

Poster: 0056

A Safety Information Campaign to Reduce Sharps Injuries: Preliminary Results from the “Stop Sticks Campaign”

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CDC estimates that more than 350,000 contaminated needlesticks occur every year among hospital workers in the U.S. As many as half of those injuries are not reported to the employer. The risk of acquiring a bloodborne pathogen infection from needlestick injuries varies according to a number of factors and the type of pathogen. Nevertheless, every injury may cost both the employee and the employer time and money for employee testing, post-exposure prophylaxis, and stress from the fact that illnesses resulting from such infections are serious and sometimes life-threatening. Needlestick injuries occur with many occupational groups in hospitals. Although most occur among clinical-care workers, non-clinical workers such as housekeepers, maintenance workers, and laundry workers may also be injured.

Sharps devices with safety features are a major component of most needlestick prevention programs. Frontline workers with patient care responsibilities must be involved in the trial and selection of the most appropriate devices for each procedure in each facility. However, comprehensive exposure control plans, adequately-sized and placed sharps disposal containers, improved work practices, diligent injury reporting, and post-exposure follow-up are important parts of the prevention effort. Training and information activities are critical for maintaining prevention awareness and skills among all health care workers.

Although the health care industry has substantial infrastructure for conducting training and awareness activities, the primary focus is frequently on patient care and safety rather than both that and worker health and safety. Clinical training and information staff are often inexperienced at communicating about worker safety and health. Occupational safety and health staff may be inexperienced at communicating about clinical issues. Our research investigated methods of increasing sharps injury prevention behaviors among health care workers using information and training activities and both occupational safety and health and clinical expertise. We were interested in learning:

Abstracts

- What are the most effective ways to conduct communications activities around this issue in health care facilities?
- What are the best predictors of safer clinical behaviors?

We conducted a five-year, community-focused information campaign in a U.S. city of under one million population. Training and information activities were conducted at various health care facilities in the community using campaign blitz tactics. Blitzes lasted four to six weeks and included the use of multiple media (posters, demonstrations, safety device fairs, information sessions, games, promotional items) multiple times to cover a small group of repeated messages that were determined by an analysis of sharps injuries at the facility. Pre and post tests were collected from convenient samples of employees. Five blitzes were conducted in high-injury departments (usually OR). One blitz was conducted at the community's largest hospital. One was conducted at a state-run nursing care facility.

We found that, while reported exposure to safety messages increased, safety attitudes and knowledge did not change over time. Posters were the most-remembered channel of safety information in all cases but one, but remembering other channels varied due to differences across blitzes. Some safety behaviors increased (self-report), and virtually no safety behaviors decreased. Our most important findings were a) that safety behaviors improved most after blitzes conducted at the department (rather than facility) level, and b) that a perceived positive safety climate was, overall, the best predictor of safety behaviors. We conclude that clinical-care and occupational safety and health staff should collaborate to conduct sharps injury prevention training and awareness blitzes, and that the scope of the blitz should be matched to available resources. Focus blitzes in high-risk departments if there are insufficient resources to adequately cover the entire facility. Employers can best influence safety behaviors by cultivating a positive safety climate.

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