



Royal College  
of Nursing

# **Towards Implementation – *11<sup>th</sup> May 2013***

# Towards Implementation

- u Look at good practice from organisations who are already implementing the directive
- u Lessons learnt from these organisations
- u Challenges faced

# Preparing the organisation

## u Top level commitment

- Clinical leadership
- Chief Executive/Board
- Business/Legal/Moral case

## u Steering Group

- Review policies/procedures/incident data
- Identify potential gaps in compliance
- Review risk assessments

# Scoping Stakeholders – who needs to be involved?

- u Clinical staff
- u Workers Representatives
- u Domestic/ancillary staff and their managers
- u Infection Prevention and Control
- u OH and Health and Safety
- u Procurement
- u Finance
- u Learning and development/educators

# Assessing the Risks

- u Staff trained in risk assessment and management
- u Identify the hazards
- u Decide who might be harmed and how – **prioritise**
- u Evaluate actions already in place and what more you need to do to reduce the risks
  - Elimination of the hazard
  - Use of engineering controls
  - Administrative controls
  - Work practice controls
  - Personal protective equipment

<b>RISK by amount of blood exposure per device</b>	<b>Critical</b>		IV catheter	Blood collection	
	<b>Serious</b>		IM Injection	Lancet	
	<b>Medium</b>	Acupuncture	(Blood splashes)		Surgical devices*
	<b>Low</b>	No patient contact		Heparin Injection	Insulin injection
		Seldom	Sometimes	Often	Frequently
	<b>FREQUENCY of NSI in health care settings</b>				

**Required preventative actions:**

Use of Safety Devices essential, vaccination against Hepatitis B and proper information and training for staff obligatory

Use of Safety Devices required, vaccination against Hepatitis B and proper information and training for staff obligatory

Training for staff obligatory to achieve the highest possible safety level. Eliminate use of sharp if alternative available.

**Ref: Prof Dr A Wittman, University of Heidelberg, Germany**

# Engineering Controls

- u Identify what devices are on the market
- u Request companies to send information on their products
- u Table top evaluation
- u Narrow down selection
- u Clinical evaluations
- u Roll out of selected device
- u Change management process
- u **Training** and communication

# Selection of engineering controls

- u Number of tools available to support selection
  - Safer Needles Network/POSHH 2010  
<http://www.nhsemployers.org/Aboutus/Publications/Documents/Needlestick%20injury.pdf>
  - UNISON guidelines  
<http://www.unison.org.uk/acrobat/B337.pdf>
  - <http://www.tdict.org/evaluation2.html>
  - USA CDC “*Workbook for designing, implementing and evaluating sharps injury prevention programmes*”  
<https://www.osha.gov/SLTC/bloodbornepathogens/evaluation.html>



# Risk Assessment (contd.)

- u Record your findings and implement them
- u Review your assessment and update if necessary

# Learning points

- u The need for top level commitment i.e. Executive Director
- u Clinical engagement key
- u Involve support service representatives
- u Structured planned process for selection and implementation
- u ***Communication, communication, communication***
- u Don't underestimate importance of training on use of new products

# Challenges with implementation

- u Silo budgets
- u Under reporting/blame culture
- u Staff safety low priority for Board
- u Resistance from clinical staff
- u Staff turnover and agency staff
- u Diversity of practice environments and employers

