

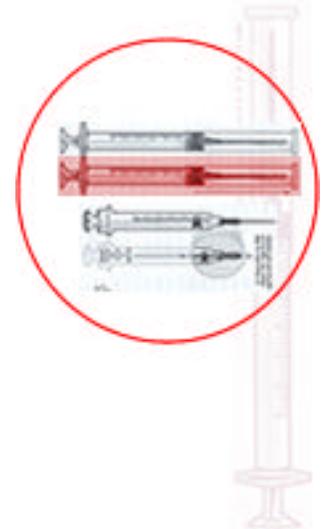
NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities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



DISCLAIMER: Provision of this report by NIOSH does not constitute endorsement of the views expressed or recommendation for the use of any commercial product, commodity or service mentioned. The opinions and conclusions expressed are those of the authors and not necessarily those of NIOSH. More reports on Safer Medical Device Implementation in Health Care Settings can be found at <http://www.cdc.gov/niosh/topics/bbp/safer/>

Phase 5: Implement and Monitor the New Device

Background

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.

Evaluation Results

After completing the evaluation process for the new safety device (injection device for administering local anesthetic), our facility decided not to replace our current device with the new device. Although we were disappointed, we decided to continue our pursuit of safer medical devices. In order to do this effectively, we decided to conduct an annual review of available devices and to document our reviews using the attached form entitled "Review for Sharps Safety Devices." The staff member responsible for maintaining OSHA safety and compliance records was asked to oversee this task. We also documented our intended method of implementation for use of a new safety device. In doing so, we felt our documentation of the process was more complete and left us with more of a "how to" manual and will make the transition easier when a more suitable safety device is found.

Intended Implementation

Because our facility is relatively small, the transition from the currently used sharps device to an eventual new safety device is expected to be rather simple. We have already developed some strategies for eventual implementation of safer devices:

- If the new safety device is a one-time use, disposable item such as the needles used for local anesthesia, we will keep the inventory for our current device low. Only the new safety device would be ordered and 100% compliance would be expected relatively quickly.
- If the new device is intended to replace an autoclaveable, multiple-use item such as the syringe used for injections, all of the devices to be replaced will be removed immediately and replaced with the new devices. Compliance may be more of an issue with this scenario because the "old" devices are stored in a variety of areas within the dental office. We will therefore need to conduct a careful inventory of all the current devices to ensure that none remain for possible use.

Review
for
Sharps Safety Devices

Date: _____

Name of person(s) conducting review: _____

Device to be evaluated: (ie: syringes, needles) _____

Research completed:

Review of periodicals: *(List name and issue of periodicals reviewed, making note of any devices found. If none are found, indicate such).*

Manufactures contacted: *(List name and phone number of companies contacted. Make note of information obtained (ie: no change in devices available; only medical devices available)).*

Dental Supply Representatives contacted: *(List company name, rep. name, contact phone number and information provided).*

Where any new safety devices found? ___Yes ___No

If yes, proceed with screening process. If no, make note below of any information that may be useful during the next annual review.