

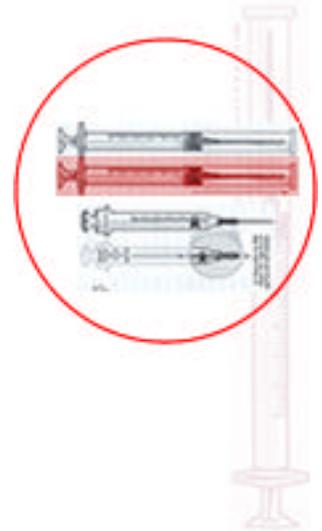
NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities 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 1: Form a Sharps Injury Prevention Team

### 1. Process used to identify sharps injury prevention team members.

Under the direction of the hospital Medical Staff Infection Control Committee, a subcommittee was initiated to address the updated OSHA standard for Bloodborne Pathogen Exposure Control Plans. Prior to the NIOSH Alert guidelines of 1999, safer medical devices were evaluated as a function of the Infection Control Committee's overall OSHA reportable events. The NIOSH Alert five step process was utilized to structure the new *Safe-needle* sub-committee.

The members of this multi-disciplinary sub-committee were selected based on their expertise in areas that were both directly and indirectly impacted by the evaluation of safer needle devices. Statistical analysis of institutional needlestick injuries conducted by the Employee Health Nurse and Infection Control Coordinator identified high-risk areas. The managers of these areas were required to serve on the committee along with employee representatives who demonstrated an active interest in participating.

### 2. Description of the sharps injury prevention team.

The *Safe-needle* sub-committee was primarily comprised of Patient Care Unit managers, Laboratory staff, and staff from areas where sharps injuries were either reported or had the potential to cause injury. Employee Health Service and Infection Control employees tracked injuries and prepared statistical reports for committee evaluation. Materials Management provided data on current product usage and linkage to prospective alternatives. Education and Development aided in identifying areas for product evaluation, and post trial in-servicing. Affiliate Office off-site hospital owned physician practices were represented to ensure continuity throughout the continuum of care. Administration representation was essential as a driving force for change and improvement.

Representatives from other areas such as Pharmacy, Blood Bank and Microbiology participated on an as needed basis to provide technical analysis.

Safe-needle Sub-committee Members

DEPARTMENT	POSITION / TITLE	Administration/ Management/ Patient Care/ Non-Patient Care
Laboratory	Director Phlebotomy Technical Specialist	Management Non-Patient Care
Critical Care	Manager	Management
Emergency Department	Director RN	Management Patient Care
Nursing Administration	Executive Director	Administration
Employee Health	RN	Non-Patient Care
Medical / Surgical	Manager RN Patient Care Technician	Management Patient Care Patient Care
Surgical Services	Director	Management
Telemetry	Manager Patient Care Technician (2)	Management Patient Care
Family Birth Center/ Nursery	Manager RN	Management Patient Care
Hemodialysis	Manager Dialysis Technician	Management Patient Care
Cardiac Catheter Lab	Manager	Management
Rehabilitation Facility	Manager	Management
Affiliate Physician Offices	RN	Patient Care
Materials Management	Purchasing Director Central Services Manager Central Services Technician	Management Management Non-Patient Care
Education & Development	Education Coordinator	Non-Patient Care
Infection Control	Manager	Management

### 3. Designated Coordinator of the sharps injury prevention.

The chairperson of our Safe-needle sub-committee is the Infection Control Manager, who was appointed by the Infection Control Committee. She is a medical technologist, certified as a specialist in microbiology, and has more than ten years experience in Infection Control, which was preceded by seventeen years as a microbiology specialist. She has also served as the co-chairman of the hospital's Product Evaluation Committee for the past five years.

### 4. What recommendations can you offer regarding the composition of the sharps injury prevention team?

There are some key individuals who should be a requirement for membership in a sharps injury prevention team. These include representatives from administration, preferably nursing, manager of area responsible for phlebotomy, the individual who tracks needle stick injuries for the organization, purchasing or central processing representative, and an individual with an infection control background.

### 5. Lessons learned.

Although all members of our sharps injury prevention team have contributed to its success, it is apparent that there have been some key participants, without whose commitment and support the efforts of the team would have been to no avail. These include individuals who can make administrative decisions regarding products and procedures. The full support from Nursing Administration and the Emergency Department management were essential to address processes and equipment that required change in order to reduce the risk of needle stick injuries.

By our second team meeting it was apparent that some major phlebotomy issues that were brought to the sharps injury team did not require the attention of all the team members, especially Purchasing, Central Supply, or Affiliate physician office staff. At which point we initiated a sub-committee, which specifically addressed these issues.

The Phlebotomy sub-committee, as it was named, was chaired by the Laboratory Director, and met immediately following the Safe-needle subcommittee. This enabled the committee participants to remain and discuss specific phlebotomy issues regarding policies, procedures, and necessary corrective action, while allowing members that these issues did not impact to leave. Members were more willing to attend from ancillary areas once they knew that their time was valued and respected. On the rare occasion that an issue arose that needed further input from the full committee, it was added to the agenda for the next meeting.

The addition of a Phlebotomy Technical Specialist position to the hospital resulted in a very positive impact on the success of many issues reviewed by both committees. One of the key roles of this individual is to evaluate every blood drawing related needlestick injury that occurs. This includes interviewing the employee injured to identify specifics of the event, and assessing proper technique and skill level. Corrective action is taken as deemed necessary, which may include retraining and monitoring until acceptable skill levels are achieved.

There were instances when members of the committee left the organization. The individual hired to replace them was invited to join the committee since it was expected that they would bring to the table the same expertise as their predecessor. All effort was made to allow for a smooth transition.

## 6. What we would do differently

With such diversity of membership in a committee such as this, time must be taken to educate all of the participants. There were instances when terminology or procedures had to be explained at greater length for a better understanding of how a new product could impact a current process. Some individuals may not express their lack of knowledge in an open forum setting, and therefore may not fully participate.

## 7 Advice for others

The enthusiasm and commitment that the members bring to the committee has proven to be key to its success. This begins with the support from leadership. If the committee does not have the authority to recommend or make changes to policies and processes, it will not be effective.

Individuals who are dynamic and respected by their peers have proven to be the driving force for change and acceptance of new ways of doing old things. Behavioral change is difficult for some professionals, especially if they have been doing things a certain way for a long time. Presenting the positive outcomes of change with effective inservicing has been demonstrated to be successful at this institution.

Committee meeting minutes are a must. They provide a complete account of the items reviewed, persons accountable, action taken, and time table of events. The minutes of both of our meetings are reported to the Infection Control and Environment of Care Committees.

Meetings were held once a month. A notice was sent out by e-mail one week before the scheduled meeting. A reminder was sent the week of the meeting along with the agenda and minutes for review.

## 8. Other information.

Compiling an inventory of sharps and safety devices in use throughout the hospital and associated physician offices was very beneficial. It allowed easier assessment of potential risks, and opportunities for intervention. At the same time it provided the Purchasing department with an easy reference for product control and cost comparison when evaluating new products.

Maintaining consistent representation on the committee from key departments has at times been challenging with individuals retiring, or vacating positions. It would be helpful if membership on the committee were listed as a function for that particular job description. This would also demonstrate the organization's commitment to support the committee efforts.

### Materials

Supplies included a copy of the NIOSH Alert for each member, resource articles from association journals, and a listing of all committee members or easy access.

The meeting minutes were entered into a formatted table for easy monthly entries. (see attached.)

### Staff Hours

Type of Staff	Hours Spent on Phase 1
Management	26
Administrative	2
Front-line	16
Total	44

### Other, non-labor items

Item
1) Folders / two-pocket
2) Copy Paper

**ORGANIZATION NAME OR LOGO**

COMMITTEE TITLE

**DATE  
TIME OF MEETING**

PRESENT:  
EXCUSED:  
ABSCENT:

TOPIC	DISCUSSION	ACTION / RECOMMENDATIONS	RESPONSIBILITY	DATE DUE
REASON FOR MEETING				
OLD BUSINESS				
NEW BUSINESS				
<b>NEXT MEETING</b>				