Is your ASC ready for closer scrutiny on sharps safety?

For a variety of reasons, survey inspectors this year are looking more closely at ambulatory surgery centers (ASC) and other outpatient facilities for evidence of compliance with sharps-safety guidelines. Bloodborne pathogens, of course, have been a concern since awareness of HIV and hepatitis C emerged.

Physicians and nurses have long been wary of the injury potential of needles and scalpel blades as well as that from scissors and other sharp instruments. Because operating rooms are likely sites for blade- and needle-related injuries, surgery centers are a logical focus of attention. Nevertheless, ASC sources say inspections have been spotty over the past decade.

Focus on South

Recently, however, the Centers for Medicare and Medicaid Services (CMS) and the Occupational Safety and Health Administration (OSHA) have announced they will move to enforce more consistently the sharps safety guidelines that have been on the books. The initial focus is on southern states, as part of OSHA’s regional approach to inspections.

A recent review marking the 10th anniversary of the 2000 Needlestick Safety and Prevention Act indicated needlesticks have actually increased in that period. The Exposure Prevention Information Network (EPINet) at the University of Virginia, Charlottesville, tracked injuries before and after the act took effect and found that while nonsurgical sharps injuries decreased by 31.6%, surgical injuries increased by 6.5%.

The act had directed OSHA to revise its standard for bloodborne pathogens (29 CFR 1910.1030).

The EPINet study showed that the dangers, recommended precautions, and incidence rates are the same for various types of facilities with a few exceptions. Teaching hospitals have higher injury rates because they have medical students, for example. Hospitals are generally able to put more pressure on physicians to adopt safety precautions, such as use of scalpel shields, blunt suture needles, and double gloves.

Sharps-Safety Toolkit

In response to the findings, AORN issued a new Sharps-Safety Toolkit in April 2011.

“Currently, there is not a lot of education about the act,” according to Barbara Kalavik, a spokeswoman for BD (Becton Dickinson) in Franklin Lakes, New Jersey, a manufacturer of safety syringes and other devices.

OSHA inspectors are not always current on the law, either. Lee Anne Blackwell, BSN, EMBA, RN, CNOR, one of the group directors of clinical services at Surgical Care Affiliates (SCA), Birmingham, Alabama, recalls a visit where the inspectors admitted they were more familiar with industrial facilities than with health care.

“We didn’t know whether that would be a good or bad thing at first,” she says. “They stated that these surveys resulted from OSHA deciding that they needed to look at areas that they have ‘ignored’ over the years, so they picked bloodborne pathogens.”
ASC scrutiny continues
Some ASC industry observers suspect OSHA and CMS may still be reacting to an incident of 3 years ago in stepping up ASC safety inspections.

Even though the issue was different, patient exposure rather than staff injury, ASCs are still feeling the pressure of public opinion following a 2008 incident. Nevada health officials determined that up to 50,000 people were at risk for the disease because of poor safety practices at the Las Vegas Endoscopy Center.

Writing in *JAMA*, Melissa K. Schaefer, MD, and a panel of researchers noted, “The chain of events resulting from the hepatitis C virus outbreak investigation and patient notification in Nevada highlighted the lack of focused attention to infection control in ASCs.”

Referring to the current wave of inspections, an AORN memorandum to members states, “The [OSHA] releases to do not cite the initial causation for the inspections other than the OSHA regional administrator in Atlanta stating, ‘Employers must take seriously their responsibility to protect workers from these health risks.’” OSHA’s intent is to avoid overlooking nonhospital medical facilities, according to spokeswoman Kimberly Tucker.

“OSHA believed that needlestick and sharps-related incidents in these establishments may be underrepresented because ambulatory surgical centers and other outpatient centers fall under a standard industrial classification code that does not require them to record or report nonfatal injuries involving needlesticks and sharps,” Tucker told OR Manager.

A regional emphasis
The recent inspections are part of OSHA’s Regional Emphasis Program, which targets specific regions and local offices. The program applies only in states where OSHA has jurisdiction. OSHA’s Region IV has 8 states, but 4 operate under state plans (Tennessee, Kentucky, North Carolina, and South Carolina).

The remaining 4 states are Georgia, Alabama, Mississippi and Florida, and OSHA surveyors have been visiting ASCs and other outpatient facilities in those states. Next up will be outpatient centers in the Philadelphia and Pittsburgh areas, according to Tucker.

Compliance counts
As Blackwell notes, OSHA imposes the same sharps safety guidelines on inpatient and outpatient facilities. Even physician-owners of ASCs are required to comply with the bylaws, including safety guidelines.

“Physicians have a responsibility to comply with OSHA in ASCs as well as in hospitals,” she says.

As a result, the sharps safety program an ASC develops is likely to look much like those at hospitals. The program should promote use of safety devices, including retractable needles and spill-proof sharps containers, and establish procedures to avoid injury from passing instruments during surgery. One method is to have surgeons place instruments on the Mayo stand where scrub persons can see them before picking them up.

Even so, the best rules and products cannot replace common sense, adherence to best practices, and alertness. Blackwell recalls an incident she witnessed as an OR nurse when a surgeon leaned his elbow on the Mayo stand during a procedure. On it was a new 15 blade ready for use, and it penetrated the surgeon’s gown and flesh.

“He finished the case, and then we had to treat him,” Blackwell recalls.

The incident occurred before safety scalpels entered the market, so Blackwell

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Are you ready for an OSHA visit?
Areas to check for bloodborne pathogens (BBP) compliance:
- Review the Bloodborne Pathogens Plan for currency and completeness.
- Record employee exposures and injuries. Be sure logs are current.
- Using OSHA’s BBP policy, consider ways to make the plan facility specific in the areas of:
  - exposure control
  - risk assessment
  - postexposure follow-up
  - safety device review and evaluation
  - training certification.
began leaving blades on a different table, out of reach. “I have never kept the scalpel on the Mayo since that time.”

**Products that protect**

Under pressure from nursing organizations and manufacturers, hospitals and group purchasing organizations began contracting for products engineered for safety, despite higher prices and some resistance from clinicians. Sources say both obstacles have diminished over the past decade.

OSHA does not approve specific products but requires employers to analyze hazards and select appropriate products. If a hazard exists, but no safer product is available, the traditional product can be used. OSHA does require employers to survey the market annually to identify any improvements in safety technology.

According to BD’s Kalavik, popular devices include:

- syringes with detachable needles
- safety needles with shields that are activated with one hand
- needles with beveled tips to facilitate low-angle injections
- blood-collection sets that feature push-button retraction before removal from the patient
- an ergonomic lancet that is activated by skin contact and then automatically retracts into the device.

**One ASC’s approach**

For several years, Newport Bay Surgery Center in Newport Beach, California, has been using safety devices in its 3 ophthalmology ORs, including detachable needles and shielded blades, as well as using the Mayo-stand passing procedure. Staff nurse Crissy Benze, BSN, RN, says the changeover went smoothly with “not a lot of backlash.”

Newport Bay uses safety needles from Beaver-Visitec and McKesson and safety blades from Beaver-Visitec and Oasis.

As for sharps injuries, Benze says, “Between using the safety devices and regular staff training and education, the incidence of sharps injuries has been minimized to a rare occurrence.”

**The sharps safety plan**

For the SCA centers Blackwell serves, she has distributed a list of guidelines and areas to review before inspectors arrive and a report on the experiences of several centers that have already been inspected. (See sidebar for areas to review.)

The CDC offers a web-based Sharps Safety Workbook at www.cdc.gov/sharpsafety/resources, and SCA has developed its own self-study program and test.

At a recent OSHA site visit, Blackwell says the surveyor walked through the ASC, looking for bedside sharps containers, glove box locations, and protective apparel availability and noted how the staff made use of these resources. She took photographs and took the exposure control plan for later review. The surveyor reviewed OSHA300 injury logs and asked for documentation of training. She interviewed 2 employees about the safety equipment and training available to them. She also asked the employees about specific safety procedures and how the rules were enforced.

All of the safety plans and products in the world cannot protect OR personnel unless they are used. Blackwell says, “Commitment from top management and dedication and accountability from health care workers to follow the current and best practice guidelines can ensure long-term compliance.

“It takes center leaders, including medical executive committees and governing
boards, to review, accept, and implement the policy and support the program,” she says.

“Then all others in the organization must help to drive the best practice to reduce the risks of exposure and injury by using safety devices, safe zones, and hands-free practices.”

—Paula DeJohn

References
AORN. Memorandum to members: OSHA to conduct inspections of outpatient care centers. April 26, 2011.

AORN. Sharps Safety Toolkit. Available to members at www.aorn.org/PracticeResources/ToolKits/SharpsSafetyToolKit/DownloadOrViewTheSharpsSafetyToolKit
