

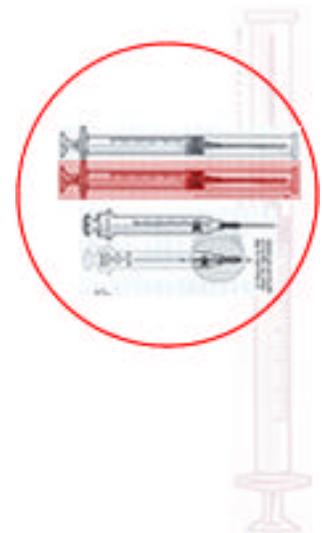
NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities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



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Phase 2: Identify Priorities

Our facility is a privately owned dental practice. We specialize in the care and treatment of pediatric and handicapped patients. We currently operate two offices, and employ approximately 30 people. Many of our staff members are part-time employees filling positions of associate dentists, dental hygienists, dental assistants and administrative staff. We are just beginning the process of selecting and evaluating safer medical devices.

Identifying priorities was a relatively simple task for our office. Because we do not offer IV sedation, the only sharps involving the use of a hollow-bore needle was that used in administering local anesthesia. Scalpels are seldom used in comparison to the use of needles and syringes. Exposure to contaminated hollow-bore needles is considered a greater health risk. Therefore, scalpels were not considered a high priority and the greatest priority was given to syringes and needles used in administering local anesthesia.

Review of our facilities exposure reports reflected a very low incidence of employee exposure to blood-borne pathogens related to the use of hollow-bore needles. We did have exposure reports related to non-sharps such as dental burs. Again, these were relatively low in incidence. Interviewing of staff reflected the same.

Staff Hours and Costs
Phase 2: Identify Priorities

Staff Hours:

Type of Staff	Hours Spent on Phase
Management (practice owner)	.5
Administrative (non-clinical duties)	3
Front-line (clinical input)	1
Total	4.5