



ALLIANCE FOR  
**SHARPS SAFETY AND  
NEEDLESTICK PREVENTION**  
IN HEALTHCARE

# Introducing the *Alliance for Sharps Safety and Needlestick Prevention in Healthcare*

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# Disclosures

- Association For Professionals in Infection Control and Hospital Epidemiology – President and Board Member
- Australian Commission on Safety & Quality in Healthcare - Board
- BD Asia Pacific, Australia, USA – Consultant, Speaker’s Bureau
- CareFusion Australia - Consultant
- Covidien Australia - Consultant
- J&J Medical Australia – Consultant, Advisory Board
- Kimberly Clark Corporation Australia, Asia Pacific & N America - Consultant
- STERIS, USA – Consultant, Speaker’s Bureau
- World Health Organization – Geneva
- & Western Pacific Regional Office – IHR Expert Roster, Advisory Board, Consultant



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The findings and conclusions in this presentation are solely those of the author and her information resources and do not represent the views, position nor the policy of the Association for Professionals in Infection Control and Epidemiology Inc., except as may be specifically noted.

Assoc Prof Cathryn Murphy is a casual consultant to governments, associations and device manufacturers throughout the world. She is employed by Queensland Health.

Today's presentation is independent of those of all of those relationships.

# Objectives

- Outline the history of the *Alliance*;
- Describe the strategic intent; and
- Identify opportunities for potential partners to engage in sustainable sharps safety and needlestick prevention activities.

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# The Real Cost of Inactivity in Australia

## A survey of sharps including needlestick injuries in nurses in New South Wales, Australia

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**Abstract. Objectives:** This cross-sectional study sought to determine the prevalence rate of sharps including needlestick injuries (NSI) in a 12-month period among nurses and midwives, factors associated with NSI injuries and to compare data across workplace categories and geographic regions.

**Methods:** The study surveyed a randomly selected representative sample of nurses ( $n = 7423$ ) from the NSW Nurses' Association membership representing members from five major workplace categories and four major geographic regions.

**Results:** A total of 1301 eligible contactable nurses participated (response rate 18.5%). The 12-month self-reported prevalence rate of injury was 6.5% ( $n = 84$ ). NSI rates of injury were higher in the clinical areas of emergency room, operating theatres, medical and surgical wards, mental health and aged care. By geographic region the rate of injury was highest in remote areas (16.4%). Logistic regression modelling was used to identify factors which increase the risk of a NSI injury; only working in a remote region was statistically significant. The odds of sustaining a NSI injury for nurses and midwives working in remote areas was 2.9 times the odds for nurses working in city/inner regional areas when controlling for other risk factors.

**Conclusions:** The NSI rates of injury reported in this study are similar to those reported in other recent state and national studies in Australia and the UK. No significant differences were identified when clinical areas were compared. This study suggests that the risk is significantly higher in remote areas.



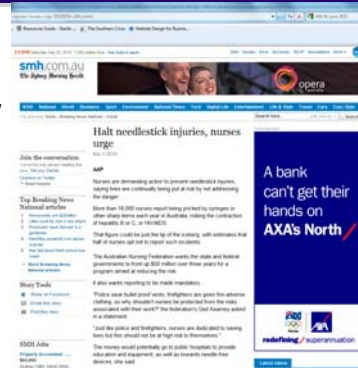
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# Alliance's History

Inaction from Australian governments regarding reform of regulation or policy in regard to NSI prevention despite US success and early promises.

ACSQHC\* recommends national OE BBE surveillance system.

Consensus statement released supporting the introduction of nationally consistent policy and/or legislation aimed at preventing needlestick injuries in healthcare.



## Needles to be banned Safe syringes urged

By JEFFREY MERTZ FOR ENR  
 A new "ban" on needles will be used to improve safety. The ban is a key part of a new regulatory framework for needles and syringes. The ban is a key part of a new regulatory framework for needles and syringes. The ban is a key part of a new regulatory framework for needles and syringes.

>18,500 NSIs estimated in Australian hospitals annually.  
 Call for reform.  
 Support from MTAA & KOLs.

In support of a national call to action for mandated use of safety engineered medical devices and improved surveillance  
 Anne Trimmer CEO  
 Medical Technology Association of Australia, Level 12, 54 Miller



Canberra KOL "Round Table" agrees to:  
 Develop regulation/ code of practice addressing mandating use of SEDs;  
 Target OH&S, Education and Monitoring as additional areas for activity.



CONSENSUS STATEMENT  
 Preventing needlestick injuries in the healthcare workplace

Achieving our mission through evolving and expanding partnerships.



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# Alliance's Mission (Draft)

“...To create a safer working environment for all healthcare employees in Australia by partnering with relevant stakeholders to advocate for a nationally consistent approach to policy and/or legislation aimed at preventing needlestick and sharps injuries in healthcare...”

# Strategic Objectives

- To improve the education and training of workers in healthcare settings on the risk of exposure to bloodborne pathogens from needlestick and sharps injuries by incorporation of sharps injury prevention training into formal education programs.
- To require the mandatory collection of surveillance data for occupational exposure to bloodborne pathogens (OE to BBP), consistent across both public and private sectors, to monitor the number of needlestick and sharps injuries and relevant outcomes for healthcare employees.
- To incorporate into national occupational health and safety regulations and codes of practice; and healthcare safety and quality standards, the mandatory use of safety engineered medical devices (SEMD) in our healthcare system

# Fundamental Principles

- Every needlestick or sharp object injury at work is a foreseeable hazard.
- All employees in the Australian healthcare sector have the right to work without concern of experiencing a needlestick or sharps injury.
- Such injuries can be and must be eliminated.
- Safety for healthcare employees is as important as patient safety.

# Opportunities For Engagement


- **Legislative and Policy Reform**
  - ACSQHC to prioritise O/E and NSI prevention;
  - NHMRC to mandate SEMDs;
  - Safe Work Australia to develop 'Code of Practice' re work related exposure to bloodborne pathogens
- **Surveillance**
  - Integrate methods and results of existing aggregate systems and datasets;
  - Improve feedback and action;
- **Research Partnerships**
  - Incidence, prevalence, cost, attributable morbidity and mortality and preventability.




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# Conclusion

- An **alliance** is an agreement or friendship between two or more parties, made in order to advance common goals and to secure common interests.
- Our work and that of our political and administrative masters is clearly defined and long overdue.
- We welcome additional parties, organisations and individuals interested in helping us pursue our mission (email: [info@allianceforsharpssafety.org](mailto:info@allianceforsharpssafety.org))



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## Welcome to the website of the Alliance for Sharps Safety and Needlestick Prevention in Healthcare.

Needlestick and sharps injuries are recognised as one of the significant occupational hazards faced by healthcare workers every day. Every needlestick or sharps injury carries the risk of acquiring a potentially life threatening bloodborne disease such as hepatitis B or C, or HIV/AIDS.

An informal Alliance of organisations has assembled to raise awareness of the issue as a national workplace health and safety concern and to advance reforms to improve prevention of needlestick and sharps injuries in the healthcare setting.

The strategic objectives of the Alliance are:

- To improve the education and training of workers in healthcare settings on the risk of exposure to bloodborne pathogens from needlestick and sharps injuries by incorporation of sharps injury prevention training into formal education programs.
- To require the mandatory collection of surveillance data for occupational exposure to bloodborne pathogens (OE to BBP), consistent across both public and private sectors, to monitor the number of needlestick and sharps injuries and relevant outcomes for healthcare employees.
- To incorporate into national occupational health and safety regulations and codes of practice, and healthcare safety and quality standards, the mandatory use of safety engineered medical devices (SEMD) in our healthcare system.

### Health News

In March 2010, MTAA responded to a submission to the January 2010 consultation paper *Guidelines for the Revision and Control of Infection in Healthcare*.

In the submission to the National Health and Medical Research Council (NHMRC), MTAA has identified areas where there are gaps in the draft Guidelines and makes recommendations for the inclusion of additional areas for coverage.

The recommendations made by MTAA included also some specific recommendations regarding the objectives of the Alliance.

- Inclusion of guidelines mandating the use of Safety Engineered Medical Devices (SEMDs) to prevent needlestick and other sharps injuries to healthcare workers.
- Inclusion of guidelines recommending safety procedures to prevent infection from staple injuries.
- Inclusion of guidelines to introduce Outcome Reporting of healthcare associated infections.

For a full copy of the submission, please follow this link.

### Information

Alliance partner A/Professor Cathryn Murphy will be presenting on the Alliance for Sharps Safety and Needlestick Prevention in Healthcare at the upcoming AICA conference in October 2010 in Paris.

For more information on the conference, please follow the link.

### Patient Story

#### Jan's story


Below the statistics are the personal stories.

"In January of 2002, I had a needlestick injury at work while taking blood from one of my HIV patients. It happened in a split second and changed my whole world."


Jan's story was enough to move participants into action when they heard her speak at a Parliament House healthcare roundtable held in Canberra in March 2002.

Jan had just taken a blood sample from one of her regular patients who was HIV positive, when he suddenly became unwell. Her attention was momentarily diverted and the sharp tip of the needle pierced her hand. Two months later, Jan was diagnosed with occupationally acquired HIV.


The diagnosis changed her life. She had to give up her job, endure months of debilitating drug therapy and had to come to terms with the fact that her life and those of her family had changed forever.




RCPA  
The Royal College of Pathologists of Australia




MTAA Medical Technology  
Association of Australia




INFECTION CONTROL PLUS



ROYAL COLLEGE of NURSING  
Australia



AUSTRALIAN NURSING FEDERATION



AICA  
ASSOCIATION

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