

Sharps injuries – Why I am to blame!

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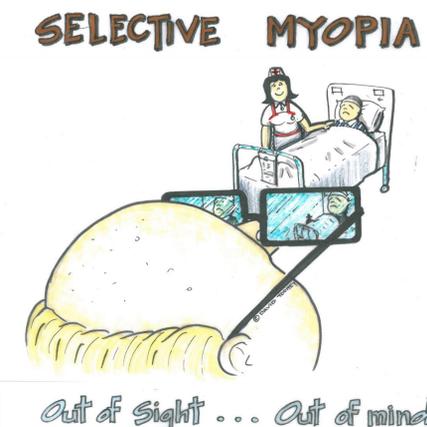
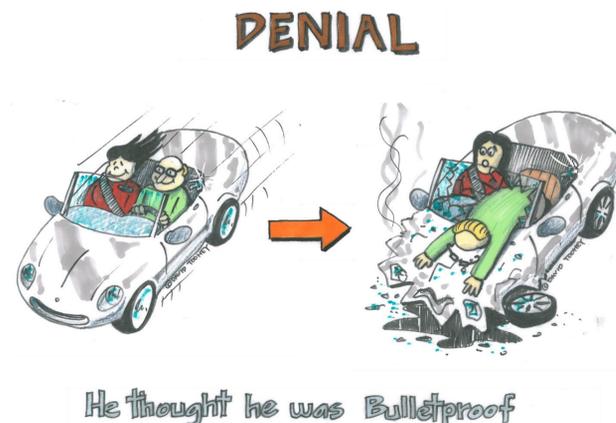
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Problem: Despite knowledge of the associated risk of infection and injury, the continued high incidence of sharps injuries in Australian hospitals illustrates the need to change attitudes and behaviours around staff safety.

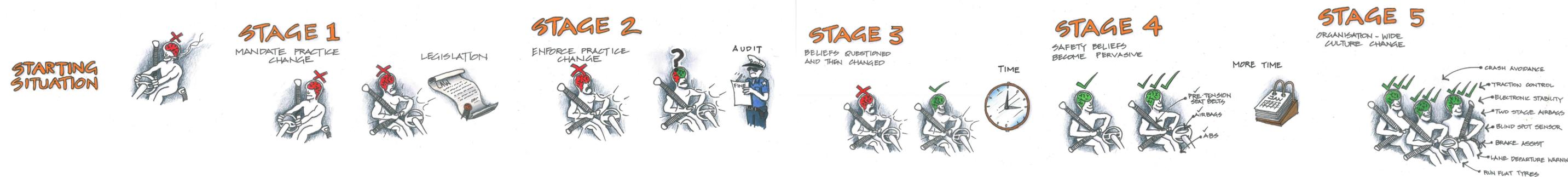
Cause: We believe that there are two reasons at management level for the failure to address this problem adequately.

- Safety is heavily directed towards patients rather than staff
- The real financial implications of staff injuries are not understood

We also propose four clinical reasons to explain this situation:



Solution: A cultural shift by both management and staff is required to change practice. This will be achieved by first push and then pull factors exemplified by car seat belts. The resultant culture shift now sees demand for safety as a major sales point for cars and drives car design. The **push** of legislation has been replaced by the **pull** of the consumer.



Evidence for Success: Demonstrated in adoption of a national policy that all patients had to leave the Emergency Room within four hours. Universal resistance from clinicians resulted: “it can’t be done, patients will suffer or die”. But when adopted in our hospital - of the largest tertiary emergency rooms in Australia - compliance increased from 30% to 80%. When audit of patient outcomes revealed that patient care improved, reluctance to the **push** changed to a **pull** for more system change.

Mission Statement: A culture of Staff Safety is a pre-requisite to a good culture of Patient Safety.

Goal: We strive for “One Safety Culture for Everyone” – Staff and Patients alike.