

NEEDLESTICK PREVENTION COMMITTEE

You will be facilitating the training for the Needlestick Injury Prevention project, but you cannot manage the entire needlestick prevention program. Even if you could, it would probably only enjoy marginal success. The ideas and energy from frontline healthcare employees are key to a winning needlestick prevention program. That is why a needlestick prevention committee is so important.

Key Players in Committee Formation

Often specific departments or supervisors are assigned responsibility for the development of a committee or implementation of a program. However no department or supervisor should be solely responsible for the needlestick prevention committee. Representation should come from multiple departments and committees throughout the healthcare facility, especially areas that use sharps and needles on a daily basis. Don't forget housekeepers, cleaners, and others who face needlestick or sharps exposure while performing their work tasks. Front-line workers should make up 50% of positions on the committee. Their experience and ideas for safer procedures and device selection will be invaluable. Administrative and risk managers should compose half of the committee membership, and should guarantee that all reports and recommendations of the committee have a prompt administrative response.

Role of the Needlestick Prevention Committee

The Needlestick Prevention Committee should have oversight responsibility for a comprehensive program, including:

- Defining bloodborne pathogen (bbp) exposure problems
- Ongoing surveillance at worksites
- Developing strategies for improved needlestick injury reporting procedures
- Developing surveillance systems to monitor needlestick injuries
- Obtaining and disseminating information on new devices
- Evaluating and selecting safe devices
- Assuring healthcare workers' input into product selection (schedule a device fair)
- Assuring appropriate pilot testing of new devices
- In-service training for the introduction of new safety devices
- Exposure treatment program
- Exposure control plan

Establishing Goals and Program Components

It is estimated that over 80% of all exposures from sharps and needlesticks are preventable. The program goal should be to reduce exposures through a series of comprehensive systematic approaches. It is important that the committee have a degree of authority that is clearly defined and understood by facility administration. The first task of the committee should be to gather and review data on sharps/needlestick injuries in the facility.

Gathering Data on Needlestick Injuries at Your Facility

Your needlestick committee should regularly review the sharps injury log. You will find crucial information there. Learning which types of devices are involved in injuries, you will be able to determine which devices are not safe and must be replaced. While reviewing the log, you may also notice that certain departments or units seem to have a high number of injuries. Armed with that information, you can work with that unit to determine why they are sustaining so many injuries. Did nurses on that unit receive training on the use of safe devices? Are there low staffing levels on that unit? Is there a lack of safe devices available in that unit? The information contained in the log will help you develop the answers to prevent more injuries. You will know if you need to increase training, stock more safe devices, and/or increase staffing.

Start by reviewing sharps injury logs that involve exposure to bbp by needlesticks and sharps. Review each case to learn the specifics of the each incident, so that common factors can be identified. Since it is estimated that only 50% of the injuries from cuts and sharps are reported, you should not rely solely on your institution's injury logs or risk management data. A facility-wide anonymous written survey, which ensure employee confidentiality, will provide valuable information on how many injuries are occurring and in what areas. Your survey should gather the following information:

- Who is being injured most often? (nurses, physicians, housekeepers, lab technicians)
- Where are the injuries occurring?
- On what shift is the injury occurring?
- What procedures are causing the most injuries?
- What are the highest risk injuries?

Tabulate the information and share it with committee members, along with the epidemiologic data that was presented in this training. Later you can utilize both sets of data in your training sessions at your site. It is also important to find out what types of needlestick safer devices are presently being used by personnel in

WORKING WITH THE PURCHASING SYSTEM IN YOUR FACILITY

Healthcare facilities purchase equipment and supplies in a variety of ways. It is important to learn the process for approval and purchasing of new devices and medical equipment in your particular workplace, so that the Needlestick Prevention Committee, including frontline healthcare workers can actively participate in the purchasing process. Particularly in the case of large health networks and group purchasing organizations, where complex purchasing systems are involved. The needlestick prevention committee will need to be fully prepared in order to present their recommendations for safer devices, and may require a series of meetings to accomplish this task.

Important Steps To Ensure Safer Device Purchasing

1. Find out who is responsible for new product purchases in your facility. It may be someone in the purchasing department, or it may be a committee of staff.
2. Schedule a meeting between the Needlestick Safety Committee and the identified contact persons to share the goals of the bloodborne pathogen exposure control program with them. Find out the steps for bringing a new product into the facility.
Ask if any nurses or other health workers are currently a part of this process, and if not ask that frontline healthcare workers from key patient areas be assigned to participate in this task. If your request is not granted, you should contact the Health and Safety Department and Management to ensure immediate action.
3. In a non-threatening manner, educate the decision-makers about the requirements for sharps containers, safer needle devices and other personal protective equipment (PPE). Familiarize them with the various devices and their safety features. Provide written materials for their review and offer to provide an education session geared to their specific needs.
4. Obtain commitment to comply with the provisions of the occupational health bloodborne exposure control plan from top management, and their support of new purchasing procedures for safer devices. Identify the frontline workers, who will participate in the various committees and have management communicate the importance of frontline employees to all staff.
5. When Working With the Purchasing Department-
 - Be aware of “narrowing down” selection procedures. Some facilities only offer the needlestick device selection committee products that have been

pre-approved by purchasing or management personnel. These are often based on recommendations or limitations by group purchasing organizations (GPO). These “narrowed down device choices” are often only based on price and neglect the safety features. This is especially true in facilities that are owned and operated by nation-wide corporations. For a complete list of safety devices by categories of function see the resource list developed by Epinet on the following page. New devices are added regularly, so it is a good idea to print the latest version from the Epinet web site at <http://www.med.virginia.edu/epinet>.

- ❑ Make sure frontline workers have more than just token involvement in all committees. They should have access to every part of the device evaluation and selection process. If this is not the case, make sure to document this information in safety committee minutes.
- ❑ Allow sufficient time for the evaluation and selection of devices. This may be a new concept for purchasing personnel.
- ❑ Allocate sufficient time for pilot testing of products on the units. This should be at least two weeks and should allow time for each employee to use the product.
- ❑ The chronological order in which products are introduced in the pilot test often influences the selection decision. Research shows that devices tested first were rated higher by employees than those piloted later. It might be best to introduce devices in varying order on the units.
- ❑ During the pilot test, employee comments should be considered and passed onto device designers. Whenever possible, opportunities for direct communication between frontline employees and device designers should be encouraged.

OVERCOMING BARRIERS TO SAFETY

What is the biggest barrier to preventing needlestick injuries in your workplace?

Barriers can be divided into two types:

- ❑ Purchasing barriers
- ❑ Implementation barriers

Purchasing barriers are those things that prevent safer devices from being purchased for the healthcare facility. This may occur for a variety of reasons.

- ❑ No Commitment from Administration
- ❑ Cost
- ❑ Purchasing contracts with GPOs already in place
- ❑ Resistant to Change
- ❑ Familiarity with Present Products and Vendors
- ❑ Lack of Information on Available Alternatives

Of course, in some cases the facility may have purchased the safer device, but barriers remain to implement them and needlesticks are still occurring. These implementation barriers may be due to.

- ❑ Lack of awareness of risk by employees
- ❑ Lack of training for workers with the new devices
- ❑ Old devices remain in place and use
- ❑ Frontline employees were not involved in product selection
- ❑ Perceived conflict with patient safety by users