



Reducing exposure to bloodborne pathogens in home care: Small group activity training sessions for classes exceeding 200 participants

APHA – 2007

University of Illinois at Chicago

University of Maryland

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Blood Exposure in Home Care Partnerships

Academy for Educational Development-Wash.
DC

Addus Home Care*

Local 880 Service Employees International
Union (SEIU) Illinois

30,000 home care members

Local 150 SEIU Wisconsin

6,000 home care members

University of Illinois School of Public Health

University of Maryland School of Nursing



Background information

- Bloodborne Pathogen Exposure in Home Care
- Approximately 800,000 sharps injuries in Health Care Yearly (NIOSH, 1999).
- 746,000 Home Healthcare Workers in US (U.S Bureau of Labor Statistics (BLS), 1998)
- The rate of exposure among home care workers is not known

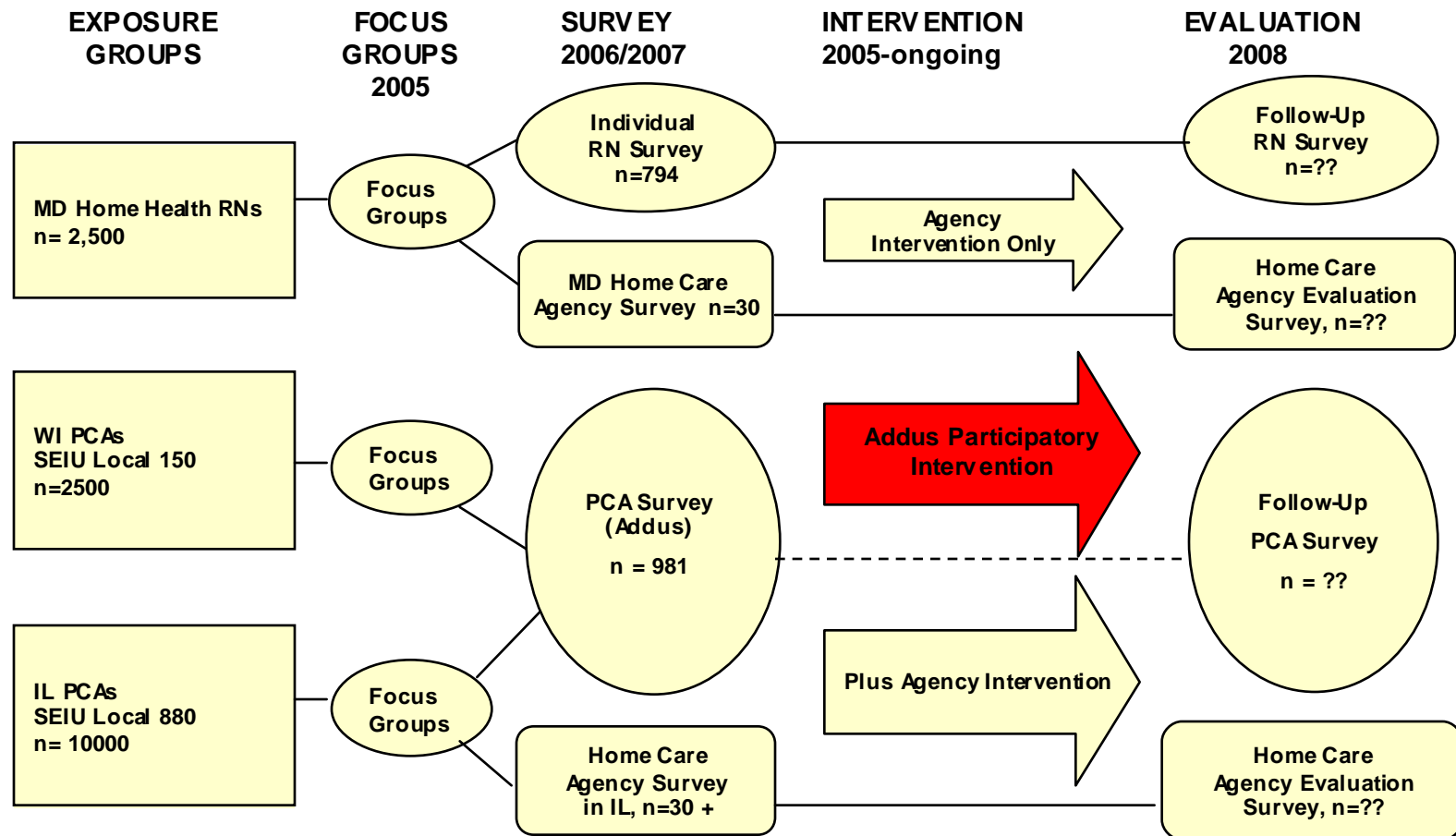


Specific Aims

- To discuss the training sessions which we conducted with large groups of 200 or more home healthcare workers on the health and safety hazards associated with bloodborne pathogen exposures
- To describe how we used small group intervention and educational training strategies in order to effectively communicate the risks associated with these hazards



Study Design Diagram





Training Description

- Home Care Agency - 1200+ Home Healthcare Worker who are required to participate in 4 quarterly in-service training sessions every year
- During the 3rd quarter of 2006, 4 different training sessions 3 for English speakers and 1 for Russian speakers
- All day on Saturdays from 8:30pm - 5pm. (8 hours of training)



Why Small Group Activities

- Actively involving participants in the learning
- Interpersonal/Leadership development
- Provide the opportunity to learn by teaching/sharing
- Provide opportunities to give and to receive feedback
- Collaborative learning

Collaborative learning

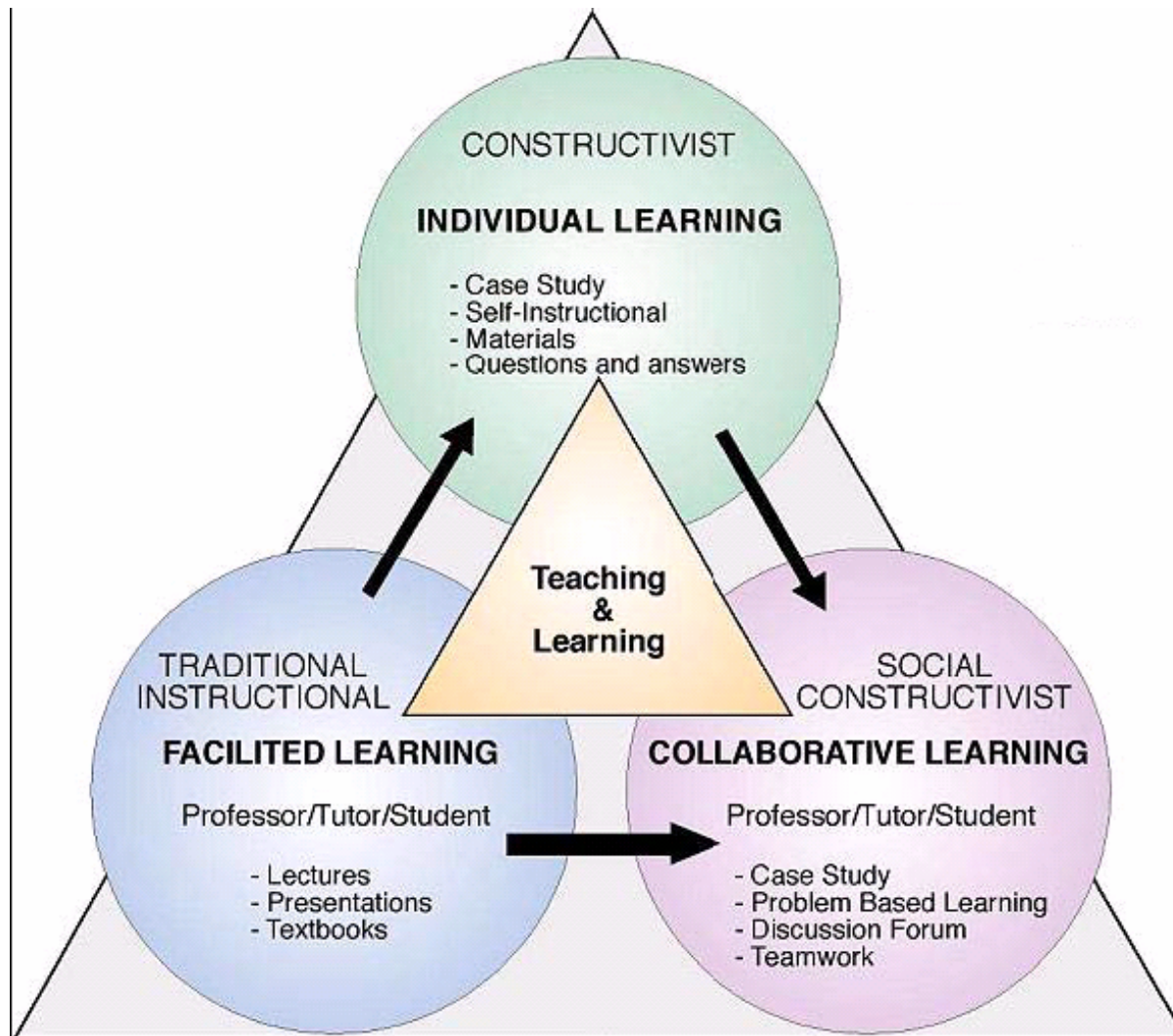


Figure by: Debbie Heck, Bodil Ask, Åke Bjørke and Ng Chong



Challenges of Using Small Group Activities in Large Groups

- Maintaining participant interest
- Getting/Giving feedback and managing student inquires
- Coordinating and managing the trainer workload
- Motivating participant participation
- Authentic student centered learning



Solutions



- Interactive training activities
- Clear standardized guidelines
- Smaller groups
- Facilitators



Methods

1. Curriculum

- Education program adaptation and modification

2. Environment

- Development of smaller groups
- A least one facilitator for every 20 people

3. Facilitator

- Recruitment of more trainers from UIC, U of Maryland, Addus Healthcare, Health and Safety, Homecare Experts, and Other Volunteers
- Train the Trainer
- Moderator

4. Evaluation





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Evaluation

During the 3 English speaking training sessions there were a total of 1006 participants took part.

- The first training session had 367 participants, second session had 299, and third session had 340

Training Evaluations

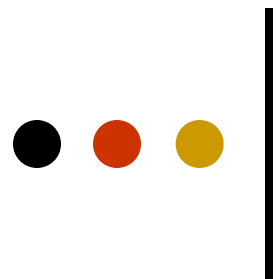
- A individual training evaluation performed during the first training session
- A Head, Hands, Heart evaluation was preformed during the second and third sessions



Training Satisfaction

Survey completed individually by 246 of the 367 participants at the first session (67%)

- 72% of responses said they enjoyed the training a preferred it over their typical lecture style training.
- 81% of the of the respondents answers the question asking them to list something taught at the training



Head/Hands/Heart Evaluation

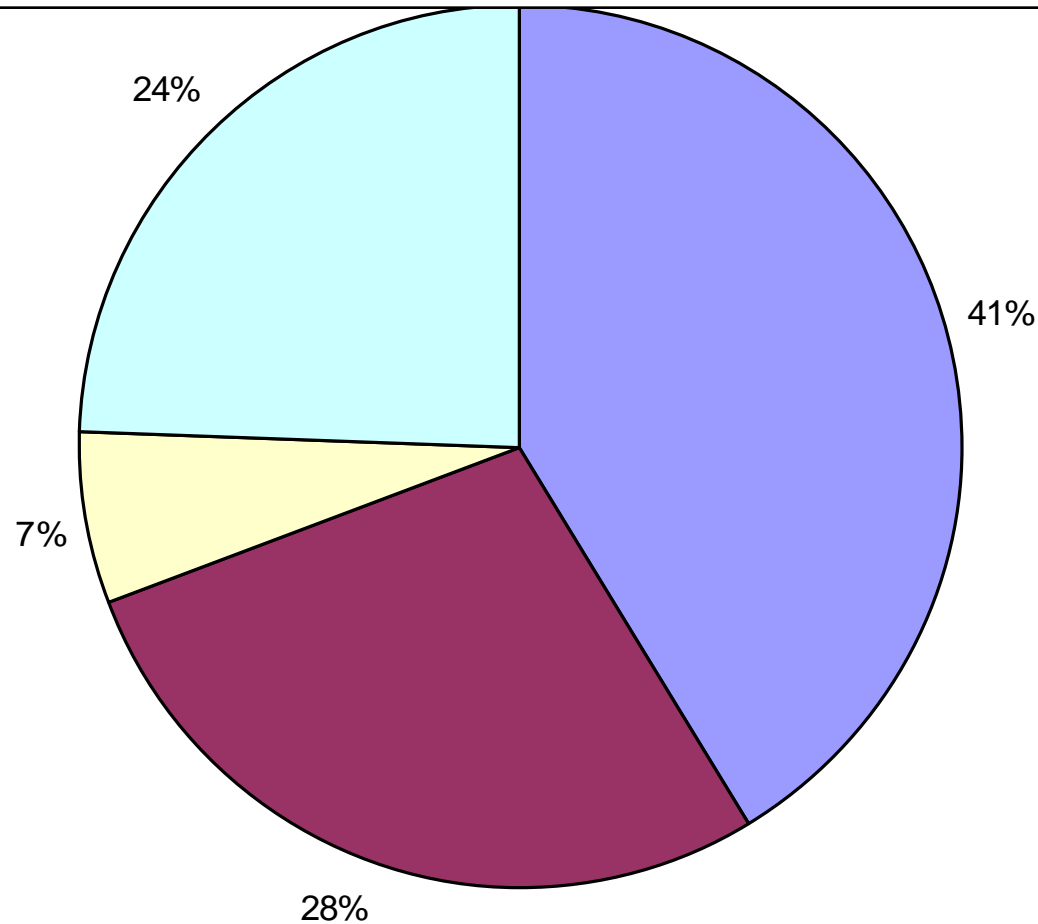
- Completed by 42 groups, 305 total responses
- Less than 2% of responses contained incorrect information which was linked to 2 things
 - Incorrect statements regarding the need to wear mask at all times
 - Incorrect information regarding the statement need to know their patients HIV or Hepatitis A, B, or C status

230 responses on something learned or that will be done differently as a result of the training

Head/Hands/Heart Evaluation Results



- Disease Knowledge (HM, Hep A, B, or C)
- Safety/Protection Knowledge (Universal Precautions and PPE)
- Sharps Protection/Containers
- Other





WASH YOUR HANDS





Conclusions

Performing small group activities in large group settings is possible and can be very effective in meeting the goal of collaborative learning

- Were able to facilitate small group training activities in a large group setting
- Participants were able to retain the information presented to the training by providing information on the risks and hazards associated with Blood Borne Pathogen Exposure
- Participants reacted positively to this type of training



Sharps Safety

Used lancets, needles and syringes can pose a health risk to you, your client, and the public so please remember to:


Have clients dispose of their own lancets, needles and syringes in a sharps container or other puncture proof container after every use.

Ask clients not to dispose of lancets, needles and syringes in the household trash, coffee cans or containers made of thin plastic.

Never touch your clients' lancets, needles or syringes.

For sharps disposal options, your client may contact his or her health care provider or pharmacist. If home waste disposal is the only option, seal, put duct tape over the cover and label the container "Do not recycle."

Sharps Safety



Used lancets, needles, and syringes may pose a health risk to you and your community, so please remember to:

ALWAYS throw away your used lancets, needles and syringes in a **PROPER CONTAINER**.

A **PROPER CONTAINER** is a red sharps container, but if you do not have a red sharps container use a puncture proof container such as a bleach bottle after every use.

DO NOT dispose of lancets, needles and syringes in household trash, coffee cans or thin plasticainers.

For sharps disposal options, you may contact your health care provider or pharmacist.

If home waste disposal is the only option, seal, put duct tape over the cover and label the container "Do not recycle."

* If you are in need of a red sharps container, contact your local pharmacy and ask if a free sharps container is available.