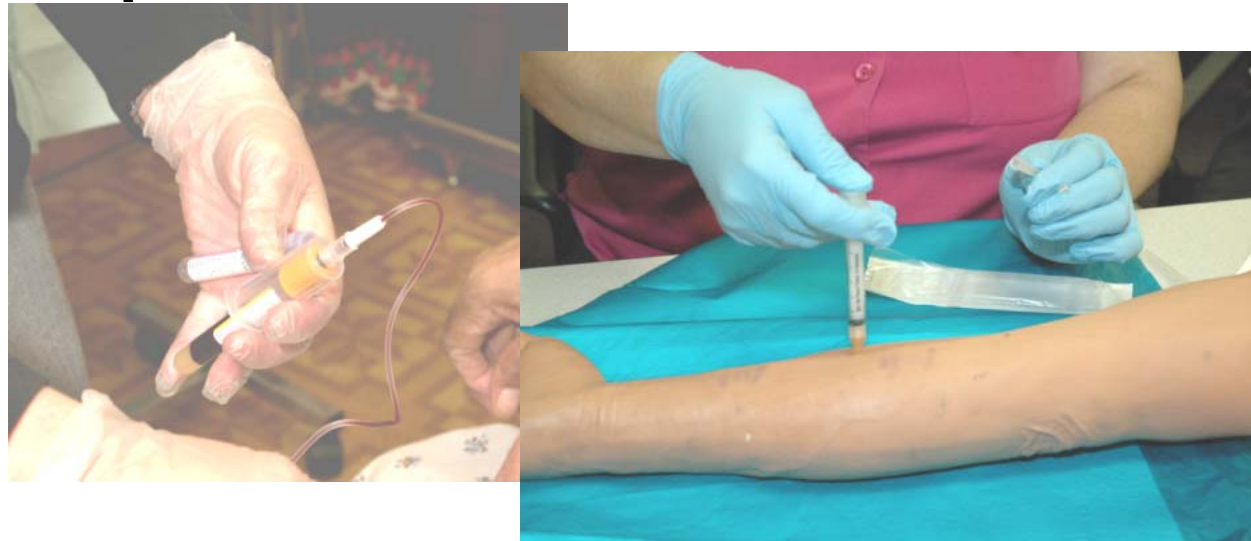
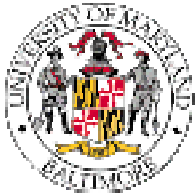


Improving Safety in Blood Exposure in Home Care



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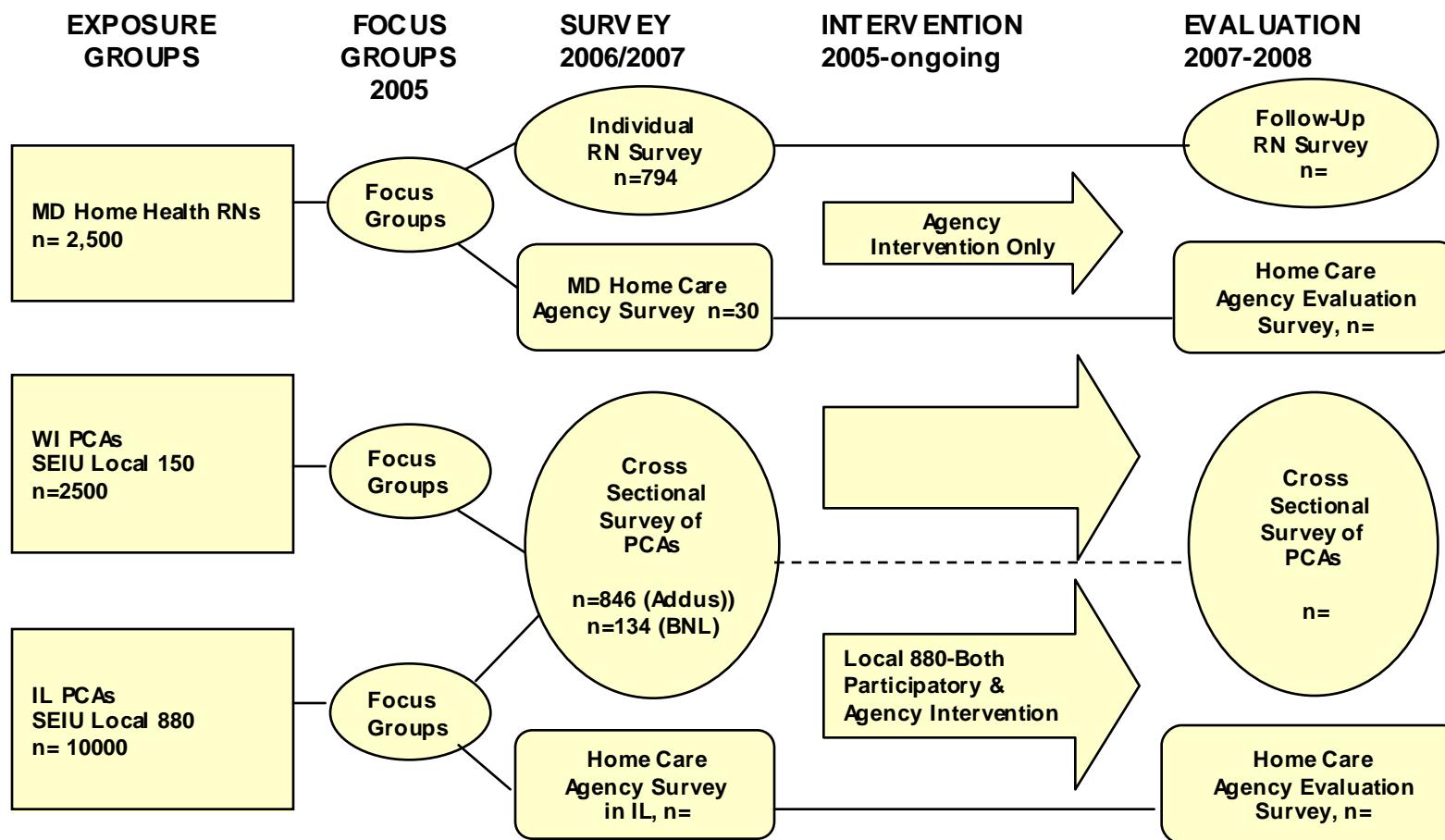


University of Maryland School of Nursing

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Study Design





Study Aims

- To describe home care/hospice agency Exposure Control Plans in Maryland
- To evaluate changes in home care agency Exposure Control Plans following workshop and receipt of BBP standard compliance assistance materials





Survey Methodology

- Telephone survey of home care and hospice organizations in Maryland to explore policies and procedures for managing risk of BBP exposure (n=30)
- Mailed survey to home care and hospice RNs in Maryland to explore BBP exposure and practices (n=794)





Combination of Survey Data

- Combined Agency Survey matched to RNs surveyed yielding n=355
- Explored agency policies related to actual sharps exposures in RNs

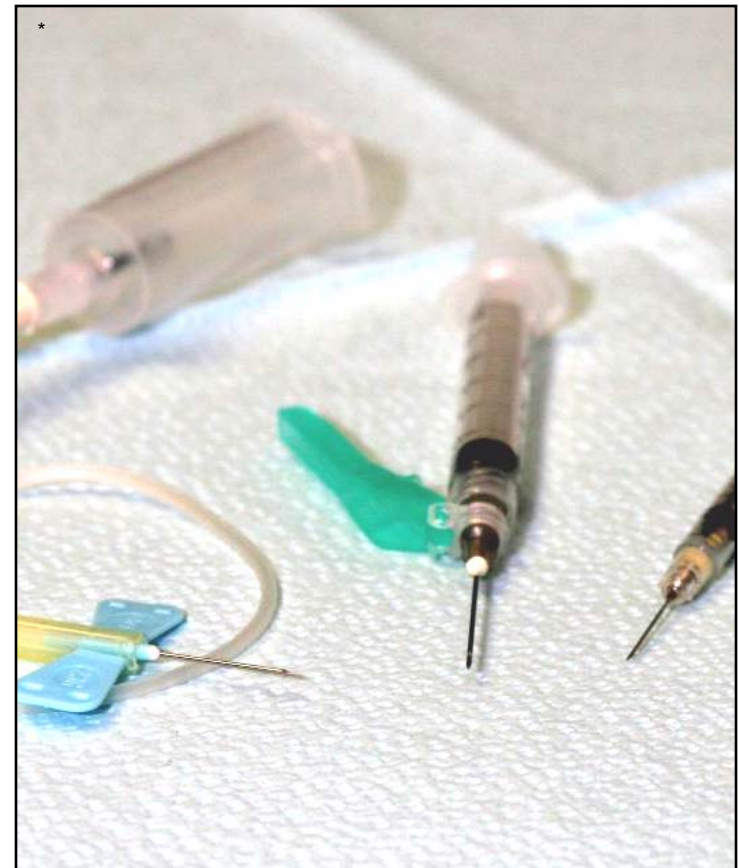




Analysis: Highlights Informing Intervention

Agencies Reported (n=30):

- 53.3% of agencies have safety professional evaluate their exposure control plan annually
- 56.7% involve staff in selection of safety engineered devices
- 100% prohibit recapping, yet 23.1% RNs who had a sharps injury report they recap





Agency Reported Sharps Disposal (n=30)

Sharps disposal container	Number	Percent
Patients: Impermeable container in household garbage	22	73.3
Nurses: Red sharps disposal container supplied by agency	29	96.7





Agency (n=30) and RN (n=355) Reported Needlestick Injuries

Agency Survey	Number	Percent
Agencies with incidents	12/30	40
Total incidents	18	
RN Survey	Number	Percent
Number of nurses with needlestick incidents	38/355	10.7
Number of agencies interviewed in which these nurses work	16/30	53.3





RN Reported Needlestick Injuries RNs (n=355)

RN sharps incidents in past year	Number	Percent
1-2 needlestick incidents	19	5.4
3-5 needlestick incidents	0	0
>5 needlestick incidents	19	5.4
Total RNs reporting needlestick incidents	38/355	10.8





Agency (n=30) and RN (n=355) Reported Needlestick Injuries

- The lower estimate of RN needlestick incidents reported in past year is **133**
- The higher estimate of RN needlestick incidents reported in past year is **152**
- Agencies reported **18** needlestick injuries within the past year
- The underreporting rate is 86 to 88%





RN Reported Cause of Most Recent Sharps Injury (n=355)

- Use of needle 17.5%
- Use of lancet 5.6%
- Recapping 3.7%
- Use of sharps container 3.7%
- Sharp lying around 1.7%
- Sharp in trash 1.1%



- ● ● | RN Reported Agency Provision of Safety Engineered Sharps Devices (n=355)

- Retractable syringes 78.9%
- Safety-lock needles 80.4%
- Needleless IV tubing 64.5%
- Needleless medlocks 66.3%
- Blunt needles 56.1%





Analyses Informed Education Intervention

- Confusion in OSHA regulation applicability to home care
- Underreporting
- Staff involvement in selection of safety engineered sharps devices
- Management of sharps logs
- Needle disposal issues
- Integration of JCAHO & OSHA regulations





Education Intervention: Workshop





Education Intervention: Workshop

- Agency level intervention
- Developed with input from Advisory Panel including Maryland OSHA, Maryland Health Dept, and agency administrators
- Invited staff nurse and administrator from each agency
- Train-the-trainer





Discussion Highlights

- Difficulty determining proper protocol PEP
- Lack of control of sharps related supplies in homes
- Needle disposal in the community





Needle Disposal Issues

<http://www.epa.gov/epaoswer/other/medical/med-home.pdf>

Traveling with Needles

Don't forget, safe needle disposal is important no matter where you are—at home, at work, or on the road. Never place used needles in the trash in hotel rooms, on airplanes, or in public restrooms, where they could injure the cleaning staff or other people.

Sharps and Air Travel

Before you fly, check the Transportation Security Administration (TSA) Web site (www.tsa.gov) for up-to-date rules on what to do with your needles when you travel. To make your trip through airport security easier, make sure your medicine is labeled with the type of medicine and the manufacturer's name or a drug store label, and bring a letter from your doctor.

Be prepared—ask about options for safe needle disposal when you make travel reservations, board an airplane, or check into a hotel or cruise ship. If you aren't sure that needle containers will be available where you're going, be sure to buy a needle container that you can take with you to hold your used needles until you can throw them away the right way.



Protect Yourself, Protect Others

Safe Options for Home Needle Disposal



A 44-year-old trash collector was stuck in the leg with a needle from someone's trash. A year later, he started having stomach pains. His doctor told him that he had caught Hepatitis C, probably from being stuck by the needle. Doctors have not been able to help him, and he is now in chronic liver failure. He will likely die from this disease.

It's not just trash workers who are at risk of needle sticks—it's also your neighbors, children, janitors, housekeepers, and pets. That's why used needles should not be thrown in the garbage.

Why are used needles dangerous?

Used needles and lancets are dangerous because they can:

- Injure people
- Spread germs
- Spread diseases such as HIV/AIDS, hepatitis, tetanus, and syphilis

All needles should be treated as if they carry a disease. That means that if someone gets stuck with a needle, they have to get expensive medical tests and worry about whether they have caught a harmful or deadly disease. Be sure you get rid of your used needles the safe way to avoid exposing other people to harm.



Loose needles in trash

DON'T

- Throw loose needles in the garbage
- Flush used needles down the toilet
- Put needles in recycling containers

DO

- Use one of the recommended disposal methods in this brochure

Remember, not all of the options listed in this brochure are available in all areas. Check carefully to see what options are available near you—it could save a life!



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Evaluation of Intervention

- Unique approach at agency level
- Interactive workshop
- CD sent to all Maryland home care and hospice agencies
 - Presentations
 - Forms
 - References
- Workbook adapted from hospital oriented BBP safety manual Cal/OSHA





Impact Evaluation

- o Will follow up surveys of home care and hospice agencies and nurses capture changes in BBP safety practices?

