LTHT case studies of needle stick injuries

Putting Policy into Practice
Why?

- HSE legislation requirements
- CQC Registration as safe to deliver healthcare
- Keeping our staff safe and healthy is a priority for Leeds Teaching hospitals

Keep them safe by keeping it simple?
LTHT Infection Control Policies

Policy No. 16

**Needle-stick Prevention and actions to be taken after exposure to blood and body fluids (including HIV Post- Exposure Prophylaxis).**

<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Needlestick Policy and Actions to be taken after Exposure to Blood and Body Fluids (including HIV Post-Exposure Prophylaxis).</th>
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<tr>
<td>Version:</td>
<td>5</td>
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<td>Approved by</td>
<td>SMT</td>
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<td>Date of Approval</td>
<td>November 2010</td>
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<td>Infection Prevention and Control Committee</td>
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Review and re-work

- We have seen examples in practice that show us

  Our policy is not known well
  Our policy is not well used
  Our policy is not easy to follow
  We are not even that sure it is easy to find

  At last count it was 41 pages long –
  it’s getting a full overhaul currently
Current policy update

- Joint IPC and OH working to build what we have learnt into policy and make it user friendly
- Work with our informatics and guidelines department to make a front end that is visual and takes you right the area you require at the touch of a button
- Make the policy available on all Trust PC’s desk top.
Prevention Sharps Incidents

- Good procurement — of needle safe/free devices
- Training and education — of use of devices and policy
- Standardise practice
- Learning lessons — case study review
Procurement

• Reduce the use of needles completely where possible
• Introduce needle safe systems - changes in product are not always well received by clinical teams
• Build effective procurement systems with supplies and clinicians working together to select best product – try before you buy
Training and Education

• Training for staff when putting a new product in place – use the company and make it part of the purchasing deal

• Raise individual awareness of potential for injury to themselves – start as you mean to go on include this training on induction for all staff.

• Sustain with regular mandatory updates as per Trust policy according to professional groups.
Standardise practice

- Make it simple to do the right thing – IV procedure trolley
- Packs for IV device insertion
- Cannula near to or on the IV trolley
- Attach point of care sharps bins to IV trolley
- Use of same devices across Trust
Case study

- Known IV drug user requires bloods sample to be taken.

- Difficult to bleed. Patient offers to bleed himself; uses plain needle and syringe. Nurse transfers blood from syringe to blood collection tubes = needle stick injury nurse contracts Hep C.
Lessons Learnt

• Section of policy relating to patients taking own bloods

• Clear risk assessment undertaken before allowing patients to take own blood sample for testing

• Use the same collection system as health care professionals

• Share case study via professional forums
Prevention is better than cure

- Occupational health monitor needle stick injury for themes and trends via database of all incidents
  - Areas of concern
  - Staff groups with high levels or individuals with more than one incident
  - Times of the day
  - Days of the week

- Training and education based on prevention can then be better targeted
Clinical Governance

- Each Incident is assessed via a risk matrix and a score of 8 or more triggers a level 1 investigation.

- If a BBV transmission occurs extend to SUI investigation and report to HSE.

- Cross reference from Risk management and OH to determine number of reported incidence versus number of referrals seen
  - If gaps targeted work to raise awareness about reporting can begin
  - All lessons learnt can be shared via talkback forum and professional forums such as Patient care & Safety