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<td><strong>Australia</strong></td>
<td>Three states have policy guidelines or directives regarding sharps injuries and needlestick prevention.</td>
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<td><strong>Brazil</strong></td>
<td>NR 32 - Seguranca e Saude No Trabalho Em Servicos de Saude</td>
<td>Approved: 11/11/05</td>
<td>Brazil has enacted a regulation specifically requiring the use of safety-engineered devices to reduce the risk of needlestick injuries and blood exposures to healthcare workers. However, an effective date for the regulation was not specified when it was issued; this circumstance, along with the relatively narrow selection of safety-engineered devices currently available in Brazil, has limited the impact of the regulation thus far.</td>
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<td><strong>Canada</strong></td>
<td>Occupational safety and health programs are organized and administered at the provincial level; accordingly, regulations relevant to sharps safety and needlestick prevention have been promulgated by provincial authorities. Those provinces that have passed some type of needle safety legislation are listed below. Provinces and territories that have not passed legislation are: New Brunswick, Newfoundland/ Labrador, Prince Edward Island, and Quebec; and Yukon, Nunavut and Northwest territories.</td>
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<td><strong>Alberta</strong></td>
<td>Occupational Health and Safety Code</td>
<td>Promulgated: 11/03 Effective: 4/04 Updated: 2006</td>
<td>• Hazard Assessment, Elimination and Control provision states that employers must conduct a hazard assessment to identify existing or potential hazards (including biological hazards) within the workplace, and that employers must then implement measures to eliminate or control the hazards. Engineering controls are specified as the preferred method to minimize hazards. • Health Care and Industries with Biological Hazards provision requires employers to ensure that: (1) sharps containers are available and used; (2) workers do not recap needles; (3) all biological hazards are included in the hazard assessment; (4) written policies and procedures governing the storage, handling, use and disposal of biohazardous materials are established; (5) protocols for post-exposure management of exposed workers are in place.</td>
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| **British Columbia** | Occupational Health and Safety Regulation (OHSR) | Effective: 1/1/08 | • Requires safety-engineered needles for any procedures involving use of hollow-bore needles (e.g., withdrawing blood or body fluids, accessing a vein or artery, administering medications or fluids). This requirement applies to all workplaces, including physicians’ offices and clinics, patients’ homes, and long-term care facilities, in addition to hospitals.  
• If two or more types of safety engineered needles commercially available that are clinically appropriate for a medical procedure, the device that provides the highest level of protection from accidental parenteral contact must be used. |
| **Manitoba** | Workplace Safety and Health Amendment Act (Needles in Medical Workplaces) | Enacted: 6/9/05  
Effective: 1/1/06 | • Requires that all healthcare workplaces protect workers by implementing safety-engineered needles whenever feasible.  
• Safe work practices in relation to needle use are also required. |
| **Nova Scotia** | Safer Needles in Healthcare Workplaces Act | Effective: 2007 | Requires healthcare facilities to implement safety-engineered needles, with certain exceptions, and to provide instruction and training in their use. |
| **Ontario** | Ontario Regulation 474/07 Needle Safety | Effective: 9/1/08 | • Requires hospitals to use safety-engineered needles and needleless devices to replace conventional hollow-bore needles. Compliance remains an issue.  
**Intends to require the same of long-term care homes, psychiatric facilities, laboratories, specimen collection centers, home care, doctor’s offices, ambulances.** |
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| Saskatchewan  | Needle Safe Devices and Improved Exposure Control Plans | Revised: 10/19/05 Effective: 7/1/06 | • Requires employers or contractors to develop and implement an exposure control plan to eliminate or minimize worker exposure if workers are required to handle, use or produce an infectious material or organism or are likely to be exposed at a place of employment.  
• For tasks and procedures in which it is reasonably anticipated that a worker or self-employed person may incur a percutaneous injury from a contaminated hollow bore needle, the employer or contractor must: (a) identify, evaluate and select needles with engineered sharps injury protections or needleless systems, in consultation with representatives of those workers or self-employed persons who will use the selected device; and (b) ensure that the needles with engineered sharps injury protections and needleless systems selected pursuant to clause (a) are used.  
An employer or contractor must maintain an injury log for all exposures involving a percutaneous injury with a sharp that may be contaminated. |
| European Union: | Council Directive - Framework Agreement on Prevention from Sharp Injuries in the Hospital and Healthcare Sector | Adopted. Must be transposed into the national laws of member states by 2013 | Where a risk of injuries with a sharp and/or infection exists, workers’ exposure must be eliminated by taking the following measures:  
• Specifying and implementing safe procedures for using and disposing of sharp medical instruments and contaminated waste;  
• Eliminating the unnecessary use of sharps by implementing changes in practice and on the basis of the results of the risk assessment, providing medical devices incorporating safety-engineered protection mechanisms and  
The practice of recapping shall be banned with immediate effect. |
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<td>Germany</td>
<td>Council Directive 89/391/EEC</td>
<td>Effective: 6/29/1989</td>
<td>Concerns the Safety and Health of Workers, and requires that, if risks cannot be totally eliminated, they must be combated at source. Dangerous practices must be replaced by the non-dangerous or the less-dangerous. Employers are also responsible for adapting their operations to technical progress, by using newer technology, which can reduce or eliminate risk.</td>
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<td>Greece</td>
<td>Council Directive 89/655/EEC</td>
<td>Effective: 11/30/1989</td>
<td>Deals with work equipment and obliges employers to provide a safe working environment. In this context medical devices are 'work equipment', and they must be chosen with a view to avoiding or minimizing risk.</td>
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<td>Hungary</td>
<td>Council Directive 2000/54/EC</td>
<td>Effective: 10/17/2000</td>
<td>Consolidating previously existing legislation concerning the safety of workers exposed to Biological Agents. Employers must assess risk, prevent workers’ exposure to biological risks, or, if prevention is not technically practicable, reduce it to the lowest risk level for adequate protection by means of workplace design, engineering control measures, hygiene measures and safe handling of waste. In addition, employers are required to make available their risk assessment information to Competent Authorities upon request.</td>
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| Ireland       | Biological Agents in Health Care and Welfare Facilities (TRBA 250) | Published: 2/2008 | Rule mandates use of safety-engineered devices:  
• Requires that spike, sharp or breakable devices should be replaced by suitable devices or methods which have no or low risk of needlestick injuries.  
• Conventional devices may only be used when there is a formal risk assessment and the occupational health doctor concludes no risk is present, based on the patient being known to be negative for dangerous bloodborne viruses. |
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<td>Spain</td>
<td>Four regions (Madrid, Castilla La Mancha, Balleirics, Galicia) require sharps prevention measures, including the mandatory use of medical devices incorporating safety-engineered needle protection. Navarra is implementing a similar requirement with a two year transition period.</td>
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<td>The guidance regarding the safe handling and disposal of sharps includes implementation of the following procedures:</td>
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|               | Guidance for Clinical Healthcare Workers: Protection Against Infection with Bloodborne Viruses. London: Department of Health, March 1998 | Published: 3/98 | - Place all disposable sharps in sharps containers immediately after use, provide sharps containers in adequate numbers and never overfill;  
- Avoid resheathing needles manually;  
- Discard disposable syringes and needles wherever possible as a single unit, into sharps containers;  
- Remove needles from syringes only when essential, remove needles and attach blind hubs to syringes containing arterial blood which are to be sent to the laboratory. |
| United Kingdom| Health Act: Code of Practice for the Prevention and Control of Health Care Associated Infections | 10/2006 | For needlestick, relevant considerations include:  
- Risk management and training in management of needlestick injuries  
- Provision of medical devices incorporating sharps protection mechanisms |
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| United States | Bloodborne Pathogens Standard | Effective: 3/6/92 | Requires healthcare facilities to:  
- Develop an exposure control plan for each area of their institutions;  
- Use engineering and work practice controls to eliminate or minimize employee exposures to bloodborne pathogens;  
- Provide puncture- and leak-resistant sharps disposal containers;  
- Train HCWs in safe work practices and universal precautions;  
- Provide follow-up and treatment, as appropriate, when an employee sustained a blood exposure and  
- Maintain records of reported exposures. |
| United States | Needlestick Safety and Prevention Act | Enacted: 11/6/00  
Effective: 4/18/01 | Mandates and makes the following revisions to the Bloodborne Pathogens Standard:  
- Include new examples in the definition of engineering controls;  
- Require that exposure control plans reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;  
- Require employers to document annually in the exposure control plans consideration and implementation of safer medical devices;  
- Require employers to solicit input from non-managerial employees responsible for direct patient care in the identification, evaluation, and selection of engineering and work practice controls; and document this input in the exposure control plan and  
- Require certain employers to establish and maintain a log of percutaneous injuries from contaminated sharps. |