

Ratcliffe, H. (1993). Extract from Hazard analysis of needlestick injury in acute hospital setting: Implications for nursing staff at Royal Hobart Hospital, Tasmania, pp. 10-12.

Commonwealth of Australia

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5 COMMUNITY DESCRIPTION:

5.1 General

In general, nurses could be considered to be well educated, literate and have good communication skills as their profession demands these qualities. By nature of their profession they are informed in relation to medical matters and familiar with the terminology. There is a perception amongst some members of the general public that nurses are altruistic with more concern for patients welfare than their own behalf or financial gain.

There are approximately 1300 nurses employed at RHH, about half working full time, with about 900 fulltime equivalents. They are all aged between 20 to 65 years though the majority would fall into the 20 to 40 year age group.

94% are females, which is significant as many would fall into child bearing age.

Because of their medical knowledge they have a high awareness of the major disease threats posed by needlestick injury. Even so the occurrence of needlestick injury would seem unacceptably high.

5.2.1 Infrastructure

RHH has an occupational health and safety unit to dispense medical treatment including Hepatitis B vaccination.

Medical services are provided by the Emergency Department to Staff outside normal working hours.

There is an infection control nurse who coordinates the response to needlestick injury, in her absence proxies are able to be contacted by pager 24 hours a day.

RHH has blood taking laboratories available.

There are qualified counsellors appointed to counsel staff afflicted by needlestick injury particularly where there is risk of contaminated blood.

There is a nursing library facility which employees can access to gain information on needlestick injury.

5.2.2 Culture

In the past a culture of replacing the plastic sheath on a used needle has developed. This practice was taught to all staff for many years. This is now recognised to be a major cause of accidental needlestick injury. There may be embarrassment on the part of the staff member should a needlestick injury occur as a result of this practice, which may well result in a lack of notification of the appropriate personnel should an injury occur.

5.2.3 Vulnerable groups

New staff to the enterprise may be vulnerable if they are unaware of the policies in place to prevent needlestick injury. They could also be considered vulnerable if they are unaware of the process for notification of such injuries and measures to reduce staff risk once an injury has occurred. Those staff who are not vaccinated against Hepatitis B are vulnerable to contracting Hepatitis B from an infected needlestick

injury source whereas those who have been successfully vaccinated are unlikely to develop Hepatitis B.

Pregnant nurses may be considered particularly vulnerable as the danger of infection exists for their unborn child as well as the staff member.

5.2.4 Environment

Posters are placed in ward areas to alert staff to the danger of needlestick injury.

High awareness exists. Suitable, waterproof, crushproof containers are available in work areas for safely disposing of contaminated needles.

5.2.5 Economy

Related economies have developed to assist in the prevention of needlestick injury.

Currently the RHH is spending \$38,000 per annum on suitable containers for needle disposal. Other needle containment devices are available in some ward areas. Blood taking devices known as vacutainers are available in all areas. These limit the risk of needlestick injury as blood flows directly through the needle into a collection bottle and there is no need to remove the needle to place blood into the collection bottle.