

Sharps Injury Prevention – A look into Fraser Health & BC Health Authorities

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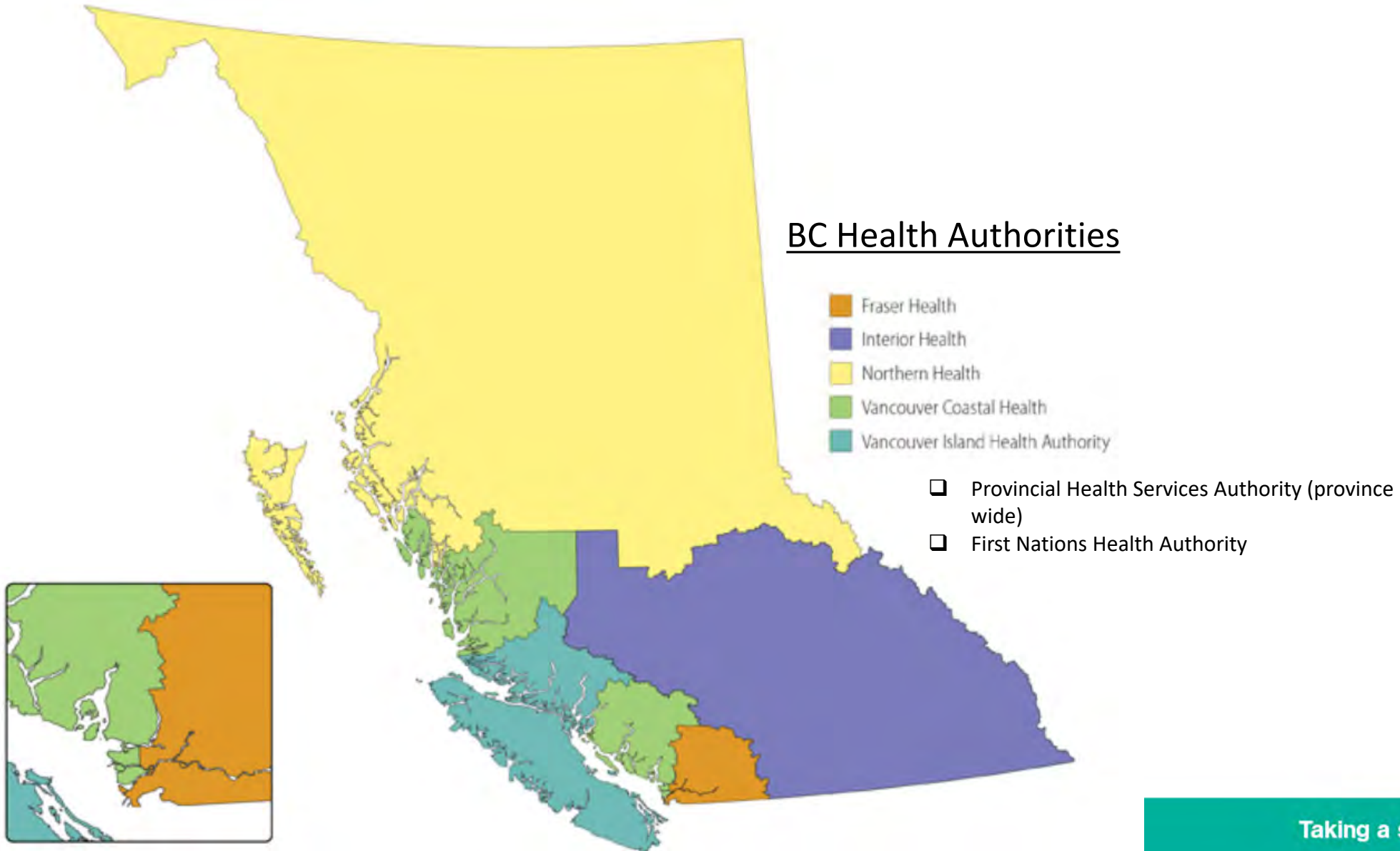
April 20, 2018



- BC Healthcare – How we're organized
 - Fraser Health - who we are, what we did, how we're doing
 - WorkSafe BC Regulation
 - Lessons Learned, Challenges and the Future

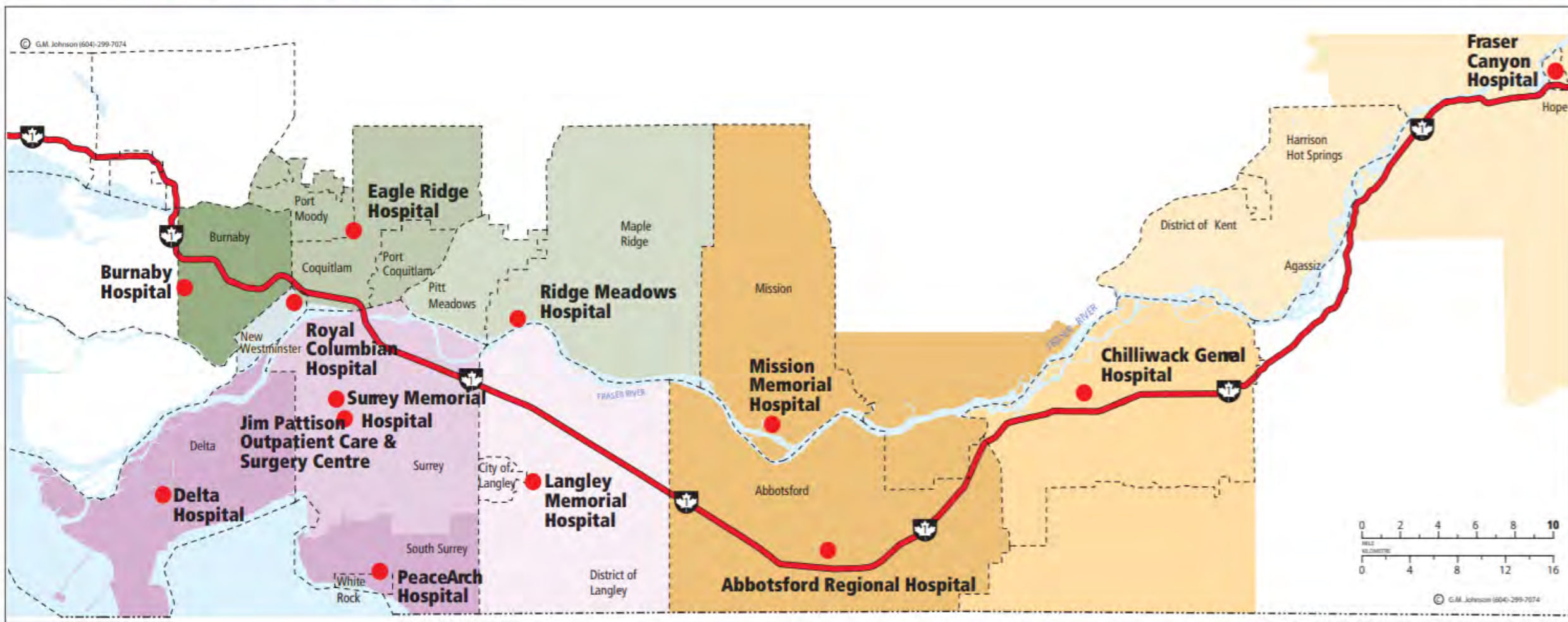
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BC Healthcare – how are we organized



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Taking a stand against Sharps Injuries.



Sharps Injury Prevention - Initial Effort

2004

- Blood and Body Fluid (BBF) Exposure Control Program developed
- Multi-disciplinary group involved in product selection
- Safety Engineered Medical Devices (SEMDs) introduced mid-2004

Hypodermic needles



BD Eclipse



BD SafetyGlide



BD SafetyGlide TNT

IV Catheters



BD Insyte Autoguard



BD Saf-T-Intima

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Sharps Injury Prevention - Initial Effort



Change management challenges encountered:

1. Inventory Coordination issues
2. Resistance to technique changes
3. Hoarding of conventional devices

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Sharps Injury Prevention - Initial Effort




Safe Needle Task Group:

- authority-wide action plan for re-implementation
- included site leadership & educators
- corporate policy

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Department and Site drop-in Education sessions conducted by Manufacturer Reps

NOW YOU SEE IT NOW YOU DON'T




**ACTIVATE THE SAFETY
PROTECT YOURSELF
PROTECT OTHERS**

More education
is available
upon request!


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** Contact Workplace Health if you have questions or want more information or education on safe needle devices


**Fraser Health Standard
Safety Needle & Syringe
Combination BD Eclipse
Instruction Guide**




Instructions for Use after Drawing up Medication:




Firmly attach needle onto a luer syringe with a push and clockwise turn.



Pull back the safety cover toward syringe and away from the needle. Remove needle shield.



Inject according to protocol.



After injection, immediately cover the safety cover as follows:

- Using the same hand holding the syringe, center the forefinger on the finger pad area of the safety cover.
- Push the cover forward over the needle until you hear it lock "CLICK".
- Visually confirm that the needle tip is covered and discard into a SHARPS container.

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**Fraser Health Standard
Safety Syringe & Permanently
Attached Needle Combination
SafetyGlide Tiny Needle Technology
Instruction Guide**





ASPIRATION

- Aspirate medication into syringe as per your usual technique
- Safety arm can be rotated for scale readability

INJECTION

- Administer medication following established technique
- To facilitate a low angle injection, safety arm can be rotated so it is orientated to the needle bevel




ACTIVATION

- After injection, apply a single finger stroke to activate the safety arm by moving it completely forward
- Safety arm is locked and fully extended when you hear the "CLICK" and the needle tip is covered
- Dispose of SafetyGlide syringe in the nearest SHARPS container

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May 2004

**BIOLOGICAL
HAZARDS
(Biohazard)**

Activate!

**Sharps
Safety
Devices**

Protect Yourself
Prevent Exposure

A Plan to Protect
Care Workers from
Exposure to Infectious
Diseases at Work

Workplace Health

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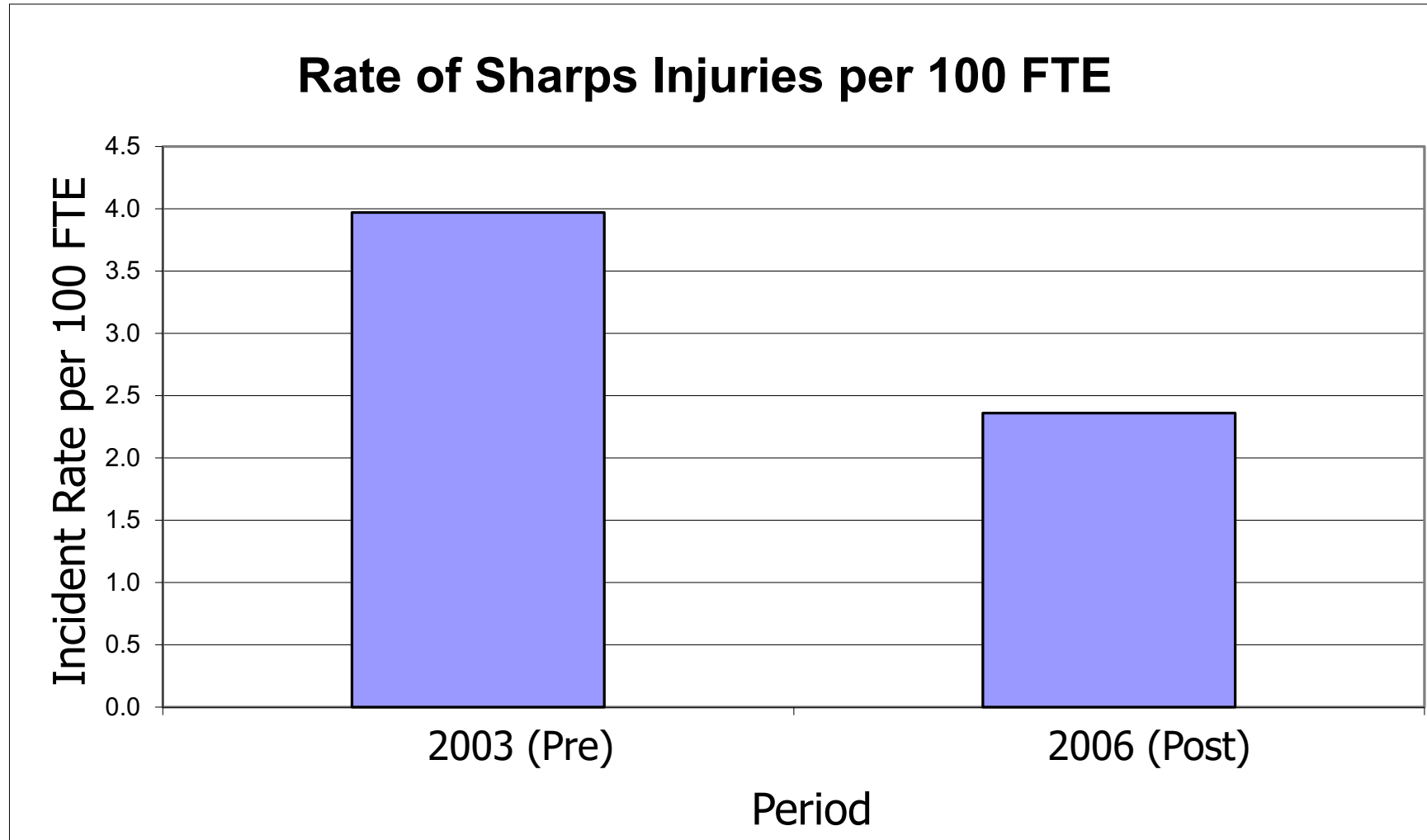
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Conducted department supply reviews:

- Address hoarding of conventional devices
- Re-educate on products options & uses
- Report compliance to Organizational Leadership



Initial Implementation – Results



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Initial Implementation Outcomes

- Overall sharps injury rate decreased
- Medical and surgical wards converted to safety sharps
- Incomplete conversions in: ORs, ER, Ambulatory Care, Labour & Delivery
- Most areas with limited implementation saw little to no improvement in rates

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WorkSafe BC Regulation (2008...)

- January 1st, 2008 OHSR requires use of safety engineered **hollow bore needles**
- October 1st, 2008, further changes to the OHSR
 - require the use of safety engineered devices for **all medical sharps**
 - Only devices that have built in safety features or mechanisms that eliminate or minimize the risk of accidental parenteral contact can be used
 - Where there is a **choice between more than one type of safety engineered sharp**, the device that offers **highest level of protection** from exposure to blood borne pathogens **must be used**.

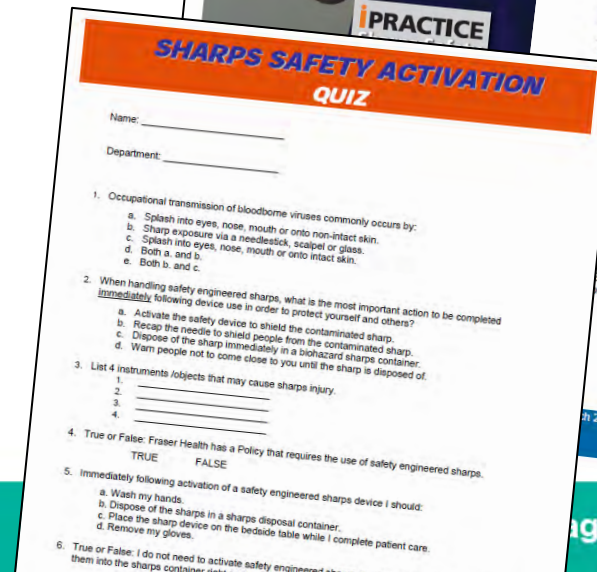
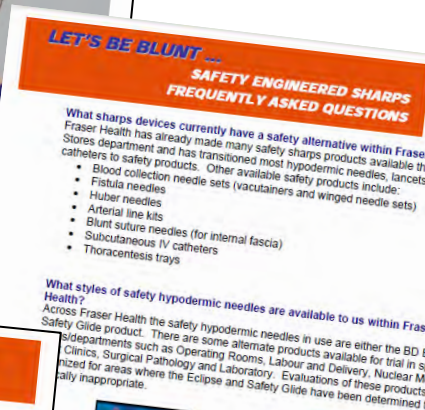
Defined two instances where conventional sharps could still be used:

1. The use of the safety device is not clinically appropriate, and
2. A safety device is not available on commercial markets in Canada.

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Fraser Health – other BBF Prevention Initiatives

- Regional working groups created
 - Evolved into Lab and Surgical BBF working groups
- Neutral Zone Policy, 2008
- Champions Initiative 2010
 - disposable scalpels implementation
- Target projects
 - ER, Labs, Surgical Units, Medical Units, ORs



Fraser Health – other BBF Prevention Initiatives

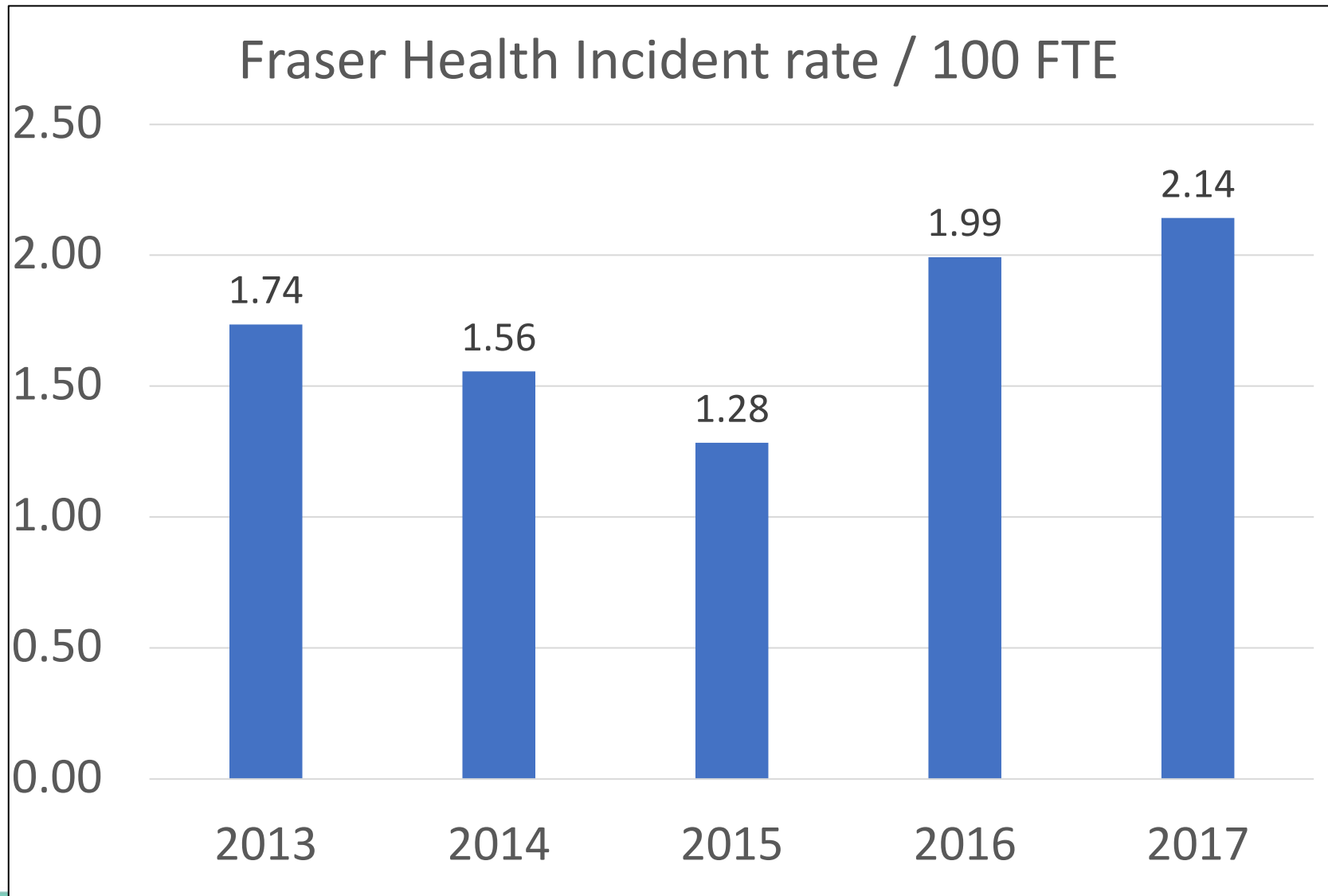
- Focus groups
- Department audits and worker surveys
- Roll-out of online learning modules
- Post-secondary institution partnerships
- Lab SEMD implementation
- BC SEMD Activation Study
- Facility design to ensure appropriate sharps container installation

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What does the data show?

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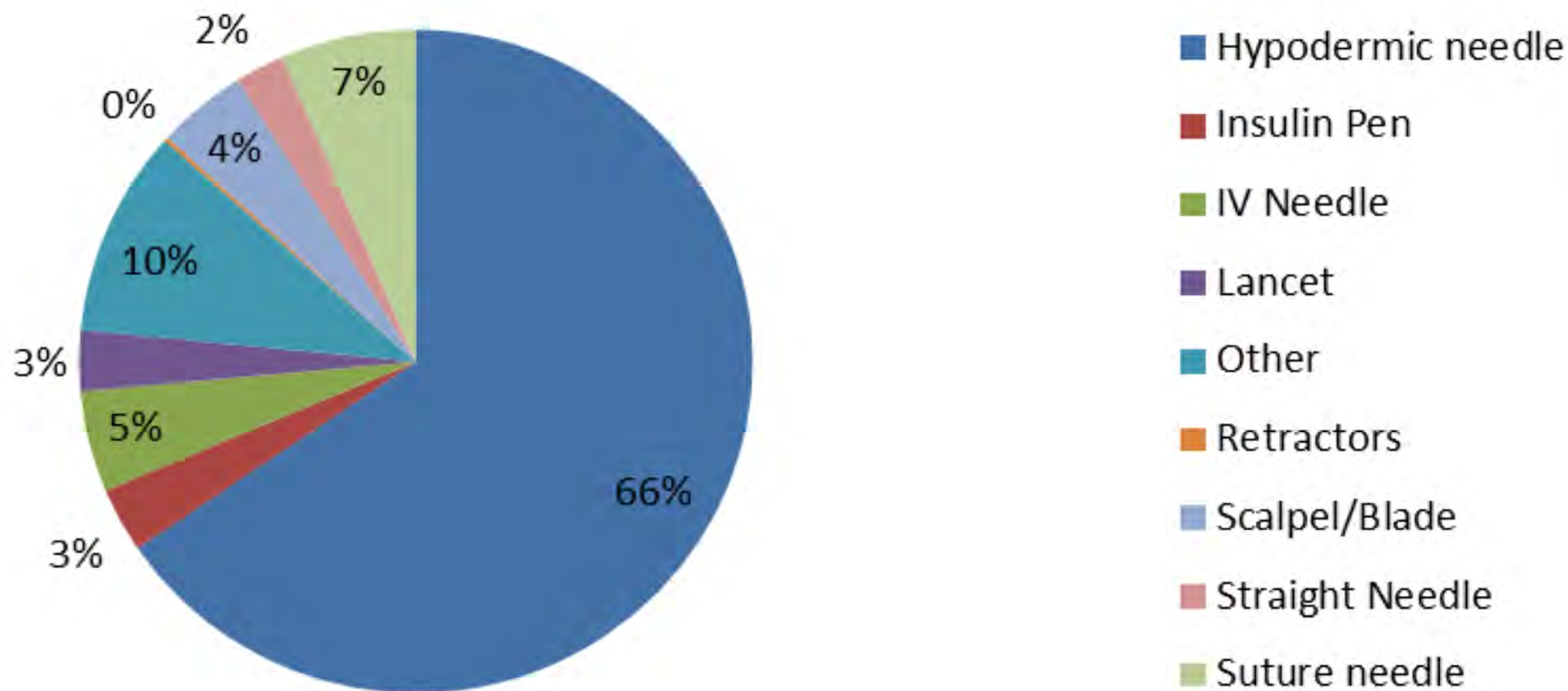
Fraser Health – Injury Rates overtime



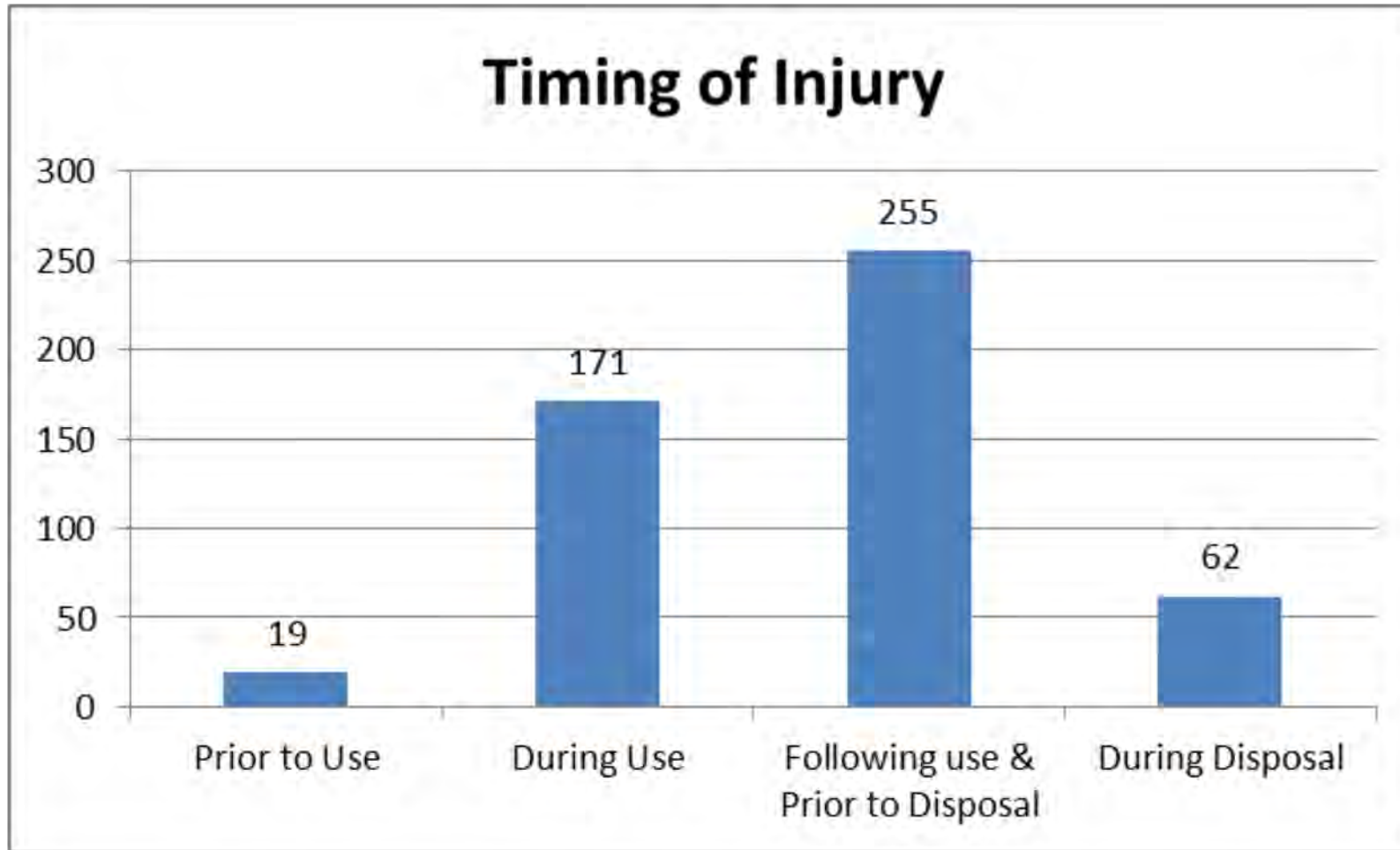
- excludes physicians

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Percent of Incidents By Sharps Device 2016-2017



Fraser Health – Timing of Sharps Injuries

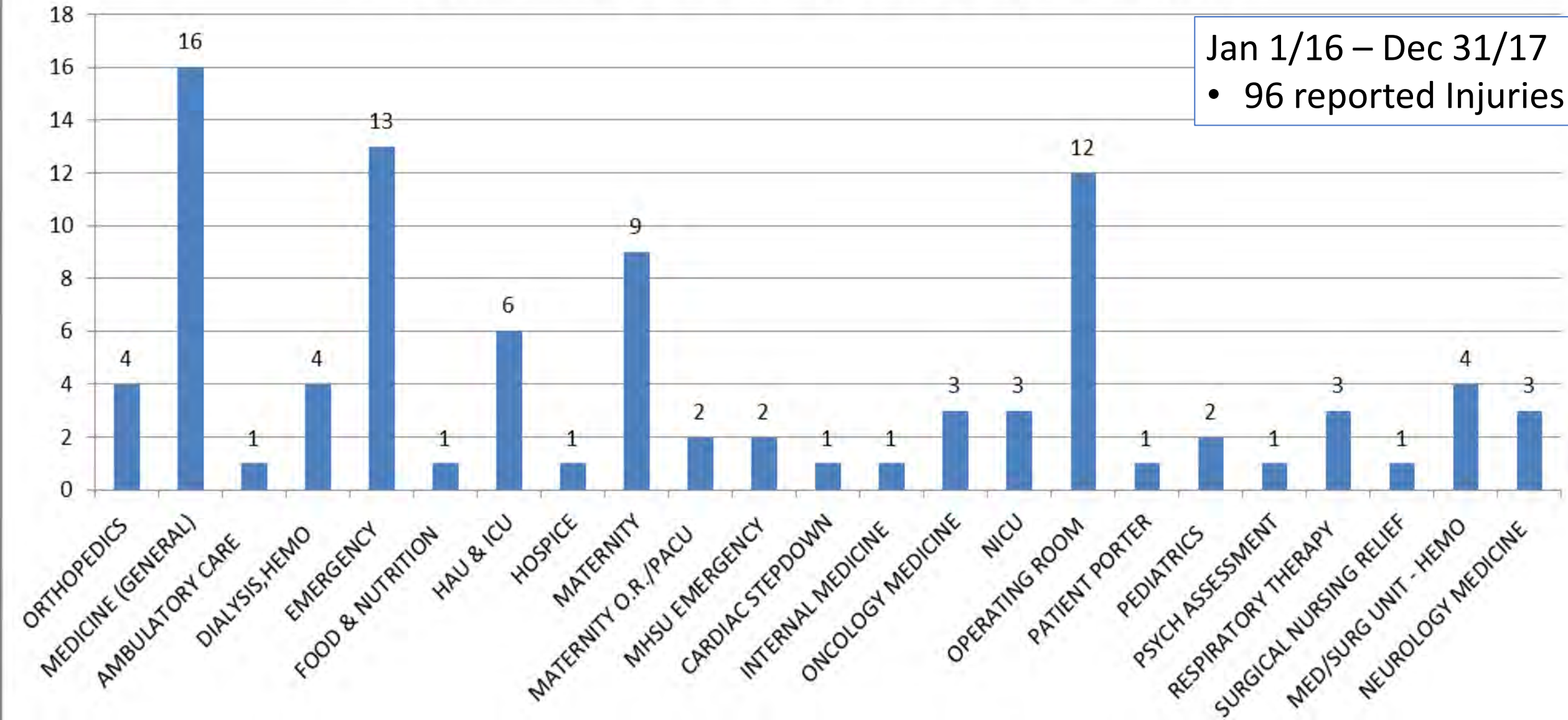


Jan 1, 2016 – Dec 31 2017

- 507 injuries reported
- All Health Authority with the exception of:
 - Medical Device Reprocessing
 - Facilities Maintenance
 - Pharmacy
 - Lab
 - Medical Imaging
 - Biomedical Engineering

Surrey Memorial Hospital - Injuries by Department

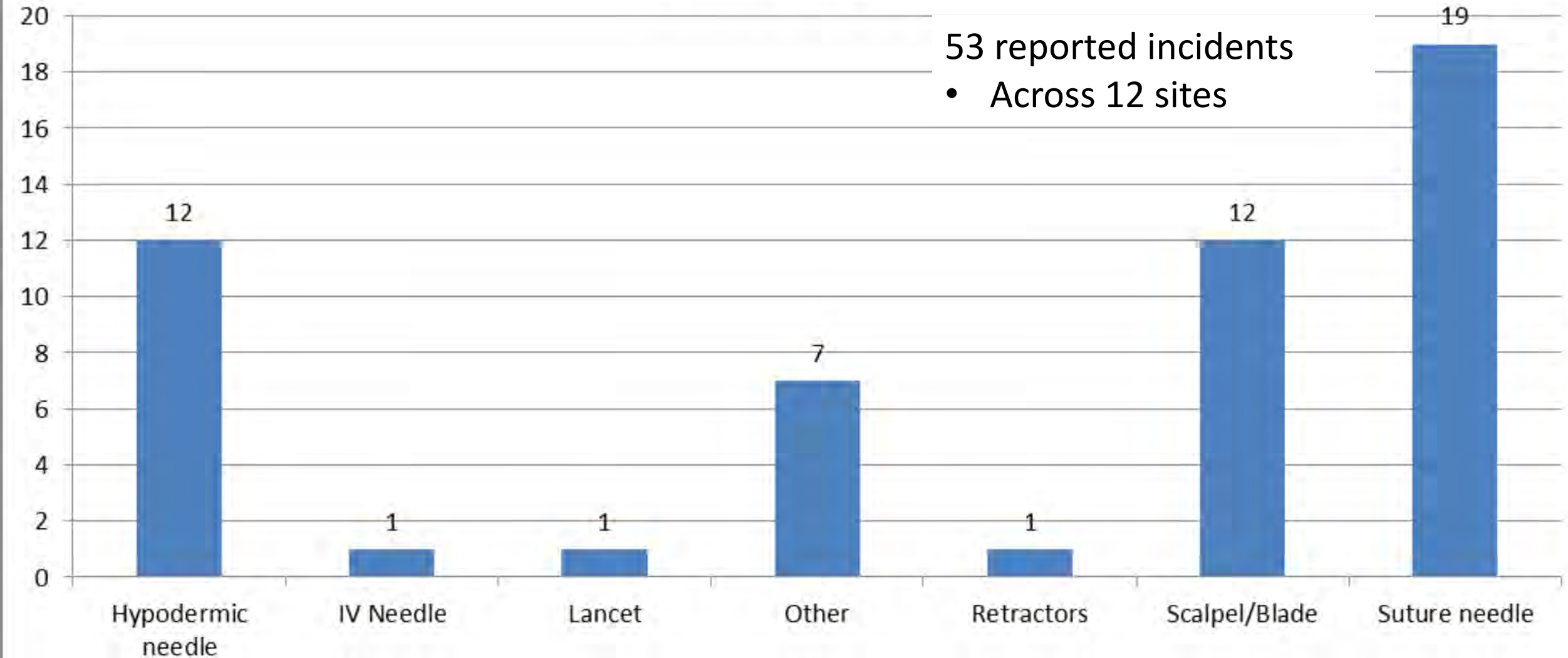
Jan 1/16 – Dec 31/17
• 96 reported Injuries



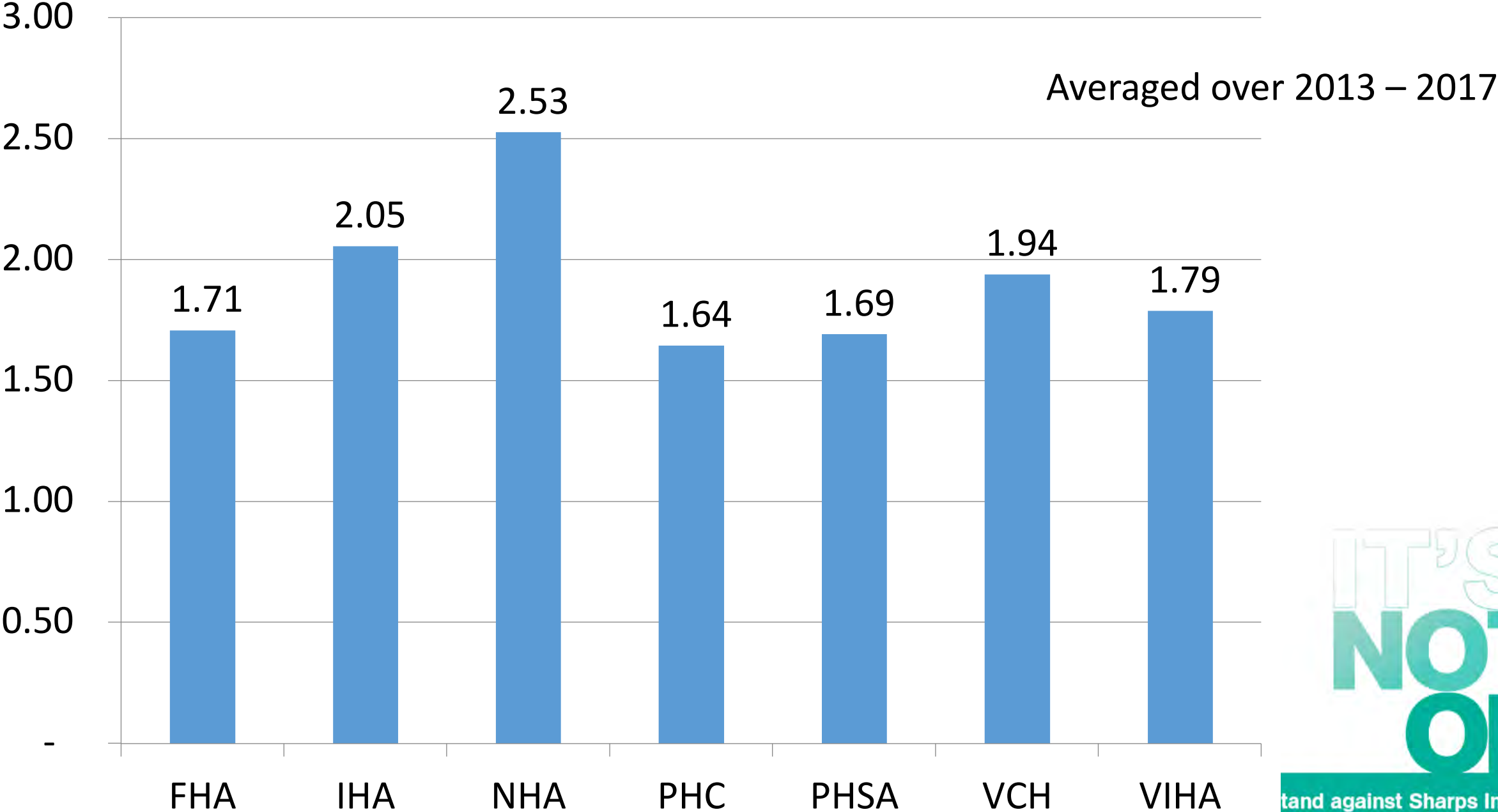
Operating Rooms - Injuries by Device Type (2016-2017)

53 reported incidents

- Across 12 sites



Rate per 100 FTE BC Health Authority - Acute Care

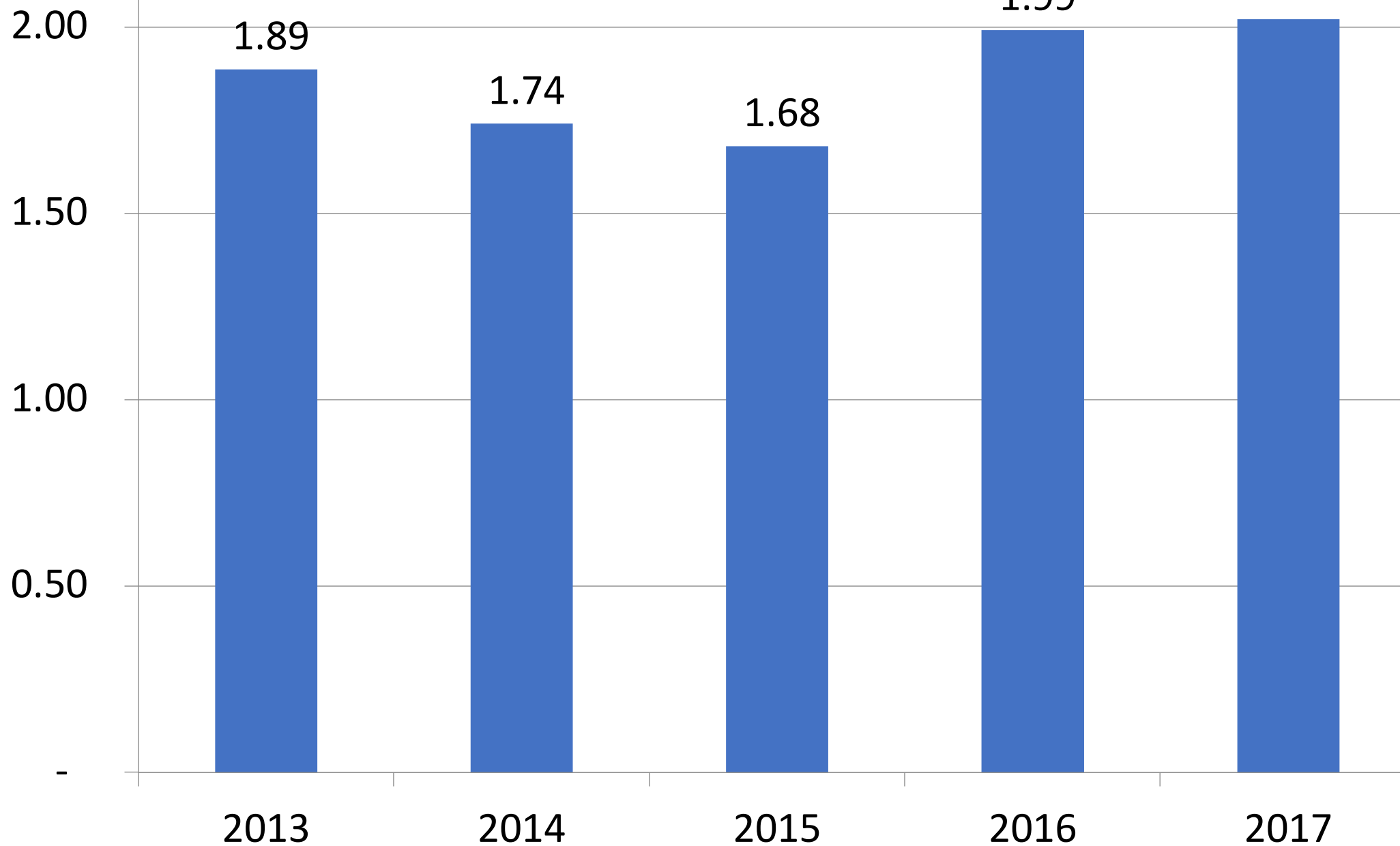


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Rate Per 100 FTE for All BC Health Authorities

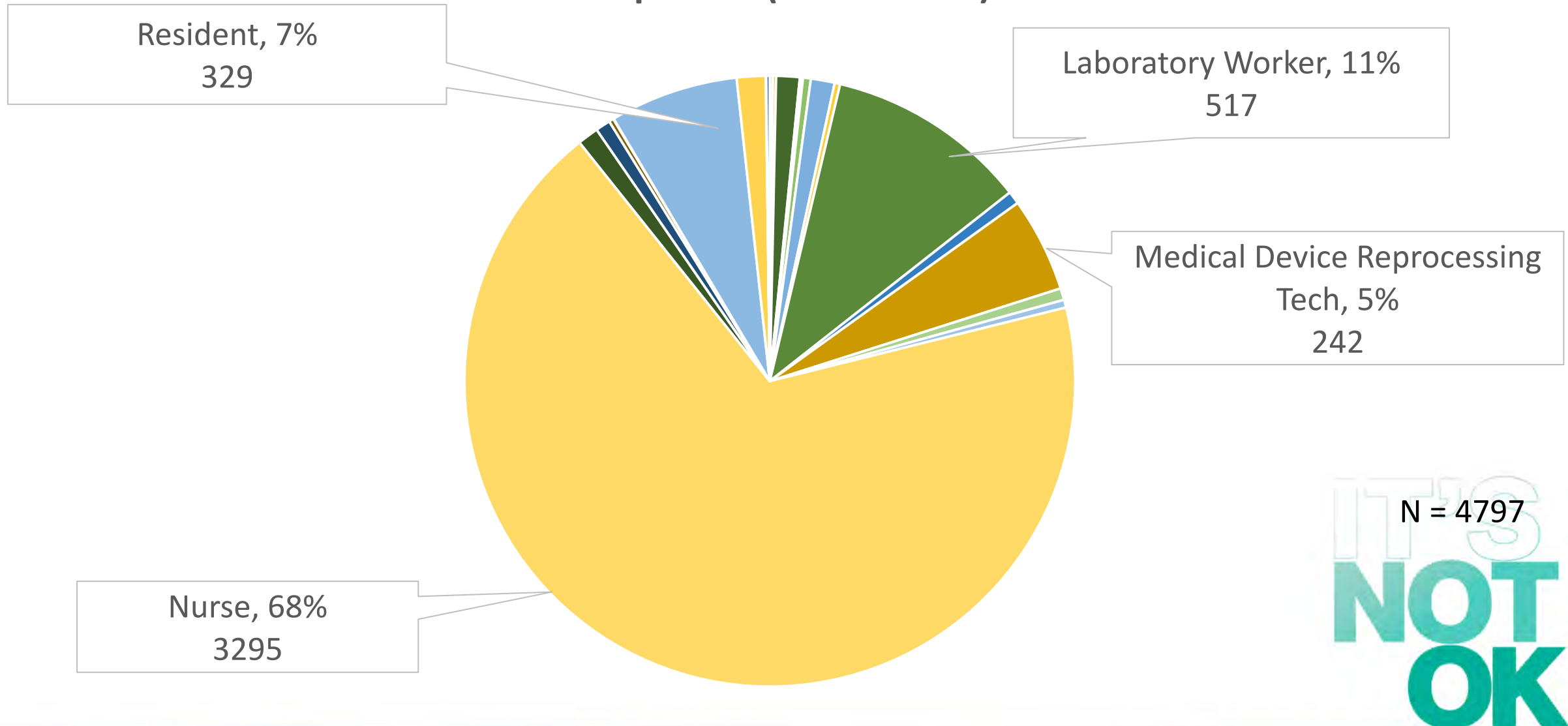
Acute Care by Year



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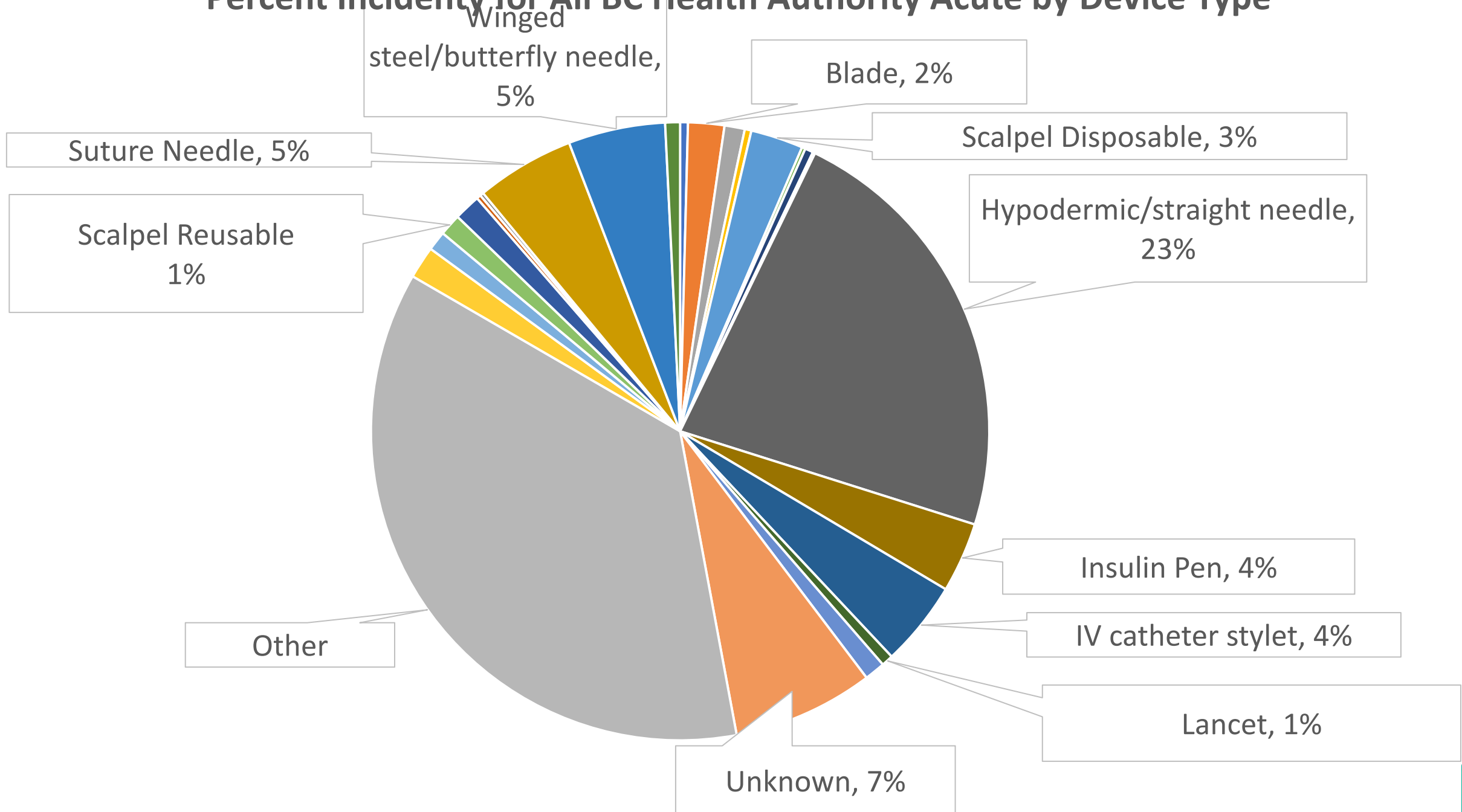
Most Sharps Injuries.

Reported Sharps Injury for All BC Health Authorities Acute Care by Occupation (2013 - 2017)



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Percent Incidents for All BC Health Authority Acute by Device Type



BC Healthcare OHS Systems



- Injury reports called into Provincial Workplace Health Call Centre
- Use standardized tracking database
- Provincial OHS Working Group – established SEMD clinical purchasing criteria

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Lessons Learned

- Task group should be involved from inception
- Policy with Executive approval needed
- Recommend developing a system for approving clinical variances prior to onset
- Coordinate SEMDs education & device access
- Conducting department supply reviews is beneficial
- Accurate injury tracking & coding crucial - Power in standardized reporting sys
- Many staff appreciate the safety alternatives

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Challenges

- Inconsistent Canadian regulations affected purchasing contracts & product access
- Lack of clinically acceptable reusable safety scalpels
- Insulin needles versus Insulin pens
- Purchasing contract extensions
- National purchasing contracts scoring without hands-on evaluation
- Lack of ongoing evaluations to ensure “safest” devices are in place
 - Passive (if clinically appropriate) considered higher level of safety

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- Provincial/national contract process underway
- Product Trials to consider - “levels of safety” active versus passive
- Some SEMD changes have proven HCW + patient safety benefits
- Continue to review new products
- Need more evidence based research on outcomes of product trials

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Thank-you

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