

PREVENTION OF SHARP INJURIES IN HOSPITALS IN THE LOMBARDY REGION

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Background

After the European Directive 2010/32/EU was implemented by Italian Legislative Decree (LD 19/2014), regional guidelines were published in Lombardy in 2015; however, the indications are not mandatory, and management of safety engineered devices (SEDs) is hospital based.

Purpose

To verify the Lombardy hospital situation after the LD 19/2014 became effective.

Material and methods

In September 2015, a 17 item questionnaire was sent to 40 hospital pharmacies throughout the Lombardy SIFO network by email (26 days for response with 1 reminder).

Results

17 hospital pharmacies returned the questionnaire fully completed. 17 hospitals had introduced at least 1 SED. Reasons for introduction were: LD 19/2014 (7), public tender (1), workers' request (1), manufacturer offers (1) and workers' safety policy (7). Risk analysis was provided in 12 hospitals, not provided in 2 and unknown in 3. Awareness actions were provided in 13 hospitals through needlestick injury audits (2) and educational frontal lessons (6 for all departments and 2 for specific departments) occasionally associated with training courses (3). Education in the use of SEDs was always provided (6 training courses, 6 educational frontal lessons and 5 educational frontal lessons associated with tutoring), however only 10 hospitals provided scheduled updates. Rationale for purchasing was unknown by the pharmacist in 4 hospitals. Substitution of conventional medical devices was based on: association with higher number of needlestick injuries (7), high use frequency (1), high use frequency associated with best cost (2), availability of public tender (2) or manufacturer offer (1). Adopted SEDs included: butterfly needles for blood sampling (12) and for administration (6), blood sampling needles (10), lancets for capillary blood sampling (13), syringes with needles for arterial blood sampling (11), hypodermic needles for administration (2), insulin pen needles (9), vascular catheters (5 single lumen, 15 double lumen), Huber (7), Gripper (2), fistula needles (2) and single use scalpels (3).

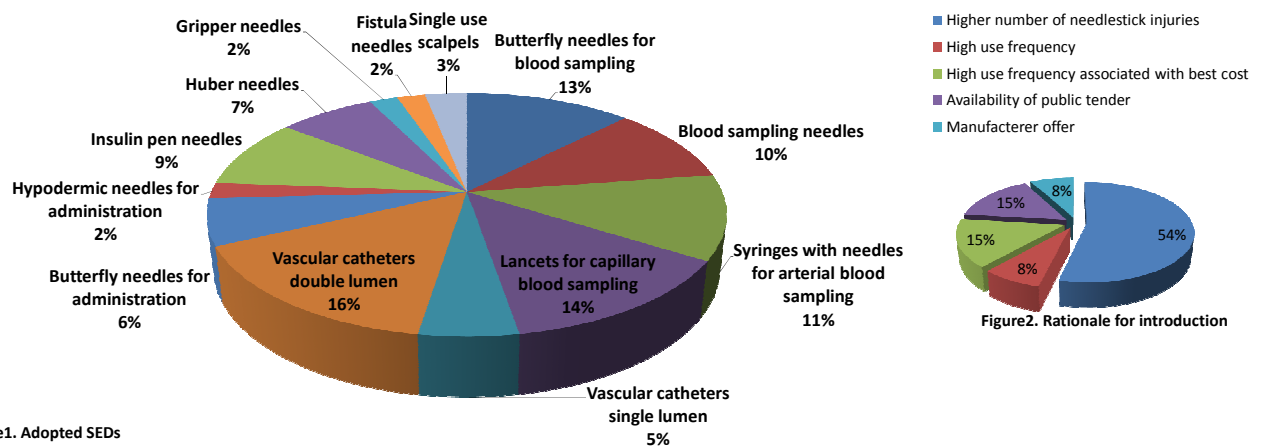


Figure1. Adopted SEDs

Figure2. Rationale for introduction

Conclusion

The survey showed that the sample of hospitals in Lombardy all introduced SEDs. However, variability and lack of updates in educational programmes were present, showing the need for mandatory rules in order to streamline the use of SEDs.



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