A safer alternative to safety scalpels?

To the editor:
I read with interest the article “OSHA is pressing ORs to adopt safety scalpels but surgeons resist” in the December 2005 issue.

Many surgeons in Australia also insist on using reusable metal scalpel handles, claiming that using plastic ones is akin to “eating your dinner with a plastic knife and fork.”

All reported sharps injuries in my hospital are initially assessed and managed in the Emergency Department. Consequently, those of us who work in this area have a keen interest in finding ways to reduce the incidence of this avoidable and potentially fatal lesion.

A recent study conducted at the Princess Alexandra Hospital may present a solution. Fuentes and Whitby studied 137 reported scalpel injuries in this 700-bed teaching hospital between 1987 and 2003. They found that the combination of a single-handed scalpel blade remover and a passing tray was at least as safe as, and up to 5 times safer than, a safety scalpel. This would suggest that passive safety is superior safety.

We now use the terminology “scalpel safety” to ensure the individual selects the most appropriate safety device for his or her specific needs.

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Reference

Invited comment
In the US, under Occupational Safety and Health Administration (OSHA) regulations, this approach would work only if there was not an acceptable safety scalpel available. OSHA terms the suggested “scalpel safety” approach an “administrative” control, which basically means a policy or procedure to provide a safe workplace. Organizations not using safety scalpels are required to have an alternate safe work practice in place.

In OSHA’s hierarchy of controls, however, the top level (the one you are required to implement if at all possible) is an “engineered” control, such as a safety scalpel.

In a standards interpretations letter dated June 3, 2005, OSHA responded to this question: “The standard does not require engineering controls if their use would compromise worker or patient safety or if they are not commercially available. Does
the standard excuse an employer from using engineering controls because of practitioner preference?"

OSHA replied: “In many cases, a practitioner’s ‘preference’ is a result of a familiarity with a device and a reluctance to break routine. It is true that clinicians might initially consider the use of a newly selected safety device to be cumbersome or awkward, and in most cases, they may simply need additional practice or training until they feel comfortable using a new and different device.

“Thus, practitioner preference is generally not an excuse for failure to use engineering controls. In some surgical procedures, however, the ‘feel’ of a device in the hands of the surgeon may be crucial to properly executing the surgical technique. The importance of the ‘feel’ of a device could be a critical factor, which may affect the outcome of the procedure and, ultimately, the safety of the patient.

“The intent of the OSHA standard was never to usurp the practitioner’s authority in deciding the best method of achieving a positive health outcome for a patient during a procedure. The standard requires that employers use engineering and work practice controls to eliminate occupational exposure to the lowest feasible extent: 1910.1030(d)(2)(i). OSHA recognizes there might be unique circumstances where the safety of the patient or the integrity of a procedure might be best served with the use of a device that is not a safety device. In those situations, it is important that good work practice controls, such as eliminating hand-to-hand instrument passing in the operating room, be implemented to provide protection to employees who are at risk of getting injured by an unprotected device.”

—Bill Smith
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