

Dr. Amber Mitchell discusses why healthcare organizations must remain focused on sharps safety and enhance employee training — 4 Questions answered

Healthcare organizations are finding that increased patient volumes combined with employee exhaustion and supply chain disruptions can erode safety culture and contribute to issues with routine procedures like injections. Preventing needlestick injuries has become a top priority for many clinical leaders, given the mass COVID-19 vaccination initiatives.

Becker's Hospital Review recently spoke with Amber Mitchell, DrPH, MPH, CPH president and executive director of the International Safety Center, about remaining focused on sharps safety and enhancing employee training to reduce needlestick injuries.

Note: Responses have been edited for length and clarity.

Question: Although sharps injuries have been on clinical leaders' radar for a long time, credible information, including your EPINet data, shows that sharps injuries are a resurgent issue. When you think about injuries during skin injection, what are some key challenges for healthcare facilities?

Dr. Amber Mitchell: It's important to start with how information is captured and measured. After an injury or exposure happens, facilities may simply record the minimum required information in the sharps injury log based on the OSHA Bloodborne Pathogens Standard (BPS), rather than using a robust occupational incident surveillance system. This approach only tallies numbers, rather than describing incidents to prevent them in the future.

With patient healthcare-associated infections, data informs action. We must build similar systems for occupationally acquired infections. [EPINet®](#), which is free for anyone to use, helps facilities achieve this goal. Knowing exactly what occurred during an injury provides useful information organizations can use to prevent future incidents. For example, what device was being used? What was the user doing when the incident occurred? What work practices were in place? Was the sharps injury prevention feature activated? Was the activated device safely disposed of?

Q: What aspects of an effective sharps safety program are most often overlooked?

AM: I'd echo the areas that the OSHA BPS emphasizes. The inclusion of front-line employee feedback on device identification, evaluation and selection is important. That must be considered before devices are purchased and used.

When organizations follow these best practices, they can feel more confident that they've implemented the most effective engineering controls, including devices with sharps injury prevention features and that users understand how to safely use and dispose of the devices. Many different sharps injury prevention features are available commercially and each has its own nuances. As a result, sharps safety training must go beyond risk-awareness building and include hands-on training for device usage. In-service training from manufacturers and distributors is a value-added service that's critically important, especially as facilities transition from one device to another based on price or supply chain availability.

Another often overlooked element, especially for newer clinical professionals, is organizations must conduct training prior to placing employees in a job. On-the-job training isn't an acceptable option. One needlestick injury can change the trajectory of a person's life and career.

Q: With regard to implementing new needles and syringes with engineered sharps injury protection, safety device deployment can vary significantly between brands. How can clinical leaders best approach situations where supply chain issues have led to adoption of new safety products?

AM: All elements of the OSHA BPS must be implemented, regardless of supply chain issues. Since a wide variety of syringes and needles have sharps injury protection features, it's critical that one technology or modality isn't completely swapped out for another. Significant research and development goes into the safe and effective use of these devices for both receiver and user. Those elements must be respected.

Q: A key element of successful implementation is effective education on safe handling and use of sharps devices. Many options exist for delivering education related to safe device usage. What are the most effective tools or platforms for educating healthcare workers today?

AM: No matter how creative training can get, injuries happen in person, so training must match the risk level. The OSHA BPS dictates that training must be done prior to job placement, with an opportunity to ask real-time questions and receive real-time answers. If subject matter experts aren't available at the physical location, they must be available by phone or web during the training event to answer questions or concerns as they arise.

Training on the safe use, as well as safe disposal, of devices must be done in person. Refresher education also must be conducted annually, as well as when organizations adopt a new procedure, policy or new device.

Awareness training about occupational exposure risks for blood and body fluids can be more flexible as it relates to modality. However, organizations need to monitor what employees have learned and how competent they feel in safely performing their job tasks and functions.

[Learn more about Needlestick Injury Prevention.](#) ●