

SafeHandS Phase II – a new three year project from July 2008 – June 2011

SafeHandS is a network for health care worker (HCW) safety in the Asia-Pacific region which has been operating since January 2005. The project, which is managed by the Albion Street Centre (ASC) in Sydney, Australia, was originally funded by the Australian Agency for International Development (AusAID) for three years. Renewed funding will see the next phase of the project continue, maintain and extend the activities of SafeHandS. New activities will strengthen SafeHandS through the founding of an international reference group, the formation of partnerships with regional organisations and the establishment of a grant scheme to support individual health facilities to become demonstration sites for health care worker safety improvement.

Background

Health care workers are essential to the prevention of transmission of human immunodeficiency virus (HIV) and other blood borne viruses as well as to the provision of treatment and care of people living with HIV (PLHIV), including achieving the aim of significantly expanding access to HIV therapy. Current HIV management strategies, including pharmacological interventions, nutrition and counselling can be complex. Committed and well educated HCW are needed to ensure patients are appropriately cared for and that the disease burden is minimised. As well as providing direct care, HCW can provide education for PLHIV, their families and their communities in health maintenance, the prevention of HIV transmission and reduction in stigma and discrimination.

HCW may be anxious about contracting an infectious disease through the course of their work and be fearful of conducting certain procedures or managing certain categories of patients.^{1,2} Fear of HIV infection has been shown to impact on recruitment and retention of HCW.^{3,4} This concern may be justified if HCW do not have access to knowledge, equipment and resources likely to minimise the risk of transmission. HCW anxieties may mean that infected patients, or those who may be considered at risk of having a blood borne virus, are not provided with optimal health care. Literature from the Severe Acute Respiratory Syndrome (SARS) epidemic in 2003 suggests that nurses who feel confident in control measures are more likely to be willing to care for patients.⁵ Every effort should be made to ensure that all HCW operate in an environment that is as safe as possible for both them and their patients.

From previous work in the region, ASC staff are aware that HCW are concerned about their safety and that this may mean that patients experience discrimination or inappropriate care. At the same time, exposures such as needlestick injuries are underreported, often because it is perceived no follow up (such as post exposure prophylaxis) is available. It has been observed that a clear understanding of priorities for HCW safety are misunderstood, with some low or no cost safety precautions not being taken and other costly interventions being implemented unnecessarily (such as inappropriate use of chemicals or personal protective equipment) for low risk situations.

Maintenance and support of the health workforce in the light of HIV infection is a current World Health Organization priority.³ In order to engage HCW in the care of patients with HIV and associated communicable diseases it is critical to provide them with a safe working environment where they feel supported. HCW need to be able to talk to and support each other, especially in situations where other support mechanisms are limited. The sense of isolation faced by HCW within large health systems needs to be addressed.

New research and the refinement and improvement of clinical practice are taking place constantly and there is a need for easy access to this information for all HCW in the region. There is limited published data which is relevant to HCW operating in resource poor settings, especially in relation to practical experiences and lessons which can be readily adapted and adopted.

SafeHandS Phase I (2005 – 2008)

SafeHandS was established as a 'virtual' network designed to link and support health care workers across the Asia-Pacific region who are caring for PLHIV and other communicable diseases. It was designed as a forum where health care workers could share issues and ideas to encourage and learn from each other to find practical solutions to improve health care worker safety in developing and middle income countries.

Free membership of SafeHandS has included receiving the quarterly newsletter (In SafeHandS), access to a moderated email discussion group, access to a clearinghouse of new resources and publications produced by SafeHandS and other organisations about HCW safety, and inclusion on a database of expertise.

Aim:

To develop a network of health care workers and institutions to promote:

- Sharing of information between health care workers and institutions about health care worker safety
- Policy development and program implementation to improve health care workers' safety
- Optimal care for people with blood borne viruses and other communicable diseases (especially HIV, hepatitis B and hepatitis C)
- Practical steps to deal with issues of stigma and discrimination which might otherwise militate against optimum health outcomes.

Objectives:

1. To link together at least 50 health care workers who are responsible for improving health care worker safety in the workplace in the Asia-Pacific region each year of the project.
2. To provide health care workers with up-to-date information at least every three months about improving health care worker safety in resource limited settings.
3. To provide health care workers with new resources at least every three months which can be implemented in their workplace to improve health care worker safety in resource limited settings.

SafeHandS is coordinated by the ASC which is a public health care facility based in Australia for the treatment, care and support of people living with or affected by HIV. The SafeHandS team includes infection control specialists with international experience in health care worker safety.

Lessons learned from SafeHandS Phase I (2005 – 2008)

One of the key lessons learned from the first three years of SafeHandS is the difficulty of having two way communications with members in an online network. There has been little response to formal surveys of members to further determine the types of services, training resources and policies required and already available. Feedback is mostly ad hoc and unsolicited and it is difficult to elicit member contributions to the newsletter and email discussion group.

Face to face contact seems to be the most effective in developing relationships. The majority of members (60%) heard about SafeHandS from "another person" – as opposed to from the website or newsletter.

There have also been many positive lessons learned. Over 160 HCW from 31 countries have joined the network (membership is currently 158). Of these, the majority can access the newsletter and services by email, with only about 20 newsletters being sent by mail. This indicates that providing information and support online is a viable option.

Anecdotal and survey feedback suggest that the newsletter is valued both for finding out the most up to date information and also for reading about colleagues in other countries. Some members who work in the field of infection control indicated that they feel isolated in their workplace and value the regional contacts. The website is valued as a reference source. Members have also indicated that they value the practicality of the resources developed and distributed by SafeHandS and have been able to use them in their workplaces.

Objectives - SafeHandS Phase II

1. To develop the capacity of regional HCW and their organisations to scale up and manage HIV services by facilitating a network to improve health worker safety in the workplace in the Asia-Pacific region
 - To encourage 'ownership' of the existing network by HCW in the region
 - To develop a regional body of knowledge about improving health care worker safety
 - To disseminate knowledge and lessons learnt to HCW throughout the region

2. To develop and maintain a local evidence base on health care worker safety
 - To implement and evaluate health care worker safety strategies at selected sites in the Asia-Pacific region to demonstrate their effectiveness in a resource constrained setting
 - To refine the Health Care Worker Surveillance Tool as an instrument to assist institutions to improve health worker safety from infectious disease
3. To establish and maintain sustainable capacity building partnerships with health worker organisations across the region to improve health care sector response to HIV care and support
 - To identify and liaise with country and regional professional organisations to promote and disseminate information about health worker safety

Project description - SafeHandS Phase II

It has been recognised in the first three years of the SafeHandS project that it is difficult to encourage local ownership of what is essentially an online network. It is therefore proposed to establish a regional reference group; to partner with local organisations and to support the establishment of local HCW demonstration projects to increase members 'ownership' of the network.

Reference group: The regional reference group will be made up of individual members from different countries in the region. The group will provide coordination, advice and guidance of the project. An expression of interest will be circulated to all current members. It is envisaged that the group will have at least 10 members from 6 different countries.

Partnerships: Membership of the SafeHandS network has to date been open to individuals. For the continuation of the project it is intended to form partnerships with relevant regional and local organisations concerned with infection control or health worker safety.

The role of partnerships with such organisations is envisaged to be: extending the reach of SafeHandS to more eligible members; disseminating information from SafeHandS; informing SafeHandS about issues of concern to members which are relevant for SafeHandS to address; advising SafeHandS about culturally appropriate strategies to improve HCW safety; assisting with research into and publications about HCW safety in the region.

One of the areas that may be explored with local organisations is the identification of a regional organisation that will be able to host the network or take a more active role in its ongoing operation, or a group of organisations or individuals who may participate in a rotation system to guide the network.

Demonstration projects: It is proposed to establish demonstration projects in which selected health facilities will be assisted to implement innovative health care worker safety initiatives.

The sites will be chosen by response to a circulated expression of interest. In year one, two sites will be chosen (one in Asia and one in the Pacific). Additional sites will be selected in years two and three. Sites chosen to host demonstration projects will receive a small grant of A\$5,000 to run the project. Such demonstration projects which can be evaluated for effectiveness in terms of outputs, cost effectiveness and resource efficiency will provide practical examples of what can be achieved in developing countries. This lived experience is expected to be more 'believable' for other developing country settings than theories espoused by developed countries such as Australia or the United States of America.

The sites of the demonstration projects will need to be evaluated before and after the intervention. It is hoped this will further develop the Health Care Worker Safety Surveillance Tool (already developed by SafeHandS) as an instrument to be able to measure both a baseline and change in HCW safety at a health facility. The projects will provide an opportunity to apply and refine the tool in various facilities across the region and possibly the use of the tool as a research instrument. (In its current form the validity and reliability of the tool have not been established.) This would in turn provide a validated tool for the region which could assist ongoing monitoring and evaluation of HCW safety and related activities.

An important follow up to the demonstration projects will be dissemination of results – through the SafeHandS newsletter and website and a regional conference.

Ongoing activities: SafeHandS will continue to maintain an informative website, publish a quarterly newsletter, moderate an email discussion group for members, maintain a clearinghouse of resources and publications on HCW safety, maintain a database of expertise in HCW safety and infection control, and develop resources for HCW safety.

References

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For further information contact:

Maggy Tomkins
Clinical Nurse Coordinator – SafeHandS
safehands@sesiahs.health.nsw.gov.au
Fax: +61 2 9332 4219
Albion Street Centre
150 Albion Street
Surry Hills NSW 2010, Australia