Raising awareness of needlestick injuries in healthcare settings

A visual report of discussion groups held at the 5th POINTERS conference, Cardiff City Hall, 11 December 2014.
About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Published February 2015
PHE publications gateway number: 2014710
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Executive summary

At the 5th POINTERS conference held in Cardiff City Hall, in December 2014, healthcare professionals from the fields of infection control, bloodborne virus transmission prevention and occupational convened. During this conference following a series of presentations relating to occupational exposures to bloodborne viruses, a discussion session was held to which all attending delegates were invited to participate. Twelve roundtable groups, of approximately 6 delegates explored the topic of ‘raising awareness of needlestick injuries in healthcare settings’. Each group explored a different question with the support of a facilitator from the Public Health England’s (PHE’s) Significant Occupational Exposure’s (Sig. Occ.) team. Each group recorded the key points from their discussion on flip-charts and presented their feedback to the wider discussion group.

The flip-chart notes were transcribed by the Sig.Occ. team and a qualitative analysis was used to describe and interpret the combined discussion group notes. Six key themes emerged 1) National context, strategy and data, 2) Local leadership and ownership 3) Practicalities of raising awareness of needlestick injuries 4) Personalisation, and individualisation of impact and responsibility, 5) Shared responsibility, opportunity and impact and 6) Reporting practices, procedures and clinical management.

The underlying notion discussed was that raising awareness of needlestick injuries involves consideration of macro (national reporting, data and policy), meso (Trust level support and implementation) and micro (individual accountability and interest) levels of healthcare practice. In addition, all groups discussed the shared or mutual nature of responsibility for and effect of reducing the occurrence of needlestick injuries.

Raising awareness of needlestick injuries was however considered part of a wider effort to reduce needlestick injuries that might also include increased use of safety-engineered devices and audits of safer worker conditions.
Overview of the POINTERS conference

The POINTERS conference is a result of a unique collaboration between the Infection Prevention Society (IPS) and the Faculty of Occupational Medicine (FOM). The 5th POINTERS conference, which took place on the 11th and 12th of December 2014, was supported by Public Health England, Public Health Wales and the Welsh Government. These organisations have a commitment to healthcare and have worked together to provide a fascinating and topical programme on bloodborne virus infections in the healthcare setting.

The 5th POINTERS Conference, in addition to its wider aims, had a particular focus on the recent EU Council Directive which, from May 2013, required all member states to ensure that health care workers are protected from sharps injuries.

The main aims of the 5th POINTERS conference were:

- to provide a stimulating environment for exploring current issues in occupational risk of bloodborne viruses
- to spur innovative thinking towards improving the reporting, follow-up and management of exposures and occupationally acquired blood borne virus infections
- to strengthen collaborations and facilitate partnership working and best practice sharing
- to offer opportunities for networking, sharing and learning to all conference attendees through organised sessions and facilitated networking
Discussion group topics and design

At the 5th POINTERS conference, a roundtable discussion group item was added to the programme to which all delegates attending the conference on 11th December were invited to participate.

The overarching discussion group topic was ‘Raising awareness of needlestick injuries in healthcare settings’.

The topic for roundtable discussion was selected because national data presented in the Eye of the needle, 2014 report highlighted that healthcare workers continue to be at risk of needlestick injuries in healthcare settings. This report also stated that in addition to employing safety devices, education and awareness raising may play a role in reducing the occurrence of injuries sustained in healthcare settings.

Delegates joined one of 12 tables on a self-assigned basis and were given 20 minutes for discussion time and 30 minutes for feedback to the wider group.

Each table was assigned one of four primary questions to stimulate their discussion, and were provided with background information about the topic through an oral presentation and written information sheet (Appendix 2).

Delegates were given marker pens, pens, notepaper, and flip charts to record notes and key points during their discussions in preparation for sharing with the wider group during a feedback session.
Analysis overview

Each group was guided through their primary question and a series of secondary discussion questions (Appendix 2) by their assigned facilitator.

The use of these secondary questions prompted all roundtable groups to consider two key points:

- resources needed to raise awareness of needlestick injuries in healthcare settings
- the impact, needs and responsibilities of different organisations or groups

The following pages show the discussion points recorded by each group on their flipchart. The discussion notes for each group were transcribed to enable thematic descriptive analysis using Microsoft Word. Following coding by two independent researchers, a master coding document was created and the full transcript document re-coded; 40 codes resulted from the descriptive analysis. Using the master descriptive codes, an inductive approach was used to interpret meaning behind the discussion points raised. Six themes resulted from the interpretative analysis.
Question 1: what are the benefits of a needlestick injury awareness day in a healthcare setting?

Facilitator: Melvina Woode Owusu

Who benefits:
- all groups
- people who go may be at lowest risk
- desire for clinical staff to gain the most

System benefits:
- managerial staff

Who won’t benefit:
- those who don’t attend
- those who perceive low risk/competing demands
- those who have faith in the medical system

To maximise benefit:
- hold a national day
- include local data
- consider psychological morbidities
- include personal testimonies
- link to other national days

Alternatives to an awareness day:
- hospital survey
- Epinet data
- different time period for event (e.g., HIV testing week)
- choice of sessions
- mandatory training (e.g., annually) for all staff including non-clinical
Facilitator: Malcolm Canvin

What format will the day take?
- meetings
- virtual (e.g., online sharing of information)
- involvement of stakeholders such as trust boards, unions, and professional groups
- should be prominent in induction
- general agreement that a regular event valuable
- could it draw on national resources?
  - Could it be associated with another event (e.g., World AIDS Day)?
  - Will it attract the right people (e.g., those not already engaged)?
  - Would impact be greater if delivered by ‘respect champions’ in small team settings?

What format will the day take? Continued
- Success may be enhanced by incentives such as free lunch, CPD certificate.

Benefits
- more aware/general and local issues
- fewer injuries/better processes
- rolling cascade of knowledge
- “get shop floor view”
Facilitator: Malcolm Canvin

When should the event occur?
- staff induction
- any large staff gathering
- at national launch of guidelines, law, regulations etc
- regularly and consistently throughout the year, to reach all

Other factors to consider
- national campaigns are needed to help drive local events
- events should be contextual ie take into account specialty, healthcare workers and strategic leads (occupational health workers/infection prevention teams/service managers)
- need to maintain patient care
- make individuals understand the personal impact

Facilitator: Edgar Wellington

Needlestick awareness event
- invitation by posters on walls, intranet, word of mouth, personal visits to wards, engagement of senior staff nurses, leaflets, staff bulletin
- electronic education and training
- trust managers to run training programme - possibly mandatory; make it as generic as possible; annual training (voluntary may make it more appealing)
- monthly theme of posters, screen savers, electronic magazine etc to raise profile
- delegates to champion
- safety briefings containing updates on sharps injuries will legitimise the mentioning of sharps injuries
- people should be encouraged to report

Withdrawn May 2021
Question 2: what resources are needed to help raise awareness of needlestick injuries in healthcare settings?

Facilitator: Vicky Gilbart

Education of needlestick injuries
- awareness day?
- induction before start work
- immunisation eg dentists, care homes
- annual
- web based
- lectures and posters

Other factors to consider
- mandatory testing prior to exposure prone procedures work
- time
- safer sharps eg heparin (GP prescribing)
- removing the stigma of wearing goggles
- satisfactory procurement by managers

Resource plans for audit
- multidisciplinary (eg matron and infection control)
- Reporting
- safety managers in charge of safer sharps
- action plans for each department
- introduce competition for ‘0’ sharps injuries
- data dissemination
- ‘name and shame’ in certain situations
- ‘reward’ for ‘0’ sharps injuries

Withdrawn May 2021
Facilitator: Charlotte O'Calloran

**Resource plans for audit: continued**
- hierarchy of control methods (eg safe levels of sharps bins)
- mandatory induction training
- medical/nursing, student education
- poster reminders of precaution/key messages
- information
- data collection and dissemination
- case studies of exposures
- good/bad practice reminders
- annual questionnaire
- on board agenda
- time restraints
- link nurses

**Resources for audit: continued**
- time and staff
- suppliers of bins
- internet
- personal testimony
- examples of legal action
- surveillance data from PHE
- audit
Question 3: how would you describe the ideal needlestick injury awareness day?

Facilitator: Brian Rice

What the ideal day should cover

- good example of awareness raising practice in Brazil (1.62 of nursing celebrations)
- needlestick management in induction
- need for mandatory reporting
- put in the local context (disseminating figures to staff)
- Health and Safety Executive Sharps Injuries in Healthcare Regulations (2013) or other regulations drafted by employers and trade unions
- possible problems complying with regulations

What the ideal day should cover; continued

- a week of with themed events
- national awareness week – locally driven HCW support group
- sharp safety device training and selection of device
- publication of Trust numbers
- infectivity rates
- sharps safety directive
- reporting systems and when to report
- disposal training and local policies
- scoreboards? Deterrent to reporting?
- publish audit of sharps boxes
- easy, accessible reporting system
- info feedback as an incentive
- use of a ‘Champion’ to raise awareness as oppose to an official representative
## What the ideal day should cover: continued

- one day is not enough – ongoing programme is required

### Topics that should be covered

- what a BBV is
- legislation including safety devices
- risk assessment protocol – source patient, type of injury, type of fluid
- first aid: cover ‘what if’ scenarios, real life examples
- reporting – why report, why people don’t report, legal policy and procedure

### Other factors to consider

- a blind ballot may be useful if reason for not reporting is recorded
- needlestick awareness should involve all staff in a non-discriminatory manner
Facilitator: Merrington Omakalwala

What the ideal day should cover; continued
- ongoing training rather than 1 day?
- CEO approval
- cost of needlestick injuries per yr in Trust
- division (eg department) targeted rather than a generic day
- tie in with infection control audits
- improve knowledge of Trust policy on sharps in A&E
- risk assess injuries in each department and provide targeted education
- local induction for all staff including locum doctors and agency/bank staff
- competency assessments (eg online)
- safety device companies providing training to everyone using their equipment

Withdrawn May 2021
Question 4: what key information or data would be useful to raise awareness of needlestick injuries in healthcare settings?

Facilitator: Louise Logan

Useful information or data:
- local HIV/BBV prevention procedures
- make relevant to specific staff groups
- stories, personal narrative (anecdote)
  - specific examples of adverse events
- pictures eg full sharps bins, injuries
- information on vaccination and treatment (eg lack of a vaccination for Hep C)
  - cases are under reported due to fear of blame or stigma

Useful information or data; continued
- info on how to report
- details to empower junior staff
- make routine part of induction for all staff
- encourage competition between departments (eg scoreboards)
- auxiliary staff roles are diverse; it may be difficult gathering them
- mandatory training (level should be decided) for a large diverse group of staff should include key messages
- what to do post exposure regardless of staff group
Facilitator: Louise Logan

Useful information or data: continued
• information posters in all departments including estates
• send out reminders about training day to maximise take-up
• make training mandatory
• send messages on payslips
• consider national day targeted at a specific group
• use EU directive as lever to encourage engagement
• infection control team to pro-actively visit departments and share tailored messages

Useful information or data: continued
• targets (national, local department) to be provided
• management buy-in essential to deliver resources and support
Raising awareness of needlestick injuries in healthcare settings

Facilitator: Jackie Njoroge

Useful information or data: continued
- describe risk of transmission of a BBV
- share the benefit of reporting
- detail the importance of hepatitis B vaccination
- describe how to avoid injury
- adhere to reporting procedure
- explain how to risk assess the exposure (where, when and what is a risk)
- list standard precautions
- become familiar with the circumstances at risk using scenarios that have occurred in the past
- provide regular training
- involve occupational health, infection prevention team, service managers in roll out
- training is relevant for everyone
- tailoring training information to service audience
- share liaising and reporting pathways with healthcare workers
- basic awareness provided at training to prevent needlestick injuries
Interpretative analysis

Following descriptive analysis of discussion group transcripts, 40 master codes were generated and these were used in an interpretative analysis from which (Appendix 3) six themes emerged:

1. National context, strategy and data
2. Local leadership and ownership
3. Practicalities of raising awareness of needlestick injuries
4. Personalisation, and individualisation of impact and responsibility
5. Shared responsibility, opportunity and impact
6. Reporting practices, procedures and clinical management
Multiple groups discussed the national context of needlestick injuries as illustrated by the Eye of the Needle report.

The Eye of the Needle report package describes reported occupational exposures to bloodborne viruses in England and Wales. National data such as this, alongside information about the wider prevalence of bloodborne viruses, enables infection control practitioners to raise the issue of needlestick injuries and the risks of transmission associated with working in a healthcare environment with their management and board level colleagues.

It was identified that Trust boards appreciate national data and are able to prioritise specific issues in relation to national strategies and targets.

There was a desire from most groups for national data to be made available so that infection control practitioners could present this at board level.
The general consensus among delegates was that any attempt to raise awareness of needlestick injuries should include strong support from the Trust’s leadership team, strong ownership by an appointed team or individual such as a champion and strong understanding from staff as to why awareness of needlestick injuries is important in their setting.

This would be supplemented by local data or service level information about what the current situation is in their setting. Delegates further noted the importance of pairing local events with wider nationally driven campaigns (with World AIDS Day given as an example).

In this way the situation on the ground might be tied in with the larger issues surrounding the risks, awareness and management of needlestick injuries.
Patients and healthcare workers are at the core of raising awareness of needlestick injuries; their attitudes, actions and experience are of great importance in achieving this end.

Delegates raised issues in relation to education on risks, reporting needlestick injuries and personalising the information (e.g., healthcare worker testimonies) provided. Personal testimonies and stories were highlighted as having a significant impact on awareness and increasing the relevance of needlestick injuries to individuals.

Stigma and other barriers to reporting and treatment were discussed; along with the wider psychological and social effects of needlestick injuries on both staff and services. Specifically, it was emphasised that individual healthcare workers should be accountable for their actions, with regard to following standard procedures, highlighting risks in their department and reporting their injuries at Trust level. It was suggested however that there might be a conflict between accountability for one’s actions and liability for the outcome of one’s actions. There was mention of the fear and/or stigma associated with being held responsible for untoward injuries or outcomes and this fear could prevent individuals from reporting injuries.
Discussion group delegates frequently raised queries about the practical implications of raising needlestick injury awareness. Many proposals first addressed education and training, along with the timing of such training (for example during the induction of all new staff).

Several groups also considered for whom such events would be appropriate. Most concluded that, while all staff could benefit from training in some way, it is vital for clinical staff.

Other issues raised included the timing and format of a one-day event; alternatives such as a week or month-long, or an ongoing series of events and the necessity of making sure people could actually attend such events was stressed.

The need for and format of resources was also discussed, with some emphasising the importance of accessible formats (such as electronic or web-based learning) and the need for procurement of appropriate learning tools and safety-engineered devices.
There appeared to be a consensus among the groups that the responsibility for preventing and raising awareness of needlestick injuries reached beyond that of clinical staff in hospital settings. It was suggested that if national organisations find the occurrence of needlestick injuries to be unduly high, they have a responsibility to convey this at the national (macro) strategic level through recommendations, guidance and policy. Groups discussed that the implementation of national recommendations, guidance and policy might be most suitably actioned at the local Trust (meso) level.

At Trust level, the key point stressed was that all healthcare workers should receive the same opportunities to benefit from awareness raising initiatives. The most commonly suggested method for this was to incorporate the topic ‘Awareness of needlestick injuries’ into mandatory induction training for all staff. Although this would not serve as an ongoing reminder of the importance of needlestick injuries, it would target all staff, including those who may not otherwise attend or access optional events or resources. One group also suggested that an assessment of understanding and competence should be completed before a healthcare worker might be permitted to perform exposure prone procedures.

The use of monitoring at the local level was also suggested as a method for raising awareness of needlestick injuries. The suggestion here was that by creating an
environment in which departments are encouraged to report their baseline number of needlestick injuries, they could then be given targets for reducing them.

There was mention of interdepartmental competition for reducing needlestick injuries through various means, including raising awareness of needlestick injuries and the procurement of safety-engineered devices. It was mentioned that the effectiveness of this suggestion may be limited by under-reporting of needlestick injuries and that the introduction of penalties for missed targets may stimulate action.
Some groups discussed the disparity between the published and observed risks of bloodborne virus transmission following percutaneous injury, which was highlighted in the Eye of the Needle 2014 report. One suggested reason for this was that injuries are not reported or under reported to the relevant Trust and national surveillance system of significant occupational exposure to bloodborne viruses. Review of discussion group notes suggests that barriers to reporting at Trust level may relate to the processes of reporting as well as the culture of reporting.

Four main issues concerning procedures and practices were highlighted as being important:

- prevention of injuries and harm reduction method
- assessment of risks following injury
- clinical management of injuries
- local procedures for reporting

Awareness of needlestick injuries can be highlighted through current formal procedures at each stage of practice. This could serve as an ongoing reminder for best practice, which can highlight both core areas, highlighted in the Eye of the Needle report, and key methods for improvement. Discussion of behavioural practices prominent in hospital departments, suggested that in some departments and professions, needlestick injuries may be an accepted occupational hazard. The cultural and behavioural practices relating to the use of needles and the perceived importance of reporting seemed to be significant. The acceptance of exposure to bloodborne viruses could be a topic to explore further in local settings.
Word cloud

The word cloud below has been produced based on the frequency of words recorded in the flip-chart discussion group notes.

Words such as the, a, it, as and if were removed during data cleaning. Note that data was cleaned for the purpose of producing this word cloud only and that original transcripts were used for descriptive and interpretative analysis.
Summary

At the recent POINTERS (Prevention of Occupational Infection, Treatment and Exposure Reporting Strategies) conference, healthcare practitioners gathered to discuss the topic of raising awareness of needlestick injuries in healthcare settings. Six key themes emerged from 12 facilitated discussion groups: 1) national context, strategy and data; 2) local leadership and ownership; 3) practicalities of raising awareness of needlestick injuries; 4) personalisation, and individualisation of impact and responsibility; 5) shared responsibility, opportunity and impact; and 6) reporting practices, procedures and clinical management.

The underlying matter is that raising awareness of needlestick injuries involves consideration of macro (national reporting, data and policy), meso (Trust level support and implementation) and micro (individual accountability and interest) levels of healthcare practice. In addition, all groups discussed the shared or mutual nature of responsibility for and effect of reducing the occurrence of needlestick injuries.

The discussion groups agreed that efforts to reduce risk, injuries, and transmissions should involve all healthcare workers including those who work on a locum and bank basis. While some discussion groups felt that mandatory or induction training would ensure that all employees in healthcare settings gain some form of training, there was also consideration of the merits of an ongoing approach to preventing injuries. Suggestions included ongoing training opportunities, reviews, interdepartmental competitions for reducing injuries and local targets in order to maximise the level of personal responsibility of individual healthcare workers.

Preventing needlestick injuries was widely regarded among discussion groups as an important, multidisciplinary, and shared individual and local endeavours which should be supported and informed by national data, local context and individual perspectives of those who have personally experienced needlestick injuries. The consensus among all discussion groups was that the prevention of needlestick injuries should form part of a suite of undertakings aimed at preventing occupational exposures following injury in the workplace. This suite of interventions would ideally include increased procurement and use of safety-engineered devices, education and training, and improvements to local and national reporting practices surrounding occupational injuries.

Such points suggest a holistic approach to raising awareness which incorporates both specific cases and general trends along with encouraging engagement with reporting and support structures for both healthcare workers and patients. It was clear that the groups supported clinical, non-clinical and system level approaches in order to achieve widespread benefit in the form of increased awareness of needlestick injuries.
## Appendix 1: conference programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:30</td>
<td>Welcome and Opening Address: Dr. Ruth Hussey</td>
</tr>
<tr>
<td>09:45</td>
<td>Personal Testimony: HIV/CHD Changed My Life: Ms. Suzanne Butler</td>
</tr>
<tr>
<td>10:15</td>
<td>Keynote: Changing patterns of infectious diseases – Occupational implications: Dr. Richard J. Heron</td>
</tr>
<tr>
<td>10:45</td>
<td>Exhibition/Viewing and Refreshments</td>
</tr>
<tr>
<td>11:15</td>
<td>Overview of National EBV and Health Surveillance Systems: Mr. Edgar Wellington and Mr. Brian Rima</td>
</tr>
<tr>
<td>11:50</td>
<td>EU Directive on Sharp Injuries: Where are we now?: Mr. Steve Scott</td>
</tr>
<tr>
<td>12:10</td>
<td>The management of HIV-infected HCWs – benefits to the HCW from the change in policy: Dr. Kirsty Roy</td>
</tr>
<tr>
<td>12:30</td>
<td>Exhibition/Viewing, Lunch &amp; Poster Session Zone</td>
</tr>
</tbody>
</table>

### For Key Day and For the Week

**Day 1**

13.00 The UKAP Occupational Monitoring Health Register for Infected HCWs: Ms. Jacqueline Njoroge and Dr. Fortune Ncube

13.15 HIV in Patients of Care: Thinking beyond the patient but for from perfect? – Dr. Matthew Donati

14.00 Advances in the treatment of HIV: What’s new? – Dr. Ashley Brown

14.45 New Approaches to HIV/Infected HCWs with High Viral Load: Dr. Patrick Kennedy

15:15 Exhibition/Viewing and Refreshments

16.00 A two-year prospective audit of HIV PEP prescribing from the Emergency and Occupational Health Departments within two NHS London Trusts: Dr. Linda Murray

17.00 Round Table Group Discussion and Feedback: Dr. Melina Wood Owoy and Ms. Vicky Gillett

17.20 Sum up and close of day: Dr. Fortune Ncube

17.40 Close of day

### Day 2

**Wednesday, 24th May 2023**

#### Registration

Chair: Professor David Golding and Professor Heather Lawley

08.30 Welcome and Opening Address: Professor Heather Lawley

09.00 Keynote: Occupational Transmission of Viral Haemorrhagic Fever (VHF): How do we protect our health care workers? – Professor Louise Bumgarner

09.30 Exhibition/Viewing and Refreshments

#### BID in the Healthcare Setting and their Management

Chair: Professor David Golding and Ms. Vicky Gillett

10.00 Has the 2007 Policy on Health Care Workers for HIV Exposed a Risk Gap? – Miss Charlotte O’Hara

11.20 The Role of the HIV Phylogenetic Analysis in the Healthcare Setting: Dr. Seow Lin Ngai

11.45 HIV Link Task: A Dilemma for Dr. Linda Nkandu, Dr. Gill Richardson and Dr. Brendan Moore

12.15 Possible role of hospital transmission of Hepatitis BC in Southern Ireland: Dr. Margaret Fitzpatrick

12.45 Exhibition/Viewing, Lunch & Drop In Zone

#### IV and Intravenous Safety in Healthcare Practice: Management in Health Care Workers

Chair: Professor Noel Gill and Ms. Melina Wood Owoy

14.15 Influenza and vaccination of health care workers: Dr. Richard Peabody

14.45 Tuberculosis in Health Care Workers: The Current Situation: Dr. Lucy Thomas and Dr. Trevor Davidson

15.15 Occupational Health and Venous Access to Prevent TB in Health Care Workers: Dr. Charles Sykes

16.45 NERS: Dr. Richard Peabody

17.15 Exhibition/Viewing and Refreshments

18.00 Panel and Open Discussion: Professor Noel Gill

19.00 Close of Conference: Professor Noel Gill
Appendix 2: discussion group materials

1. Oral presentation given to provide background and instruction to the discussion group session

![Presentation slide](image1)

**Why this topic**
- **Eye of the Needle report 2014**
  - 71% of injuries involved a puncture of a needlestick
  - 65% of sharp injuries involved a broken needlestick
  - 81% of injuries were sustained by nurses, doctors, healthcare assistants, and staff
  - 58% of staff reported that they were infected by bloodborne viruses
  - There has been a decrease in the number of reported needlestick injuries in 2004-2014
  - Safety engineered devices are recommended
  - Raising awareness of needlestick injuries may also help reduce injuries and exposures

![Presentation slide](image2)

**Discussion group format**

**Time**
- 20 minutes discussion
- 30 minutes feedback

**Equipment**
- Background information
- Allocated questions
- Flip sheets
- Pens
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**DISCUSSION QUESTIONS**

1. What are the benefits of a needlestick injury awareness day in a healthcare setting?

2. What resources are needed to help raise awareness of needlestick injuries in healthcare settings?

3. How would you describe the ideal needlestick injury awareness day?

4. What key information or data would be useful to raise awareness of needlestick injuries in healthcare settings?

**10 MINUTES UNTIL FEEDBACK TIME**

**DISCUSSION QUESTIONS**

1. What are the benefits of a needlestick injury awareness day in a healthcare setting?

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3. How would you describe the ideal needlestick injury awareness day?

4. What key information or data would be useful to raise awareness of needlestick injuries in healthcare settings?

**5 MINUTES UNTIL FEEDBACK TIME**

Withdrawn May 2021
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DISCUSSION QUESTIONS

1. What are the benefits of a needlestick injury awareness day in a healthcare setting?
2. What resources are needed to help raise awareness of needlestick injuries in healthcare settings?
3. How would you describe the ideal needlestick injury awareness day?
4. What key information or data would be useful to raise awareness of needlestick injuries in healthcare settings?

FEEDBACK SESSION

QUESTION 1: What are the benefits of a needlestick injury awareness day in a healthcare setting? (Tables 1, 2, 3)
- Which groups would benefit the most and why?
- Which groups might not benefit and why?
- What other alternatives could there be to a needlestick injury awareness day?
- When would a needlestick injury awareness day have the biggest impact?
- Would a local or a national needlestick injury awareness day be more beneficial?

QUESTION 2: What resources are needed to help raise awareness of needlestick injuries in healthcare settings? (Tables 4, 5, 6)
- What have you seen in your own setting which aim to raise awareness of needlestick injuries?
- How do your interventions differ by organization?
- How appropriate do you think provide outreach?
- How should organizations develop their own resources at a local level?
- Which organization should pay for these resources?
Raising awareness of needlestick injuries in healthcare settings

FEEDBACK SESSION

QUESTION 3: How would you describe the ideal needlestick injury awareness day? (Tables 7, 8, 9)

- Is one day enough?
- Should this include demonstrations/training sessions? If so, which topics should be covered?
- Should this include a blind ballot/unreported injuries amnesty box?
- Does each healthcare setting need an appointed representative from each occupational group head?

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FEEDBACK SESSION

QUESTION 4: What key information or data would be useful to raise awareness of needlestick injuries in healthcare settings? (Tables 10, 11, 12, 13)

- What do healthcare workers need to know?
- What information have you found useful in the past?
- Who might find data on the number and trend of injuries in the setting be useful?
- Do different groups and organizations need different information?
- Would information about prophylaxis, transmission and the need for bloodborne viruses be useful?
- Would information on HIV infected healthcare workers be useful?

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Withdrawn May 2021
2. roundtable discussion group – participant Information

‘Raising awareness of needlestick injuries in healthcare settings’

The key message summary below provides an overview of the findings from the 2014 Eye of the Needle Report. This gives some background to the report and some further points for your consideration.

Table Instructions

1. Each table has been assigned a discussion question related to raising awareness of needlestick injuries in healthcare settings.
2. Some additional points relating to your specific question are included to aid your discussion.
3. Among your table, please discuss the assigned question and note your collective summary points using the flip sheets and pens provided.
4. You will have 20 minutes to discuss your question after which we will regroup and share summary findings with other tables.
5. Please now select a member of your table who will share your table’s summary points during the feedback session.
Raising awareness of needlestick injuries in healthcare settings

**Viral Exposure**
- HBV: 10%
- HIV: 32%
- HCV: 58%

**Injury Exposure**
- Other percutaneous injuries: 14%
- Mucocutaneous: 29%
- Hollowbore needlestick: 43%
- Solid needlestick: 14%

**Procedure Phase**
- During or after disposal: 17%
- After procedure, before disposal: 18%
- During procedure: 65%

**Occupational Group**
- Other healthcare worker occupations: 13%
- Nurses and healthcare assistants: 41%
- Doctors: 40%
DISCUSSION QUESTION 1
What are the benefits of a needlestick injury awareness day in a healthcare setting? *During your discussion you may wish to consider:*
- which groups would benefit the most and why?
- which groups might not benefit and why?
- what other alternatives could there be to a needlestick injury awareness day?
- when would a needlestick injury awareness day have the biggest impact?
- would a local or a national needlestick injury awareness day be more beneficial?

DISCUSSION QUESTION 2
What resources are needed to help raise awareness of needlestick injuries in healthcare settings? *During your discussion you may wish to consider:*
- what resources have you seen in your own setting that aim to raise awareness of needlestick injuries?
- will resource requirements differ by organisation?
- which organisations do you think provide or should provide resources?
- should organisations develop their own resources at a local level?
- which organisation should pay for these resources?

DISCUSSION QUESTION 3
How would you describe the ideal needlestick injury awareness day? *During your discussion you may wish to consider:*
- is one day enough?
- should this include demonstrations/training sessions? If so, which topics should be covered?
- should this include a blind ballot/unreported injuries amnesty box?
- does each healthcare setting need an appointed representative from each occupational group head?

DISCUSSION QUESTION 4
What key information or data would be useful to raise awareness of needlestick injuries in healthcare settings? *During your discussion you may wish to consider:*
- what do healthcare workers need to know?
- what information have you found useful in the past?
- who might find data on the number and trend of injuries in their setting useful?
- do different groups and organisations need different information?
- would information about prophylaxis, transmission and treatment of bloodborne viruses be useful?
- would information for HIV-infected healthcare workers be useful?
### Appendix 3: coding framework

<table>
<thead>
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<th>Theme</th>
<th>Code no.</th>
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