



Government of **Western Australia**
Department of **Health**

Sharps Safety Forum

2014

Infections and Immunology Health Network

23 October 2014

Contents

| | |
|---|----|
| Introduction | 2 |
| Objectives | 2 |
| Presentations | 3 |
| Healthcare Infection Surveillance WA (HISWA) data on occupational sharps exposures to healthcare workers (HCWs) in WA Health settings | 3 |
| Key components for successful needle and syringe programs in WA | 5 |
| A quality improvement project added stickers to sharps containers to inform patients how to dispose of the container | 6 |
| Needle and syringe programs and prison health; getting fits from the outside-in | 6 |
| Needle and syringe programs in prisons: Case study from Canberra | 6 |
| Community of Practice (COP) approach to sharps safety: Learning from a falls prevention perspective | 7 |
| Outcomes | 7 |
| Attendance | 7 |
| Evaluation | 8 |
| Next steps | 8 |
| Appendix 1: Recommendations and comments | 9 |
| Appendix 2: Agenda | 10 |

Introduction

Sharps injuries represent a significant burden of disease in both community and workplace settings. The Infections and Immunology Health Network (I&IHN) held its fifth Sharps Safety Forum (the Forum) on 23 October 2014 to help to maintain a focus on sharps injuries and related safety strategies.

This highly regarded Forum provides the opportunity for sharing updates and key progress for the sharps safety sector. A survey sent to approximately 3500 people prior to the Forum identified, in addition to occupational sharps exposures, that needle and syringe programs (NSPs) (particularly in prisons) and community sharps safety were important topics to cover at the Forum. This marked a shift in emphasis from previous sharps safety events hosted by the I&IHN.

Hosting the Forum aligns with the WA strategic initiatives 'supporting our team' and 'caring for those who need it most'.

- Preventing sharps injuries and other occupational exposures protects the health and well-being of our health care workforce (HCW). Upholding a healthy, skilled and experienced HCW significantly contributes to the sustainability of our public health care system and health care service delivery.
- Community members inclusive of the institutionally incarcerated using and disposing of sharps include those living with a chronic disease and their carers, and intravenous drug users. They are often amongst the most vulnerable members of the community.

Sharps safety initiatives are introduced as harm minimization rather than health promotion strategies.

Objectives

The Forum was held to share knowledge, experiences and innovative solutions aimed at the prevention of sharps injuries. To encourage the WA community, healthcare and prison workforces to consider how they could improve their practice to reduce sharps related injuries. Specifically the objectives of the Forum were to:

- Contribute to reducing the incidence of sharps injuries and blood born substance exposure (BBSE) experienced by the workforce in the WA healthcare, community and prison settings.
- Explore opportunities to advocate for the use of safety engineered medical devices (SEMD)
- Provide discussion and networking opportunities for Forum participants
- Identify priorities and key issues related to sharps injury prevention for consideration by the I&IHN
- Consider the introduction of a sharps safety Community of Practice under the auspices of the I&IHN

Presentations

Six expert speakers shared their knowledge, experience and insights with attendees. A brief overview of each presentation is provided below. Copies of the presentations are available on request ([email Health Policy](#)). The agenda is reproduced at Appendix 2.

Healthcare Infection Surveillance WA (HISWA) data on occupational sharps exposures to healthcare workers (HCWs) in WA Health settings Rebecca McCann, Program Manager, [Healthcare Associated Infection Unit](#), Communicable Disease Control.

HISWA Surveillance has been ongoing since January 2008 and provides an estimate of occupational exposures (OE) through the collection of a minimum dataset.

An OE is defined as an incident that occurs during the course of a person's employment where there is a risk of acquiring a blood borne virus (BBV) when exposed to another person's blood or body fluid.

Exposures are classified as:

- parenteral (piercing of skin or mucous membrane with a contaminated sharp, penetration of contaminated glove with clean sharp, human bite) or
- non-parenteral (mucous membrane or non-intact skin contact with blood or body fluids)

The data are derived from mandatory reporting from all WA public hospitals. They include all OE reported by HCWs in both day / overnight wards, within psychiatric settings and by visiting HCWs, students, contractors and volunteers.

Figure 1: Healthcare Infection Surveillance WA (HISWA) Parenteral and Non-parenteral occupational exposures per 10000 bed days across WA Health

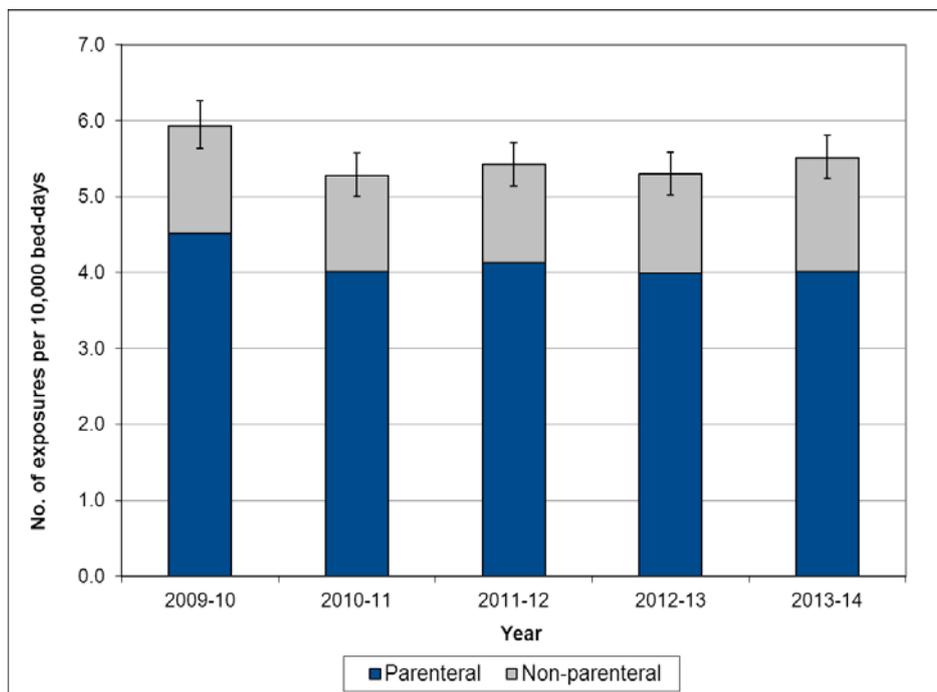


Table 1: Healthcare Infection Surveillance WA (HISWA) Parenteral and Non-parenteral occupational exposures per 10000 bed days across WA Health

| Financial year | Parenteral | Non-parenteral | Total |
|----------------|------------|----------------|-------|
| 2009/10 | 4.5 | 1.4 | 5.9 |
| 2010/11 | 4 | 1.2 | 5.2 |
| 2011/12 | 4.05 | 1.25 | 5.3 |
| 2012/13 | 4 | 1.2 | 5.2 |
| 2013/14 | 4 | 1.4 | 5.4 |

- Between January 2008 and June 2014, 669 HCW, who were not likely to have been the original user of the sharp, sustained a parenteral exposure. All were preventable if the HCW had followed the creed whereby ‘the original user disposes of sharps safely’
- The estimated cost to manage these exposures is \$5.8m (since January 2008).
- Solutions are multimodal and include: increased use of SEMDs, improved theatre practice, personal protective equipment compliance, pressure on drug companies regarding SEMDs and regulation/enforcement from government agencies and OSH sectors.

Figure 2: Number of occupational exposures per 1000 bed-days. HISWA Benchmarking

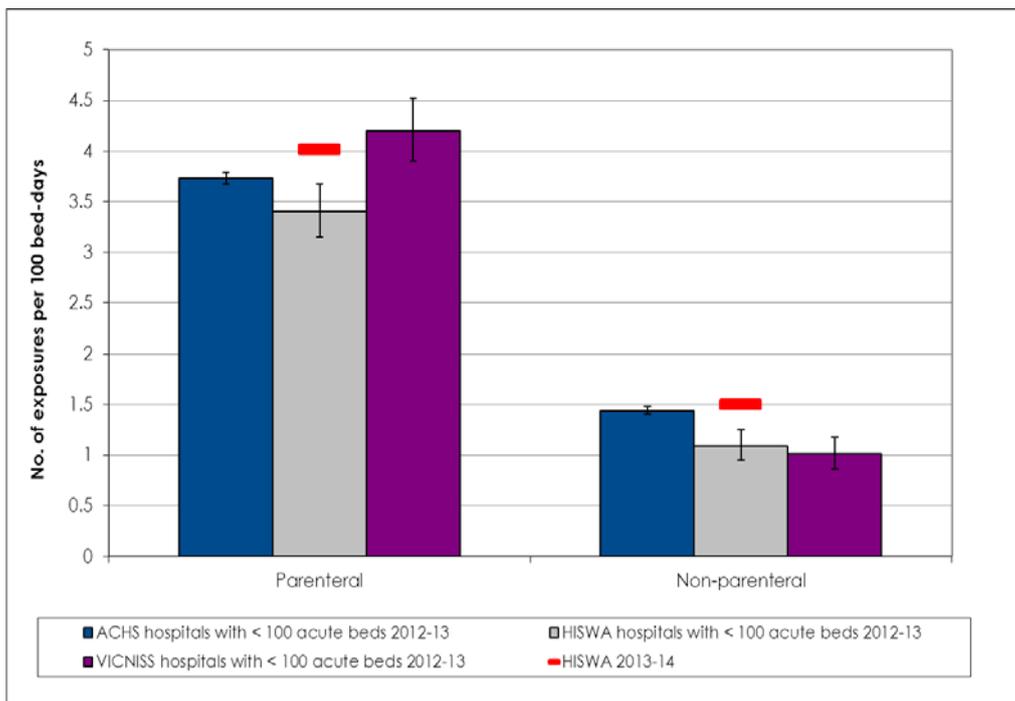


Table 2: Number of occupational exposures per 1000 bed-days. HISWA Benchmarking

| For Hospitals < 100 beds | Parenteral | Non -Parenteral |
|---------------------------------|------------|-----------------|
| Year: 2012/13 ACHS hospitals | 3.7 | 1.48 |
| Year: 2012/13 HISWA hospitals | 3.4 | 1.2 |
| Year: 2012/13 VICNISS hospitals | 4.2 | 1 |
| Year: 2013/14 HISWA hospitals | 4 | 1.5 |

Key components for successful needle and syringe programs in WA. Faye Thompson: Senior Program Officer, [Communicable Disease Control](#).

Needle and syringe programs (NSPs) are harm minimisation strategies that aim to reduce the spread of BBVs, and other health harms through reducing the sharing and reuse of needles and syringes.

NSPs have been in use formally in WA since 1987. The different types currently offered in WA are: needle and syringe exchange programs (NSEPs) 8; health service based (93), pharmacy based (~500) and vending machines (7). There are 108 NSP coordinators.

Needle and syringe exchange programs (NSEP) supply free sterile needles and syringes on the return of used equipment and/or provide it on a cost recovery basis if none is available for exchange.

NSPs are extremely cost effective. It is estimated that between 2000 and 2009 in Australia:

- 32,050 cases of HIV and 96,667 cases of hepatitis C were prevented through NSP.
- For every \$1 invested in an NSP, \$4 in addition to the initial investment is saved.

Current issues are; increased access to needles and syringes by users of performance and image enhancing drugs, sterile equipment in the metro area is not accessible 24/7 and the disposal of used equipment.

NSP online orientation and training packages for HCWs can be accessed at:

- Generic package <http://www.dao.health.wa.gov.au/nsp/>
- Pharmacy package <http://www.dao.health.wa.gov.au/nsp/pharmacy>

Contact the BBV team at NSP@health.wa.gov.au or 9388 4841.

A quality improvement project added stickers to sharps containers to inform patients how to dispose of the container. Michaela Walters Nurse Practitioner, Homelink

Hospital-in-The-Home (HITH) developed a sticker for use on sharps containers used by patients who are self-administering Enoxaparin. The sticker was placed on the sharps containers to educate patients and staff on how to dispose of them once full.

Overall the sticker helped with compliance and understanding. The intervention identified that there was widespread lack of knowledge on current management of a sharps injury, no hospital policy on sharps management in the home environment and, that not all pharmacies will take sharps containers. In addition there was difficulty closing the sharps containers currently in use.

Needle and syringe programs and prison health; getting fits from the outside-in. Paul Dessauer Outreach Coordinator, [WA Substance Users' Association](#)

Paul presented significant international evidence showing that NSPs in prisons do NOT:

- endanger staff or prisoner safety, and in fact, make prisons safer places to live and work
- increase drug consumption or injecting
- reduce risk behaviour and disease (including HIV and HCV) transmission
- have other positive outcomes for the health of prisoners
- have been effective in a wide range of prisons
- have successfully employed different methods of needle distribution to meet the needs of staff and prisoners in a range of prisons

Despite this body of evidence NSPs have not yet been introduced in Australian prisons.

Needle and syringe programs in prisons: Case study from Canberra. Andrew Burry CEO [WAAIDS Council](#).

Andrew described the attempts to introduce a BBV prevention strategy into the state-of-the-art prison, the Alexander Maconochie Centre (AMC), ACT. The aims of the strategy were to both prevent transmission of BBV within the AMC and further when detainees with BBVs return to the general community.

The principles underpinning the introduction of this NSP were:

- The social determinants of health are often exacerbated by the inequalities between socioeconomic groups.

- People in custodial settings have the right to health services, prevention, education and health promotion initiatives that are equal to those applying to the broader population, recognising the constraints of the correctional setting in which they are located.
- The Corrections Health Program will provide care that is equal to that provided in the general community in a culturally sensitive service model
- Drug use is already widespread in prisons. In the AMC, of those who participated in a 2010 Inmate Health Survey (IHS):
 - 67% had ever injected drugs
 - 49% were dependent on a drug other than alcohol.
 - 74% had ever accessed community-based needle/syringe programs
 - 25.9% (21/81) had last injected drugs in prison
 - 32.4% (24/74) had ever injected drugs at the AMC

Despite intensive work with the AMC and ongoing advocacy the NSP has not yet been introduced. A key barrier has been the unions who represent the prison guards.

Community of Practice (COP) approach to sharps safety: Learning from a falls prevention perspective Su Kitchen CPI/CNS Falls Management, Sir Charles Gairdner Hospital

After hearing an overview of the positive experience of the Falls Prevention COP, the Forum discussed whether this approach would be useful for the sharps safety community. People felt that a COP would facilitate ongoing communication instead of waiting for the next Sharps Safety Forum where the agenda was heavily contested.

A COP could bring together those interested in the topic from across settings and provide support and a shared discussion platform.

Outcomes

Attendance

Relevant stakeholders from the I&IHN and others received targeted invitations to attend the Forum. On the day there was representation from infection control, occupational safety and health, surgical, allied health, government purchasing, consumer and non-government organisations.

The Forum was attended by 60 people including 10 participants from six regional sites via videoconference. At registration people were asked whether they were willing to share their contact details with participants. Those who agreed were sent a contact list of all attendees.

The Forum was facilitated by Dr James Flexman, Clinical Lead of the I&IHN and Ms Karina Moore, Senior Development Officer, Health Strategy and Networks.

Participants were encouraged to ask questions, raise issues and to consider implementing lessons learnt from the examples presented where possible.

Evaluation

Thirty-nine (65%) attendees submitted an evaluation form. Of those who submitted a form:

- 85% agreed or strongly agreed that attendance at the Forum had been 'valuable use of their time' and that the presentations 'addressed important issues related to sharps safety'.
- 88% respondents who attended in person, agreed or strongly agreed that the Forum had provided an opportunity to connect with others, particularly new people, working in the area
- Free text feedback was provided by 18 attendees Appendix 1 contains the comments.
- Of those who submitted a form, 22 (56%) indicated they would be interested in joining a sharps safety COP. Their suggested topics covered the full spectrum of sharps based issues and their management.

Next steps

Interpretation of the quantitative and qualitative aspects of the Forum evaluation coupled with general discussion and the experience of previous events, have provided the convenors with a clear indication that many within the sector would like more information about applied sharp safety. It is, however, a difficult task to meet the needs of all stakeholders within a four hour bi-annual event such as this Forum. There is a need for more consistent opportunities to share general information as well facilitate awareness and networking across the different focus areas within health care settings and community agencies.

In view of this, the convenors propose to send out expressions of interest (EOI) to the sharps safety community and work with those interested to develop a 'proof of concept' for the notion of convening and supporting a 'Sharp Safety Community of Practice'. This would be inclusive of recruiting membership and scoping the purpose, such as tackling key issues related to providing professional development tools.

Appendix 1: Recommendations and comments

The following recommendations and comments were obtained from the evaluation forms.

Useful to include prisons and community based sharps

- Fantastic. Great focus on broad range of topics/settings, not just clinical/inpatient/medical staff but great to have sharing between stakeholders across the community
- Prison talks very interesting - a forgotten group of society
- Good to have talks from other areas other than health (DoH) e.g. Prisons
- Clarification of introduction of NSP into prisons was helpful
- It was a worthwhile update and overview of different aspects of NSP & sharps disposal
- Highlighted the problem of what members of the public do about disposing their sharps. This is very pertinent to our problem in shire of Albany
- Great to include local government health & wellness community education needs

Prefer additional focus on hospital occupational sharps exposures

- From an Infection Control perspective, I never came out of it with any enlightenment about areas where staff has exposure problems, or ideas of how to approach these: compliance of general staff, education ideas that may help them comply, the use of sharps in theatre
- Too much time spent on NSPs and prisons. Did not seem relevant to hospital safety programs
- Other than stats on occupational exposures, the Forum was a needle and syringe presentation. While interesting information was relayed about the prison system, I found little value for occupational health or infection control regarding strategies to prevent injuries. Probably good info for the community health nurse.
- It would have been good to have a focus on other sharps injury prevention strategies, not just sharps containers

Comments on speakers and process

- Very interesting speakers. Loved the statistics. Prison NSP interesting but not directly applicable to my role
- Excellent speakers. Would like further info/discussion with Rebecca McCann - Too short
- Thoroughly enjoyed Paul Dessauer's talk on prisons and NSP
- Falls not applicable to sharps forum
- Little more control of question times some people tend to dominate the floor

Appendix 2: Agenda

Sharps Safety Forum 2014 - Agenda

Thursday 23 October 2014, 9.00 a.m. – 12.00 p.m. (Registration from 8.30 a.m.)

Lecture Theatre, Grace Vaughan House, 227 Stubbs Terrace, Shenton Park

Infections and Immunology Health Network

| Time | Registration 8:30am Tea and coffee on arrival | Foyer |
|-------------------|--|--|
| 9:00 a.m. | Welcome | Dr James Flexman Clinical Lead, Infections & Immunology Health Network |
| 9:10 a.m. | Occupational exposures to health care workers in WA hospitals – Data update | Ms Rebecca McCann Program Manager, Healthcare Associated Infection Unit, Communicable Disease Control |
| 9:30 a.m. | Update on needle and syringe programs in WA | Ms Faye Thompson Senior Program Officer, Communicable Disease Control |
| 10:00 a.m. | Questions and discussions | Dr James Flexman |
| 10:15 a.m. | Morning tea | Foyer |
| 10:45 a.m. | A quality improvement project which added stickers to sharps containers to inform patients how to dispose of the container | Ms Michaela Walters Sir Charles Gairdner Hospital |
| 11:00 a.m. | Needle and syringe programs in prisons: Case study from Canberra | Mr Andrew Burry CEO, WA AIDS Council |
| 11:15 a.m. | Needle and syringe programs in prisons: Part 2 | Mr Paul Dessauer Outreach Coordinator, WA Substance Users' Association |
| 11:30 a.m. | Community of practice approach to sharps safety: Learning from a falls prevention perspective | Ms Su Kitchen CPI/CNS Falls Management, Sir Charles Gairdner Hospital |
| 11:40 a.m. | Questions and discussions | Dr James Flexman |
| 12.00 p.m. | Close | |



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