



A Union of Professionals

Health and Safety Program

## **WORKING TOGETHER: PREVENTING NEEDLESTICKS BY BUILDING A NEEDLESTICK TASK FORCE**

Initial training can provide an impetus to a needlestick prevention program. However, training must be reinforced with other activities to make the program long-lasting and effective. Several facilities have established a working needlestick task force to investigate the problem and make recommendations for solutions.

### **Who Should Serve on a Needlestick Task Force?**

Since needlestick injury is not limited to one occupational group, a task force should be representative of affected employees and administration. A typical task force would include an administrator from the office of the CEO, infection control personnel, medical staff, support workers, union stewards/appointees and a representative from the materials management department. One hospital in the San Francisco area chose to make the needlestick task force a sub-committee of the joint labor-management occupational health and safety committee; all the members had previous experience investigating occupational health and safety problems and working with one another. The sub-committee was composed of the head of employee health, union representatives, rank and file workers, an infection control physician and nurse, the head of nursing, an emergency room nurse, housekeeping workers and purchasing staff.

The task force should meet regularly to work on prevention programs and to evaluate their progress.

### **How Does a Task Force Operate?**

The problem of needlestick injuries is chronic and complicated. It is important that a needlestick task force be methodical in its approach to the solution. At the first meeting, members should set reasonable and quantifiable goals for its activities. The primary goals established by the committee in San Francisco included defining the risk of injury and planning a prevention program to reduce or eliminate the incidence of injury.

Primary activities developed by task forces toward these goals have included:

- **On-going surveillance and monitoring of needlestick injuries.** One hospital task force began its activities by examining incidents reported in the previous year. In order to thoroughly understand the circumstances of injury, injured workers were surveyed by the task force. The survey assisted the task force in the identification of several key factors about needlesticks. First, they identified the departments and the most risky procedures and devices that were associated with needlestick injuries. Second, they were able to determine frequencies of injuries among the various occupational groups of the hospital. Third, they were able to ask the affected employee in a "safe," non-threatening manner why the injury occurred. Lastly, they determined how well the post-injury protocol was being followed. In the process of doing the survey, the task force also improved the reporting form and questions to ascertain as much information as possible about the

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circumstances of the injuries. When base-line information was established, the task force met routinely to evaluate the effect of prevention programs on the monthly statistics.

- **Inspection and evaluation of the hospital by the task force.** Walk-around inspections of departments can give the task force information on the adequacy of equipment for handling and disposal of needles and sharps. Members can also interview employees for their evaluation of the equipment and its placement. Problem areas such as over-filled containers can also be identified.

The task force should also study the major problem areas leading to needlesticks. These studies could examine:

- **Barriers to reporting needlestick injuries.** Under-reporting is a problem that may be difficult to eliminate. Several studies indicate that physicians and nurses chronically fail to report incidents. Through surveys and interviews, a task force could attempt to establish the causes for under-reporting in its facility. This activity would be invaluable in planning a campaign to encourage more reporting.
- **The circumstances under which recapping occurs, and the hospital's policy toward the procedure.**
- **Evaluation of procedures to determine ways to reduce the numbers of needles required for a given procedure.**
- **Training of all personnel on proper use handling of needles and sharps.** A task force can establish its own training program and find methods to integrate proper technique and sensitivity to the risks for "downstream" staff (i.e., housekeeping or other staff who do not deliver direct patient care but are at risk for coming into contact with infected materials) into new employee orientation and other routine in-service training.
- **Establishing a post-injury protocol that protects the interest of workers.** This activity may require extensive research and investigation on the part of members. The task force will have to consider issues of confidentiality, counseling for affected employees undergoing HIV testing, tracking down source patients, etc.
- **Product evaluation.** Ultimately, the focus on ending high rates of needlestick injury will rely on widespread use of better-designed equipment and safer devices. New technology or "engineering controls" are becoming more prevalent in the market. The best equipment provides effective and consistent barriers between a user (or unwitting accident victim) and the needle.

Manufacturers and their representatives are eager to demonstrate these new products. The needlestick task force might invite the materials management department to join them in setting up a safer device and equipment fair, with manufacturers displaying their products for all employees to examine.

After demonstration, the task force should join forces with the materials management department to discuss equipment purchase strategies. The materials manager may benefit from the diverse experience of task force members when making purchasing decisions such as types of disposal

boxes, safety guards on needles, etc. With more input, the employer might avoid expensive "mistakes" when equipment does not function or perform as anticipated.

- **Coordination of routine, highly visible informational campaigns.**

There are several benefits to working on the problem of needlesticks in the context of a task force. First and foremost, employees from several job classifications and with different perspectives on the problem are given an opportunity to examine the problem in a comprehensive manner. Communication is heightened in this atmosphere, and a wider array of concerns are taken into consideration.

This type of cooperative effort might also translate to greater cooperation and interest on the part of other workers as activities are implemented. Employees may be more willing to participate in surveys or less resistant to changes in hospital policy.

Successful campaigns or projects completed by the task force could serve as valuable models for other occupational health concerns in the workplace.

**For more information, contact the AFT Healthcare Occupational Safety and Health Program at 202/393-5674.**