Sharps Injuries Persist in OR – Week 1

In [insert most recent year with available data], [insert number of sharps injuries] sharps-related injuries occurred among nurses, physicians, surgical technicians, and other employees at [insert hospital name]. [write out percentage of overall injuries which occurred in the OR] percent ([insert actual number]) of the injuries occurred in the OR department even though it occupies only approximately [insert percentage of hospital employees working in OR]% of the hospital's workforce ([insert actual number of employees/number of total employees]). Injuries occurred while using devices such as [insert names of devices involved; e.g. syringes, suture needles, and scalpels]. Some devices were clean, but unfortunately many were contaminated. The number of injuries has remained relatively stable in the OR for the past [insert number of years sharps injuries have remained stable] years. However, injury rates in the OR department are generally higher than any other area in the hospital.

Comprehensive national data does not exist regarding OR sharps injuries. Therefore, a reliable comparison cannot be made. Nevertheless, between 1995 and 1999, hospital-wide data for nearly 5,000 hospital-based occupationally-related sharps injuries indicated that 29% of the injuries reported involved hypodermic syringes, 17% involved glass devices (e.g., capillary tubes), and **15% involved suture needles.**

The invasive procedures performed in the OR provide an increased risk of injury. According to CDC's National Surveillance System for Hospital Health Care Workers, of the more than 3,000 percutaneous injuries reported during that same period, 27% of injuries occurred while manipulating a needle inside the patient, 12% occurred during disposal, 11% were clean-up related, and **10% occurred while handling/passing a device during or after use.**

[if possible, include some quotes from a recognized leader in the hospital similar to the following example:]
"The move to safer sharps devices will definitely help us prevent injuries like these," reports Dr. John Sharp, OR Chief of Staff. "But safer alternatives are not even available yet for many of the sharps devices used in the OR. We have to work on integrating the new safer devices AND renew our commitment to instrument handling protocols." Sharp said that often these protocols become so familiar to staff that compliance gradually diminishes. Since injuries are still rare occurrences, there are often no immediate negative consequences for taking short-cuts such as removing a blade from a handle with fingers, instead of with a needle carrier.

Throughout the month of [insert month here], several opportunities will be available to learn more about sharps injury prevention. On [insert date], Dr. [insert physician's name] and colleagues will demonstrate the use of a neutral zone and explain the advantages to implementing methods to prevent sharps injuries. In addition, there will be [insert blitz campaign components to be used; e.g. exhibits, posters, additional newsletters, and a few giveaway items]. Watch closely for more information.