Public Health England

Protecting and improving the nation's health

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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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 'raisng 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.

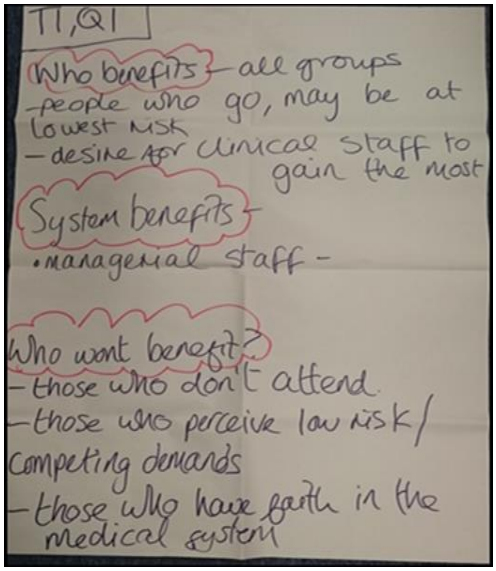
The use of these secondary questions prompted all roundtable groups to consider two key points:

- 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?

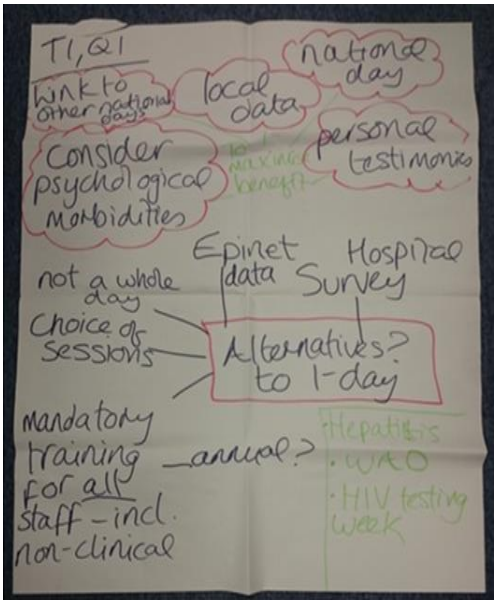
Facilitator: Melvina Woode Owusu



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

System benefits:
- managerial staff

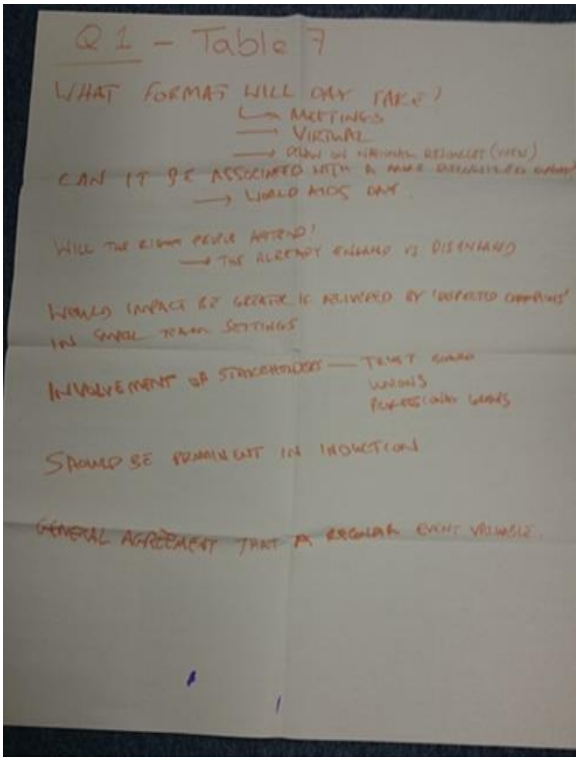
Who won't benefit:
- those who don't attend
- those who perceive low risk/competing demands
- those who have faith in the medical system



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

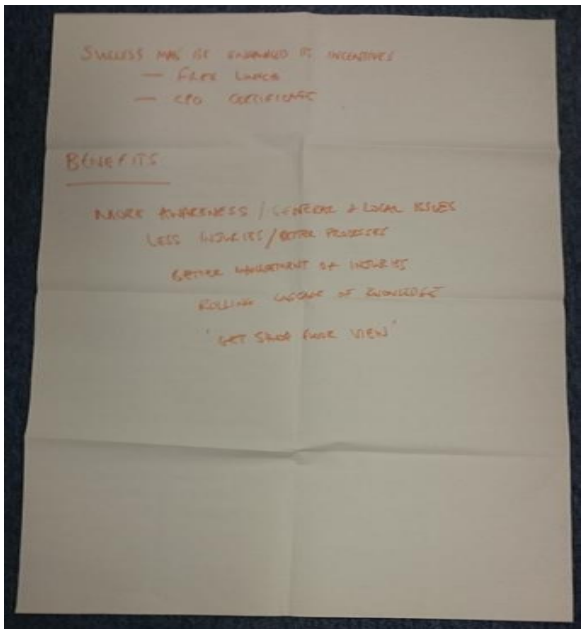
Alternatives to an awareness day:
- hospital survey
- Epinet data
- different time period for event (eg HIV testing week)
- choice of sessions
- mandatory training (eg annually) for all staff including non-clinical

Facilitator: Malcolm Canvin



What format will the day take?

- meetings
- virtual (eg 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 (eg World Aids Day)?
  - Will it attract the right people (eg those not already engaged)?
  - Would impact be greater if delivered by ‘respect champions’ in small team settings?



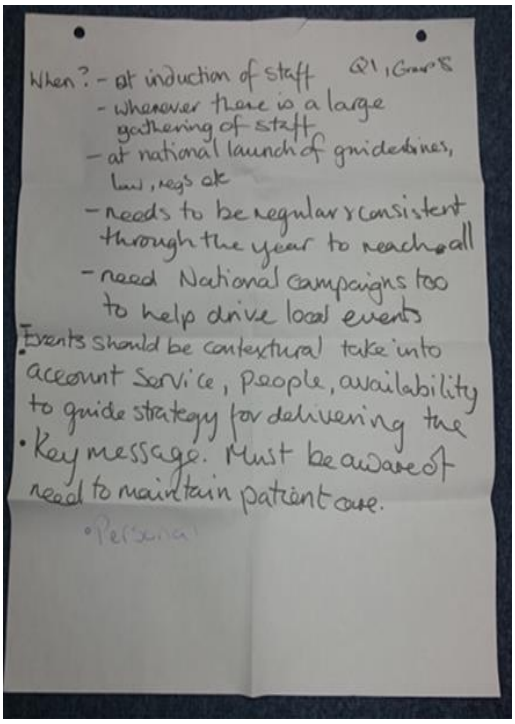
What format will the day take? Continued

- 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



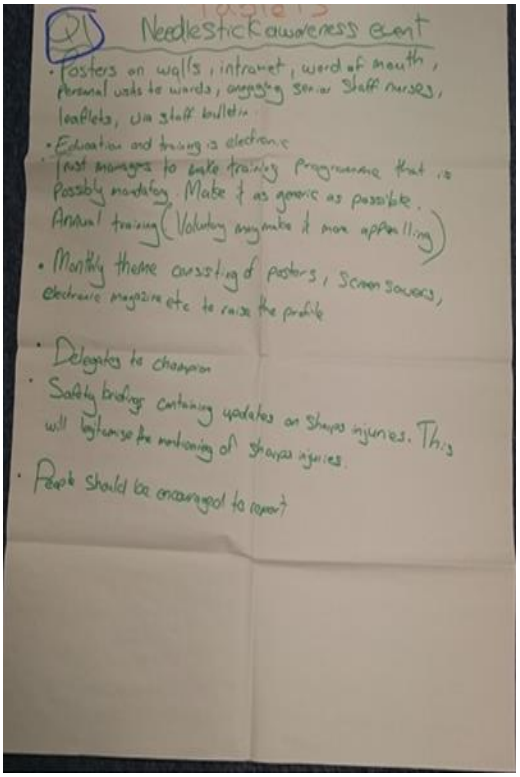
When should the event occur?

- staff induction
- any large staff gathering
- at national launch of guidelines, law, regulations etc
- regularly and consistently through 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

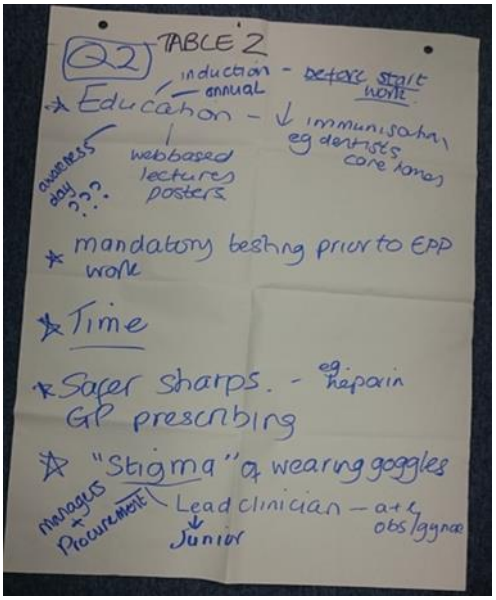


Needlestick awareness event

- 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

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

Facilitator: Vicky Gilbart

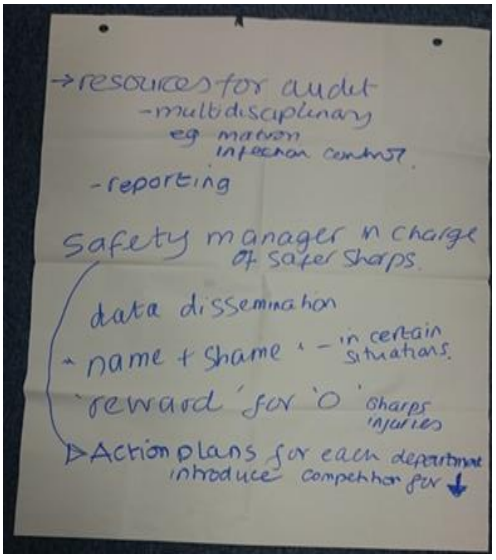


Education of needlestick injuries

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

Other factors to consider

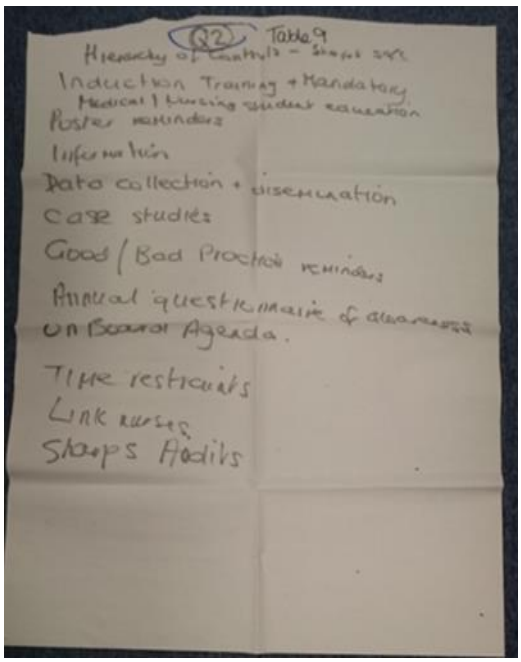
- mandatory testing prior to exposure prone procedures work
- time
- safer sharps eg heparin (GP prescribing)
- removing the stigma of wearing goggles
- satisfactory procurement by managers



Resource plans for audit

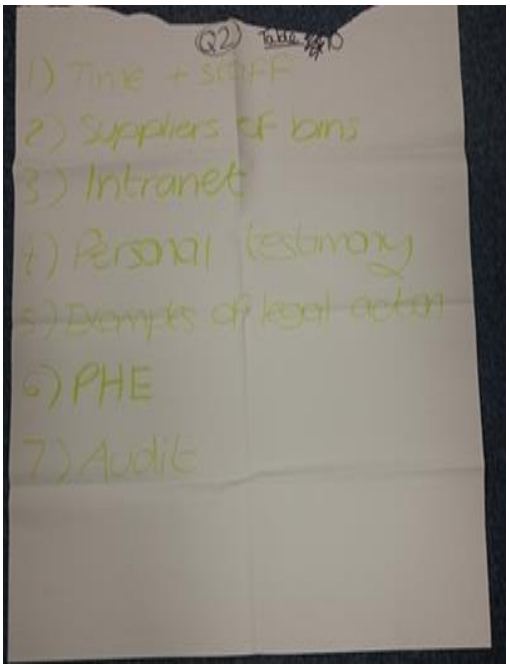
- multidisciplinary (eg matron and infection control)
- Reporting
- safety managers in charge of safer sharps
- action plans for each department
- introduce competition for ‘0’ sharps injuries
- data dissemination
- ‘name and shame’ in certain situations
- ‘reward’ for ‘0’ sharps injuries

Facilitator: Charlotte O’Halloran



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 precautions/key messages
- information
- data collection and dissemination
- case studies of exposures
- good/bad practice reminders
- annual questionnaire
- on board agenda
- time restraints
- link nurses

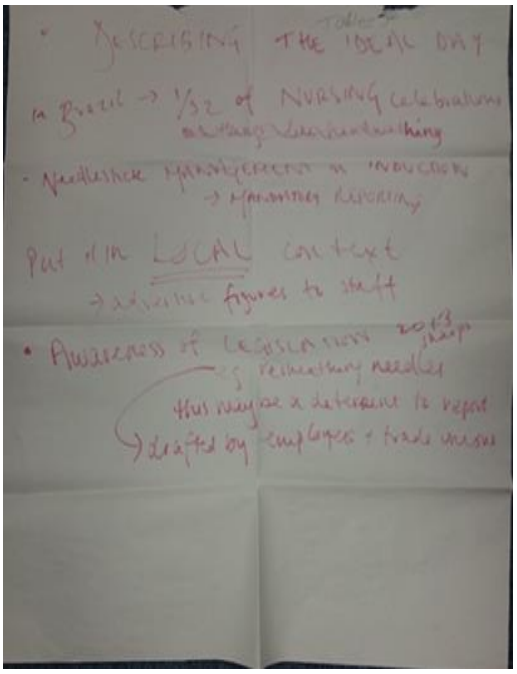


Resources for audit: continued

- time and staff
- suppliers of bins
- internet
- personal testimony
- examples of legal action
- surveillance data from PHE
- audit

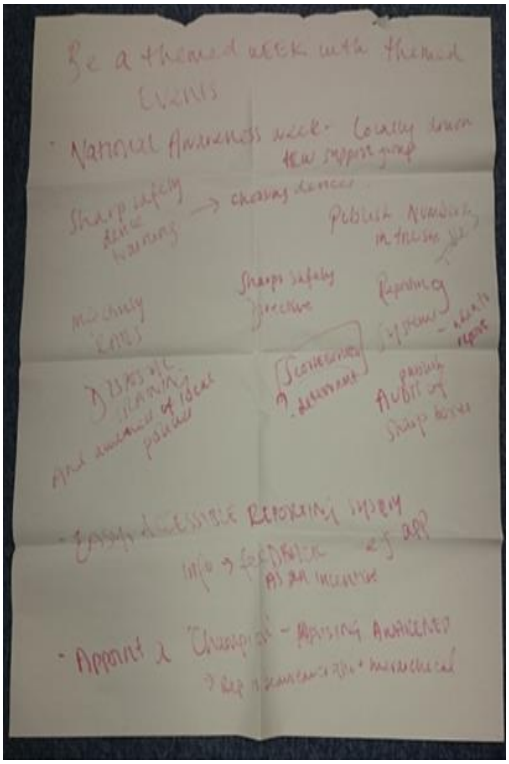
Question 3: how would you describe the ideal needlestick injury awareness day?

Facilitator: Brian Rice



What the ideal day should cover

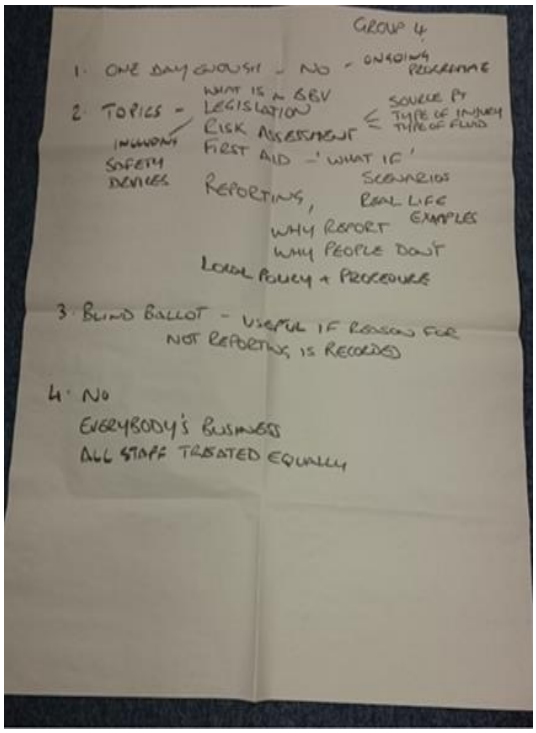
- good example of awareness raising practice in Brazil (1/52 of nursing celebrations)
- needlestick management in induction
- need for mandatory reporting
- put in the local context (disseminating figures to staff)
- Health and Safety Executive Sharps Injuries in Healthcare Regulations (2013) or other 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 devicepublication 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

Facilitator: Brian Rice



What the ideal day should cover: continued

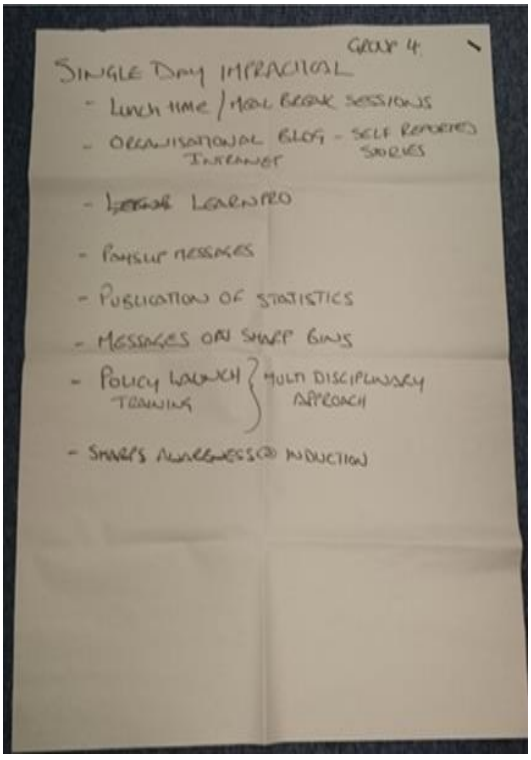
- one day is enough – no ongoing programme

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

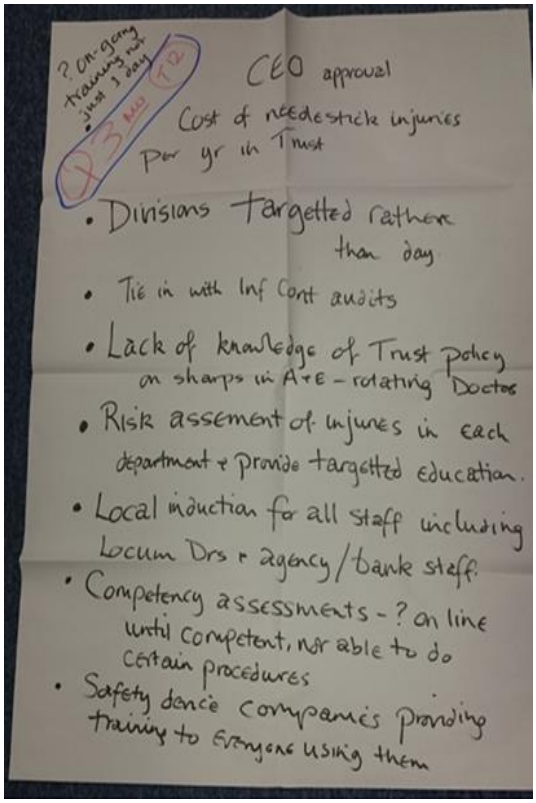
- a blind ballot may be useful if reason for not reporting is recorded
- needlestick awareness should involve all staff in a non-discriminatory manner



What the ideal day should cover: continued

- a single day would be impractical
- lunch time/meal break sessions
- organisational blog intranet could publish self-reported stories
- learnPro
- payslip messages
- publication of statistics
- messages on sharps bins
- policy launch training
- multidisciplinary approach
- sharps awareness at induction

Facilitator: Merrington Omakalwala

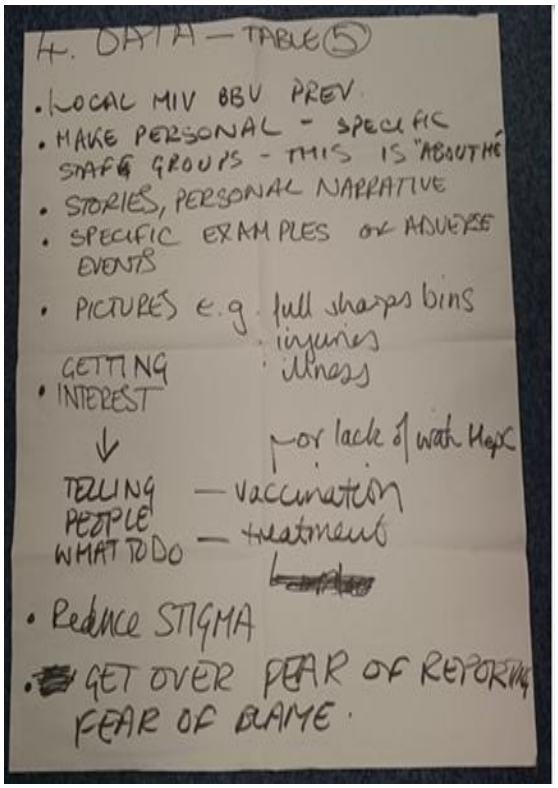


What the ideal day should cover; continued

- 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

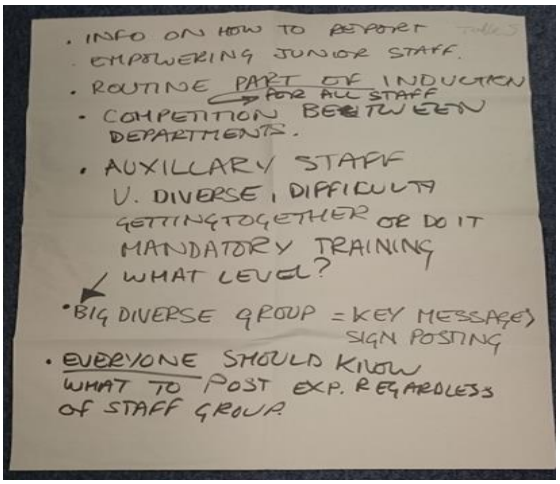
Question 4: what key information or data would be useful to raise awareness of needlestick injuries in healthcare settings?

Facilitator: Louise Logan



Useful information or data

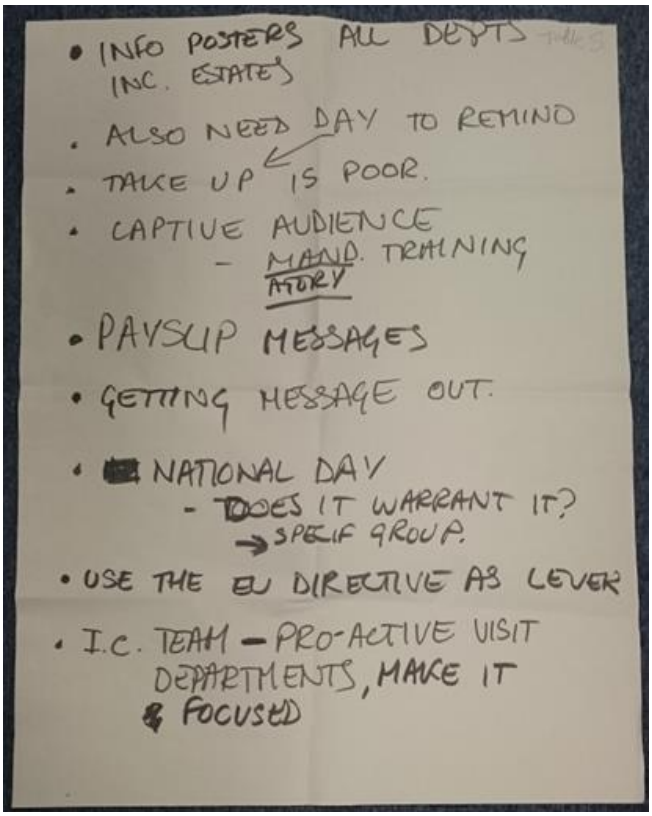
- local HIV/BBV prevention procedures
- make relevant to specific staff groups
- stories, personal narrative (anecdotes)
- specific examples of adverse events
- pictures eg full sharps bins, injuries
- information on vaccination and treatment (eg lack of a vaccination for Hep C)
    - cases are under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



Useful information or data; continued

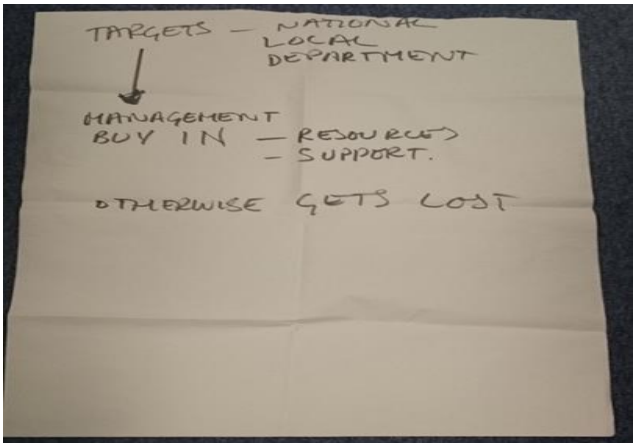
- info on how to report
- details to empower junior staff
- make routine part of induction for all staff
- encourage competition between departments (eg scoreboards)
- auxiliary staff roles are diverse; it may be difficult gathering them
- mandatory training (level should be decided) for a large diverse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

Facilitator: Louise Logan



Useful information or data: continued

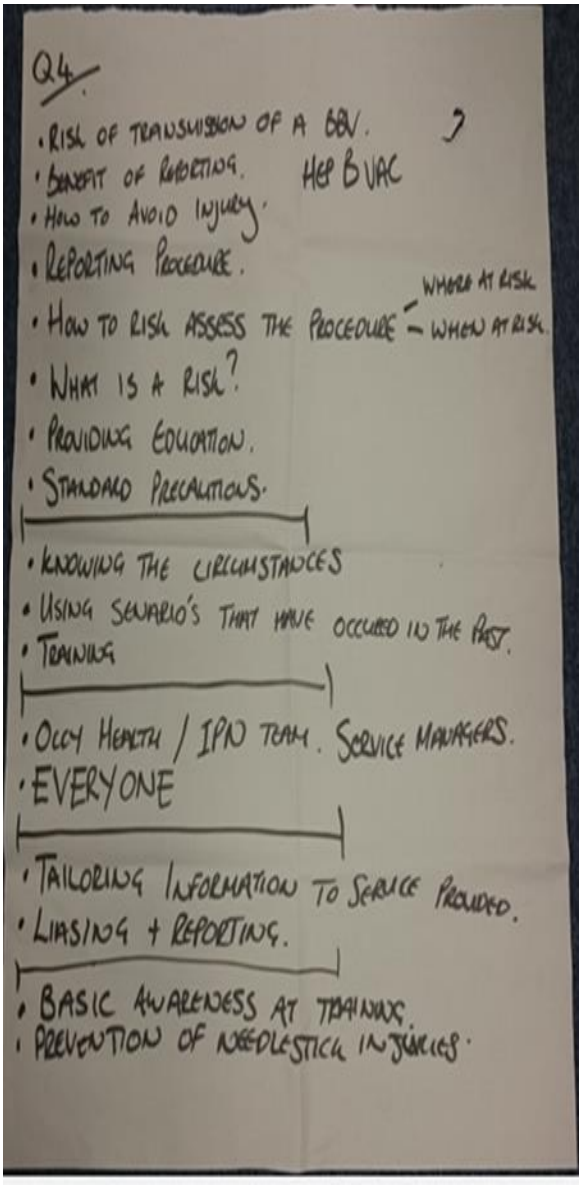
- information posters in all departments including estates
- send out reminders about training day to maximise take-up
- make training mandatory
- send messages on payslips
- consider national day targeted at a specific group
- use EU directive as lever to encourage engagement
- infection control team 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

Facilitator: Jackie Njoroge

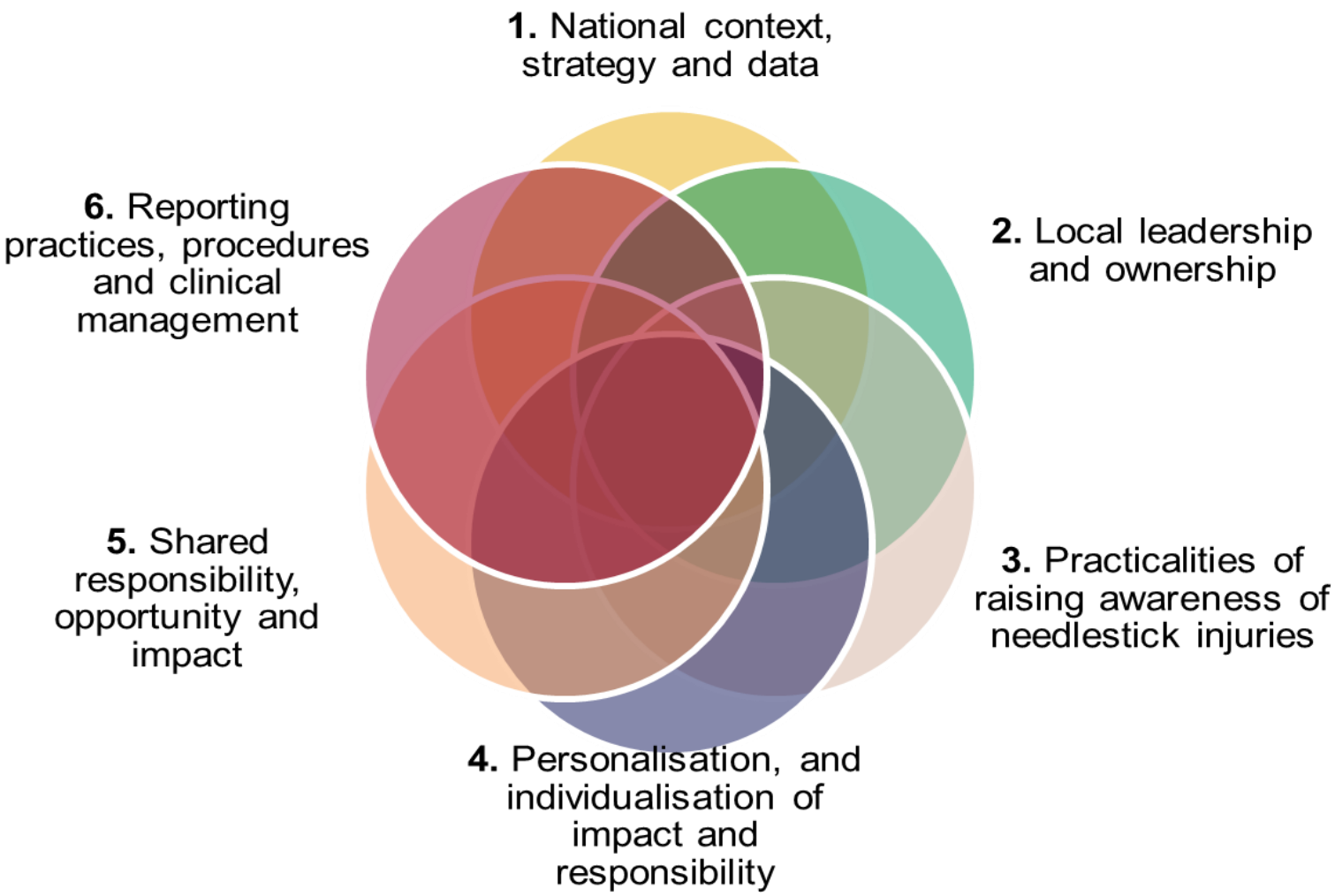


Useful information or data: continued

- 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:



Descriptive codes for theme 1

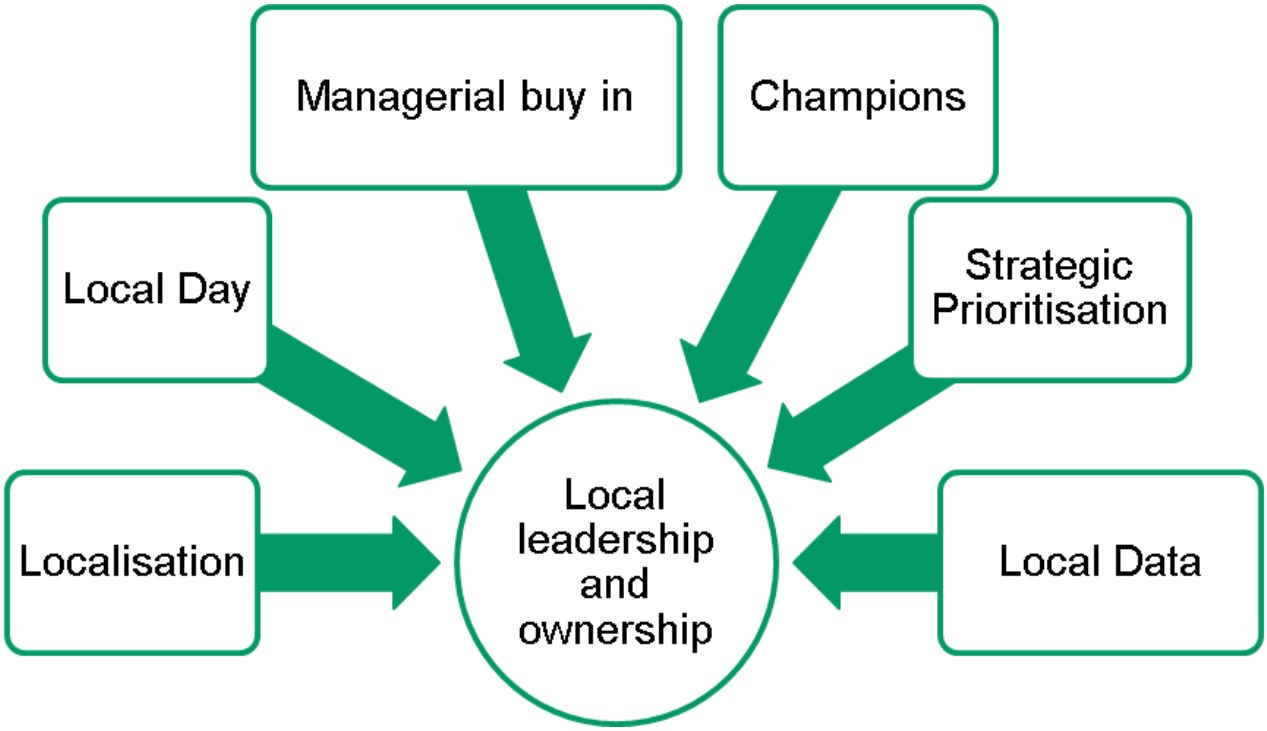
Multiple groups discussed the national context of needlestick injuries as illustrated by the Eye of the Needle report.

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.

Descriptive codes for theme 2

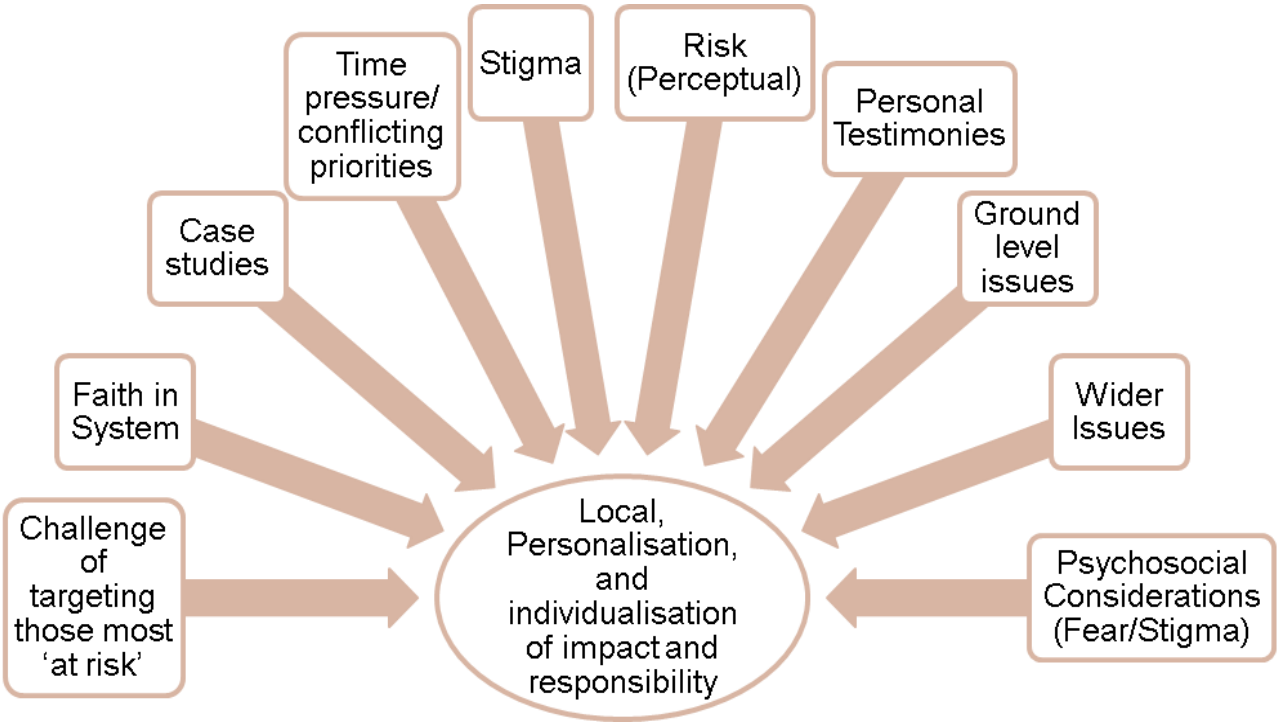


The general consensus among delegates was that any attempt to raise awareness of needlestick injuries should include strong support from the Trust's leadership team, strong ownership by an appointed team or individual such as a champion and strong understanding from staff as to why awareness of needlestick 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.

Descriptive codes for theme 3

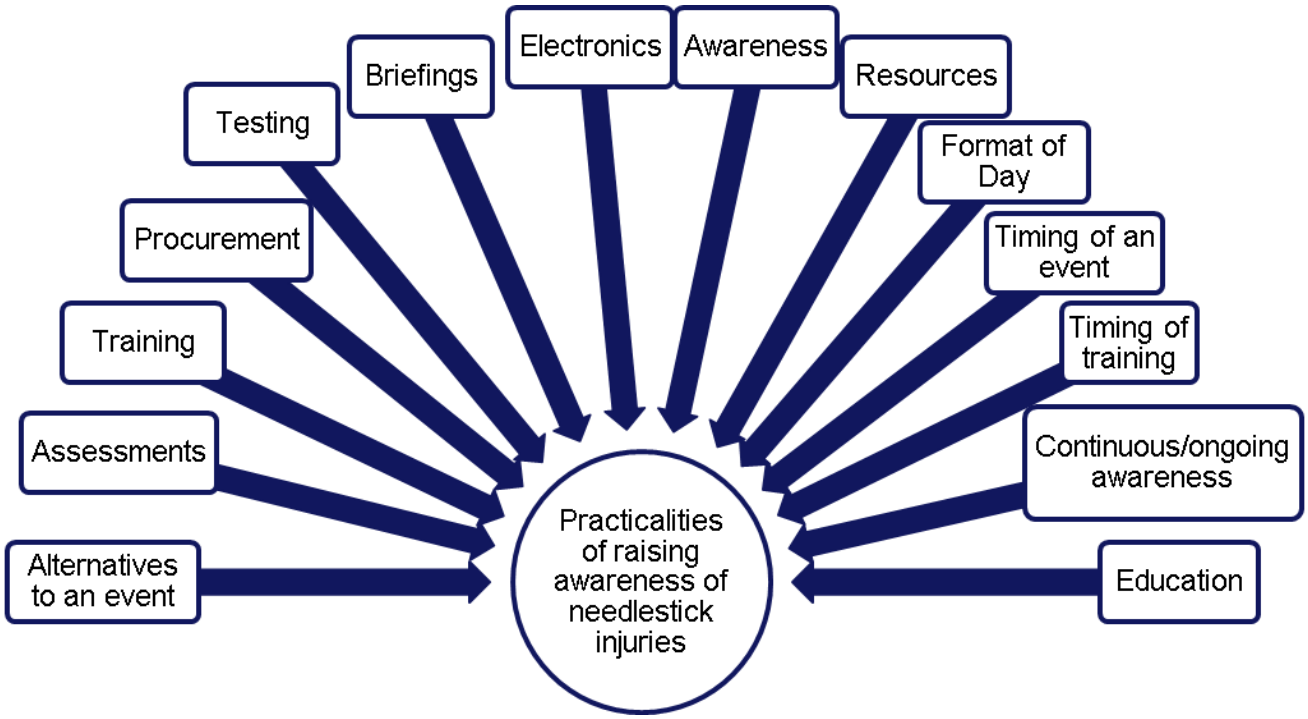


Patients and healthcare workers are at the core of raising awareness of needlestick injuries; their attitudes, actions and experience are of great importance in achieving this end.

Delegates raised issues in relation to education on risks, reporting needlestick injuries and personalising the information (eg 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.

Descriptive codes for theme 4



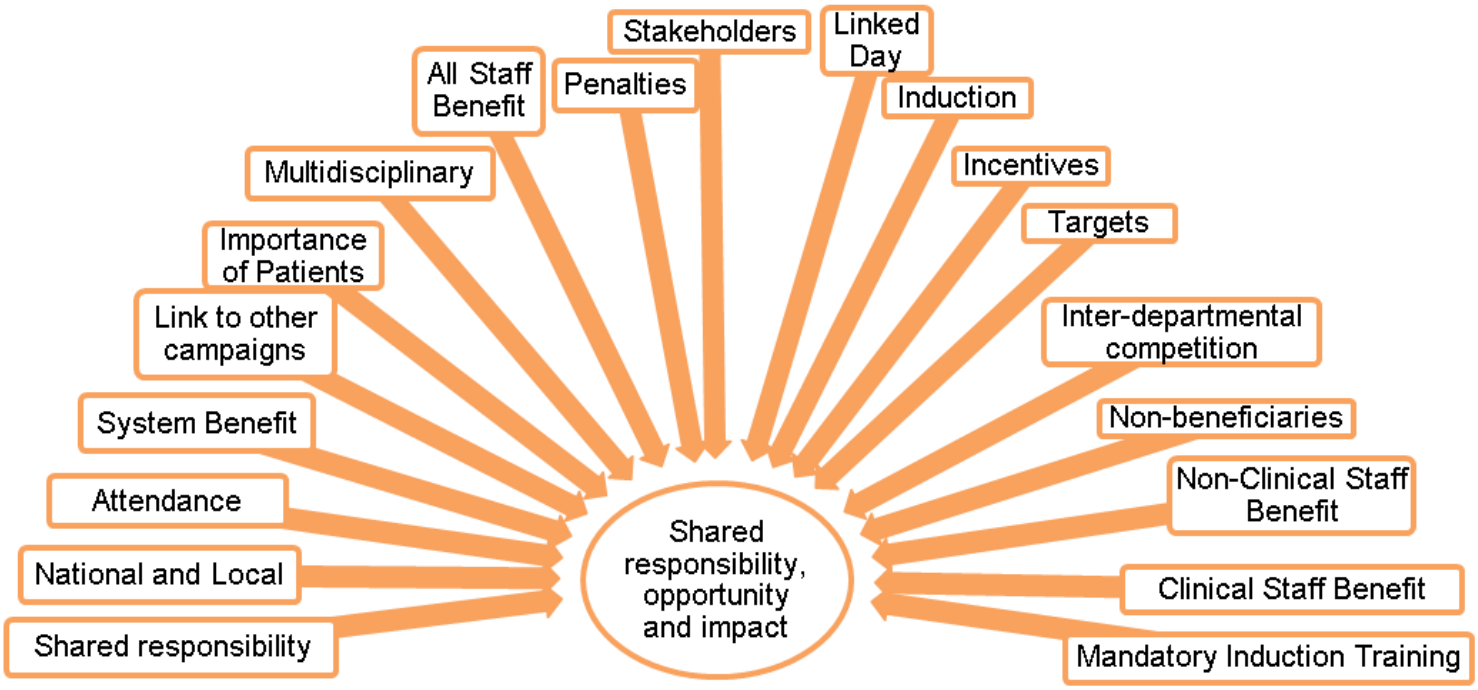
Discussion group delegates frequently raised queries about the practical implications of raising needlestick injury awareness. Many proposals first addressed education and training, along with the timing of such training (for example during the induction of all new staff).

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.

Descriptive codes for theme 5



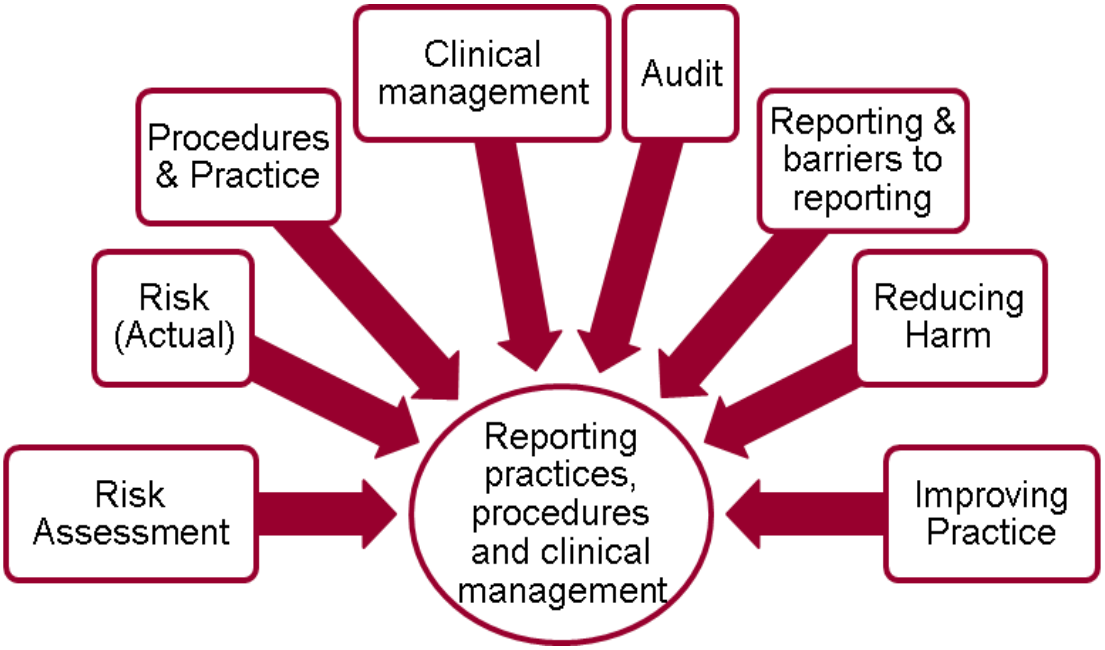
There appeared to be a consensus among the groups that the responsibility for preventing and raising awareness of needlestick injuries reached beyond that of clinical staff in hospital settings. It was suggested that if national organisations find the occurrence of needlestick injuries to be unduly high, 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.

Descriptive codes for theme 6



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 endeavour 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.

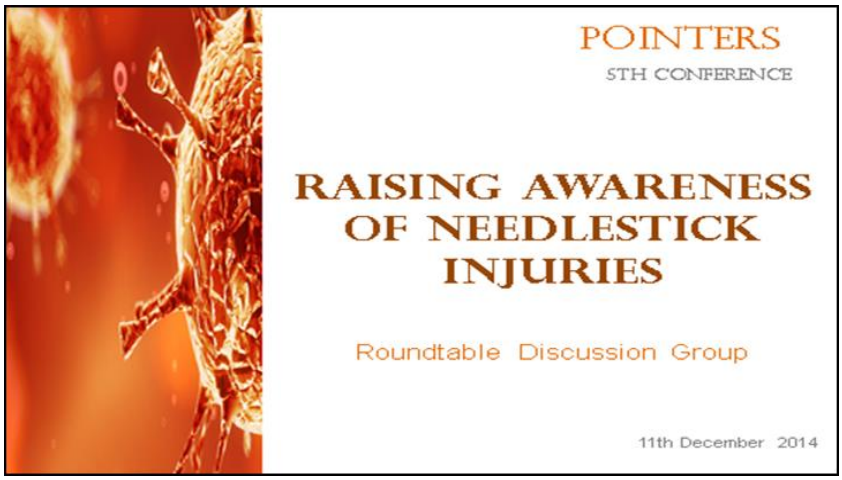
Appendix 1: conference programme

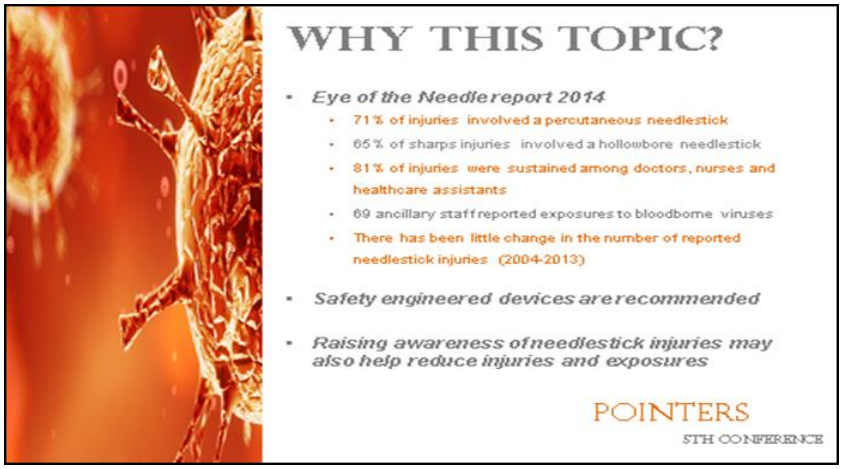
08.30	**Registration opens**
Chair:	**Dr Fortune Ncube and Dr Richard Heron**
09.15	Welcome and Opening Address -Dr Ruth Hussey
09.30	Personal Testimony, HCV Changed My Life - Ms Suzanne Butler
10.15	Keynote: Changing patterns of infectious diseases – Occupational implications - Dr Richard JL Heron
10.45	Exhibition Viewing and Refreshments
11.15	Overview of National BBV and Health Surveillance Systems - Mr Edgar Wellington and Mr Brian Rice
11.35	Eye of the Needle Report - Dr Melvina Woode Owusu
11.50	EU Directive on Sharps Injuries; Where are we now? - Mr Steve Scott
12.10	The management of HIV infected HCWs – benefits to the HCW from the change in policy - Dr Kirsty Roy
12.30	Exhibition Viewing, Lunch & Poster Session Zone
Chair:	**Dr Kirsty Roy and Mr Brian Rice**
13.30	The UKAP Occupational Monitoring Health Register for Infected HCW - Miss Jacquelyn Njoroge and Dr Fortune Ncube
13.55	HIV Point of Care Testing – near the patient but far from perfect? - Dr Matthew Donati
14.20	Advances in the treatment of HCV; What's new? - Dr Ashley Brown
14.45	New Approaches to HBV Infected HCWs with High Viral Load - Dr Patrick Kennedy
15.05	Exhibition Viewing and Refreshments
15.30	A two year retrospective audit of HIV PEP prescribing from the Emergency and Occupational Health Departments within two NHS London Trusts - Dr Lisa Curran
16.20	Round Table Group Discussion and Feedback - Dr Melvina Woode Owusu and Ms Vicky Gilbart
16.50	Sum up and close of day - Dr Fortune Ncube
17.30	Close of day

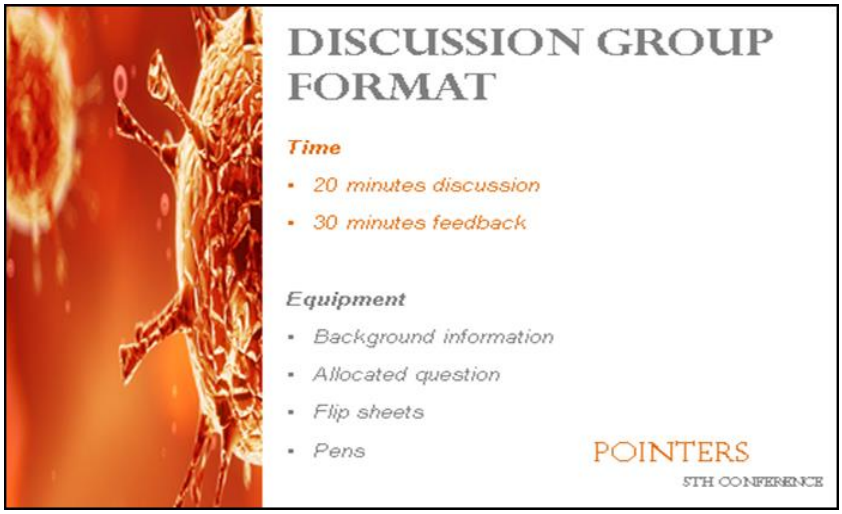
08.30	**Registration**
Chair:	Professor David Goldberg and Professor Heather Loveday
09.15	Welcome and Opening Address - Professor Heather Loveday
09.30	Keynote: Occupational Transmission of Viral Haemorrhagic Fever (VHF) How do we protect our health care workers? - Professor Lucille Blumberg
10.00	Ebola Virus – A Growing Threat? - Dr Roger Hewson
10.30	Exhibition Viewing and Refreshments
BBV in the Healthcare Setting and their Management	
Chair:	**Professor David Goldberg and Ms Vicky Gilbart**
11.00	Has the 2007 Policy on Health Clearance for new HCWs Exposed a Risk Gap? - Miss Charlotte O'Halloran
11.20	The Role of the HCV Phylogenetic Analysis in the Healthcare Setting - Dr Siew Lin Ngui
11.40	HCV Look back, A Detective Art - Dr Lika Nehaul, Dr Gill Richardson and Dr Brendan Mason
12.00	Possible in-hospital Transmission of Hepatitis (B/C) in Southern Ireland - Dr Margaret Fitzgerald
12.15	Exhibition Viewing, Lunch & Drop In Zone
TB and Influenza and Vaccine Preventable Infectious Management in Health Care Workers	
Chair:	**Professor Noel Gill and Dr Melvina Woode Owusu**
13.15	Influenza and vaccination of health care workers - Dr Richard Pebody
13.40	Tuberculosis in Health Care workers-The Current Situation - Dr Lucy Thomas and Ms Jennifer Davidson
14.05	Occupational Health Measures to Prevent TB in Health Care Workers - Dr Dominik Zenner
14.30	MERS – Dr Richard Pebody
15.00	Exhibition Viewing and Refreshments
15.30	Panel and Open Discussion - Professor Noel Gill
16.00	Close of Conference - Professor Noel Gill

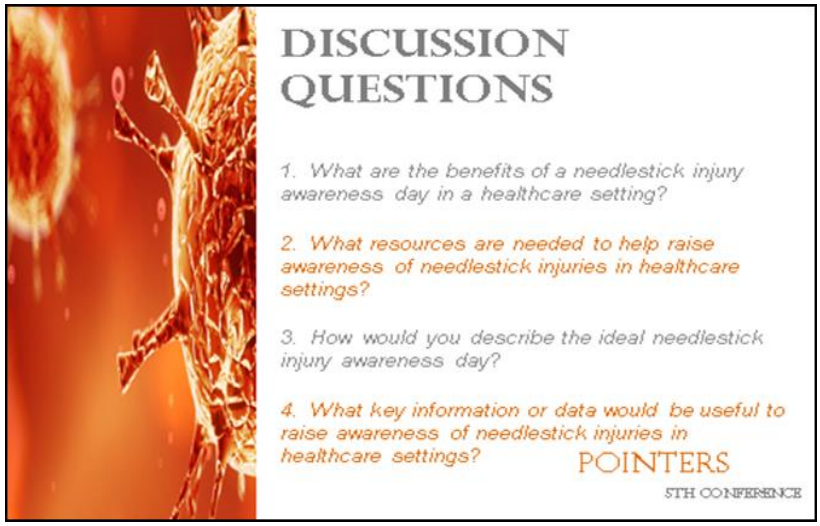
Appendix 2: discussion group materials

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








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?
POINTERS
5TH CONFERENCE


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?
10 MINUTES UNTIL FEEDBACK TIME
POINTERS
5TH CONFERENCE


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?
5 MINUTES UNTIL FEEDBACK TIME
POINTERS
5TH CONFERENCE


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?
2 MINUTES UNTIL FEEDBACK TIME
POINTERS
5TH CONFERENCE


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?
POINTERS
5TH CONFERENCE


FEEDBACK SESSION
QUESTION 2: What resources are needed to help raise awareness of needlestick injuries in healthcare settings? (Tables 4, 5, 6)
What resources have you seen in your own setting which 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?
POINTERS
5TH CONFERENCE


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?
POINTERS
5TH CONFERENCE


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 their setting be 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?
POINTERS
5TH CONFERENCE

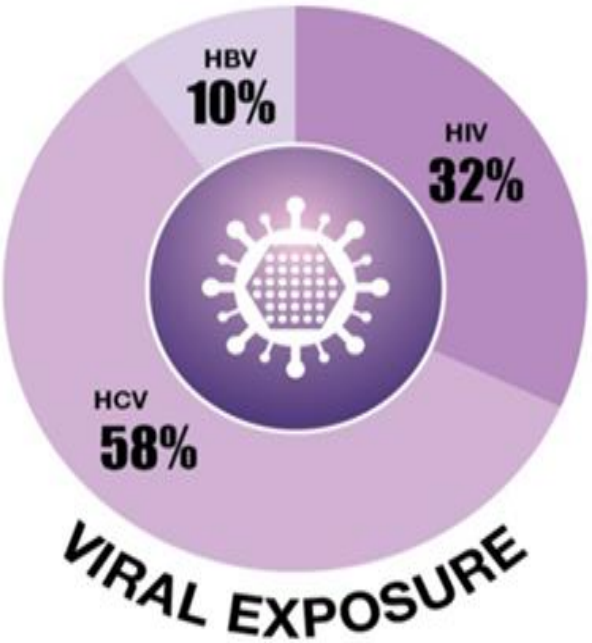
2. roundtable discussion group – participant Information

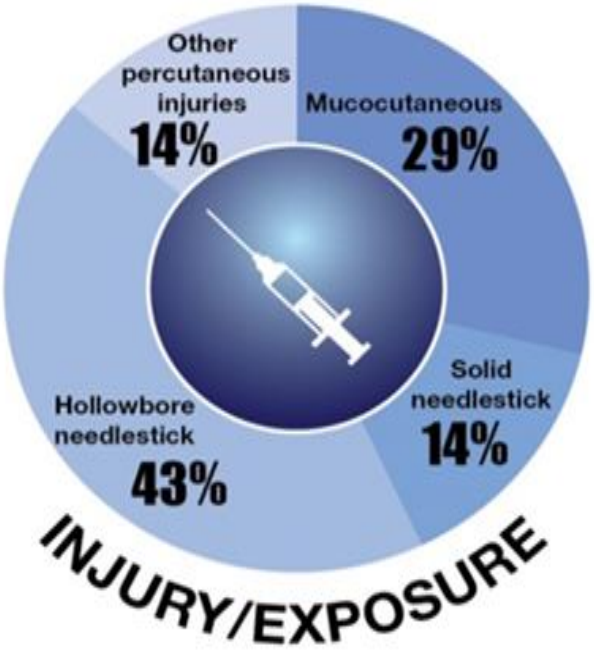
‘Raising awareness of needlestick injuries in healthcare settings’

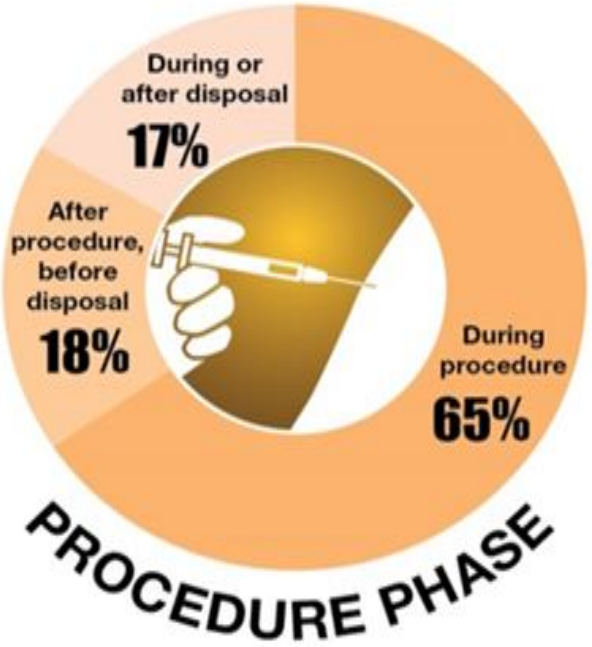
The key message summary below provides an overview of the findings from the 2014 Eye of the Needle Report. This gives some background to the report and some further points for your consideration.

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.


HBV
10%
HIV
32%
HCV
58%
VIRAL EXPOSURE


Other percutaneous injuries
14%
Mucocutaneous
29%
Hollowbore needlestick
43%
Solid needlestick
14%
INJURY/EXPOSURE


During or after disposal
17%
After procedure, before disposal
18%
During procedure
65%
PROCEDURE PHASE


Other healthcare worker occupations
19%
Nurses and healthcare assistants
41%
Doctors
40%
OCCUPATIONAL GROUP

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

Theme No.	Theme	Code no.	Code Name
1	National context, strategy and data	2	National Context
1	National context, strategy and data	2	National Day
1	National context, strategy and data	2	National Data
2	Local leadership and ownership	1	Localisation
2	Local leadership and ownership	1	Local Day
2	Local leadership and ownership	1	Local Data
2	Local leadership and ownership	4	Champions
2	Local leadership and ownership	7	Managerial buy-in
2	Local leadership and ownership	7	Strategic prioritisation
3	Personalisation, and individualisation of impact and responsibility	5	Case studies
3	Personalisation, and individualisation of impact and responsibility	5	Personal Testimonies
3	Personalisation, and individualisation of impact and responsibility	9	Ground level issues
3	Personalisation, and individualisation of impact and responsibility	18	Wider Issues
3	Personalisation, and individualisation of impact and responsibility	19	Psychosocial Considerations (Fear/Stigma)
3	Personalisation, and individualisation of impact and responsibility	19	Risk (Perceptual)
3	Personalisation, and individualisation of impact and responsibility	19	Stigma
3	Personalisation, and individualisation of impact and responsibility	12	Time pressure/conflicting priorities*
3	Personalisation, and individualisation of impact and responsibility	13	Challenge of targeting those most 'at risk'
3	Personalisation, and individualisation of impact and responsibility	3	Faith in System
4	Practicalities of raising awareness of needlestick injuries	6	Alternatives to an event
4	Practicalities of raising awareness of needlestick injuries	6	Timing of an event
4	Practicalities of raising awareness of needlestick injuries	6	Timing of training
4	Practicalities of raising awareness of needlestick injuries	6	Continuous/ongoing awareness
4	Practicalities of raising awareness of needlestick injuries	10	Education
4	Practicalities of raising awareness of needlestick injuries	10	Format of Day
4	Practicalities of raising awareness of needlestick injuries	10	Resources
4	Practicalities of raising awareness of needlestick injuries	10	Awareness
4	Practicalities of raising awareness of needlestick injuries	10	Electronics
4	Practicalities of raising awareness of needlestick injuries	10	Briefings
4	Reporting practices, procedures and clinical management	10	Testing
4	Practicalities of raising awareness of needlestick injuries	10	Procurement
4	Practicalities of raising awareness of needlestick injuries	10	Training
4	Practicalities of raising awareness of needlestick injuries	10	Assessments
5	Shared responsibility, opportunity and impact	3	Mandatory Induction Training
5	Shared responsibility, opportunity and impact	3	Stakeholders
5	Shared responsibility, opportunity and impact	3	Importance of Patients
5	Shared responsibility, opportunity and impact	3	Multidisciplinary
5	Shared responsibility, opportunity and impact	3	All Staff Benefit
5	Shared responsibility, opportunity and impact	3	Shared responsibility
5	Shared responsibility, opportunity and impact	14	Link to other campaigns
5	Shared responsibility, opportunity and impact	14	Linked Day
5	Shared responsibility, opportunity and impact	14	National and Local
5	Shared responsibility, opportunity and impact	15	Incentives
5	Shared responsibility, opportunity and impact	16	Inter-departmental competition
5	Shared responsibility, opportunity and impact	16	Targets
5	Shared responsibility, opportunity and impact	16	Penalties
5	Shared responsibility, opportunity and impact	17	Induction
5	Shared responsibility, opportunity and impact	3	Attendance
5	Shared responsibility, impact and opportunity	3	Clinical Staff Benefit
5	Shared responsibility, impact and opportunity	3	System Benefit
5	Shared responsibility, impact and opportunity	3	Non-Clinical Staff Benefit
5	Shared responsibility, impact and opportunity	3	Non-beneficiaries
6	Reporting practices, procedures and clinical management	8	Clinical management
6	Reporting practices, procedures and clinical management	9	Audit
6	Reporting practices, procedures and clinical management	11	Reporting & barriers to reporting
6	Reporting practices, procedures and clinical management	20	Reducing Harm
6	Reporting practices, procedures and clinical management	20	Improving Practice
6	Reporting practices, procedures and clinical management	20	Procedures & Practice
6	Reporting practices, procedures and clinical management	20	Risk (Actual)
6	Reporting practices, procedures and clinical management	20	Risk Assessment