

Needlesticks injure 600,000 annually

A resident loses a sharps after a blood sugar check. A rushed staff member discards a syringe in a bathroom wastebasket. A nurse leaves an uncapped needle on a counter for “just a second.”

Each year, seemingly minor incidents such as these lead to nearly 600,000 percutaneous injuries (PI) among health care workers according to the Center for Disease Control (CDC) and the Exposure Prevention Information Network (EPINet). Each year, these injuries expose many to dangerous bloodborne pathogens--the most common being hepatitis B, hepatitis C and HIV--and approximately 1,000 of these exposures result in infection.

The federal Needle Stick Safety and Prevention Act of 2000, effective April 2001, directed OSHA to revise the Occupational Exposure to Bloodborne Pathogens standard of 1991 to improve health care worker safety. The law has helped to increase awareness of needlesticks, but recent studies outlined in the American Journal of Nursing, August 2004, show that its implementation has been uneven at best.

Compliance can help to ensure employee and resident safety, and assisted living facilities are required to meet the law’s key provisions.

Engineering controls

This includes all control measures that isolate or remove a hazard from the workplace. The most obvious, and effective, control is safer medical devices such as needleless systems and self-sheathing needles. According to the American Nurses Association (ANA), safer devices alone can prevent 80 percent of all needlestick injuries.

“Consider both user and resident safety when you’re choosing a device,” said Carol Brotski, a Church Mutual risk control representative who spent 11 years in OSHA enforcement. “Run a pilot program to see if a particular device meets your needs before purchasing a large supply. Try to eliminate the possibility of human error by choosing devices with passively activated safety features.”

A survey in the April issue of Nursing2004 found that 12 percent of PI injuries, among those using safety devices, occurred while the user activated the safety mechanism.

When choosing a device, don’t forget to look for features that cover the sharps after use.

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Identifying your needlestick risk

Start with a facility walk-through and answer these important questions:

- Where are sharps being used and by whom?
- What kinds of sharps are being used and why?
- Are the safest devices being used in all circumstances?
- How is access to sharps controlled?
- What disposal methods are used?
- What kinds of barrier equipment--gloves, masks, goggles and protective clothing--are being used?
- Review injury reports and near-miss reports and determine if the exposure could have been prevented.

Be proactive. Provide the hepatitis B vaccine to all employees. Prohibit unsafe practices such as recapping, removing needles from disposable syringes, bending while handling a sharps or breaking needles prior to disposal. The ANA has found that the combination of safer devices, training and workplace controls can eliminate over 90 percent of needlestick incidents.

“Involve your entire staff in the process,” said Church Mutual’s Carol

Brotski. “You’ll have a better understanding of possible dangers, and employees are more likely to implement processes they played a role in developing.”

Biohazardous wastes

Improve employee safety by following OSHA’s standard precautions--assume that blood and all body fluids (including semen, mucous, vomit, saliva, feces, urine and vaginal secretions) are infected.

OSHA is serious

Recent citations show just how important full compliance is to OSHA. In July 2003, the Beaver Valley Nursing and Rehabilitation Home in Beaver Falls, Pa., and its parent company were fined \$92,500 for willful failure to use safety devices, inadequate training and improper sharps disposal. In September of that year, the Montefiore Medical Center in the Bronx was fined \$9,000 for failure to use engineering controls, improper handling of contaminated reusable sharps and failure to make available or to use personal protection equipment.

(needles)

Budget constraints might tempt you to choose less expensive devices. Although this could save money upfront, the cost of an injury is much greater.

“You also have to consider the indirect costs,” Brotski said. “It might take six months for an employee to find out if he or she is infected. It’s emotionally draining and distracting to deal with that uncertainty.”

Safe disposal is critical. Use puncture- and leak-proof containers to dispose of all sharps and needles. These must be color coded, clearly labeled and widely available. Keep a sharps container close to point of use and make sure that residents who perform their own testing have a container in their room. Containers should be emptied regularly.

Involvement/training of front-line health care workers

OSHA requires assisted living facilities to involve a cross section of employees responsible for direct patient care when identifying, evaluating and selecting effective engineering controls. This involvement must be documented in writing.

Too often, this involvement does not occur.

“Facilities think they’re meeting the criteria by purchasing one type of safer device in bulk without considering whether they suit various clinical applications,” said Butch De Castro, senior staff specialist at the ANA Center for Occupational and Environmental Health. “Facilities should create a needlestick committee that includes representatives from management and front-line caregivers and has the authority to make purchasing decisions.”

Training also is crucial to improve safety. Employees must receive training on safe sharps use, disposal and personal protection at the time of hiring and at least once a year. If residents are using sharps, they also must receive training on their safe use and disposal.

Dangerous sharps devices

- Devices with hollow bore needles
- Needle devices that have to be taken apart or manipulated by health care staff
- Syringes that have an exposed needle after use
- Needles attached to tubing that are difficult to put into sharps disposal containers

Sharps injury log

You can decide how your facility documents sharps injuries. At minimum, your log must include:

- The type and brand of device used in the incident
- The location of the incident
- A description of the incident

Needlestick resources

American Nurses Association:

Needlestick prevention Web site: www.needlestick.org

OSHA:

Needlestick Safety and Prevention Act:

www.osha.gov/SLTC/needlestick/index.html

Needlestick Fact Sheet: www.osha.gov/needlesticks/needlefact.html

NIOSH:

Preventing Needlesticks: www.cdc.gov/niosh

ECRI at www.ecri.org

Exposure Prevention Information Network (EPINet):

www.healthsystem.virginia.edu/internet/epinet/

Set procedures for self-administration of medication

Deciding whether to allow residents to self-administer their medication requires a delicate balancing act between independence and safety. Autonomy is highly valued in the assisted living (AL) environment, but it must be tempered by the reality that medication errors can result in injury or death.

What is self-administration

State regulations, resident demographics, staffing levels and management preferences typically determine the parameters of a facility's self-administration program. Self-administration can include anything from residents who are unsupervised during administration and have complete access to and control of all medications to various levels of staff control and supervision. The Assisted Living Federation of America (ALFA) defines three levels of assistance that a caregiver can provide to a self-administering resident--reminding, monitoring and assisting.

Remind the resident to:

- Take medication
- Reorder medication

Monitor the resident for:

- Safe self-administration

Proper records a necessity

Resident medical information:

- Emergency contacts
- Primary physician
- Pharmacy provider
- Current medical conditions and diagnosis
- Allergies
- Current record of all prescription and non-prescription medications
- Location of where medications are stored

The MAR for each resident:

- Resident's name
- Unit number
- Allergies
- Prescribing physician's name
- Medication name, strength, dosage form, dose and route of administration
- Frequency/timing of administration
- Duration of therapy

- Taking medications at the correct time
- Taking all appropriate medications
- Adequate supply of medication

Assist the resident by:

- Identifying medications to be taken
- Bringing medication to the resident
- Reading instructions to the resident
- Verifying resident's name on label
- Checking medication dosage
- Opening medication package if necessary
- Positioning resident to take medication
- Disposing of used supplies
- Storing medication

Who should self-administer

The Assisted Living Workgroup (ALW) stresses the importance of medication rights: the right medication to the right resident at the right time in the right dose and form and with the right documentation.

Residents also should understand proper storage (temperature and restricted access), the function of the medication, the consequences of improper administration and the importance of documentation. The resident's ability to handle these tasks should be gauged during an assessment process that's conducted prior to the start of self-administration. Self-administration policies should be in writing and shared with the resident and family members at the time of admission.

At the Golden Prairie Manor in Winner, S.D., Administrator Shawna Kaiser requires residents to receive authorization from the pharmacist, their physician, the on-staff nurse and her before allowing self-administration.

"We ask the resident questions, observe them and talk with family, friends and



their physician regarding their mental capacity and cognitive ability," she said. "We also review their history of reliability and whether there have been past conditions or hospitalizations that have occurred as a result of not following orders."

The facility offers two self-administration options:

- Independent - residents store medication in their own apartment but must keep it in a storage box (provided by the facility) at the proper temperature and inaccessible to others. Residents who choose this method are required to keep medication records in their apartment and to document when medications were taken on an at-bedside medication log which is collected monthly.
- Supervised (preferred) - the facility stores medications in an individual storage box that's locked in a cabinet (or refrigerated if necessary). The facility keeps the medication records and documents administration. The resident is observed by the staff during administration, but if medication needs to be split, the resident needs to perform this task. Staff reviews the medication record on a daily basis, and a nurse reviews the medications and medication record on a weekly basis.

Monica Russell, the director of nursing at Waterford at Williamsburg in

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Certificates of insurance offer protection

Hiring someone as a contractor rather than an employee can be a good way for a senior living facility to operate efficiently. However, it is as important to check this person's proof of insurance as it is their references.

Anytime your facility enters a contract with an outside party, you want to make sure they have insurance coverage in place. The best way to do this is to demand the contractor provide you with a certificate of insurance before their first day on the job.

If an independent contractor does not have insurance with adequate limits, your facility could end up being liable for damages or injuries caused by the contractor. Making sure they have proper insurance limits in place before they start working can reduce this from happening.

There are many types of contractors a senior living facility might hire such as for building maintenance or grounds upkeep, but your most important hiring is for those who will be providing care or service to your residents. Information on a certificate of insurance includes the name of the insurance company, what types of policies they have with the insurance company, the limits of the insurance policies and the policy term or period.

A certificate of insurance is relatively straightforward, but here are some key items to look for when reviewing a certificate of insurance.

First, check to see that the insurance coverage is current. The policy term will include a start date and expiration date-- normally 12 months. If the expiration date will occur while the person is working at your facility, make sure to request a new certificate before the old policy expires.

Next, check the types of policies the contractor has. They should include general liability, professional liability, products/completed operations and, if it is a company, workers' compensation for their employees.

The limits of insurance that they carry might vary by the type of work they do. For general liability, professional liability and the products/completed operations, it is best to see insurance limits of \$1 million for each coverage type. For the workers' compensation coverage, there are no recommended limits but make sure the contractor has coverage for the employees.

Requesting and reviewing certificates of insurance is an easy and quick risk management tool you can use to protect the financial well-being of your facility.

(medication)

Lincoln, Neb., takes more of an all-or-nothing approach.

"We will help to administer things like eye drops, but for other medications, either the residents have to be able to correctly administer them without help, or we'll do it for them," she said.

When medication is managed by the resident, it's crucial that access is limited.

"The medication itself doesn't have to be locked up, but whenever the resident leaves their apartment, the door needs to be locked," Russell said.

Diabetic residents can present special challenges. Limited visual acuity, compromised fine motor skills or mental health issues can impair their ability to perform an accucheck or administer insulin.

"I or one of my nursing staff evaluate the resident's mental health, their knowledge of the amount of insulin/heparin that should be used, what it's for, administration sites, technique

and warning signs of their disease," Kaiser said.

Medication packaging

Effective packaging can help to ensure resident safety.

"If the resident is completely independent and cognitively aware, a traditional multi-dose vial might be an acceptable, though not ideal, option," said Diane Crutchfield, president of the American Society of Consultant Pharmacists (ASCP).

Instead, Crutchfield suggests:

- Multiple-medication packaging systems for residents administering without assistance. These are created by a pharmacy that puts all medications to be taken at one time in a sealed package.
- Unit-dose systems can be used when trained medical staff will oversee medication. The system packages and labels one dose of a specific medication. This method is documented to be safer than multi-dose vials but is more expensive.