

# **A strategy and a toolkit to reduce sharp injuries in health care and medical services**

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## Phase 1 of the project

- Understand what factors contribute to sharp injuries
- Develop a strategy that handles the causes and reduces sharp injuries
- The strategy should effectively take into account and deal with the obstacles to preventing sharp injuries
- Report available (in Swedish, English summary)





## Phase 2 (ongoing)

- Implement the strategy developed in phase 1
- Focus on supporting the workplaces, providing advice that can easily be adapted to different workplaces and conditions
- Reach out through web-based information and strategic allies
- Started in December 2012, two year project





# Strategy for the web-based information

- Adapted to the target groups
  - Top management
  - Middle management and supervisors
  - Staff
  - Strategic allies
- Cooperation with and inclusion in existing/planned websites
- Clear and detailed advice on what to do
- Education that can easily be adapted to different contexts (hospitals, municipalities etc)
- **Adapted to the contexts needs and values**





# How can the website be disseminated and implemented?

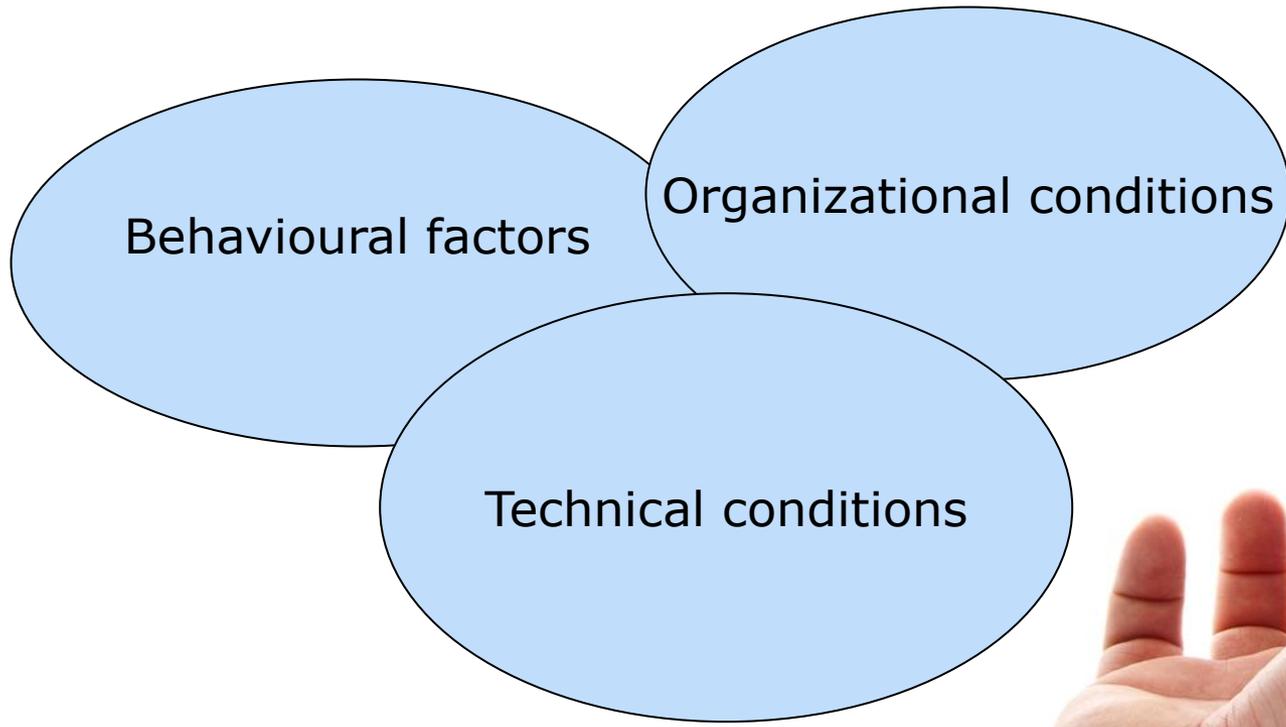
- Part of existing website with a lot of information for the target group – important part of the strategy
- Need for cooperation with **strategic allies!**
  - Organisation for hygiene in health care
  - Medically responsible nurses in municipalities
  - Suppliers of safety products
  - Procurement departments in counties
  - Clinical training centers at hospitals
  - “Vårdhandboken”
- **Cooperation, researchers and the social partners**





# Content of website reflecting factors contributing to sharp injuries

**Sharp injuries are caused by ...**





# Interviews with 80 injured (phase 1)

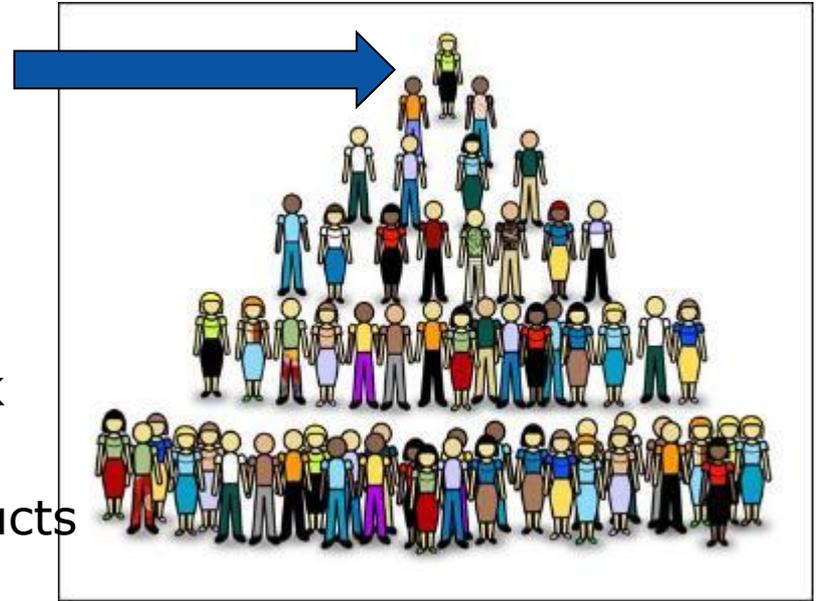
- **Behaviour, e.g.**
  - Poor awareness of recapping not being allowed
  - Handling of the sharps bin
- **Organisation, e.g.**
  - Poor (/lack of) preventive work to reduce sharp injuries
  - Poor follow-up of incidents
    - Not discussed by managers
    - No measures to reduce risks of similar incidents
- **Technology and behaviour, e.g.**
  - Unclear routines on safe working procedures
  - Safety products





# Advice on how to reduce sharp injuries

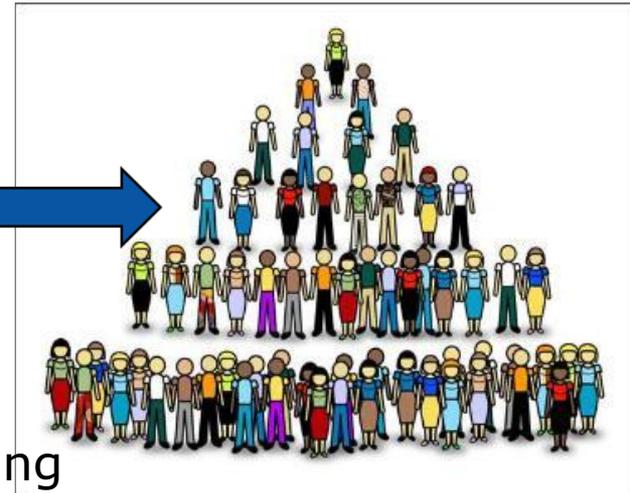
- The **policy level** and how the organization manages the risk of sharp injuries
  - **Policy** for use of safety products and safe working procedures
  - **Procurement** of safety products
  - Need to handle **economic arguments** “safety products too expensive”
  - **Communication** with managers and support for managers to implement safe working procedures
  - **Methods for follow-up** of sharp injuries





# Advice on how to reduce sharp injuries

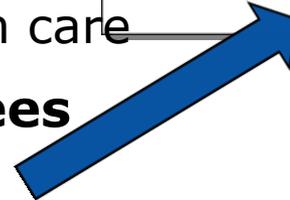
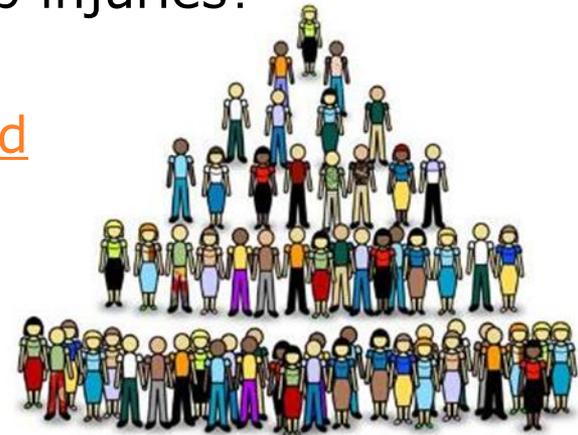
- The **organization, managers** support to safe working procedure
  - Knowledge about and routines for
    - Selection of safety products and training in using new products
    - Implementing the policy, education in safe working procedures and controlling that policy is implemented
    - How to analyze incidents and accidents
    - Risk assessment
    - Routines for delegation (municipalities)
- The importance of staff health and safety (not only patients health and wellbeing)





# Advice on how to reduce sharp injuries

- How can the staff implement **safe working procedures** that reduce the risk of sharp injuries?
- Short **films** showing details of the safe working procedures, see [Allt om städ](#) and [Svetsa Rätt](#)
- Include safe work in **education** of health care professionals
  - “Vårdhandboken” – guidelines used both in education and daily work in health care
- **Education** (and tests) **for employees** in the health care sector





## Conflicts that have to be handled

- Environment – safety products means more waste
- Hygiene – how to handle the sharps bin?
- Patient safety and wellbeing – safety products must also be good for the patients
- Economy - safety products are more expensive (*are they?*)
- Organizational responsibilities
  - Procurement, insulin users in municipality sector, equipment selected by doctor for private use, not safety products
  - Follow-up of accidents, under-reporting
  - Who will follow up that the prohibition against recapping is implemented?





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