

A Culture of Safety

Nurses can take an active role in preventing needlestick injuries.

? On our unit, nurses use protective needle devices and promote a culture of safety. Can you recommend strategies to include residents and house staff in our ongoing effort to protect everyone on the unit?

You are to be commended for your efforts and vigilance in promoting a culture of safety in your work environment. The reality is that it takes the awareness and effort of all team members to promote safe practice.

At the Veterans Administration New York Harbor Healthcare System, I was on a task force that consulted with June Fisher of the Training for the Development of Innovative Control Technologies (TDICT) project (www.tdict.org) on a pilot project for reducing needlestick injuries among residents. Based on that experience, I offer the following suggestions.

Partner with the chief resident and attending physician to sponsor sessions on global and local data, risks, and strategies for preventing injuries. Many residents say they haven't received formal training in the use of protective devices, venipuncture, or IV cannula placement. At our facility, the chief residents received training (using TDICT criteria and instruments) in device selection and evaluation. Using the TDICT Task Analysis Inventory and Procedures sheets, they

inventoried devices available on various units and reviewed the ones used for routine procedures. This was a valuable learning experience for all.

Develop skill sheets for practice sessions using protective devices on model arms. These sheets should include safety procedures or correctly identifying the patient and the procedure, labeling the specimen, and ensuring its delivery to the lab. Nurse educators may have these available. Practice sessions, in addition to presentations, were offered this year for new post-graduate year 1 house staff. Evaluations showed that new residents found this to be extremely helpful.

Form needlestick committees, including frontline workers, to review injuries and make recommendations on device selection to purchasing agents. Use TDICT or other selection criteria to evaluate protective devices. The technology in this area is evolving, and new devices of varying quality are continually entering the market. Doing this will fulfill the intent of the federal Needlestick Safety and Prevention Act (2000), which is enforced by the Occupational Safety and Health Administration.

Eliminate hollow-bore needles from the unit or keep them in a secured area. We noticed that the boxes from one manufacturer appear similar for both protective and nonprotective devices. If the boxes are near each other, staff members may choose incorrectly.

Work with supply service to facilitate communication about

safety products that are routinely delivered to your unit.

Review with pharmacy personnel the medications on the cardiac arrest cart and request the purchase of single dose medications that have protective devices. Many medications are now available in this format.

Encourage all staff to report injuries immediately, so that they can receive appropriate treatment.

Request the use of phlebotomy teams to reduce workload on the resident staff.

Promote organized work skills, such as having all materials required for a procedure in a basket or tray. This can save time and reduce trips to the supply area.

Reduce distractions and interruptions during procedures.

Research has shown that hurriedness, distraction, anger, and fatigue play significant roles in errors and injuries.

Nurses have an ongoing presence on clinical units, and by continuously promoting safe practice by using protective devices, practicing safe disposal, and encouraging the use of new effective protective devices, they can promote a culture of safety at work. The ANA has been at the forefront of workplace safety with its Safe Needles Save Lives campaign. The ANA *Needlestick Prevention Guide* is available through the ANA at (800) 274-4ANA. A free independent study module, "Needlestick Safety and Prevention," is available on the ANA Web site (www.nursingworld.org). ▼

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