ZERO' Sharps Injury :Moving from Theory to Implementation Safety & Health Achievement- Enaya specialized Care Center

Background/Purpose

The purpose of this project is to reduce the needle stick injury and to sustain 0% rate at Enaya-Long term Care Facility.

Sharps injuries describe any incident in which a healthcare worker is stuck by a needle or other sharp instrument which penetrates the skin and which is contaminated with potentially infected blood

As per the CDC statistics:

CDC estimates ~385,000 sharps injuries annually among hospital-based healthcare personnel (>1,000 injuries/day)

Healthcare personnel are at risk for occupational exposure to blood borne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Exposures occur through needle sticks or cuts from other sharp instruments contaminated with an infected patient's needle stick injury is a percutaneous piercing wound typically set by a needle point, but possibly also by other sharp instruments or objects.

Commonly encountered by people handling needles in the medical setting, such injuries are an occupational hazard in the medical community.

Goals / Objectives

To prevent needle stick injury by using safety devices and compliance with safer practices to reduce the risk of exposure to blood borne pathogens .

Methods

- By using safer techniques :
- No recapping of needles by hand,
- Disposing of used needles in appropriate sharps containers,
- Do not bend or snap the used needles.
- Using needles with safety features designed to prevent injuries.
- Using Vaccutainer needles with shield for drawing blood samples.
- Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eyes, nose, mouth, or skin.
- Education about disposal of sharps and waste management.
- Organizing the equipment at the point of care.
- Sharps are kept away from the user.
- Precautions were taken during the use, clean-up and disposal of sharps.
- Sharp containers are secured to prevent spillage.
- Staff were educated to avoid putting hands into sharp containers.
- Random spot checks were done to observe the staff practices on use of Vaccutainer needles.

Risk Management

Most Effective

Elimination or substitution of sharp (eliminate unnecessary injections)

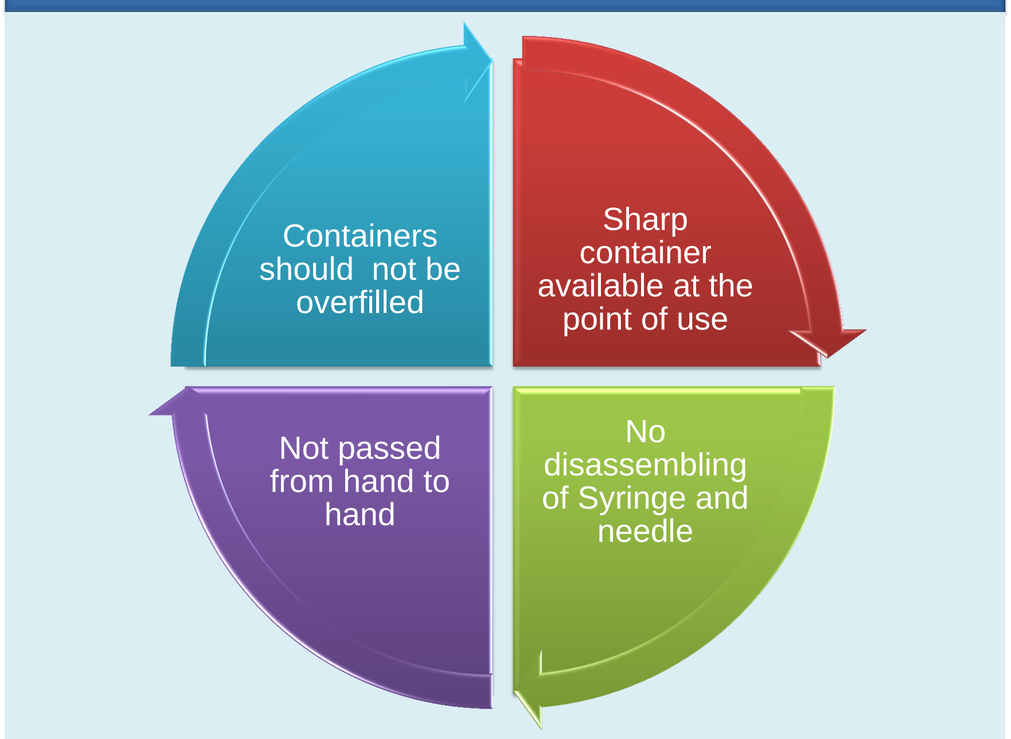
Engineering controls (auto disable syringes, safer needle devices)

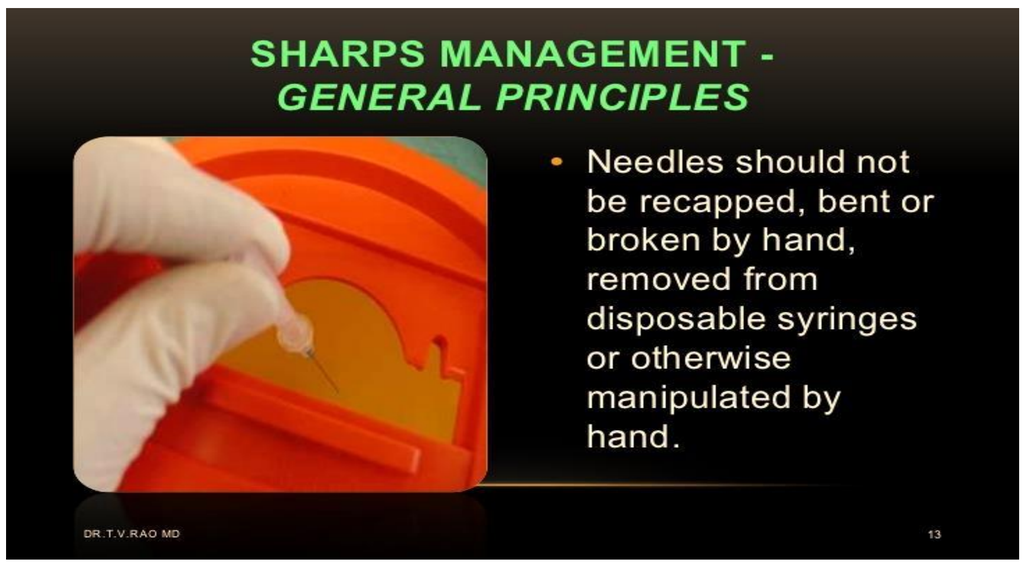
Administrative and work practice controls (standard precautions; no recapping; provision and placement of sharps containers)

Personal protective equipment

Least effective

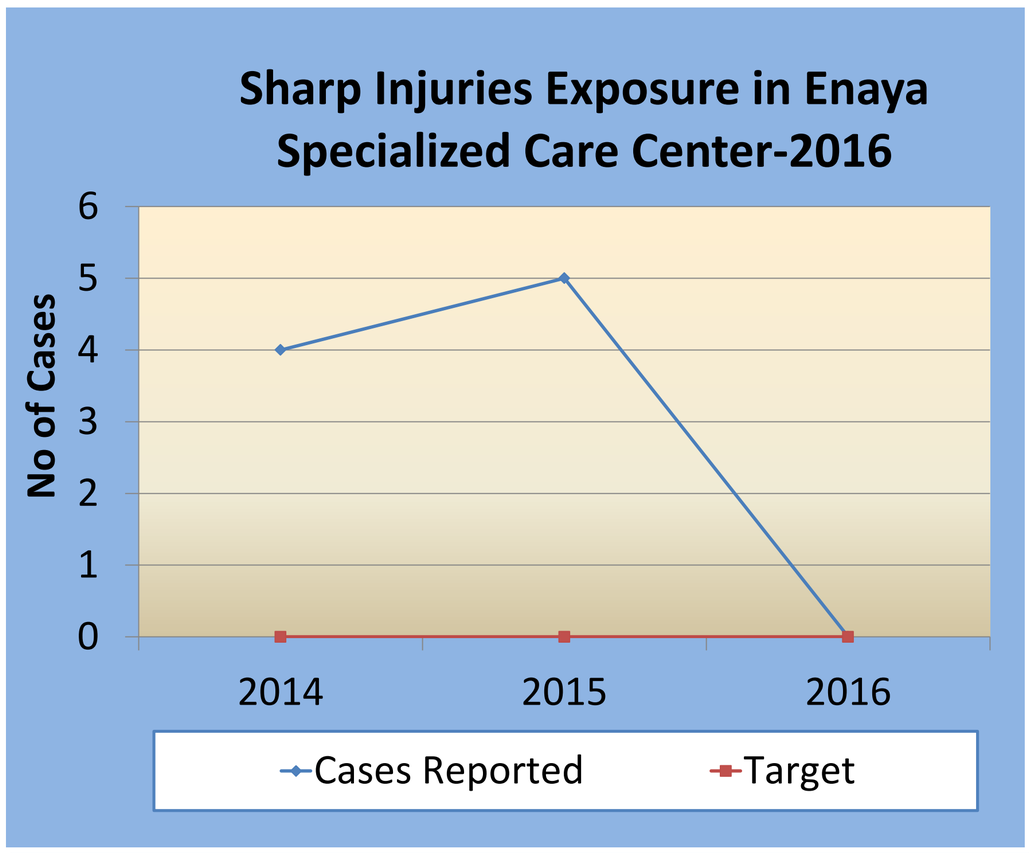
Safe Disposal of Sharps





Results

Year	2014	2015	2016
Cases	4	5	0
Target	0	0	0



CONCLUSION:

- In the year of 2014 a total of 4 needle stick injuries reported and in the year of 2015 the incidence was increased to 5 cases.
- As we noted that there were increase rate of needle stick injuries the above interventions were implemented to reduce the incidence.
- The target was set as 0 for the year 2016 .
- The target was achieved by the end of 2016 through the above mentioned interventions working as a team in Enaya.
- The elimination of unnecessary injections and unnecessary sharps is the first step to preventing infection with blood borne pathogens.
- To conclude that over the last year the incidence of needle stick injuries have reduced significantly.

Next Steps

Adhere to safe practices and assist and support coworkers in safer practices

Report injuries or blood/body fluid exposures, sharps injury hazards, and near misses

Participate in training for devices and properly use sharps safety features

Participate in surveys (e.g., safety culture) and device evaluations

Team Members

Author: Ms. Sheela Umakanth, A/ICP,

Sponsor: Dr. Hanadi Khamis Mubarak Chairperson Geriatrics

Dr. Abdul Aziz Darwish- Medical Director-

Dr. Faraj S.Howady – Senior Consultant- ID

Facilitators:

Ms. Manal Mustafa, Head of Infection Control-RH

Ms. Lynne Mendonsa, DON

Team Members:

Ms. T akwa Mahmoud, NDS

Ms. Lisha Abraham, NDS.

All Head Nurses -ESCC

Infection Control Link Nurses -ESCC

All Nursing Staff –All Physicians -ESCC

References

*CDC Guidelines for Prevention of Sharp injuries.

*Infection Control Practices Policy CL 7246

*Management of occupational exposure to blood and body fluids Policy CL-7251.

*NIOSH, June 1995—December 2003

*EPIC 2001 - Prevention of HCAI in Primary and Community Care (2003)