POLICY STATEMENT
Georgia Regents Medical Center implements a comprehensive Bloodborne Pathogen Exposure Control Plan to prevent needlestick and sharps injuries. As part of GRMC’s Bloodborne Pathogen ECP, the Safety Device Committee will review needlestick and sharps injuries to identify and recommend opportunities for improvement which includes the committee’s authority to approve selected safety devices.

AFFECTED STAKEHOLDERS
Indicate all entities and persons within the Enterprise that are affected by this policy:

☐ Administrative Services
☒ Hired Staff
☒ Housestaff/Residents & Clinical Fellows
☒ Leased staff
☒ Medical Staff (includes Physicians, PAs, APNs)
☒ Patient Care Services (Nursing, PCT’s, Unit Clerks)
☒ Professional Services (Laboratory, Radiology, Respiratory, Pharmacy; etc.)
☐ Vendors/Contractors
☐ Other: Include any other stakeholders not listed above.

DEFINITIONS

<table>
<thead>
<tr>
<th>Bloodborne Pathogens</th>
<th>Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).</th>
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<tbody>
<tr>
<td>Percutaneous Injury</td>
<td>Injury occurring which breaks through the skin as with hypodermic needles or other sharp devices that may or may not be contaminated</td>
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<tr>
<td>Sharps Injury Log</td>
<td>A log maintained by Employee Health and Wellness that records percutaneous injuries from contaminated sharps. The log is maintained in such a manner to protect the confidentiality of the injured employee and will contain at a minimum:</td>
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<td>o Device type and brand involved in the incident,</td>
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<td></td>
<td>o Department or work area where the exposure occurred, and</td>
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<td>o Explanation of how the incident occurred.</td>
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Georgia Regents Medical Center
Policy Library

Safety Device Committee

Policy Owner: Epidemiology

PROCESS & PROCEDURES

The design of the Safety Device Committee is comprehensive and reflective of current regulations to prevent employee injury via needle and sharp devices. The Safety Device Committee, a subcommittee of Product Assessment Committee, will review the sharps injury log; and based on any identified trends, safety devices may be reviewed. New or proposed products used to reduce occupational exposures to bloodborne pathogens will be evaluated for appropriateness, commercial availability and effectiveness of the device. Recommendations for purchase of safety devices will be made through the Products Assessment Committee, Infections Committee, and the Safety Committee. Health care workers are in-serviced and trained regarding new products and devices prior to using these items.

This committee is multidisciplinary consisting of the following members with at least fifty percent being end users of the devices:

• Senior Employee Health Nurse (Chairperson)
• Hospital Epidemiology
• Employee Health and Wellness
• Patient Care Services (nurse, adult and pediatric)
• Surgical Services
• Education
• Environmental Services
• Safety
• Supply Chain Management
• Risk Management
• Physician (preferable: Surgeon and Anesthesiologist)
• Vascular Access Device Team

RESPONSIBILITIES

• Defining bloodborne pathogen exposure risks related to percutaneous injury
• Overseeing the exposure control plan as mandated by OSHA, including preventative strategies and post-exposure follow up
• Developing strategies to improve needle stick injury reporting procedures
• Monitoring the post-exposure treatment program
• Developing surveillance systems to monitor needle stick injuries
• Reviewing the sharps injury log
NEW DEVICE SELECTION PROCESS
A four step, user-based systems approach for the evaluation, selection, and implementation of safer medical devices will be utilized. It is comprehensive in scope, geared to developing and maintaining an ongoing program, and is predicated on the involvement of those who use the devices. The four steps are as follows:

Step 1. Conduct a broad identification of all market-available devices.

The Safety Device Committee should identify types, obtain samples, and screen all products available on the market in each category of device. Numerous sources exist to find the latest devices, such as manufacturer magazines, conferences and exhibit areas, and web sites.

Step 2. Perform a three-step selection process – initial screening of devices, clinical simulation and intermediate selection, and clinical pilot testing.

The initial screening is performed using evaluation forms, and should involve a broad cross section of employees and unit representatives. Clinical simulation and scenarios are methods of “test driving” the device and assessing its application in a particular clinical situation without threatening the health and safety of either patients or health care workers. Clinical pilot testing allows a test in “real use” situations before purchasing in large quantities and implementing the device throughout the health care facility. Pilot testing can identify potential problems prior to full implementation and can determine training needs and procedure changes that may be needed.

Step 3. Institutionalizing selected devices after the pilot testing is complete.

The committee for needlestick prevention, the Safety Device Committee, should work closely with the supply chain management to ensure that the product chosen is available in the required quantities. Training of all affected personnel must occur prior to implementation. One way to assure success is the find “champions” from the needlestick committee and other committed workers to perform the training and promote use of the new devices.
Step 4. Conduct ongoing surveillance for efficacy and for better devices.

Formal and informal feedback about the devices will help identify possible adverse effects of the device on worker safety or patient care. The law requires an annual review of the exposure control plan and review of the market for new and better products. This feedback process will assist in both the implementation of the law and constant improvement in the work place.

MEETINGS
The committee will meet quarterly or as needed.

Meetings will be coordinated with committee members to ensure as much participation as possible.

REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS
Department of Labor Occupational Safety and Health Administration Occupational Exposure to Bloodborne Pathogens; Final Rule 29 CFR Part 1910-1030.

RELATED POLICIES
Bloodborne Pathogen Exposure Control Plan

APPROVED BY
Chief Executive Officer, Georgia Regents Medical Center Date: 05/26/2016