Guidance on the use of safety cannulae

The Health and Safety Executive (HSE) has published its guidance to employers and employees on the 'Sharp Instruments in Healthcare regulation 2013'. This regulation is based on European Directive 2010/32/EU and comes into force on 11th May 2013.

The full directive is available free at http://www.hse.gov.uk/pubns/hsis7.htm and the most relevant section is on page 2.

Following the membership survey, APAGBI submitted evidence to the HSE, which it took account of in its deliberations. In particular, we said: "To summarise, the APAGBI is strongly of the opinion that there is a significant potential to cause both harm and distress in children if the standard cannula is totally withdrawn at the present time".

The relevant final advice of the directive requires employers to "substitute traditional, unprotected medical sharps, where it is "reasonably practical" to do so". There is no compulsion to use safer sharps and there is a specific comment that the use of safer sharps "should not compromise patient care" and that "ease of use" should be considered.

From our membership survey, 75% of you were not sure whether the use of safer sharps would be compulsory (it is not). 56.7% of you currently have both types available and 63.2% of you have cannulated over 20 veins using the safety cannula. 39.6% of you consider that they are harder to insert, even in good veins, although 57.5% think they are no different. Only 2.9% consider they are easier to insert. The most striking finding was that, even though many of you are experienced with using safety cannulae, 79.8% consider they are harder to insert in 'difficult veins'. There were several comments to the effect that the enforced use of safety cannulae would result in more cannulation attempts. We think this is adequate evidence that the exclusive use of safety cannulae may significantly **compromise patient care** and is highly likely to cause distress in children. We are happy for you to present this information as evidence to ensure that standard cannulae are not withdrawn in your institution, should you wish to do so.

Finally, we are also concerned that standard cannulae do not become withdrawn because the manufacturers cease to make them as the market share falls. We have already had assurance from one manufacturer that they will not withdraw their standard cannula range without the agreement of relevant healthcare providers and we hope that all manufacturers will concur. When considering which safety cannula to purchase, we advise that the manufacturer's intentions to continue producing the standard version are considered if you wish to have them available in the future.

In summary, safety cannulae have potential to reduce sharps injuries and, after a short learning curve, they are generally felt to be easy to insert in most circumstances. The current devices are however, less easy to insert in difficult veins and we advise that, if safety cannulae are used, standard cannulae are stocked alongside them for use in such circumstances.

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