

Sharps Injuries, Safety Devices and 5 Successful Strategies to Reduce Sharps Injuries

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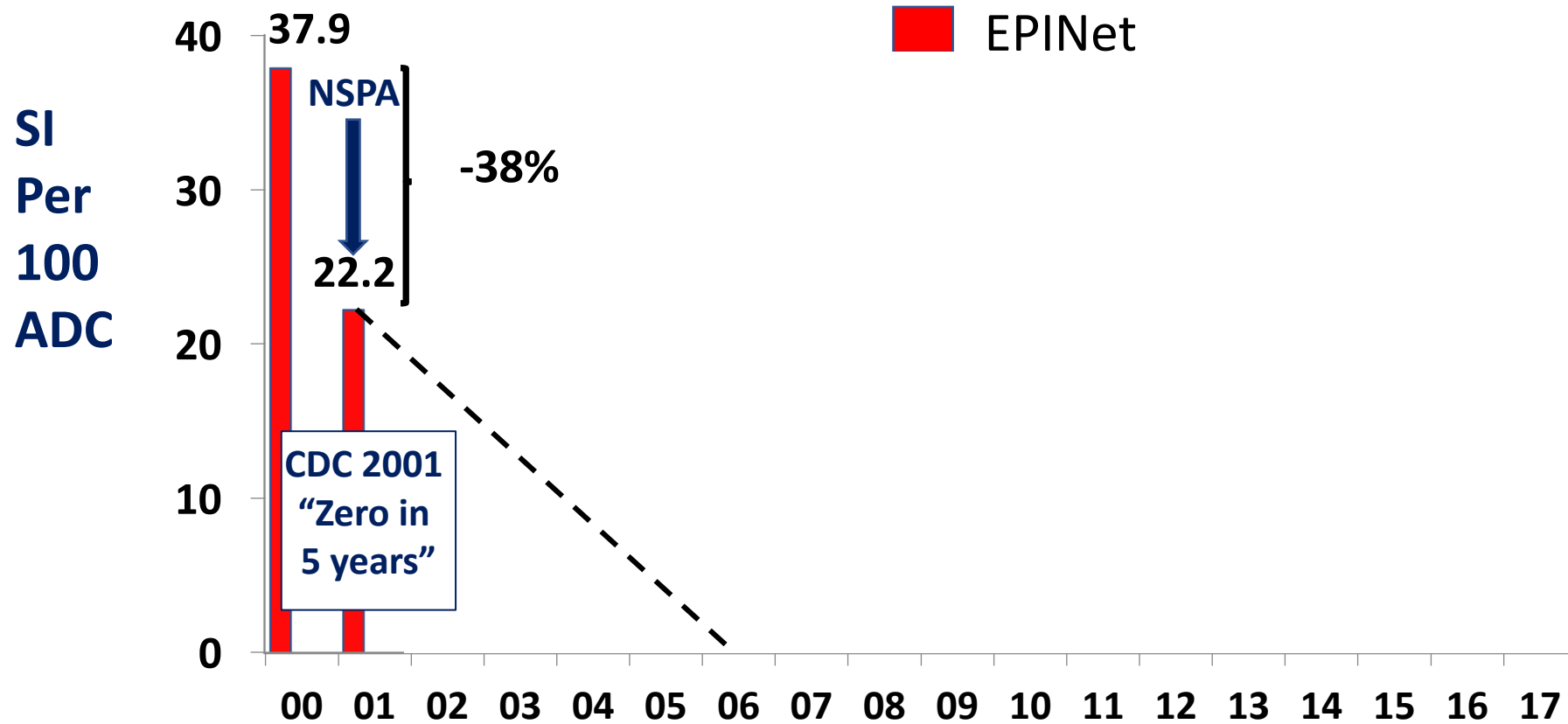
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Learning Objectives

- 1. Compare US & Canada trends in exposure incidence**
- 2. Outline reasons for SI not decreasing as expected**
- 3. Discuss 5 proven strategies to reduce sharps injuries**

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SI Trends since 2000

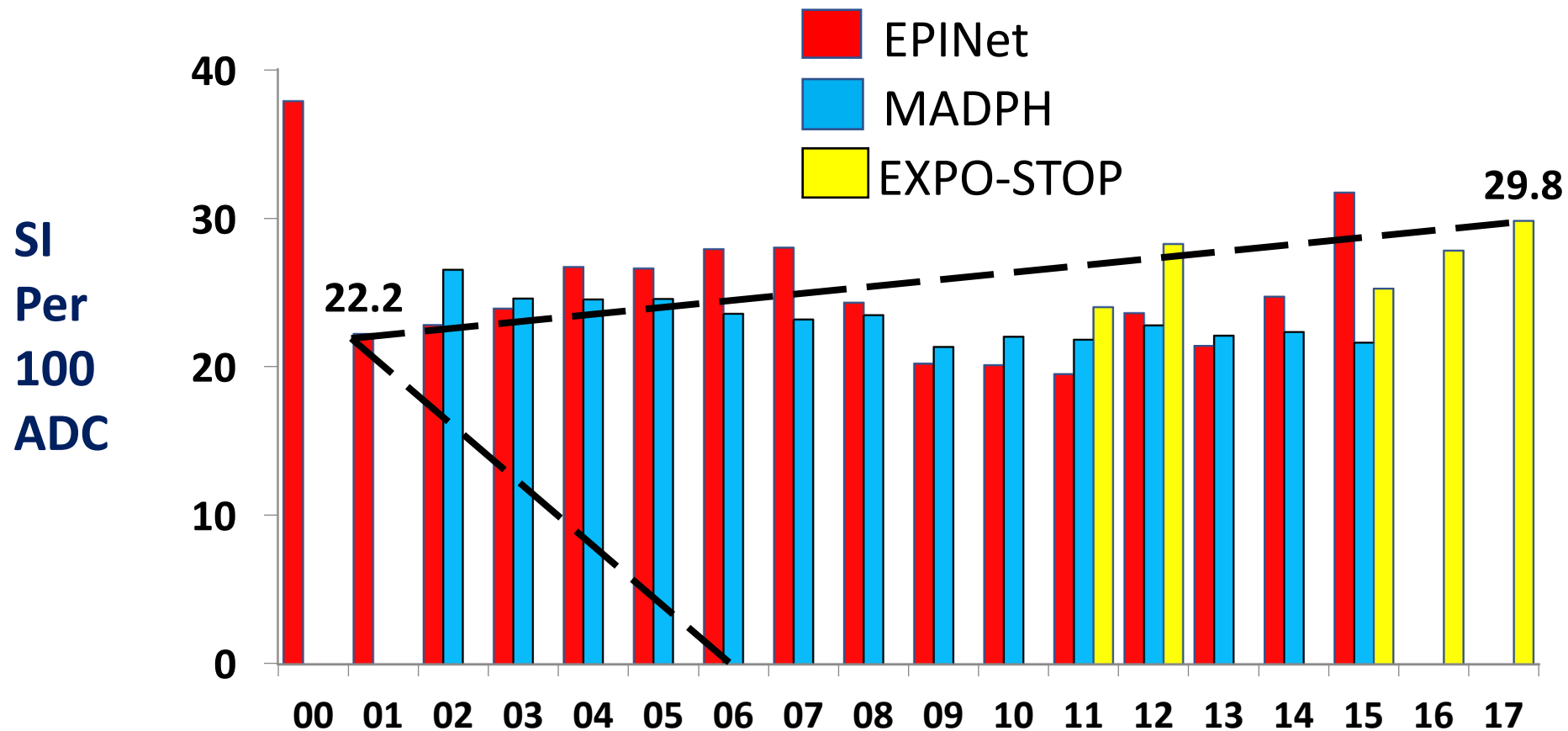


International Safety Center. EPINet Reports 2000 – 2015. <https://internationalsafetycenter.org/exposure-reports/>.

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SI Trends since 2000

“Occupied Beds” is poor workload Indicator

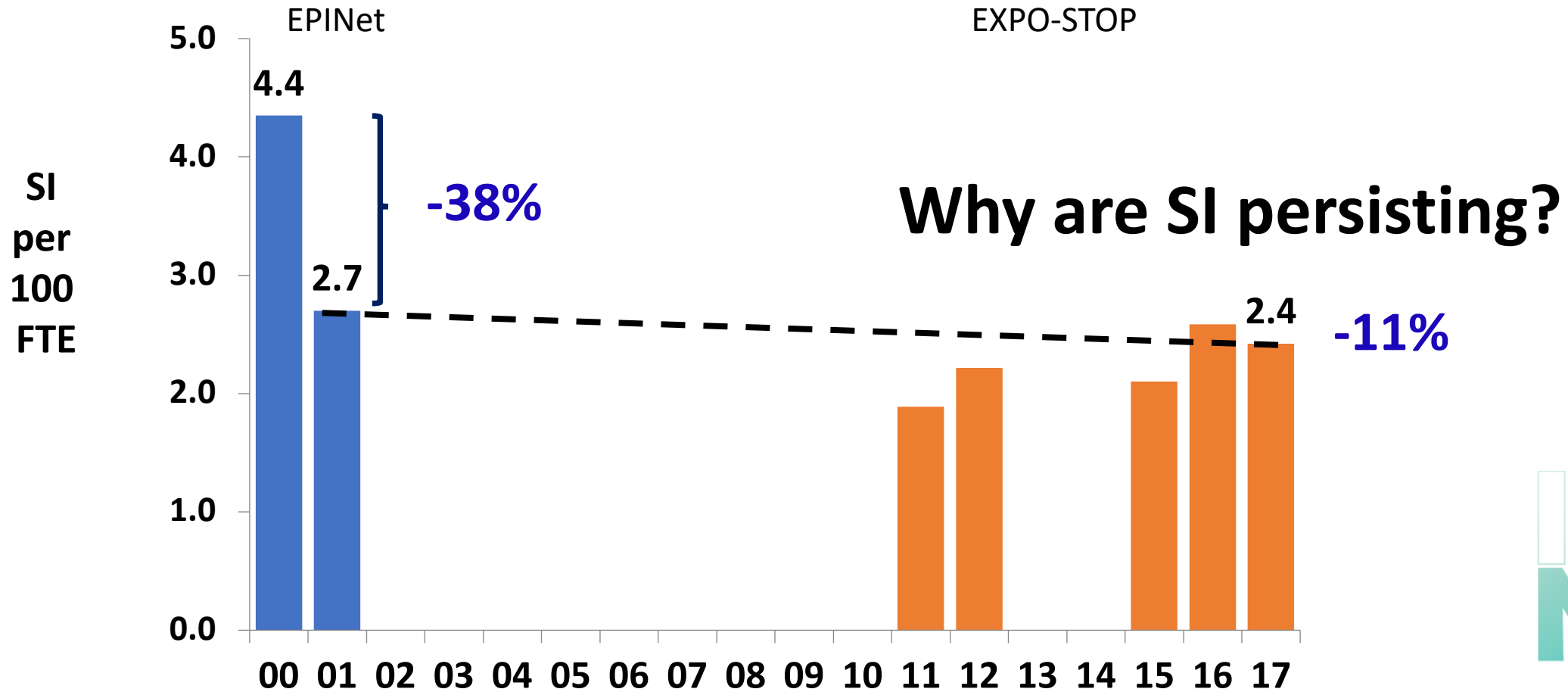


Massachusetts Department of Public Health. Sharps Injuries among Hospitals Workers in Massachusetts. 2002 to 2015.
<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/ohsp/sharps/data-and-statistics.html>

Grimmond T & Good L. Exposure Survey of Trends in Occupational Practice (EXPO-S.T.O.P.) 2015. Am J Infect Control 2017; 45(11): 1218–23

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Sharps Injury Rates per FTE (best workload denominator)



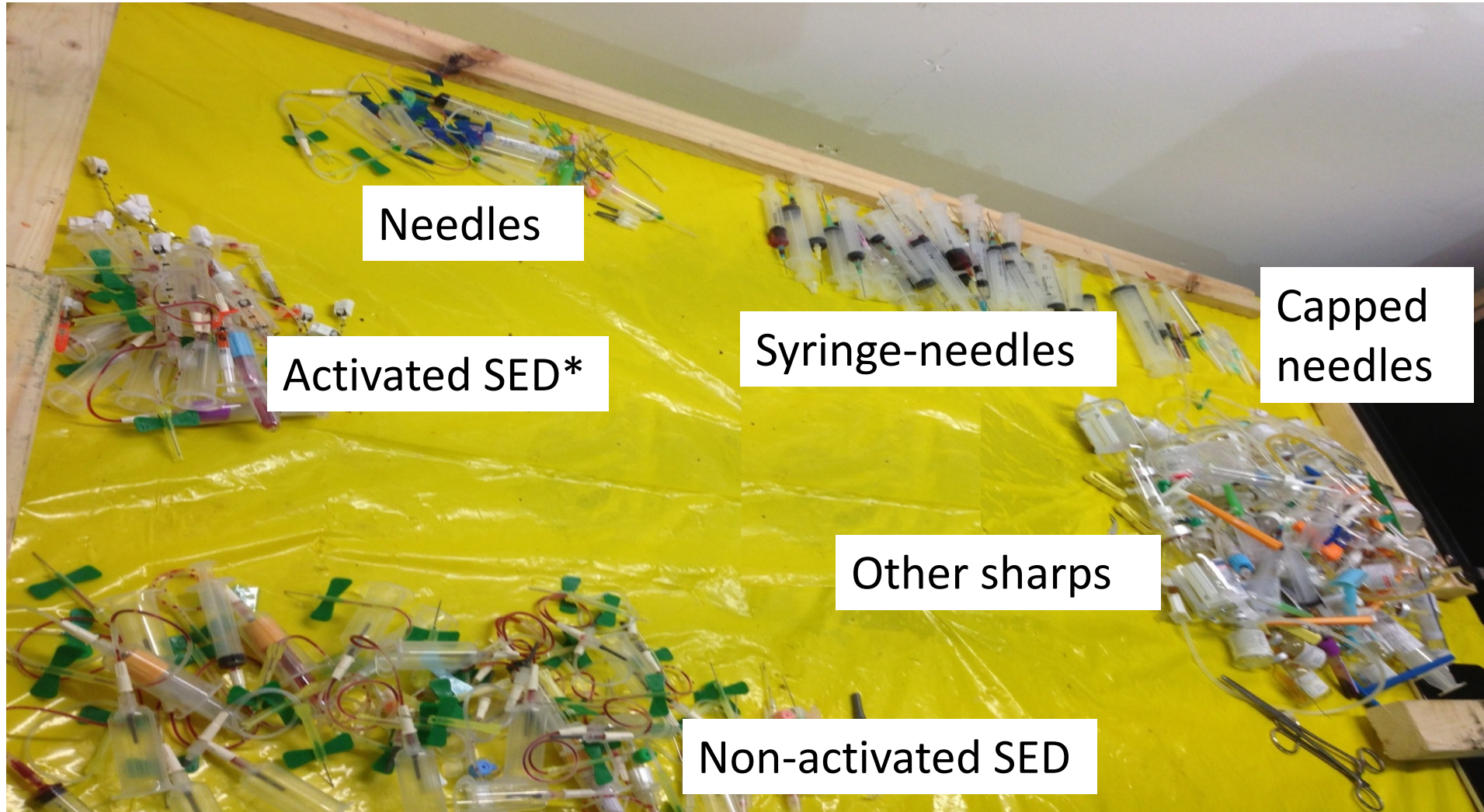
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Why have SI not decreased as expected?

- SI fallen off radar (“No data, No problem, No Action”)
- SI “low” – no “days off” therefore not prominent
- *“But HIV & HCV are treatable and HBV is excellent vaccine”*
- SED effectiveness (*“We comply with SED law”*)
- *Competency* training not widespread
- **Competition with HAI**
- **SED use?**

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“Use and activation of safety engineered sharps devices in a sample of healthcare facilities in Ontario and Quebec”



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*SED - Safety Engineered Devices

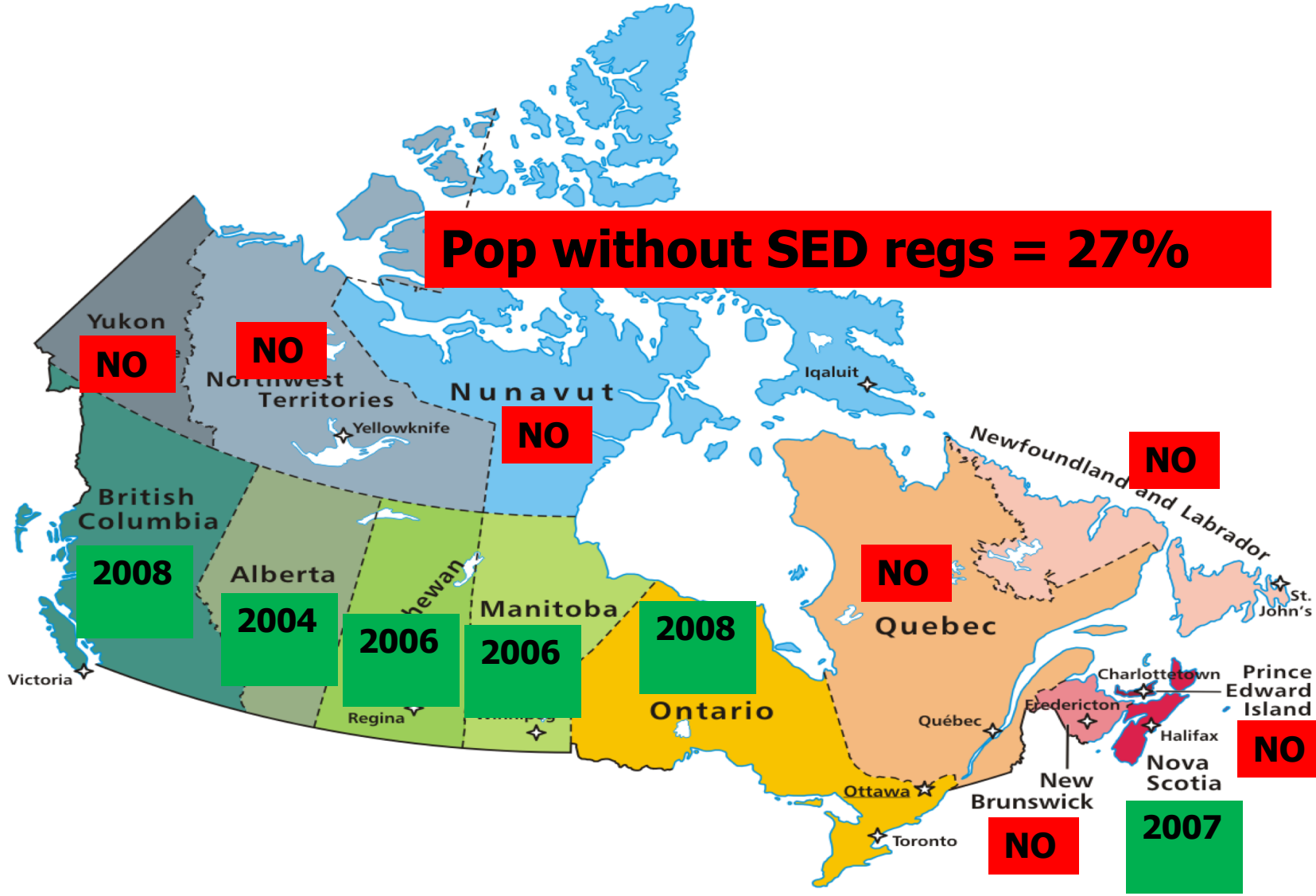
It's Not OK – Taking a stand against Sharps Injuries

Results - Safety Engineered Devices (SED)

| | Ontario | Quebec |
|----------------------------|----------|--------|
| Hospitals | 10 | 1 |
| Sharps Containers (Litres) | 33 (488) | 5 (61) |
| No. Hollow-bore sharps | 4,020 | 619 |

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Provinces & Territories with SED laws



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So, Currently in Canada...

- SED have decreased Sharps Injuries by estim 60% nationally
- But estimated 36,000 HCW sustain SI annually – 100 every day!
- New BBP can emerge (e.g. Ebola, Zika)
- SI cause large emotional impact in many HCW
- 7 provinces/territories do not have SED laws

Renewed focus and National Database needed

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5 Reduction Strategies in top 10 US hospitals (Incidence rates 70% below U.S. average)

- **Leadership Support**
- **Education & Training**
- **Communication**
- **Investigation**
- **Engagement**

Good L & Grimmond T. Proven Strategies to Prevent Bloodborne Pathogen Exposure in EXPO-S.T.O.P. Hospitals. J Assoc Occ Hlth Prof 2017;36(1);1-5.

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Leadership Support

- Strong commitment from the top
- Backing strategies with resources
- Firm commitment on policies/requirements
- Welcome frontline-staff as *partners* in safety
- Exclude non-SED. (Need apply in writing to Safety C'tee)

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Education and Training

- Do not assume new staff know policies, rules, SED
- Must demonstrate *competency* with relevant SED
- Sign-off on “completion & understanding”:
 - e.g. Exposure prevention policy, Work practices, Reporting procedures, unauthorised SED use
- Return for training if: SI, new SED, every 2 years
- Simulation lab; BBF; All staff/shifts; use vendors

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Communication

- Make reduction goals data-driven; align w strategic goals so BE is seen and recognized as important
- Transparency of BE to ALL staff ; Regular updates to decision-makers. “Safety Culture” permeates.
- Make reporting convenient; ph 24/7 (e.g. regional)
- Awareness campaigns; keep BE at forefront e.g. *Monthly bulletins, cafeteria stands, praise the zeros*
- *Find “safety champ” in unit. e.g. surgeon in OR*
- *Use “safety scripts”- recite to patients*
- *Use door signs “Sharps Procedure in progress”*

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Investigation

- No blame No shame; encourage reporting of every BE.
- Drill down on every incident root-cause; don't assume.
- Ask staff for their opinion when a trend/problem.
- Involve Unit Manager (+ senior leadership) + employee
- When investigating, confirm users :
 - had SED available
 - are correctly activating safety mechanism. Always. Immediately.
- Annually review safer SED availability (it's OSHA law).

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Engagement

- Hold frontline staff & managers responsible for safety
- When staff do well, get senior leadership to praise them
 - *“Employees who perceived strong senior leadership support for safety and who received high levels of safety-related feedback and training were half as likely to experience blood or body fluid exposure incidents.” Gershon et al 2000.*
- Hold Safety Forums; open with a thought-provoking:
 - *“If you arrived to work today and it was a safer environment, what would it look like?”*
- Partner front-line staff as “Safety Advocates” or “Safety Champs” with Occ Health and management leaders in initiatives e.g. mthly breakfast meetings.
- Success & positivity - breeds respect for next initiative

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Healthcare Associated Infection (HAI)

Definition...

“Healthcare-associated Infections are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting.”¹

“...also includes occupational infections among staff of the facility.”² (W.H.O. 2011)

Sharps injuries are “HAI” – need tap into HAI resources

1. CDC HAI Glossary. <http://www.cdc.gov/hai/hhs-hai-toolkit/hai/glossary.html?mobile=nocontent#H>

2. WHO. Clean Care is Safer Care. Report on the Burden of Endemic Health Care-Associated Infection Worldwide. WHO 2011. http://www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf.

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Big push for *patient* safety...

Why not an equal push for *staff* safety?

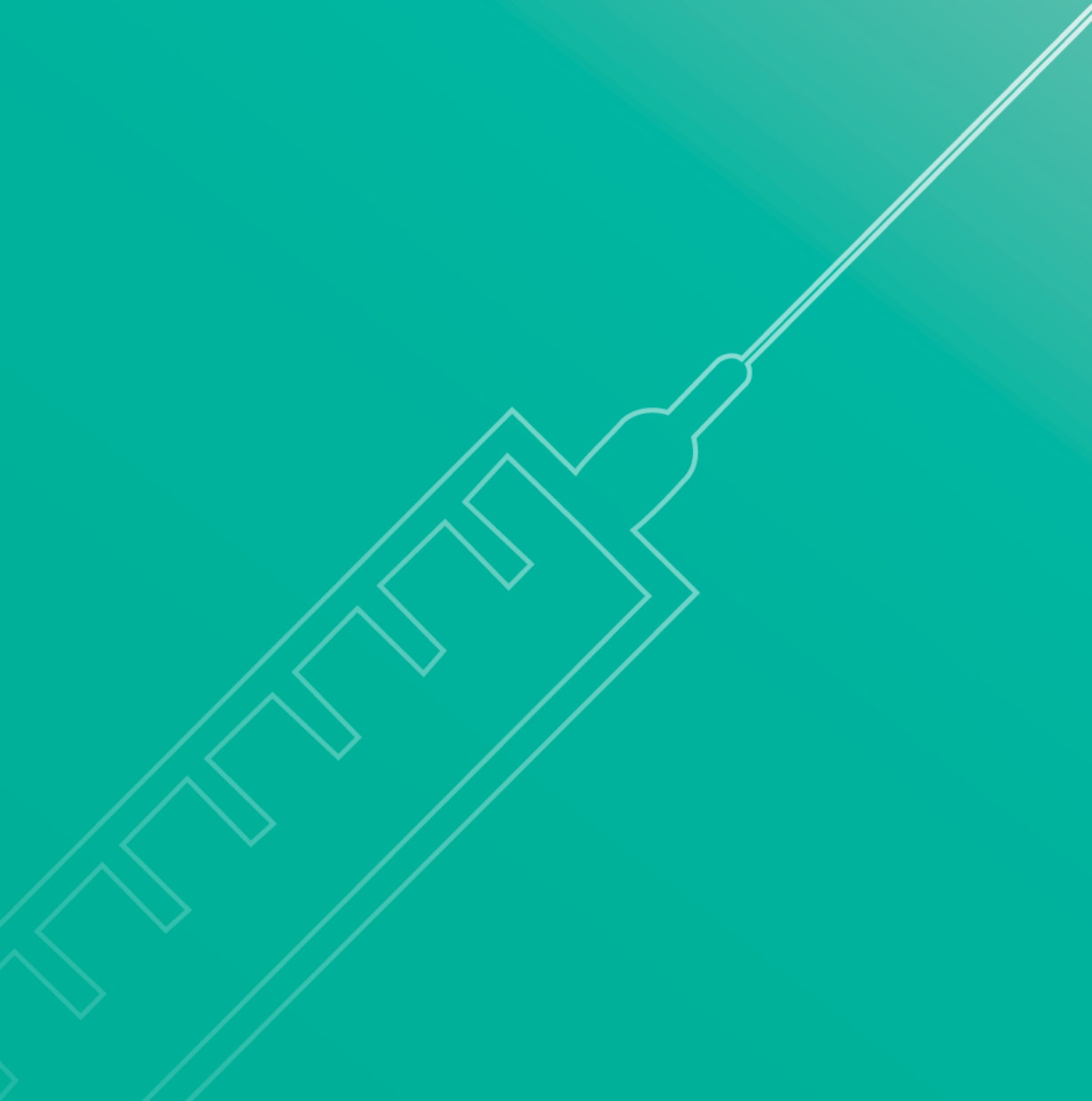
We've got the tools & strategies...

Let's put SI back on radar...

We owe it to our colleagues.

Thank You!

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Taking a stand against Sharps Injuries.