NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities are required to use safer medical devices.

Safer Medical Device Implementation in Health Care Facilities

Sharing Lessons Learned

NIOSH has asked a small number of health care facilities to share their experiences on how they implemented safer medical devices in their settings. These facilities have agreed to describe how each step was accomplished, and also to discuss the barriers they encountered and how they were resolved, and most importantly, lessons learned.

This free-standing, not-for profit, 300+ bed hospital is accredited by JCAHO and offers acute and subacute inpatient care, including a cardiac center, cancer center, rehabilitation unit, skilled nursing facility, and residential hospice. The wide range of outpatient and community outreach programs includes home health care, hospice, adult day care, community health screenings, occupational health, and a health education center. 450 physicians on staff represent more than 20 medical specialties and the organization employs 2000+ health care workers.

Phase 2 - Identify Priorities

August 2, 2002

Setting Goals and Objectives

At the first meeting of The Sharps Taskforce in November of 2000, the members reviewed and approved the taskforce goals and objectives, which had been drafted by the taskforce chair/co-chair

Goals:

1. To develop a comprehensive program to reduce incidence of sharps injuries and blood/body fluid exposures that includes administrative, engineering, and work practice controls.

2. To foster and promote a work culture of safety:

    - staff will be aware of the risks when they have an exposed sharp in the work environment

    - staff will adopt safe work practices because they perceive a demonstrable organizational commitment to safety.

Objectives:

1. To review tracking and analysis of sharps injuries and blood/body fluid exposures, focusing in the devices and settings in which injuries continue to occur.

2. To assess safety device technology in order to eliminate unnecessary sharp devices from the workplace and assure the availability of appropriate, useful protective gear when needed.

3. To review established needlestick protocols with attention to a rapid response to injuries.

4. To develop strategies to increase staff knowledge of infectious risk (hepatitis/HIV), frequency of seroconversions, and benefits of safe work practices, thereby increasing the prompt reporting of injuries.

Educating the Team and Gathering Support Data

Prior to this first meeting, the appointed members had identified to the taskforce chair that they needed to increase their own knowledge of sharps safety and become better educated on the current trends, issues, and problems that the organization and staff were facing. So, at this first meeting the following items were provided:

- a 10 minute videotape " Congressional Update - House Subcommittee Hearing on OSHA Compliance Directive " , which had been obtained from OSHA. This videotape very powerfully captured a person's attention because of the individual people who addressed the subcommittee and told their stories related to sharps injuries. This set the tone for the taskforce members that they were expected to address serious and real life impact issues.

- a review of the current hospital policies and procedures for blood borne pathogens. The members identified a need for a major organizational attitude and culture change to one of mutual trust (staff and management), safety focus, and teamwork among employees and a need to expand controls in the program to include all previously mentioned areas.

- a web site listing of pertinent safety topics was given to each member so they could browse at their leisure to increase their own personal knowledge ; this listing is provided at the end of this phase report.

- 2 handouts were given to the members so that they could prioritize the aspects that the taskforce should consider:

  NIOSH Alert "Preventing Needlestick Injuries in Health Care Settings DHHS (NIOSH) Publication No. 2000-108 November 1999

  Sharps Injury Prevention Program, a Step-By-Step Guide. Edited by G. Pugliese and M. Salahuddin. American Hospital Association 1999 Catalog # 196311

- a review of engineering controls in place from 1997 to present date.

A literature search was initiated by the taskforce chair to find articles that would be routed to the taskforce members during this start-up phase of the group.

The taskforce members decided to meet weekly for the remainder of 2000 in order to fast-track the start-up of the work group and speed-up their knowledge base of the topics at hand.

The literature search articles were summarized by the chair into groupings of topics that became the taskforce "To Do List", that was reviewed at every meeting , and included an assigned responsible person and start/finish dates.

The 1999 and 2000 YTD employee injuries and exposures data was reviewed and discussed.

Setting Priorities

All of this review and discussion resulted in the following priority areas to be addressed:

- Sharps safe IM/SQ syringes

- Respiratory Therapy arterial blood gas draw kit

- Purchased prepared special procedure kits

- Sharps disposal box locations and types

- Safety scalpel for procedure trays prepared by Central Service and used on the patient care units

- Staff education sessions (research revealed an average non-reporting of exposures and injuries is 50%).

- Literature search that was applicable to Surgical Services was summarized and because it was very extensive, the taskforce members from that area were asked to prioritize the needs of their area with their managers and fellow staff members. They chose to start with an assessment of the use of personal protective gear , surgical suite breakdown procedure, and waste disposal.

  A new surgical instrument processing system was planned.

- Needleless IV catheter blood draw procedure

- An administrative policy and procedure on sharps safety and blood borne pathogen exposure

To further define the team's priorities, a department survey was sent to all departments to begin to spark their curiosity and interest regarding sharps safety. The survey asked the responsible director/manager to have a staff member survey 5 other staff members and ask the following questions and perform the activity listed :

1. Have you had a blood borne exposure/injury in the last 6 months?

   If yes, did you report it?

   If you did not report it, why not?

2. Is the personal protective equipment accessible to staff?

3. Is the type of personal protective equipment adequate for the work to be performed?

4. Walk around/through the department: identify and list sharps that are present and/or of concern to the staff.

The surveys were returned to the taskforce chair for tabulation and reviewed by the taskforce members. The taskforce then used these survey responses and information gleaned from the literature search to develop a 15 minute interactive education program that would be scheduled in all patient care departments in 2001. This program would be facilitated by the taskforce chair and co-chair.

What We Learned

In clarifying our current knowledge on sharps safety and blood borne exposure, we found the following:

- It is estimated that 600,000 to 800,000 needlesticks and percutaneous injuries occur annually (EPINet 1999) in more than 8 million healthcare workers who work in hospitals and other health care settings.

- About half of these injuries go unreported (EPINet 1999).

- At an average hospital, workers incur approximately 30 injuries per 100 beds per year (EPINet 1999). This would become our benchmark outcome target.

- In 1998, our hospital Board of Trustees signed a Pledge of Intent to become a safe needleless organization.

We understood the causes of variation regarding sharps safety and body fluid/blood exposures to be:

- varying individual knowledge and practice

- unclear policies and procedures

- outdated technical and practice devices

Recommendations

1. Obtain administrative support which then is communicated to the department directors and managers to cooperate with the taskforce activities and requests.

2. Take the time to plan and strategize each step of how you will prioritize a massive project such as this. Be sure to include who in your organization you can rely on to support the effort and who in the organization you will have to spend more time with in order to keep the project moving forward.

3. Communicate.....communicate.....communicate. Use every communication channel and vehicle available to you to keep the project in staff sight and awareness.

4. When interacting with staff, make sure that you stress the benefits of the project to them and explain how this initiative will help them stay safe in their workplace.

5. Have fun and realize that you are making a difference in the lives of your co-workers.

Amount of Time Spent to Identify Priorities

Activity	Hours
Taskforce Meetings (4)	4 / per member
Chair/Co-Chair Planning	8

Literature search collation		8
Taskforce reading		40
	Total	60