

In SafeHandS

Newsletter of the SafeHandS network



June 2005

Issue 1 Volume 1

In SafeHandS is the official newsletter of the SafeHandS network to promote health care worker safety in the Asia Pacific. It is compiled and distributed by the Albion Street Centre. SafeHandS is funded by AusAID.



Editorial panel:

Maggy Tomkins; Philip Melling; Peta-Anne Zimmerman; Peter Said; Alexandra Wilson

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Contributions

We encourage members to contribute to *In SafeHandS* by:

- Participating in the 'Member Profile' by providing a brief profile about yourself and a brief example about your experience in improving health care worker safety in your workplace.
- Providing information about recent articles, resources or upcoming events related to health care worker safety.
- Submitting a question or concern or comment you have about health care worker safety.

To contribute to the newsletter, please contact us.

Deadline for contributions for the next issue is August 15th 2005.

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Photos courtesy of Mahosot Hospital, Lao PDR and Chiang Mai University Hospital, Thailand

Editorial – “The importance of health care worker safety”

HIV/AIDS has revolutionised health care delivery in Western countries in the last 20 years by improving practice in the areas of infection control, patient centred care, patient confidentiality, recognition of same sex relationships, and grief and loss.

In resource limited settings, the same revolution in patient care is now occurring as HIV infection impacts on health care systems and as preparation is made for increasing uptake of antiretroviral therapy. What, however, has not kept pace with improved patient care, is consideration of the health worker delivering the care.

Staff at the Albion St Centre have long felt – from their work in infection control and occupational exposure management – that health care worker safety is an area that needs to be addressed in the context of HIV management and prevention. Health care workers are crucial to the provision of effective care and treatment of people living with HIV and other communicable diseases. However health care worker fear of contamination by HIV, hepatitis, or opportunistic infections such as tuberculosis has a direct impact on the provision of care and treatment to patients, their families and the community. Successful use of antiretroviral therapy (in keeping with the WHO goals of “3x5”) requires significant intervention by health care workers. Without this, the therapy will not be successful, which will mean detrimental patient outcomes and wasted resources. Without adequate knowledge, equipment or resources it is understandable that health care workers may be anxious about contracting a blood borne virus through their work and be fearful of conducting certain procedures or managing certain patients.

This affects clinical, social and economic outcomes. If health care workers are concerned about transmission of a blood borne virus in their workplace, they may refuse to work with certain patients, they may provide less than optimal care, or

they may leave the profession. This will affect staff retention and lead to increased training and recruitment costs. If patients know they will not receive good treatment, this may delay their contact with the health system with resulting increased costs from increased morbidity.

This was the background which led me (as Director of the Albion St Centre) to approach the World Bank to produce some guidelines as a starting point to address health care worker safety in the Asia-Pacific Region. This collaboration with the World Bank has led to the development and publication of the *Guidance Note on Health Care Worker Safety from HIV and other Blood Borne Infections*.

The Guidance Note is the result of consultations between staff from the Albion St Centre and health care workers in Cambodia, Indonesia, Vietnam, Lao PDR and Thailand. Once the final draft of the Guidance Note was completed, a workshop was convened with delegates from Cambodia, Indonesia, Lao PDR, Thailand and Vietnam. The delegates gave their input to the final draft and suggested an agenda for future activities to promote health care worker safety in the Region.

The Guidance Note was published in July 2004 in conjunction with the International HIV/AIDS Conference in Bangkok. It provides recommendations to improve health care worker safety in resource limited settings. The key aspects of the Guidance Note which we feel sets it apart from other guidelines are that it is practical and specifically designed for resource limited settings. While international best practice is discussed, ideas are given as to how to adapt and prioritise activities in the context of scarce resources.

Currently proposals are being submitted to extend the work of the Guidance Note and the development of the SafeHandS network is the first step in that process. AusAID – the Australian International Aid Agency – has committed funding to assist in the setting up of this network. I would

invite you all to be a part of this venture and welcome your contributions.

The aim of the SafeHandS network is to help health care workers in resource limited settings provide quality patient care which protects both the HCW and the patient from transmission of blood borne viruses and other communicable diseases.

We want SafeHandS to be YOUR network so that you are supported and encouraged to continue your important work in prevention, treatment and care for people living with HIV/AIDS and other communicable diseases.




Professor Julian Gold
Director, Albion Street Centre

What is SafeHandS?

SafeHandS is a 'virtual' network designed to link and support health care workers across the Asia-Pacific region who are caring for people with HIV/AIDS and other communicable diseases.

We know that health care workers are essential in responding to HIV/AIDS and other communicable diseases. Without health care workers, there is no health system. We want this network to provide **information, support and practical solutions** to help health care workers in resource limited settings to feel safe and encouraged to provide optimal care.

SafeHandS is a forum where health care workers can share issues and ideas. We can encourage and learn from each other

to find practical solutions to improve health care worker safety in resource limited settings.

SafeHandS is being funded by the Australian Agency for International Development (AusAID) and coordinated by the Albion Street Centre. This is a public health care facility based in Australia for the treatment, care and support for people living with or affected by HIV/AIDS. The team includes infection control specialists with international experience in health care worker safety.

Benefits of membership include:

- Receiving a **newsletter** (*In SafeHandS*) every 3 months
- Participating in a **moderated discussion e-list** for posting questions, comments and issues
- Access to a **clearinghouse** of new resources and publications produced by different organisations about health care worker safety (links are posted on the website).
- Access to **resources** developed by SafeHandS
- Joining a **database** of expertise.

Membership is free. To join, you can either:

- Go to our website: <http://www.uow.edu.au/health/safehands/index.html> and click on the 'membership' page.

OR

- Cut off the form at the back of the *In SafeHandS* newsletter and send or fax the form to the form to the Albion Street Centre.

You can elect to receive the newsletter by post. However, this will be a shorter version than the electronic version.

What is Health Care Worker Safety?

The SafeHandS network is concerned with health care worker safety in relation to blood borne viruses. Clearly there are many other aspects of maintaining a safe workplace but they require different strategies and are dealt with in other forums.

The main principles of health care worker safety in relation to blood borne viruses are to reduce health care worker susceptibility to infection, to prevent and/or manage occupational exposures and to maintain the health of infected health care workers.

Health care worker safety in relation to blood borne viruses is integral to but is not the same as Infection Control. Traditionally, the primary goal of Infection Control practices is to prevent infection spreading in health care environments, which includes but is not limited to the prevention of infection of health care staff.

Although relatively few cases of occupational transmission of blood borne viruses have been recorded in the Asia Pacific Region, health care worker safety is a significant issue.



Why focus on health care worker safety?

- Health care workers have a right to feel their health is protected when caring for patients. Every effort should be made to ensure that all health care workers operate in an environment that is as safe as possible for both them and their patients.
- Health care worker safety may be a lower priority in developing countries where resources for health care are scarce.
- Health care workers may be afraid to work with patients with blood borne

viruses and other infectious diseases. This concern may be justified if they do not have access to education, equipment and resources that are likely to minimise the risk of transmission.

- Health care workers may have a limited knowledge of how blood borne viruses are transmitted and this can lead them to be fearful of conducting certain procedures or managing certain categories of patients.
- Health care worker fear may lead to:
 - Refusal to treat certain patients
 - Less than optimal treatment of patients
 - Discrimination against people with HIV or those perceived to be at risk
 - Health care workers leaving the workplace
- If a health care worker has an occupational exposure, this fear is likely to be even greater even if there is no or low risk of acquiring an infection. It can place considerable stress on the health care worker and their partner and/or family, especially if they do not have access to occupational exposure management protocols and post-exposure prophylaxis (PEP).
- Addressing health care worker safety issues can:
 - Help health care workers feel safe and supported in providing patient care
 - Encourage staff retention
 - Attract new staff
 - Reduce health care delivery costs
- Staff retention is important because health care workers are a scarce and precious resource.

Low cost interventions to improve health care worker safety

"I have seen examples of improvement in health care worker safety strategies throughout the Asia Pacific region. Some of these have been driven by national policy, but local hospital staff who have identified their own problems and issues have initiated others. One particular example was in a hospital in northwest China that had a problem with needle stick injuries due to a lack of appropriate sharps disposal units. The hospital could not afford specially designed containers so they re-used the hard cardboard boxes in which their disposable syringes were supplied. They sealed the boxes with sticky tape, printed out yellow paper labels with disposal instructions and biohazard symbols, cut a hole in the top (large enough for a needle and syringe) and then located them in places near where the needles were used and where the boxes would not get wet. This hospital has subsequently decreased the number of needle stick injuries. The cost of producing these boxes is about 15 US cents."

Peta-Anne Zimmerman, Infection Control Technical Advisor,
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**Example of innovative sharps container made from re-cycled container.
Photo courtesy of Mahosot Hospital, Lao PDR**

Principles and interventions to improve health care worker safety¹

Reduce susceptibility to infection:

- Vaccination programs
- Health education programs

Prevent occupational exposures:

- Reduce potential for exposure
- Engineering controls
- Standard (Universal) precautions
- Safe sharps handling
- Staff supervision
- Staff education
- Waste management and storage
- Occupational health and safety issues

- Data collection

Manage occupational exposures:

- Encourage reporting
- Simple, accessible protocols
- First aid
- Risk assessment
- Post exposure prophylaxis
- Testing
- Support
- Follow up

Maintain the health of infected health care workers:

- Protocols which support infected health care workers
- Assurance of confidentiality

- Work practices
- Infection control standards
- Compensation for occupationally acquired disease

Practices which are NOT recommended to prevent transmission

- Testing of patients
- Using different or special procedures for people diagnosed with blood borne viruses
- Discriminating against patients or staff with a diagnosed blood borne virus

¹ Source: Gold, J., Tomkins, M., Melling, P., Bates, N. May 2004, *Guidance Note on Health Care Worker Safety from HIV and other Blood Borne Infections*, The World Bank

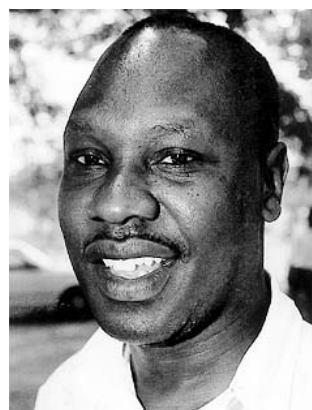
The Ultimate Cost of Neglecting Health Care Worker Safety

Following is a summary of an article from the New York Times Magazine¹ about Dr Matthew Lukwiya, a health care worker from Uganda, who died after nursing a patient with Ebola. Dr Lukwiya was a widely respected doctor whose death is a tragic reminder of the universal importance of health care worker safety.

Just a momentary lapse... the story of Dr Matthew Lukwiya

Adherence to workplace practices, such as Standard and Transmission-Based Precautions, will help protect health care workers from infection from their patients. However, even when there is safe practice, exposures can still occur through accidents, faulty equipment, aggression – or a momentary lapse in following safety recommendations such as failure to wear eye protection on one occasion.

¹ Article by Blaine Harden, *New York Times Magazine*, 18 February 2001



Dr Matthew Lukwiya

Dr Matthew Lukwiya, a 42 year-old, deeply religious father of five, was the Medical Superintendent of St Mary's Hospital in the Gulu District of Northern Uganda.

In October 2001, three student nurses died of a mysterious illness. Investigations showed they had died of Ebola as a new epidemic, and panic erupted in Uganda. Dr Matthew (as he was called) tried to reassure nurses and nursing assistants that the risk was tolerable. However, twelve of them died. To keep his nurses from leaving, Dr Matthew tried to lead by example.

On November 24, seven people died of Ebola at the hospital, including three health-care workers. Nurses rebelled. The day-shift staff did not show up for work. Instead 400 health-care workers, nearly the entire staff at St Mary's Hospital, packed into the assembly hall of the hospital's nursing school. In an inspired speech in which Dr Matthew vowed that he would continue to fight Ebola, alone if necessary, until the virus was beaten or until he was dead, he persuaded the health-care workers to return to work.

According to the Centers for Disease Control and Prevention (CDC), 29 health care workers contracted Ebola and 17 of them died. One of the nurses who died was a 32 year-old called Simon Ajok. Four days before the health-care worker stop-work, Simon, who had contracted

Ebola while caring for patients at St. Mary's, started to haemorrhage and became violently agitated. At 5am, panicked staff called Dr Matthew who, within five minutes, arrived at the isolation ward. Dr Matthew suited up in boots, gown, apron, head cap, gloves and mask **but, uncharacteristically, neglected to put on goggles or a face shield.** He began cleaning and caring for Simon. Simon, however, died while Dr Matthew was mopping the floor with bleach.

Several days later Dr Matthew became ill, tests came back positive for Ebola and on December 5th, just 15 days after Simon Ajok's death, Dr Matthew also died. He was buried the same day beside the grave of Dr Lucille Teasdale, a surgeon and co-founder of St Mary's Hospital, who had died of AIDS after contracting HIV while operating on patients at the hospital.

During the final days of his illness, his adopted daughter, a nurse, overheard him say while praying, "If I die, let me be the last."

Dr Matthew's solitary prayer was answered: among the health-care workers who fought Ebola at St Mary's, he was the last to die.

Country Focus - Australia

For each newsletter we will select a country from the Asia Pacific region and provide a brief profile about the national approach to health care worker safety (such as policies and committees) and the prevalence of the main blood borne viruses.

For this issue, our focus is on health care worker safety in Australia.

Australia is a resource rich country of 20 million people. The federal government sets health policy and administers most non-hospital medical services. State governments operate public health services, public hospitals and regulation of health care providers. A system of

universal health coverage (called "Medicare") provides subsidised medicines and health care for all Australians.



Health Care Worker Safety (HCWS) in Australia, as it relates to the prevention of infection from blood borne viruses (BBV), is often managed through Infection Control programs by Infection Control Professionals or staff health programs, managed by Occupational Health Specialists.

In Australia HCWS is assisted by Occupational Health and Safety Legislation, which requires employers to provide a safe work environment for their employees. Equally, health care workers (HCW) have an obligation to abide by policies and safe work practices set out by their employers. Many initiatives have been undertaken over the years to protect HCW from BBV, including:

- instituting Standard Precautions (adapted from the US CDC guidelines),
- improving availability of sharps disposal units and personal protective equipment,
- offering vaccination for hepatitis B,
- encouraging needle-free intravenous access equipment,
- auto-disable/self-retracting needles, syringes and blood collection equipment (in some facilities) and
- the establishment of occupational exposure management protocols.

The January 2005 Australian HIV Surveillance Report stated there had been 23,989 reported cases of HIV in Australia with 6,459 deaths due to AIDS, there are 17,530 people living in Australia with HIV², hepatitis C was 242,000 and hepatitis B infection was 1.8 new cases/100 000 population³.

At present there is no one standardised programme in Australia for the surveillance of occupational exposures to blood and other body substances. Individual health care facilities may collect their own data and report internally or to state or territory health departments. The literature indicates that approximately 70% of all occupational exposures go unreported. Therefore the true incidence of occupational exposure to HCW is unknown. There have been 6 documented cases of HCW who became infected with HIV in the workplace.

The Australian Infection Control Association (AICA) is the national professional body that represents the interests of those working in the field of infection control or those who have a vested interest in its practice. Each state and territory, except the Northern Territory, in Australia has its own association and is represented on the AICA Executive. AICA liaises with a variety of stakeholders to develop strategies aimed at minimising the risk of health care associated infections, whether it is to patients, staff or visitors. It is committed to the development and endorsement of best practice in relation to infection management and prevention through both innovative and collaborative efforts, including the support of research. AICA representatives have been involved

² National Centre in HIV Epidemiology and Clinical Research. Australian HIV Surveillance Report, Vol 21(1) January 2005.

³ National Centre in HIV Epidemiology and Clinical Research. HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2004. National Centre in HIV Epidemiology and Clinical Research, Sydney, NSW; Australian Institute of Health and Welfare, Canberra, ACT. 2004

in various national consultative and reference groups, such as the AICA National Advisory Board to develop standardised definitions and terminology for surveillance of healthcare associated infection and the national Infection Control Guidelines from the Commonwealth Department of Health and Ageing.

Although the first case of HIV was diagnosed in Australia in 1983, there is still a relatively low prevalence compared to many countries in the region. This means that many HCW have never knowingly looked after a person with HIV. This means it can be difficult to reinforce the need for standard precautions as some HCW think they are unlikely to come into contact with HIV or other BBV. Ongoing education about Standard Precautions, transmission of BBV, safe equipment and personal protective equipment is needed in Australia as in the rest of the Region.

Case study

For each newsletter we will discuss an innovative example of health care worker safety being implemented in the country in focus.

The New South Wales Needlestick Injury Hotline: An Easy and Effective Model Providing Health Care Worker Support

Exposure to another person's blood by a needlestick or sharps injury, or by a splash to a mucous membrane such as the eye, is widely regarded as one of the most traumatic and emotionally devastating experiences that can be faced by workers who provide health care to the public. Unfortunately, in many countries, little or nothing is done to provide workers exposed in this way with support or management. Often this is due to the misconception that 'nothing can be done anyway' or that the appropriate management is expensive and therefore not available to countries or facilities with limited resources. Even in countries

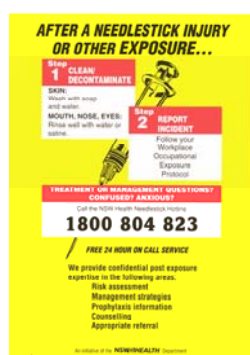
where there are good reporting mechanisms in place, studies show that the majority of occupational exposures in the health system go unreported, again often due to misconceptions, or fears about stigma, discrimination, or confidentiality.

Ten years ago, in the Australian state of New South Wales (NSW), the Needlestick Injury Hotline was established to provide 24-hour Statewide immediate response advice and referral for health care workers and paramedical personnel, who had been exposed to potentially infectious blood or body substances during the course of their work.

Since it began in 1995, the NSW Needlestick Injury Hotline has answered over 5,000 telephone calls. The majority of calls have been from nurses, dental staff and medical officers, although calls have also been taken from workers involved in housekeeping, Central Sterilising Departments (CSD), laboratories and laundries, as well as police, ambulance and the fire brigade.

The NSW Needlestick Injury Hotline is a very effective service that gives accurate information to allay the fears and concerns of workers following an occupational exposure and also provides direction for the management of the exposure.

It is also a relatively easy and cheap model to establish.



The NSW Needlestick Injury Hotline is promoted on an A4 poster distributed to health care facilities for display in staff areas only. The Hotline service is for workers in health care facilities and

paramedical personnel, such as those in the ambulance, police and fire services – not the general public. A small pamphlet promoting the service is also available for

distribution at orientation, inservice or staff health departments.

In NSW each health care facility is required by the state Health Department to have a system established for reporting and managing occupational exposures, and all staff are encouraged to use their local system. For those workers who, for whatever reason, decide not to report their exposure at their workplace, the NSW Needlestick Injury Hotline provides an alternative service to obtain support, advice and guidance.

To use the service in NSW, an exposed worker telephones the Hotline number. Calls are answered by a paging service that contacts the nurse or medical officer on-call and provides them with the caller's details and phone number. Callers are not required to use their real name or identify their place of employment, although many choose to do so. The on-call officer then calls the worker and provides them with the expert advice they require. The response time of the service, from initial phone call by the exposed worker, to the on-call officer speaking to the exposed person, is usually within 15 minutes. Clinicians (such as nurses, doctors, or social workers) who are managing an exposed worker may also call for advice or information.



The current Hotline team consists of suitably trained and experienced doctors and nurses. Each takes calls for one week in turn including their off-duty time, so that the Hotline is staffed 24 hours a day, 7 days a week. At night the on-call officer simply sleeps with the page by their bedside and responds to any calls that come during the night. The Hotline team has periodic peer review assessments to ensure information provided is consistent and accurate.

The Hotline provides to exposed workers and clinicians expert advice such as:

- risk assessment of the exposure to establish the severity of the incident and the subsequent risk of contracting a blood-borne disease;
- post exposure management strategies;
- recommended blood tests to monitor for transmission;
- basic counselling;
- referral to a local service for management if requested and appropriate;
- post exposure prophylaxis (PEP) information;
- a reference list where HIV PEP medications can be accessed throughout NSW; and
- advice and information on prevention or transmission and safer work place practice.

Calls to the Hotline are wide ranging, covering the most serious deep penetrating injury that presents a high-risk of blood borne pathogen transmission, through to the low risk exposure for which the caller requires quiet, confidential and competent reassurance that their injury does not require either medical intervention or undue concern by them or their family. It is worth noting that, after assessment, very few callers are recommended to take post exposures prophylaxis (PEP.)

All callers are assured of their confidentiality when they access the Hotline, which is essential for their peace of mind and confidence in the service. However, details of the circumstances of the injury and selected demographic information are documented for each call and these data are presented in aggregate de-identified form for discussion at the monthly Hotline team meetings, for presentation at local, national, and international scientific meetings, and for feedback to the NSW Health Department who fund the service.

As a result of this service, every health care worker in the Australian state of NSW, regardless of their occupation or

geographic location, has 24 hour, 7 day-a-week access to up-to-date expert advice on assessment and management strategies following a needlestick or sharp injury or other exposure to blood and body substances. Prompt assessment ensures that appropriate serology testing, commencement of prophylactic medications, where appropriate, and counselling can be initiated. Health care workers are referred to local agencies for management where indicated or requested.

Philip Melling
Director, NSW Infection Control
Resource Centre, Australia

You can contact Philip by e-mail for further information

(mellingp@sesahs.nsw.gov.au).

Member Profile

To help link and support members, we will provide a profile of a SafeHandS member from the country in focus.

Our member profile for this month is:

Philip Melling (48), Infection Control
Clinical Nurse Consultant and Manager
of the NSW Infection Control Resource
Centre, Sydney, Australia



Describe your current job.

I am the Director of the NSW Infection Control Resource Centre based in Sydney Australia. As I only have to look after a staff of three, I actually prefer the title of Manager instead of Director. The NSW Infection Control Resource Centre is a statewide service for the state of New

South Wales and funded by the NSW Health Department. Any health care facility in NSW can contact the Resource Centre during office hours for advice regarding infection control issues. We also develop infection control resource materials and facilitate education sessions for health care workers. I also help coordinate the NSW Needlestick Injury Hotline, another statewide service that is discussed in this issue of SafeHandS.

What was your career path that brought you to your current job?

I grew up in England and moved to Australia when I was 23. I didn't start working in health until I was 30 years of age when I trained to become an enrolled nurse. I then studied for my nursing degree at the University of Sydney and a year after graduating began working in an HIV out-patient/ambulatory care setting. After 3 years I began working with the NSW Infection Control Resource Centre, obtaining a post-graduate certificate in infection control from Sydney Hospital. I did additional relevant short-courses and eventually became an infection control clinical nurse specialist and then an infection control clinical nurse consultant. I have worked in the Resource Centre for 8 years but have been in my present position as Manager of the Centre for only 5 months.

What do you like most about your job?

The variety. On a typical day I could be working with a graphic designer thinking up ideas for hand washing posters, writing the editorial for our quarterly newsletter, working on the script for an education video, advising a health facility on the management of scabies, or a patient with MRSA or hepatitis C, facilitating an education session and offering management advice and support to a health care worker who has sustained an occupational exposure, such as a needlestick injury. My staff and I are able to work with a certain degree of autonomy, which is nice. I have also had the opportunity to visit Thailand, Laos, Cambodia, Indonesia and Fiji in an official

work capacity – opportunities I would most probably not have experienced if I were working as a hospital based nurse.

What do you dislike about your job?

The over-use of acronyms in the health system! It drives me mad. Also reading documents that are difficult to comprehend. "Keep it simple" is my motto. I dislike repetitive meetings (I have to attend a lot!) and bureaucratic red tape that stunt worker enthusiasm and potentially good ideas.

What does health care worker safety mean to you?

It is a passion of the Centre where I work and I fully support that passion. And it has been a neglected area. Health care workers always put the interests of their patients or clients first - which is great and as it should be. But health care worker safety is about, and for, the health care workers themselves. Without the health care workers there would be no health system. It is paramount that we look after each other, our colleagues. It is essential so as to attract new workers and retain the ones we have. And in the long run it will ultimately mean better care for our patients.

What are you reading at the moment?

'The Art of Happiness' by the Dalai Lama and Howard C. Cutler, and 'Dirk Bogarde: The Authorised Biography' by John Coldstream.

What are you currently listening to?

'Dusty in Memphis' by Dusty Springfield [1960s English pop diva].

What is your favourite saying?

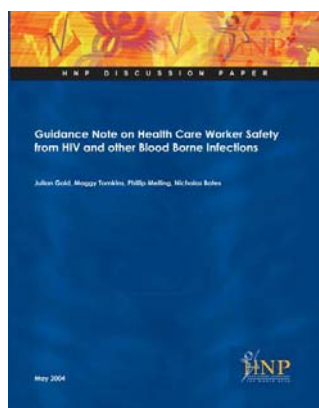
The line from Kipling's poem 'If' – "If you can meet with triumph and disaster and treat those two imposters the same..."

Thank you.

Current resources

In this section, we will list the abstracts of recent relevant articles about health care worker safety in the Asia Pacific. We will also list any new resources which might be helpful such as policies, protocols and training materials. In some instance we may include references from other regions if they can potentially be adapted to the region. SafeHands invites members to contribute by sending an e-mail to: safehands@sesahs.nsw.gov.au.

Title: Guidance Note on Health Care Worker Safety from HIV and other Blood Borne Infections:
Authors: Gold, J., Tomkins, M., Melling, P., Bates, N.
Date: May 2004
Source: The World Bank



Abstract:
 The safety of health care workers (HCWs) who take care of people with HIV/AIDS and other infectious diseases is of paramount

importance. Occupational transmission of blood borne infections is not regarded as a common problem in developed country settings, but this is not the case in resource poor countries where the incidence and impact of such exposures is under-reported and is now becoming appreciated as an important risk factor for HCWs. It is generally assumed that protection from occupational exposures requires expensive equipment which is not reasonable for resource poor healthcare services. However, appropriately designed education and training, in

combination with relatively low-cost technologies have the potential for both reducing injuries and increasing the confidence of healthcare workers in providing care for their patients.

You can access the SafeHands website to download a copy of this publication. (<http://www.uow.edu.au/health/safehands/index.html>).

Titles:

- (1) Aide-Memoire for a strategy to protect health workers from infection with bloodborne viruses**
- (2) Aide-Memoire for infection prevention and control in a health care facility**
- (3) Aide-Memoire for a national strategy for health-care waste management**

Source: The World Health Organisation
 (www.who.int/en/)

Description:
 Each aide-memoire is a 2-page fact sheet with descriptions and checklists for action at the local and national level.

You can access the SafeHands website to download copies of these fact sheets. (<http://www.uow.edu.au/health/safehands/index.html>)

Title: Preventing needlestick injuries among healthcare workers: A WHO-ICN collaboration
Authors: Wilburn SQ. Eijkemans G.
Date: 2004
Source: International Journal of Occupational & Environmental Health. V10(4):451-456

Abstract:
 Effective measures to prevent infections from occupational exposure of healthcare

workers to blood include immunization against HBV, eliminating unnecessary injections, implementing Universal Precautions, eliminating needle recapping and disposing of the sharp into a sharps container immediately after use, use of safer devices such as needles that sheath or retract after use, provision and use of personal protective equipment, and training workers in the risks and prevention of transmission. Post-exposure prophylaxis with antiretroviral medications can reduce the risk of HIV transmission by 80%. In 2003, the World Health Organization and the International Council of Nurses launched a pilot project in three countries to protect healthcare workers from needlestick injuries. The results of the pilot will be disseminated worldwide, along with best policies and practices for prevention.

Title: Occupational exposure to blood and risk of bloodborne virus infection among health care workers in rural north Indian health care settings

Authors: Kermode M. Jolley D. Langkham B. Thomas MS. Crofts N.

Date: 2005

Source: American Journal of Infection Control. V33(1):34-41

Abstract:

Background: Approximately 3 million health care workers (HCWs) experience percutaneous exposure to bloodborne viruses (BBVs) each year. This results in an estimated 16,000 hepatitis C, 66,000 hepatitis B, and 200 to 5000 human immunodeficiency virus (HIV) infections annually. More than 90% of these infections are occurring in low-income countries, and most are preventable. Several studies report the risks of occupational BBV infection for HCWs in high-income countries where a range of preventive interventions have been implemented. In contrast, the situation for HCWs in low-income countries is not well

documented, and their health and safety remains a neglected issue.

Objective: To describe the extent of occupational exposure to blood and the risk of BBV infection among a group of HCWs in rural north India.

Methods: A cross-sectional survey of HCWs from 7 rural health settings gathered data pertaining to occupational exposure to blood and a range of other relevant variables (eg, demographic information, compliance with Universal Precautions, perception of risk, knowledge of BBVs). A mass action model was used to estimate the risk of occupational BBV infection for these HCWs over a 10-year period.

Results: A total of 266 HCWs returned questionnaires (response rate, 87%). Sixty-three percent reported at least 1 percutaneous injury (PI) in the last year (mean no. = 2.3) and 73% over their working lifetime (mean no. = 4.2). Predictors of PI during the last year were hospital site, job category, perception of risk, and compliance with Universal Precautions. **Conclusion:** The high level of occupational exposure to blood found among this group of rural north Indian HCWs highlights the urgent need for interventions to enhance their occupational safety to prevent unnecessary nosocomial transmission of BBVs.

Title: Nurses and the occupational risk of blood-borne infections

Authors: Balachandran, S.

Date: October-December 2002

Source: Indian Journal of Medical Ethics, V10 (4)

Introduction:

There is one subject related to health care workers, particularly nurses, that I have never heard discussed, whether in government or in private hospitals, where nurses form the largest workforce. I refer to occupational health safety for nurses in

the context of blood-borne infections including HIV. This includes training to reduce the risk of HIV exposure, availability of appropriate protection, post-exposure care, and employment security on becoming HIV-positive. This has serious implications in the context of people's right to treatment regardless of HIV status.

Title: **Nurses' knowledge, attitudes, and practice related to HIV transmission in northeastern China.**

Authors: Chen WT. Han M. Holzemer WL.

Date: 2004

Source: AIDS Patient Care and STDs. V18(7):417-22

Abstract:

The purpose of this study was to describe what nurses know about HIV/AIDS in the First Affiliated Hospital of Jiamusi University, Heilongjiang Province, China. This was a descriptive, cross-sectional study. Only 7.9% of the nurse (n = 177) used condoms during their first experience of sexual intercourse. Eight-six percent of the nurses had been stuck by sharps while working, and 76% of them had been splashed by patient fluids. For 12 basic HIV/AIDS questions, the mean score was 6.66. The mean score is 6.28 for 9 HIV/AIDS attitude questions. Knowledge and attitude are negatively related ($r = -0.215$, $p < 0.005$). Training in reducing the risk for occupational exposures in this sample is important. Nurses who have a better understanding of HIV/AIDS prevention are more likely to have negative attitudes toward HIV/AIDS. This study suggests the necessity of increasing HIV/AIDS education for nurses, family members, friends, and all health care providers.

Title: **Nurses' professional care obligation and their attitudes towards SARS infection control**

measures in Taiwan during and after the 2003 epidemic.

Authors: Tzeng H.

Date: 2004

Source: Nursing Ethics. 2004 V11(3):277-89

Abstract:

This study investigated the relationship between hospital nurses' professional care obligation, their attitudes towards SARS infection control measures, whether they had ever cared for SARS patients, their current health status, selected demographic characteristics, and the time frame of the data collection (from May 6 to May 12 2003 during the SARS epidemic, and from June 17 to June 24 2003 after the SARS epidemic). The study defines 172 nurses' willingness to provide care for SARS patients as a professional obligation regardless of the nature of the disease. A conceptual model was developed and tested using ordinal logistic regression modelling. The findings showed that nurses' levels of agreement with general SARS infection control measures and the lack of necessity for quarantining health care workers who provided care for SARS patients were statistically significant predictors of the nurses' fulfilling of their professional care obligation. Suggestions and study limitations are discussed.

Title: **Heroes of SARS: professional roles and ethics of health care workers**

Authors: Hsin, D., Macer, D.

Date: 2004

Source: Journal of Infection, 49, 210 - 215

Abstract:

Objectives: To examine the professional moral duty of health care workers (HCWs) in the outbreak of severe acute respiratory syndrome (SARS) in 2003.

Methods: Descriptive discussion of media reports, analysis of ethical principles and political decisions discussed in the

outbreak, with particular emphasis on the events in mainland China and Taiwan.

Results: There were differences in the way that Taiwan and mainland China responded to the SARS epidemic, however both employed techniques of hospital quarantine. After early policy mistakes in both countries HCWs were called heroes. The label 'hero' may not be appropriate for the average HCW when faced with the SARS epidemic, although a number of self-less acts can be found. The label was also politically convenient.

Conclusions: A middle ground for reasonable expectations from HCW when treating diseases that have serious risk of infection should be expected. While all should act according to the ethic of beneficence not all persons should be expected to be martyrs for society.

Title: **Needlestick/sharps injuries among vocational school nursing students in southern Taiwan**

Authors: Ya-Hui Yang, Ming-Tsang Wu, Chi-Kung Ho, Hung-Yi Chuang, Limei Chen

Date: 2004

Source: American Journal of Infection Control, Vol 32 (8): 431 - 435

Abstract:

Background: Although most needlestick/sharps injuries (NSIs/SIs) research focuses on health care workers (HCWs), students in hospital internships are also at risk. Investigations that examined NSIs/SIs in student populations generally studied medical rather than nursing students (NSs). In 1999, approximately 17,000 Taiwanese nursing graduates were exposed to the hazard of NSIs/SIs. We examined the frequency and mechanism of NSIs/SIs among vocational school NSs in southern Taiwan.

Methods: Between July and December of 1999, within 1 week after the NSs completed their internship training, one of

the researchers, who was a teacher in this vocational school, asked them to fill out questionnaires.

Results: Five hundred twenty-seven of 550 (92.6%) questionnaires were considered valid. Two hundred sixty-four of 527 (50.1%) responders sustained one or more NSIs/SIs. Ninety-six of 527 (18.2%) responders suffered contaminated NSIs/SIs. The average number of NSIs/SIs per student was 8.0 times/year (4.9 times/student/year for NSIs and 3.1 times/student/year for SIs). NSIs/SIs rates for NSs in 10-week and 4-week internships were significantly different ($P = .039$): 53.3% versus 43.7%, respectively. The NSIs/SIs frequencies were influenced by length of internship: 7.3 times/student/year in 10-week internship and 11.7 times/student/year in 4-week internship. Logistic regression analysis indicated that length of internship rotation was statistically significant with respect to contaminated NSIs/SIs (OR = 1.682; 95% CI: 1.005-2.81; $P = .048$).

Conclusions: The NSIs/SIs frequencies of NSs were higher than those for HCWs. We found that frequency of NSIs/SIs for vocational school NSs is above average. Whether the young age of these NSs put them at greater risks for NSIs/SIs warrants further inquiry.

Title: **Implication of the prevalence of needlestick injuries in a general hospital in Malaysia and its risk in clinical practice**

Authors: Lee LK, Noor Hassim I.

Date: 2005

Source: Environmental Health & Preventive Medicine. V10(1):33-41

Abstract:

Objectives: To determine the prevalence of cases and episodes of needlestick injury among three groups of health care workers in the past one-year, the level of knowledge on blood-borne diseases and universal precautions and the practice of universal precautions. Other factors associated with the occurrence of

needlestick injuries and the reporting of needlestick injuries were also analysed.

Methods: A cross-sectional study was conducted in May 2003 to study the needlestick injuries among 285 health care workers (doctors, nurses, medical students) in a public teaching hospital in Negeri Sembilan, Malaysia.

Results: The prevalence of needlestick injuries among the respondents was 24.6% involving 71 cases i.e. 48.0% among doctors, 22.4% among medical students, and 18.7% among nurses and the difference was statistically significant ($p < 0.001$). There were a total of 174 episodes of needlestick injury. Prevalence of episode of needlestick injuries was highest among doctors (146%), followed by nurses (50.7%) and medical students (29.4%). Cases of needlestick injuries attained lower scores on practice of universal precautions compared to non-cases ($p < 0.001$). About 59% of cases of needlestick injury did not report their injuries. **Conclusions:** The study showed that needlestick injuries pose a high risk to health care workers and it is underreported most of the time. Many needlestick injuries can be prevented by strictly following the practice of universal precautions.

Title: **Healthcare worker safety is a pre-requisite for injection safety in developing countries**

Authors: Kermode, M.

Date: 2004

Source: International Journal of Infectious Diseases. V8(6):325-327

Abstract:

Unsafe injection practices, including the re-use of unsterile needles and syringes, are commonplace in developing country health settings, and contribute substantially to the global burden of blood-borne viral disease. Unsafe injection practices place at risk not only patients, but also healthcare workers, who practice

universal precautions inconsistently and are commonly exposed to blood in the course of their work. Global awareness of the link between unsafe injection practices and the burden of blood-borne viral disease was slow to emerge but has grown in the recent years. In 1999, the World Health Organization (WHO) established the Safe Injection Global Network (SIGN), which advocates a range of interventions for the promotion of injection safety. As well as exhorting healthcare workers to use a new needle and syringe for every injection, they should also be encouraged and supported to protect themselves from exposure to blood. It is argued here that promoting the occupational safety of healthcare workers in developing countries is an essential and currently under-valued component of the response to the problem of unsafe injection practices. Protecting healthcare workers from occupational infection with blood-borne viruses has a range of potential benefits, including safer injection practices for patients and less discrimination against people with HIV/AIDS. There is an urgent need for organisational commitment to the occupational safety of healthcare workers in developing countries, along with the provision of training in injection safety and universal precautions, adequate supplies of personal protective equipment, and hepatitis B vaccination.

Title: **SARS and Carlo Urbani**

Authors: Reilley, B., Van Herp, M., Sermand, D., Dentico, N.

Date: May, 2003

Source: The New England Journal of Medicine, Vol 348: 1951 - 1952

Introduction:

On February 28, the Vietnam French Hospital of Hanoi, a private hospital of about 60 beds, contacted the Hanoi office of the World Health Organization (WHO). A patient had presented with an unusual influenza-like virus. Hospital officials suspected an avian influenza virus and asked whether someone from the WHO could take a look. Dr Carlo Urbani, a

specialist in infectious disease, answered that call. In a matter of weeks, he and five other health care professionals would be dead from a previously unknown pathogen.

Questions & Answers

In SafeHandS invites members to write in with questions about health care worker safety that they want answered. Send an e-mail to: safehands@sesahs.nsw.gov.au

We look forward to receiving questions from our members for the next newsletter!

Letters and Comments

In SafeHandS invites members to write in with letters and comments about any issues related to health care worker safety or to share information. Send an e-mail to: safehands@sesahs.nsw.gov.au

We look forward to receiving letters and comments from our members for the next newsletter!

Calendar of Events

In SafeHandS invites members to advise us about any future events related health care worker safety which other members may be interested to attend. Send an e-mail to: safehands@sesahs.nsw.gov.au

Third International Congress of the Asia Pacific Society of Infection Control, 8-11th July, 2007, Kuala Lumpur, Malaysia

For more information, visit the website: <http://www.apsic2007.com/>

Sixth Congress of the International Federation of Infection Control, 13 – 16 October 16th, Istanbul, Turkey.

For more information, visit the website: <http://www.ificistanbul.org/index.html>

Some scholarships to attend the conference are being awarded including a specific travel fund established by the International Federation of Infection Control to encourage and support colleagues from the countries affected by the tsunami. For more information, visit the website: <http://www.ific.narod.ru/>

2005 Safe Injection Global Network (SIGN) meeting, 14 - 16 November, Hanoi, Vietnam

The 2005 SIGN meeting is proposed for November in Vietnam. The SIGN website will be updated as soon as they are able to confirm the meeting.

WHO injection safety website and the SIGN Alliance Secretariat at: http://www.who.int/injection_safety/en/





SafeHandS Membership Form

Welcome to SafeHandS! To help us develop a network which meets your needs to improve healthcare worker safety, we would appreciate if you could take the time to complete this membership form.

* Compulsory fields to complete

Title: _____

First Name*: _____

Last Name*: _____

Position*: _____

Department*: _____

Organisation*: _____

E-mail address: _____

Postal address:

Address Line 1 _____

Address Line 2 _____

Suburb/City _____

State/Province _____

Postal Code _____

Country* _____

Country of work*:

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Cambodia | <input type="checkbox"/> Fiji |
| <input type="checkbox"/> India | <input type="checkbox"/> Indonesia | <input type="checkbox"/> Japan |
| <input type="checkbox"/> Lao PDR | <input type="checkbox"/> Malaysia | <input type="checkbox"/> Myanmar |
| <input type="checkbox"/> New Zealand | <input type="checkbox"/> Papua New Guinea | |
| <input type="checkbox"/> People's Republic of China | <input type="checkbox"/> Thailand | |
| <input type="checkbox"/> Vanuatu | <input type="checkbox"/> Vietnam | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Gender: Female Male

Preferred method to receive newsletter*: (Select one only)

- From the website (PDF or HTML)
- By email (PDF)
- By post (this will be a shorter version)
- Other (please specify)

Profession: (select one)

- Nurse
- Doctor
- Counsellor
- Dentist
- Dental nurse/staff assistant
- Pharmacist
- Occupational therapist
- Physiotherapist
- Laboratory staff
- Other (please specify) _____

Position: (select one)

- Health care worker
- Health manager
- International consultant
- Student
- Volunteer
- Other (please specify) _____

Sector: (select one)

- Public
- Private
- Non-government organisation
- Academic
- Other (please specify) _____

Principal type of workplace: (Select one)

- Hospital
- Outpatient Clinic
- Nursing home/hostel
- Community Centre or Clinic
- Home based care
- Private practice
- University / College
- Other (please specify) _____

Main area of work: (select as many as apply)

- Infectious diseases
- Infection control
- HIV/AIDS
- Hepatitis
- General
- Other (please specify) _____

How did you hear about SafeHandS? (select one)

- Website
- Newsletter
- Another person
- Other (please specify) _____

What are the 2 most important things you would like from the SafeHandS network?

(select 2 only)

- Access to current publications on health care worker safety
- Tools (eg surveillance forms, checklists) for health care worker safety
- Training resources
- Email discussion forum between members
- Directory of other practitioners/consultants in region
- Advice and information
- Upcoming regional conferences
- Links to other organisations
- Sample policies and protocols
- Other (please specify) _____

Areas of expertise or resources in relation to health care worker safety I am willing to share with colleagues: (Select 3 only)

- Education and training
- Education resources – training package
- Education resources – Web-based training
- Clinical consultancy – HIV or hepatitis
- Clinical consultancy – Infection control
- Policy development
- Sample policies and protocols
- Other (please specify) _____

Privacy

Individual information collected on this form will only be accessed by the SafeHandS secretariat (who are employees of the Albion Street Centre or the University of Wollongong) unless consent is given as below.

I give consent for any of the information provided in this form to be made available to other members of SafeHandS.

- Yes No

If you tick yes above, personal information provided in this form will only be disclosed to a third party if an individual or organisations are seeking advice or services from members with specific expertise or wishing to contact members with similar areas of interest. This will only be done with your prior consent.

Thank you for completing this form.

We look forward to sharing information through SafeHandS!

You can return this form by:

E-mail: safehands@sesahs.nsw.gov.au
or Fax: 61 2 9332 4219
or Mail: SafeHandS, International Health Services Unit,
 150 Albion Street
 Surry Hills NSW 2010
 Australia