level.
- 3.1.4.9** Monitoring and evaluating the effectiveness of control measures on a regular basis. (Refer to section 3.4).
- 3.1.4.10** Ensuring employees and others covered by the scope of this Policy are provided with appropriate information and instruction, have access to and are facilitated to attend training based on a Training Needs Assessment (TNA) and retention of accurate training records.
- 3.1.4.11** Ensuring employees are adequately supervised until deemed competent in the performance of sharps tasks/procedures.
- 3.1.4.12** Being aware of the range of employee support services available and advise employees of the services/supports available to them.
- 3.1.4.13** To fulfil the requirements of the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014 (S.I. No. 135/2014) and the [HSE Incident Management Framework](#) ensuring incidents reported are reviewed and take any necessary remedial action to prevent recurrence.
- 3.1.4.14** Ensuring that employees read and sign that they have read and understand the Policy.
- 3.1.4.15** Auditing implementation of this Policy for their area of responsibility. (Refer to Appendix 4).

3.1.5 Employees

Employees are responsible for:

- 3.1.5.1** Taking reasonable care of their own safety, health and welfare and that of others.
- 3.1.5.2** Adhering to and apply this Policy, local procedures and safe systems of work and any associated risk assessments and risk controls.
- 3.1.5.3** Undertaking a dynamic risk assessment prior to a sharp task/procedure.

- 3.1.5.4** Working in a safe and responsible manner and co-operate with the employer.
- 3.1.5.5** Co-operating in the regular review of risk assessments and control measures.
- 3.1.5.6** Attending relevant training as appropriate.
- 3.1.5.7** Presenting themselves fit for work⁵. With specific regard to intoxicants, the employee shall: “ensure that he or she is not under the influence of an intoxicant to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person”⁶.
- 3.1.5.8** Not engaging in any improper conduct or behaviour.
- 3.1.5.9** Reporting any defects in equipment or the place of work and any unsafe systems of work to the line manager.
- 3.1.5.10** Reporting incidents to the line manager in accordance with the [HSE Incident Management Framework](#).

3.2 Risk Management

3.2.1 The key steps in the management of sharps and prevention of sharp injuries include:

- Assessing the risk of sharps injuries.
- Utilising the ‘hierarchy of controls’ (refer to Appendix 2), select the most appropriate control(s) commencing with:
 - Eliminating the unnecessary use of sharps by implementing changes in practice on the basis of that assessment.
 - Providing medical devices incorporating safety-engineered sharps protection mechanisms⁷, where those mechanisms are available and appropriate.
 - Banning the practice of recapping of needles⁸.
- Implementing additional controls through safe working procedures and the provision of information and training.
- Conducting dynamic risk assessments (undocumented) 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.
- Having in place arrangements for incident management and follow-up care of the injured employee.
- Communication and consultation through locally established governance arrangements e.g. sharps injury prevention committee with clear terms of reference.

⁵ Fitness to work means that an individual can complete a task safely and without unacceptable risk to themselves, their employing company or a third party. Adapted: (OGP/PIECA 2011 Fitness to Work Guidance for company and contractor health, HSE and HR Professionals)

⁶ Safety, Health and Welfare at Work Act 2005, Section 13(1)(b)

⁷ When elimination is not possible, the Sharps Regulations require that the employer must substitute traditional, unprotected medical sharps with safety engineered devices where available and appropriate and it is reasonably practicable to do so.

⁸ Recapping of needles is permitted where the needles have safety and protection mechanisms and do not pose a risk of injury

3.3 Risk Assessment

- 3.3.1** Prevention of exposure to BBVs is an underlying principle of the Sharps 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 sharps 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.
- 3.3.2** Communication and consultation throughout the risk assessment process is essential and will help achieve better health and safety outcomes.
- 3.3.3** The risk assessment process can be broken down into a number of steps as outlined in Figure 1.

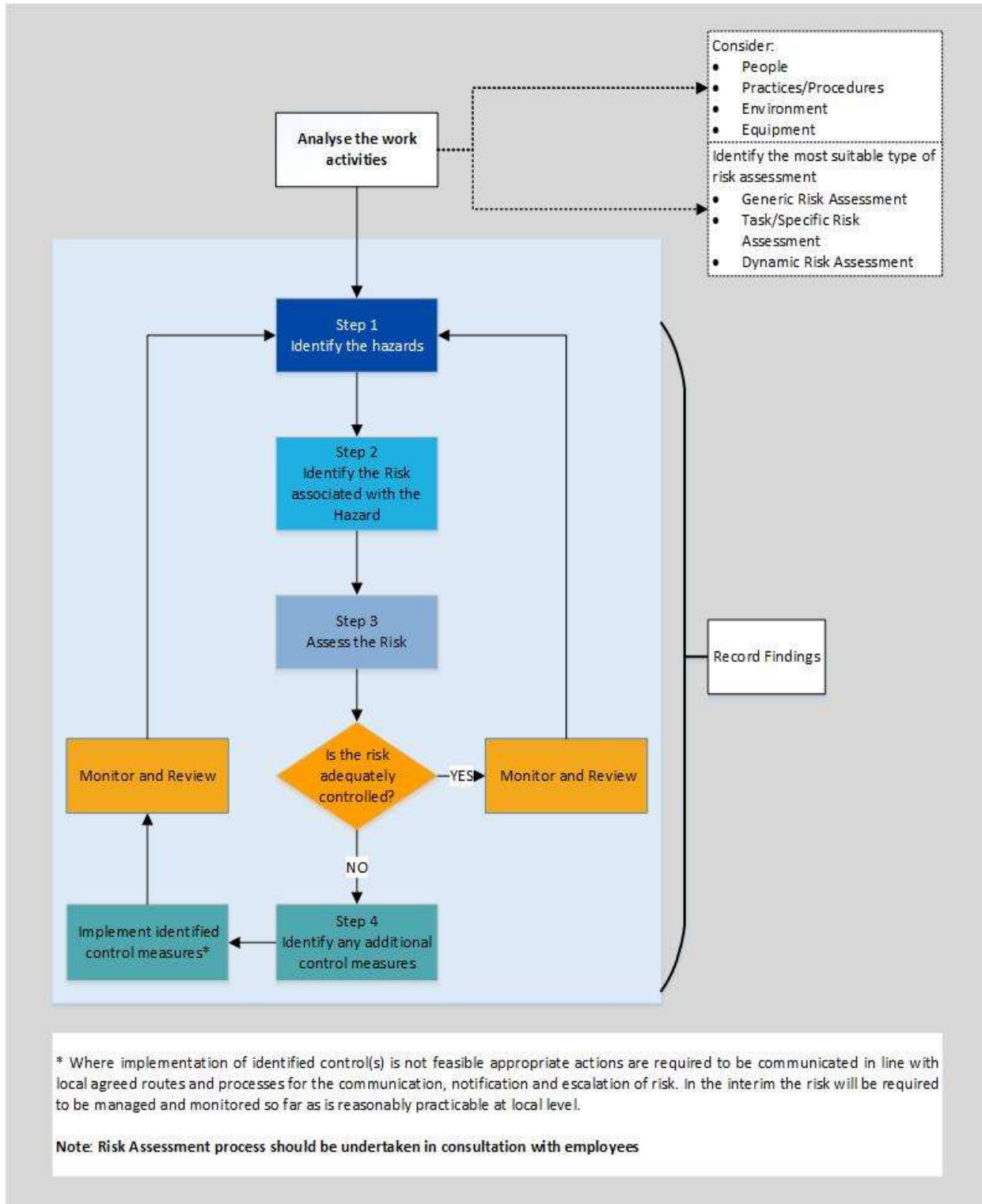


Figure 1 OSH Risk Assessment Process

3.3.3.1 Analyse the work activities

To undertake a risk assessment, it is important to understand what in the workplace could cause harm or potentially could cause harm to employees, considering people, practices/procedures, environment and equipment. The analysis of data will help to understand the current situation. Possible sources include the following:

Table 1: Existing sources of data

Data	Considerations
Sharps Audits	Review findings from sharps audits.
Sharp Incident Reports (National Incident Management System (NIMS))	<p>Review work practices; sharps in use; who was harmed and how the injury occurred.</p> <p>Review data to identify learning points from incidents investigations.</p> <p>Note: There is often under reporting of sharps injuries in organisations, therefore figures should be treated with caution.</p>
Consult with relevant personnel e.g. Infection Prevention and Control/ Occ. Health/Health and Safety/Risk Management	To identify any current issues or concerns.
Consult with relevant committees e.g. Sharps Injury Prevention Committee, Safety Committee	To identify any current issues or concerns.

3.3.3.2 Risk Assessment Steps

Table 2: Sharps Risk Assessment Steps

Step 1 - Identify the hazard	
All sharps with the potential to lead to the risk of injury and/or infection and/or transmission of BBVs and/or an associated psychological impact to the injured person are considered hazardous.	
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.	<p>Examples (non-exhaustive):</p> <ul style="list-style-type: none"> • Clinical procedures such as phlebotomy, intravenous cannulation, vaccination, intra muscular injections, acupuncture, surgical procedures, administration of anaesthetic, tooth extraction. • Support services including cleaning, housekeeping, portering, caretaking, laundry, medical decontamination/central sterile services departments. • Diagnostic and laboratory work. • Mortuary work. • Patients use of own insulin pens.
Consider the work environment and working conditions where sharps are used, stored and disposed of.	<p>Examples (non-exhaustive):</p> <ul style="list-style-type: none"> • Overcrowded conditions, fatigue, stress and emergency situations could increase the risk of sharp injuries. • Consider the safe management of sharps containers (e.g. location, wall mounted, temporary closure mechanism, filled as per manufacture's fill line). • Consider the availability and proximity of sharps containers. • Consider the availability of personal protective equipment (PPE) and safety engineered devices.
Consider the nature of the work involved.	Does the work activity increase the risk of a sharps injury occurring? e.g. invasive procedures, unpredictable patient reactions, decontamination of reusable invasive medical devices.
Consider the knowledge and experience of employees.	Employees who have not received training and information on safe work practices, equipment or new and inexperienced employees, may be at greater risk.

<p>Consider the employees who are directly involved and others who may be affected by the work activity/task being undertaken.</p>	<p>These employees include (non-exhaustive):</p> <ul style="list-style-type: none"> • Doctors, nurses, dentists, phlebotomists, vaccinators, physiotherapists, ambulance personnel and laboratory technicians. • Healthcare assistants, pharmacists, cleaning staff, catering staff, housekeeping, kitchen staff 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.
<p>Consider the type of equipment in use as this may present a higher risk from a sharps injury.</p> <p>Note:The DoH NCEC National Clinical Guidelines detail “Hollow bore needles are of particular concern; especially those used for blood collection or intravascular catheter insertion as they are likely to contain residual blood and are associated with an increased risk for blood borne virus transmission”</p>	<p>Examples (non-exhaustive):</p> <p>Hollow bore sharps</p> <ul style="list-style-type: none"> • Disposable needles or syringes. • Steel winged needles (butterfly). • Multi sample blood collection needles. • Intravenous catheter stylets. • Arterial blood collection syringe needles. • Aspiration needles. • Injector pen needles. <p>Non hollow bore sharps</p> <ul style="list-style-type: none"> • Glass vials. • Dental probes. • Scalpel blades. • Suture needles. • Retractors. • Skin or bone hooks. • Sharp electrosurgical tips.
<p>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 2020 and 2020 Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020</p>	<ul style="list-style-type: none"> • Hepatitis B, Hepatitis C and HIV have been classified as Group 3 biological agents. • In the context of the Sharps Regulations their route of exposure is through inoculation.

<p>Identify the potential risks that may arise from exposure to sharps.</p>	<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.
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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.

- 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 BBV (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.

The HSE has adopted a standardised approach to the assignment of likelihood and impact scores and the rating of risk i.e. the [HSE Risk Assessment Tool](#).

Step 4 – Identify any additional control measures required using the Hierarchy of Controls (Refer to Appendix 2)

1.0 Elimination
 The most effective way to control the risk is to eliminate the hazard.

<p>Where a risk of exposure to injury and/or infection from sharps has been identified, the Sharps Regulations, 2014 require the employer to eliminate the risk in so far as is reasonably practicable.</p>	<p>Examples (this list is non-exhaustive):</p> <ul style="list-style-type: none"> • Removing the use of sharps and needles where possible e.g. using needle-less intravenous systems. • Eliminating all unnecessary injections.
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	<ul style="list-style-type: none"> • Eliminating unnecessary sharps such as towel clips. <p>Practical examples may include:</p> <ul style="list-style-type: none"> • Needle-less intravenous systems/needle free connectors. • Devices that eliminate the use of needles from common drug mix and preparation tasks.
<h2>2.0 Substitution/Engineering controls</h2>	
<p>When elimination is not possible, the Sharps Regulations, 2014 require that <u>the employer must substitute traditional, unprotected medical sharps with safety engineered devices where available and appropriate and it is reasonably practicable to do so.</u></p>	
<p>Safety Engineered Devices</p> <p>A broad range of devices have been designed with built in safety features that reduce the risk of injury involving sharps. These are known as safety engineered devices. Prior to introducing any safer sharps device, healthcare practitioners should evaluate the effectiveness of the device to ensure its suitability for use and to check that it does not create any additional hazard to the person cared for or the healthcare worker. Safety engineered 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.</p> <p>Examples include devices such as needles with guards, sliding sheaths, shields, blunted tips or retracting needles, blunt suture needles and surgical blades with protective covers. There are <u>two main types</u> of safety engineered devices: <u>passive and active.</u></p> <ul style="list-style-type: none"> • Passive devices have an automatic safety mechanism that is activated after use (not requiring workers activation, e.g. retractable syringe) such as when a cannula is withdrawn from a patient's vein. • An active device needs to be manually activated by the employee (sliding a protective shield over the needle after use). In general passive devices are preferable. Where safety engineered devices are provided, healthcare workers must be trained in their correct use. <p>The following criteria⁹ should be taken into consideration when selecting safety engineered devices:</p> <ul style="list-style-type: none"> • 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. 	

⁹ 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

- 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.
- Implementation of safety engineered devices must be accompanied by appropriate training and education in the use of the new technology to achieve successful reduction in percutaneous injury rates.*

Note: To ascertain safety engineered devices on contract please refer to “*Cbug User-guide*” available through www.hsepass.ie.

Provision of Sharps Containers at point of use/generation of sharp

UN approved puncture resistant sharps containers are to be used to isolate risks during the storage and transportation of used medical sharps.

For information on the requirements for single-use sharps containers, refer to International Standard ISO 23907:2019 (DoH, 2023).

Environmental Factors:

Provision of good lighting and adequate space to carry out the procedure. (RCN, 2023).

3.0 Administrative controls

Control measures aimed at reducing employee exposures through implementation of policies and procedures, modification of work assignment, training in specific work practices.

A non-exhaustive list of administrative controls related to the management of sharps:

Organisational

Safety Culture

Promotion of a just culture with emphasis on safety at work as a priority.

Policies and Procedures

- Ensure there is reference to sharps injury prevention in relevant Occupational Health, Infection, Prevention and Control (IPC) and Procurement Policies.
- Ensure appropriate procedures, where required, are developed for the use and safe disposal of sharps.

Safe Systems of Work

- Establish safe systems of work for the safe use and disposal of sharps to protect the user of the device, employees and others who through incorrect disposal or management of used sharps may present a downstream risk of injury.
- Establish safe systems of work for support services (e.g. cleaning, portering, laundry, staff working in a sterile supplies department) to manage the exposure to sharps during the course of their work.
- Ensure standard precautions are always adhered to.
- Establish a safe system of work to deal with accidental sharps spillages.
- Establish 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 containers 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.
- Implement safe systems of work to include high risk areas such as theatres, obstetrics and emergency care.

Sharps Injury Prevention Committee

Establishment of a multidisciplinary Sharps Injury Prevention Committee within healthcare facilities with the aim of developing and implementing a sharps injury prevention programme. The committee should have an appropriate reporting relationship in line with local governance arrangements.

(Refer to Appendix 1)

Training, Competency and Information

- Provision of consistent information and training that includes: safe systems of work; correct use and disposal of sharps; the use of safety engineered devices incorporating sharps protection mechanisms; measures to be taken in the event of a sharps injury; and how to use personal protective equipment (PPE) provided.
- Provide new employees with information on safety with medical sharps as part of their induction training.
- Provide appropriate additional information and training as necessary for each device.
- New and/or inexperienced employees using medical devices, which provide a risk of sharps injury, should be supervised until competent.
- Regular monitoring and evaluation of employee's practices by supervisors.

(Refer to section 3.6)

Segregation of Non-Safety Engineered Products

Where non-safety engineered devices continue to be used in the same area as similar safety engineered products, the ward or department are to take steps to control their use. e.g. the non-safety and safety engineered devices are separated in different areas preferably with strict controls on access to the non-safety devices. Griffith(2016)

Vaccination

Where effective vaccine exists for employees, ensure vaccination programmes are made available and follow up procedures are in place. (Refer to Section 3.7).

Incident Reporting/Post Incident Management

Refer to sections: 3.8 and 3.9.

Waste Management

Waste segregation and disposal should be carried out in accordance with waste management regulations [HSE Waste Management Handbook](#) and [Department of Health and Children \(DOHC\) Segregation, Packaging and Storage Guidelines for Healthcare Risk Waste](#)

Audit programme

Implement an audit programme covering the selection, safe handling, use and disposal of sharps.

Service Users own sharps

Hospital Setting

- Where a service user living with diabetes is admitted to hospital, wherever possible they will continue to administer their own injectable therapies. In this case the Healthcare Worker (HCW) should not administer therapy using the persons own sharps devices. Service users with diabetes who remain administering their own therapy should be familiarised with the hospital sharps disposal policy and a sharps container identified and made available for their use.
- Supervised self-administration will take place during in-patient stay. A sharps container will be brought to the point of use to allow safe disposal.

Home Setting

- Provide appropriate instruction and information to service users on the safe use of sharps, disposal of sharps and return of HSE issued sharps containers in line with locally agreed practices.

For information on sharps disposal by the service user refer to: [Sharps Disposal Patient Information Leaflet](#)

Transportation of sharps and sharps containers in employee and HSE vehicles (excludes Ambulances)

- Where an employee carries used sharps in the course of their work, the following should be adhered to:
 - sharps waste is placed in a UN approved sharps container.
 - sharp containers contain no free liquids.
 - the sharp container is single use and fully closed when carried in the vehicle , or in instances where this is not possible, the clinician ensures that the temporary closure is in place to prevent any accidental spillage and /or leakage under normal conditions.
 - the sharp container (with the temporary closure in place) is secured in a closed container and placed in the boot of the vehicle for the duration of the journey. The container should be regularly checked, and be replaced if damaged.
 - appropriate measures are in place to deal with clinical waste spillages and to prevent access to the waste by other vehicle occupants.

Operational

Handling and Disposal of Sharps:

Dynamic Risk Assessment

Undertake a dynamic risk assessment prior to a sharp task/procedure.

Recapping/Resheathing

Prohibit needle recapping or resheathing, bending or breaking needles.

Passing Sharps

- Keep handling to a minimum.
- Use instruments rather than fingers, to grasp needles, retract tissue, and load/unload needles and scalpels.
- Avoid hand to hand passage of sharp instruments by using an IV tray with integrated sharps container or neutral zone¹⁰.
- Use round tipped scalpel blades instead of pointed sharp tipped blades.
- Give verbal notification when passing a sharp device.
(DoH, 2023)

Before Procedure (Setup/Planning)

- Use appropriate designated sharps container for specific types of waste. For further information refer to [HSE Waste Segregation Poster](#).
- Establish a means for the safe handling and disposal of sharps devices before the beginning of a procedure by ensuring the sharps container is placed on a bracket, integrated sharps tray or mobile holder as appropriate.
- Ensure 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 container.
- Display a notice of the procedure for disposal as close as possible to the area where sharps are used or stored.
- Provide an adequate number of easily accessible sharps disposal containers, to permit rapid and safe disposal.
- Provide the person assembling and closing the sharps container with manufacturer's instruction.
- Be aware of the colour coding of sharps containers depending on the category of waste.
- Ensure correct assembly of sharps container to include signature/date of assembly.
- Ensure sharps containers are kept in a safe place (secure position or mounted on a wall to prevent tipping), out of reach of children, at a height (approximately 1.3m minimum off the ground) that allows safe disposal and secure position to avoid spillage (DoH, 2023).
- Placement of sharps containers should be away from general waste bins to minimise the risk of incorrect disposal.

During Procedure

- Maintain visual contact with sharps at all times during use.
- When handling an exposed sharp, be aware of other employees in the immediate area and take precautions to control the location of the sharp to avoid injury to oneself and other employees.
- If utilising a safety engineered device, activate the safety feature as the procedure is being completed, observing for visual or auditory indications that the feature is locked in place.
- Ensure that needles are not bent or broken prior to use.

¹⁰ A neutral zone is a designated space or device (for example an IV tray with integrated sharps bin) that is used only for the placement and retrieval of sharps. The purpose is to facilitate avoiding hand-to-hand transfer of sharps. The neutral zone should be agreed by the healthcare team before a procedure (Health Service Executive, 2022)

- Ensure sharps are not carried by hand; always use a tray or receiver.
- Dispose of sharps immediately after use (i.e. at point of care) in the designated sharps container (e.g. attached to a compatible dispensing trolley, integrated sharps tray or mobile holder as appropriate) by the person using it at the time and at the point of use.
- Dispose of needle and syringes as one unit into specified sharps container.
- Engage the temporary safety closure mechanism on sharps container when not in use.
- Ensure hands/fingers are not placed in the sharps container to deposit or remove items.
- Ensure sharps containers are not filled above the mark that indicates the maximum fill line.

After Procedure

- Ensure there is a system in place for securing closing/tagging/signing of identification label and safely disposing of sharps containers.
- Ensure that when full, sharps containers are securely locked and stored in a designated area waiting collection/disposal.
- Ensure reusable sharps (such as surgical instruments) requiring transport to a reprocessing area are placed in a puncture resistant lidded container. Transportation procedures to be carried out in line with National guidance available at:
<https://www2.healthservice.hse.ie/organisation/qps-education/hse-standards-for-decontamination/>

4.0 Personal Protective Equipment (PPE)

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.

PPE as the last line of defence provides a barrier between the employee and the hazard.

Examples include:

- Single use gloves¹¹.
- Puncture resistant gloves.
- Eye goggles.
- Masks.
- Visors.
- Aprons.

Note: All PPE selected must be worn, stored and maintained appropriately.

Although gloves cannot prevent sharps injuries, they can reduce the risk of infection, in particular double-gloving in operating theatres.

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 refer to Prompt Sheet: [Management of Sharps and Prevention of Sharps Injuries Prompt Sheet](#)

(Adapted from Bouya et al., 2020, CDC, 2008, EU-OSHA, 2023, Health and Safety Authority, 2014 and Griffith, 2016)

¹¹ WHO (March 2010) Best practices for injections and related procedures toolkit

3.4 Monitoring and Periodic Review

Once control measures have been introduced, implement a process for the regular monitoring and evaluation of effectiveness and where necessary take appropriate corrective action to ensure the desired outcomes are achieved. This should be proactive to include audits/workplace inspections, analysing local performance indicators, and reactive following reports of sharp incidents.

In line with Section 19 (3) of the [Safety, Health and Welfare at Work Act, 2005](#), 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.

Examples include: when new procedures, new equipment, new safety engineered devices, technology and new personnel are introduced.

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

3.5 Communication, Notification and Escalation of Risk

Where it is not possible to complete all actions identified due to resources or other constraints, appropriate actions are required to be communicated in line with local agreed routes and processes for the communication, notification and escalation of risk. In the interim the risk will be required to be managed and monitored so far as is reasonably practicable at local level¹².

3.6 Information, Instruction, Training and Supervision

- 3.6.1** The [Safety, Health and Welfare at Work Act 2005](#) (Section 9 and Section 10), requires employers to ensure that employees receive appropriate information, instruction, training and supervision relevant to the risks associated with their tasks which include sharps.
- 3.6.2** Managers must ensure they complete a training needs assessment (TNA) which is informed by the Occupational Safety and Health TNA Factors to include sharps. The TNA will assist the manager in the identification of any training that is appropriate to their employee and the service.
- 3.6.3** Information and training covering the following (non-exhaustive list) shall be provided to employees¹³:
 - 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 and disposal of sharps.
 - Potential risks to health in relation to sharps and blood and body fluid exposures.

¹² HSE (2023), HSE Enterprise Risk Management Policy and Procedures 2023

¹³ 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)

- Precautions to prevent exposure including, the introduction and safe use of safety engineered devices, standard precautions, safe systems of work, training and instruction on the assembly of sharps containers, 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 Programme.
- Any other information, education and/or training identified through an assessment of training needs, which includes the risk assessment, to be necessary.

Supervision plays a vital role in ensuring workplace safety/safe sharp management. Line Managers are responsible for overseeing employees work to ensure:

- The effectiveness of the training employees have received.
- Compliance with policies and procedures.
- Employees have the necessary capacity and competence to do the job.

3.6.4 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.

3.6.5 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.

Note:

A Sharps Safety Module has been developed and is available on HSeLanD. Completion of this programme is **mandatory for all staff who are at risk of exposure to sharps injuries**. This includes clinical staff who handle sharps directly and non-clinical staff who may come in contact with sharps due to improper storage or disposal.

It is the responsibility of all staff to complete this training and to follow appropriate safety measures.

3.7 Vaccination

3.7.1 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 (to include agency staff unless addressed through a contractual arrangement).

- 3.7.2** 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. (Refer to www.hpsc.ie for further information)
- 3.7.3** 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 (EPP) healthcare personnel should undergo appropriate health clearance and testing in line with national guidance.
- 3.7.4** [The Immunisation Guidelines for Ireland](#), identifies¹⁴ healthcare workers both clinical and non-clinical, who have direct patient contact are at an 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, allied health professionals, laboratory staff, mortuary technicians, ambulance personnel, cleaning staff, porters, medical, nursing and dental students, other health-care professionals.
- 3.7.5** 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.
- 3.7.6** Whilst immunisation is an effective healthcare intervention, it must be seen as part of a wider strategy to prevent the transmission of blood borne infections. It should never be regarded as a substitute for good infection prevention control practices such as hand-washing and standard precautions.

3.8 Incident Management and Reporting Requirements

- 3.8.1** Evidence would suggest that under-reporting of sharp incidents remains an issue.
- 3.8.2** All incidents must be reported and managed 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, the root cause of the incident, including systemic failures and identify control measures and learnings 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.
- 3.8.3** 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

¹⁴ Immunisation Guidelines for Ireland are updated online at <https://www.hse.ie/eng/health/immunisation/hcinfo/>

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 (Health and Safety Authority, 2014). These incidents should be reported by the line manager (who may need to liaise with involved stakeholders) while ensuring the confidentiality of both source and recipient.

3.8.3 As sharps are considered to be medical devices within the definition of this Policy, the HSE strongly recommend, all incidents arising from a suspected defect in a medical device are reported to the Health Products Regulatory Authority (HPRA) for consideration irrespective on the level of risk to harm.

Responsibility for reporting lies with local management via the HPRA online “Medical Device Incident User Report Form” <https://www.hpra.ie/homepage/about-us/report-an-issue/>

3.9 Post incident response and follow up care of the injured employee

3.9.1 Each healthcare facility 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 care as per [Guidelines for the Emergency Management of Injuries \(EMI\) and Post-Exposure Prophylaxis \(PEP\)](#). The arrangements must account for employees who work out-of-hours or away from their base. This should include the immediate first-aid response and arrangements for the care of the injured employee. Local resources will dictate where the employee is managed at the initial stage (i.e. Emergency Department (ED) or as per local arrangements) and where follow-up is carried out (i.e. Occupational Health Department (OHD), infectious diseases service). Employees can be followed up in OHD for possible post exposure issues such as:

- Recipient interval testing.
- Fitness for Duty assessment (may include fitness for EPP).
- Completion of Hepatitis B vaccination course if applicable.

Employee confidentiality must be appropriately maintained.

The Guidelines for the Emergency Management of Injuries (EMI) and Post-Exposure Prophylaxis (PEP) should be taken into account when determining appropriate response and follow-up procedures.

Note: Agency staff who sustain sharps injuries with risk of blood-borne virus transmission in the course of their duties should have their initial and emergent care provided for as per HSE staff. Subsequent management or follow-up care should be provided as per the Temporary Employment Businesses, Service Level Agreement

(SLA), or as per local arrangements. For agency staff, this may require subsequent follow-up with their GP or the Agency Occupational Health Service.

- 3.9.2** Individual cases may also require access to Employee Support Services, e.g. [Employee Assistance Programme \(EAP\)](#).

4. Consultation

4.1 Stakeholder involvement

In line with HSE *National Workplace Health and Wellbeing Unit Policy Consultation and Sign-off process for National PPPGs*, the Policy was circulated for wider consultation to internal and external stakeholders as appropriate. Feedback was considered and the document updated where relevant.

5. Implementation

5.1 Resource implications

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

Refer to Appendix 3 for the National Implementation Plan and Appendix 4 Audit Checklist for the implementation of the HSE National Policy on the Management of Sharps and Prevention of Sharp Injuries.

5.2 Resources to support local implementation of the National Policy.

Resources to support implementation can be found on our website at:

<https://healthservice.hse.ie/staff/health-and-safety/safe-use-of-sharps/> and the Helpdesk <https://healthservice.hse.ie/staff/health-and-safety/health-and-safety-helpdesk/>.

6. Governance and approval

Formal governance for this Policy is provided by the Chief People Officer. Membership of the Approval Governance Group are documented in Appendix 7.

7. Communication and dissemination

The Policy will be disseminated by the Chief People Officer for implementation by relevant services.

The National Health and Safety Function will ensure widespread awareness of the Policy using existing communications channels and will be electronically available via <https://healthservice.hse.ie/staff/health-and-safety/safe-use-of-sharps/>.

8. Sustainability

8.1 Monitoring, Audit and Evaluation

- 8.1.1** Local Senior Managers are required to monitor and audit the implementation of this Policy annually within their area of responsibility (refer to 3.1.3.14) using the audit checklist in Appendix 4 and maintain evidence of same.
- 8.1.2** Implementation of this Policy shall be audited periodically at national level and by the National Health and Safety Function.

9. Review/update

In line with HSE Guidance this Policy shall be reviewed at national level every three years or earlier if circumstances dictate.

10. References

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11. Glossary of Terms/Definitions/Abbreviations

Refer to Appendix 5 of this Policy.

12. Appendices

Refer to Table of Contents.

Appendix 1 Sharps Injury Prevention Committee – Sample Terms of Reference and Membership

1.0 Purpose

The aim of the Sharps Injury Prevention Committee is to focus on driving the implementation of improvements and safeguards in relation to sharps safety thus assisting the organisation in achieving compliance with the EU Council Directive 2010/32/EU Prevention of Sharps injuries in the Hospital and Health Care Sector and other relevant Safety Legislation.

Objectives: Identify a set of goals that the committee plans to achieve. To be most effective, objectives are: achievable; realistic; time bound; explicit; measurable; within the scope/remit of the committee.

2.0 Roles and Responsibilities of the Committee

- 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 2010/32/EU Prevention of Sharps injuries in the Hospital and Health Care Sector.
- Establish and review key performance indicators (KPIs) for sharps incidents/claims, and monitor compliance.
- To review national guidance and statutory changes and take appropriate action.
- Monitor incident trends related to sharps injuries.
- Analyse sharps injury data for prevention planning and measuring performance improvement.
- Consult with healthcare practitioners, in the evaluation and selection of sharps injury prevention devices (safety engineered devices) to ensure their suitability.
- Monitor and evaluate the identified preventative measures to include engineering and work practice controls.
- To advise and inform the safety committee (or equivalent) on recommendations arising out of reviews and monitoring, etc.
- Arrange for the implementation of recommendations of reviews.
- To monitor sharps disposal systems, audits and compliance issues and ensure action plans are completed.
- To review risk assessments for use of unprotected medical sharps on a regular basis.

3.0 Accountability

The committee should have an appropriate reporting relationship in line with local governance arrangements.

4.0 Membership

Membership of the committee depends on the size of the healthcare facility and the complexity of procedures undertaken. Members can include:

- Chair e.g. Hospital/Service Manager/Lead Clinician.
- Hospital/Service Manager.
- Heads of discipline (as appropriate).

- Occupational Health Professional.
- Health and Safety Professional.
- Infection, Prevention and Control Specialist.
- Nurse Practice Development.
- Ad hoc members may include representation from Quality and Patient Safety, Medical Device Specialists and Procurement.
- Administration support.

5.0 Sample Agenda¹⁵

- 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.
- Information/awareness-raising on preventing and managing sharps injuries.
- Implementation of learning/safety improvements.
- Procurement.

6.0 Reports

Identify what will be produced from the committee, for example, regular reports to the most senior accountable person to whom the committee is accountable or to other groups as required.

Approval and Review Date

The terms of reference are prepared by the chair of the local committee in consultation with the members of the committee and authorised by the senior management team/officer. The terms of reference should be reviewed and updated every year or sooner if necessary.

7.0 Frequency

The committee shall meet quarterly, or more frequently as needs dictate.

8.0 Chair

E.g. Hospital/Service Manager.

9.0 Circulation of Documents

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

10.0 Secretariat

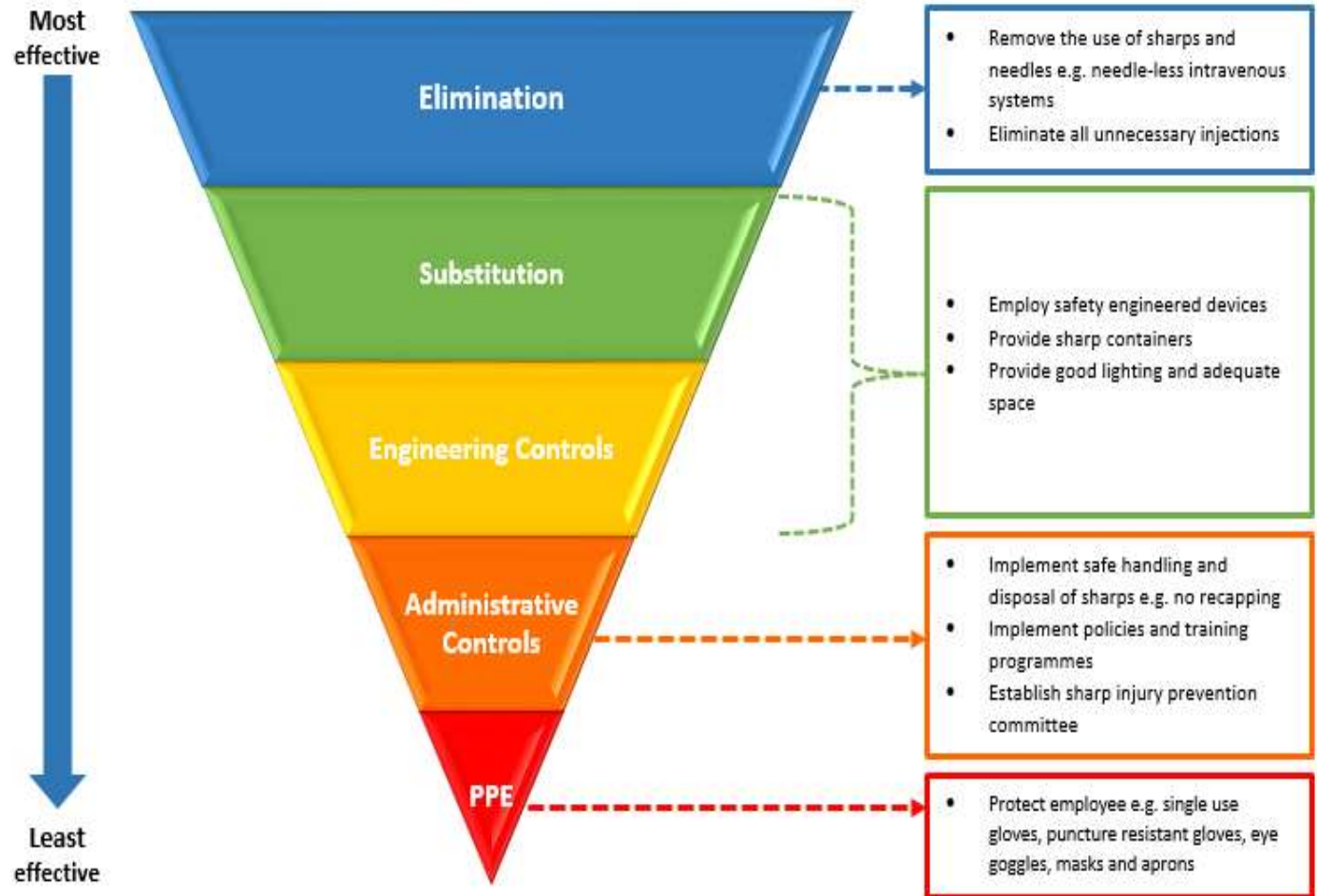
To be agreed.

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

¹⁵ 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

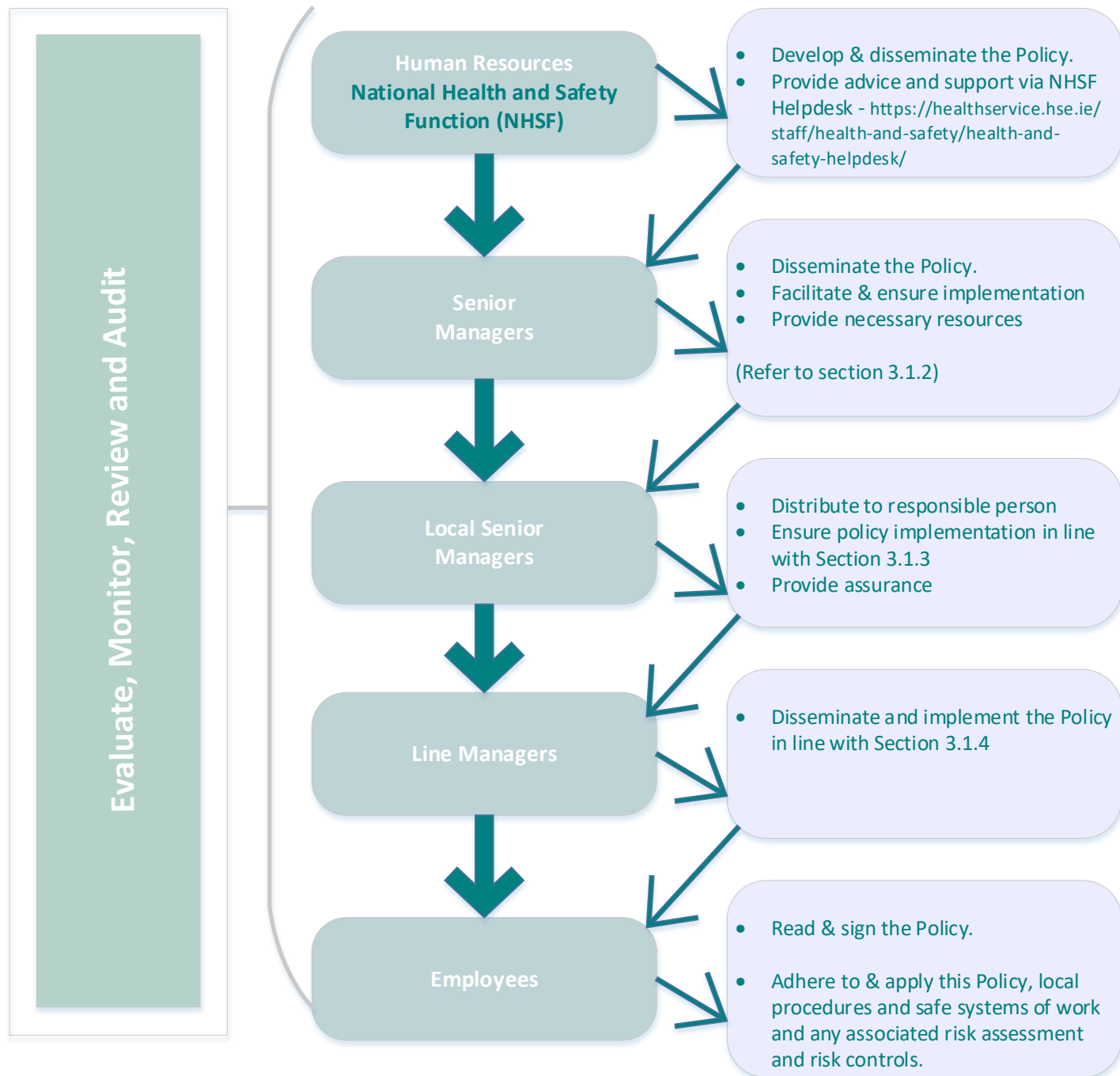
Appendix 2 Hierarchy of controls - Sharps

If the risk is not adequately controlled, further measures must be considered utilising the *hierarchy of controls* outlined below.



Appendix 3 National Implementation Plan

Implementation of this Policy forms an integral part of the Safety Management System and is underpinned by effective consultation, communication, supervision, monitoring, audit and review. The following flowchart illustrates the day to day implementation steps:



Appendix 4 Audit Checklist for the implementation of the HSE National Policy on the Management of Sharps and Prevention of Sharp Injuries

Audit Checklist Questions		Policy Clause	Yes	No	N/A	Action required	Action Owner	Time frame
1.	Is there a system in place for the appropriate circulation/communication of this Policy to all employees?	3.1.3.1 3.1.4.1						
2.	Does each relevant department/unit have access to this Policy?	3.1.3.1						
3.	Are roles and responsibilities communicated to all identified responsible persons?	3.1						
4.	Have sharps risk assessments been carried out in consultation with employees in line with Figure 2 Risk Assessment Process?	3.1.3.3 3.1.4.2 3.3						
5.	Have identified control measures been implemented?	3.1.3.4 3.1.4.3 3.1.4.5						
6.	Have control measures introduced been monitored and evaluated to determine their effectiveness?	3.1.4.8 3.4						
7.	Where it is not possible to complete all actions identified through the risk assessment process, are actions communicated in line with local agreed routes and processes for the communication, notification and escalation of risk.	3.1.3.6 3.1.4.7 3.5						
8.	Are Safety engineered devices provided where available and appropriate?	3.1.3.7 3.3.3.2 (Step 4)						
9.	Is recapping of needles prohibited?	3.2.1 3.3.3.2 (Step 4)						
10.	Has a Sharps Injury Prevention Committee been established with clear terms of reference and in line with local governance arrangements?	3.1.3.12 3.3.3.2 (Step 4, Section 3.0) Appendix 1						

11.	Have employees received the relevant information, instruction and training as identified through the training needs assessment?	3.1.3.8 3.1.4.9 3.1.5.6 3.3.3.2 (Step 4, Section 3.0) 3.6						
12.	Are supervision arrangements in place for overseeing referring employees work?	3.1.4.10 3.3.3.2 (Step 4, Section 3.0 3.6						
13.	Are vaccination programmes and follow up procedures in place, where effective vaccine exists for employees?	3.3.3.2 (step 4, Section 3.0) 3.7						
14.	Have employees been informed of the benefits and drawbacks of both vaccination and non-vaccination?	3.7.5						
15.	Is there a local procedure in place to ensure employees and others working under the control of the HSE who have sustained a sharps injury have access to treatment and follow up, including those working out of hours?	3.9.1						
16.	Is there a system in place to ensure incidents are reported and managed in line with the HSE Incident Management Framework?	3.1.3.10 3.1.4.12 3.3.3.2 (Step 4, Section 3.0) 3.8						
17.	Is there a system in place to monitor compliance with this Policy?	3.1.3.14 8.0 9.0						

Appendix 5 Glossary of Terms/Abbreviations/Definitions

Agency	<p>A business or other organisation providing a specific service. (Collins Dictionary 2000) (para. 4.3 refers)</p> <p>HSE, Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others</p>
Audit	<p>Used to seek independent assurance that an appropriate and effective system of managing occupational safety, health and welfare is in place and that the necessary levels of controls and monitoring are being implemented.</p> <p>Ref: Auditing a Safety and Health Management System A Safety and Health Audit Tool for the Healthcare Sector 2006</p>
Competent Person	<p>(a) For the purposes of the relevant statutory provisions, a person is deemed to be a competent person where, having regard to the task he or she is required to perform and taking account of the size or hazards (or both of them) of the undertaking or establishment in which he or she undertakes work, the person possesses sufficient training, experience and knowledge appropriate to the nature of the work to be undertaken.</p> <p>(b) Account shall be taken, as appropriate, for the purpose of paragraph (a) of the framework of qualifications referred to in the Qualifications (Education and Training) Act 1999.</p> <p>Safety Health and Welfare at Work Act, 2005</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>HSE, Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others</p>
Controls	<p>Controls are measures that maintain and/or modify risk. In the HSE, a control is a measure that is in place, is working effectively and operating to reduce either the likelihood or impact of a risk. Controls include but are not limited to, any process, policy, device, practice, or other conditions and/or actions that are in place and maintain and/or modify risk.</p> <p>HSE Policy on Statutory Occupational Safety and Health Training</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>Ref: HSE, Incident Management Framework - Guidance</p>
Dynamic Risk Assessment	<p>Dynamic risk assessment is the continuous process of identifying hazards, assessing risk in real-time while working and taking action to eliminate or reduce risk. This Risk Assessment is undocumented.</p> <p>Guideline on Completion of Occupational Safety and Health Risk Assessments</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>Safety, Health and Welfare at Work Act 2005</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>Safety, Health and Welfare at Work Act 2005</p>
Exposure Prone Procedures (EPPs)	<p>Procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's gloved hand may be in contact with sharp instruments, needle tips and sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.</p> <p>Dept. of Health "The Prevention of Transmission of Blood-Borne diseases in the Health-care Setting 2005"</p>
Hazard	<p>A potential source of harm or adverse health effect on a person or persons.</p> <p>https://healthservice.hse.ie/staff/training-and-development/health-and-safety-training/occupational-safety--health-osh-training/</p>

Hierarchy of Control	<p>In order of effectiveness, the measures used to avoid, eliminate and reduce risks.</p> <p>Ref: Derived from the Safety, Health and Welfare at Work Act 2005, Schedule 3 – General Principles of Prevention. Refer to Act 2005 for Information</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>HSE, Incident Management Framework - Guidance</p>
Neutral zone	<p>A neutral zone is a designated space or device (for example an IV tray with integrated sharps container) that is used only for the placement and retrieval of sharps. The purpose is to facilitate avoiding hand-to-hand transfer of sharps. The neutral zone should be agreed by the healthcare team before a procedure.</p> <p>Health Service Executive, 2022</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>
Place of Work	<p>Includes any, or any part of any, place (whether or not within or forming part of a building or structure), land or other location at, in, upon or near which, work is carried on whether occasionally or otherwise and in particular includes vehicles.</p> <p>Safety, Health and Welfare at Work Act, 2005, SI 10 of 2005</p>

Reasonably Practicable	<p>An employer has exercised all due care by putting in place the necessary protective and preventive measures, having identified the hazards and assessed the risks to safety and health likely to result in accidents or injury to health at the place of work concerned and where the putting in place of any further measures is grossly disproportionate having regard to unusual, unforeseeable and exceptional nature of any circumstances or occurrence that may result in an accident at work or injury to health at that place of work.</p> <p>Safety, Health and Welfare at Work Act, 2005</p>
Risk	<p>Risk is the effect of uncertainty on objectives.</p> <p>Ref: Adapted from the HSE Enterprise Risk Management Policy and Procedures 2023</p> <p>In terms of occupational safety and health risk (OSH) it is the combination of the likelihood of occurrence of a work related hazardous event(s) or exposure(s) and the impact of the injury or ill-health that can be caused by the event or exposure.</p> <p>Ref: Adapted from ISO Standard 45001:2018</p>
Risk Assessment	<p>The overall process of risk identification, risk analysis and risk evaluation.</p> <p>HSE Enterprise Risk Management Policy and Procedures 2023</p>
Risk Register	<p>A risk register is a database of assessed risks that face any organisation at any one time. Always changing to reflect the dynamic nature of risks and the organisation's management of them, its purpose is to help managers prioritise available resources to minimise risk and target improvements to best effect.</p> <p>HSE Enterprise Risk Management Policy and Procedures 2023</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>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>European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014</p> <p>HSA, 2014. Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014</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 (Ref: Safety, Health and Welfare at Work Act 2005). These employees are generally known as Agency Employees.</p> <p>HSE, Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others</p>
Temporary Employment Business	<p>Means a business, including an employment agency within the meaning of the Employment Agency Act 1971, which provides temporary employees to other undertakings availing of the services of those employees (SHWW Act 2005). These businesses are generally known as Agencies.</p> <p>HSE, Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others</p>
Training Needs Assessment (TNA)	<p>A training needs assessment is the process of gathering, assessing and analysing information to determine the training needs of an employee. It is underpinned by the Risk Assessment process.</p> <p>HSE Policy on Statutory Occupational Safety and Health Training</p>

Abbreviations

Anti – HBs	Antibody to Hepatitis B surface antigen
Anti –HBc	Antibody to Hepatitis B core antigen
BBV	Blood Borne Virus
CDC	Centre for Disease Control and Prevention
CEO	Chief Executive Officer
EAP	Employee Assistance Programme
ED	Emergency Department
EMI	Emergency Management of Injuries
EU	European Union
EU OSHA	European Agency for Safety and Health at Work
EPP	Exposure Prone Procedures
EU	European Union
GDPR	General Data Protection Regulation
GP	General Practitioner
HSA	Health and Safety Authority
HSE	Health Service Executive
HSE, UK	Health and Safety Executive, UK
HBV	Hepatitis B
HCV	Hepatitis C
HCW	Healthcare worker
HIV	Human Immunodeficiency Virus
HPRA	Health Products Regulatory Authority
HPSC	Health Protection Surveillance Centre
IPC	Infection Prevention and Control
KPIs	Key Performance Indicators
NHMRC	National Health and Medical Research Council
NHSF	National Health and Safety Function
NIMS	National Incident Management System
OHD	Occupational Health Department
PEP	Post Exposure Prophylaxis
PPE	Personal Protective Equipment
RCN	Royal College of Nursing
SLA	Service Level Agreement
TNA	Training Needs Assessment

Appendix 6 Membership of Policy Development Group

Membership of the Management of Sharps and Prevention of Sharp Injuries Policy Development Group	
Name	Role and position
Roisin Lyons	IPC link practitioner, CHO 2 (CHO nominee)
Breda O'Brien	ADON, IPC, UL Hospital Group (Acute nominee)
Kevin Flannery	Occupational Health and Safety Manager, NAS (NAS nominee)
Josephine Galway	Director of Nursing, Antimicrobial Resistance and Infection Prevention and Control Team, AMRIC (AMRIC nominee)
Fiona Dardis	National Health and Safety Advisor, Training Team (Training Team nominee)
Joanne McMorrow	National Procurement (Procurement nominee)
Mairead Holland Flynn	Occupational Health and Safety Manager, Tallaght University Hospital (VHARMF nominee)
Niamh Finlay	Clinical Nurse Specialist, Occupational Health (Occupational Health nominee)
Brid Cooney	National Health and Safety Advisor, Policy Team
Patrice Cahill	National Health and Safety Advisor, Policy Team
Laura Regan	National Health and Safety Advisor, Policy Team
Elaine Sheridan	Administration Support, Policy Team
Chairperson: Margo Leddy	National Health and Safety Manager (Policy Team)

Appendix 7 Membership of Approval Governance Group

Membership of Approval Governance Group	
Name	Role and position
Anne Marie Hoey	Chief People Officer
Katrina Dempsey	Head of National Health and Safety Function

Sign-off by Chair of Approval Governance Group

Name: (print)	Anne Marie Hoey
Title:	Chief People Officer
Signature:	