

Spreading the Word for Safer Sharps

2007 International Sharps Injury Prevention Awards

by Ron Stoker

I was recently reading an article in a London newspaper that claimed that doctors who don't wash their hands kill more people than drunk drivers. It has been estimated that one in five clinical staff in London wash their hands between patients. According to a top National Health Service (NHS) adviser, doctors and nurses who don't wash their hands cause as much damage as drunk drivers.

Sir John Oldham, head of the Improvement Foundation, indicated that clinicians who fail to wash their hands should be treated with "equal disdain" to drunk drivers. "Simple things like clean wards and effective handwashing between patients, cuts the incidence of hospital-acquired infections enormously. How hard is that?" said Sir Oldham. "Given the existence of MRSA, not having clean wards and not washing your hands is the clinical equivalent of drunk driving. It maims and kills. And we should treat it with equal disdain. This isn't the fault of the government; it is the responsibility of individuals."

He added effective handwashing has been proven to cut the occurrence of hospital acquired infections, which cost the NHS £1 billion every year.

Sir John referred to figures from both the Office of Statistics and the Department of Transport which showed that in 2004, MRSA killed 1,168 patients in England and Wales, compared to the 580 people who died as a result of drunken driving incidents in Great Britain.

"Improving our contaminated needlestick rate was a worthy challenge—I knew we could do better and that we should. It is simply the right thing to do."

—2007 award winner, Gail J. Callas, BSN, RN, MS, Chief Nursing Officer, Cook Children's Physician Network, Texas

I was recently in the hospital emergency room watching my son get stitches after an accident at school. I watched carefully as the physician and nurses walked back and forth between patients. Although each of them removed gloves and put on fresh ones between each patient, very few of them washed their hands between patients. In their defense, the emergency room was set up poorly with very few sinks and a lot of patient "units" set apart with curtains between them. However, there really is no excuse for not washing hands between patients. So I frequently find myself reminding clinicians to wash their hands before touching my family during procedures.

We need to help each other to know and meet the requirements of the law—not just because it is the law but because it helps to protect healthcare workers, patients and others from deadly diseases.

Ignoring poor healthcare practices is like driving down the highway, following a car that is weaving from one side of the road to the other, and just ignoring it. Reasonable people do not just ignore drunk drivers—they get out their cell phones and call 911. Similarly, we should be prudent in helping fellow healthcare workers understand the requirements of the law as well as giving them an understanding of safety equipment that we have found helpful.

This year, *Managing Infection Control* and the International Sharps Injury Prevention Society (ISIPS) are being joined by a variety of healthcare organizations in commemorating the sixth Annual International Sharps Injury Prevention Awareness Month. We invite your hospital or healthcare organization to initiate similar activities that will help spread the word of sharps injuries and bloodborne exposure prevention.



In every field of human endeavor, there are those who are at the forefront making a difference with their lives and energy. The staff at ISIPS and *Managing Infection Control* believe that many deserving candidates have dedicated years to expanding our collective knowledge and understanding of needlesticks and other sharps injuries, and have helped to devise methods to prevent these injuries.

We thank those individuals who have made a difference in getting the message of sharps injury prevention out to healthcare workers and employers around the globe. We owe a debt of gratitude to those that have provided a healthier climate for healthcare workers and others.

A number of very worthy individuals were nominated for the 2007 International Sharps Injury Prevention Awards. Nominations for this year's awards were submitted by healthcare workers and then reviewed by a nominating committee, comprised of representatives from the ISIPS, *Managing Infection Control* magazine, Terumo Medical Corp., Covidien, Retractable Technologies Inc., Inviro Medical, Owen Mumford, BD and Medical Device Manufacturer (Thailand).

The International Sharps Injury Prevention Award is a prestigious award given to only a few individuals each year. Seven deserving individuals have been notified and have accepted their 2007 International Sharps Injury Prevention Awards. In addition, several individuals have been recognized with honorable mentions. ISIPS and *Managing Infection Control* congratulate and thank these individuals for making a difference in spreading the message of sharps injury prevention to healthcare workers and employers around the globe. This award is one way of saying thank you for reducing the number of healthcare workers and others who are injured by needlestick and other sharps injuries each year.

Presenting this year's distinguished winners:

- ▶ Gail J. Callas
- ▶ Carol DiGiacoma
- ▶ Jan Elovitz Cothron
- ▶ Nancy L. Hughes
- ▶ Angela K. Laramie
- ▶ Gina Pugliese
- ▶ Thomas J. Shandera

Gail J. Callas



Gail J. Callas, BSN, RN, MS

As Chief Nursing Officer for Cook Children's Physician Network (CCPN), the largest pediatric physician group practice in North Texas, Gail Callas, BSN, RN, MS, has administrative responsibility for all aspects of non-physician daily clinical operations, staff competency, employee and patient safety, and regulatory compliance (OSHA, HIPAA, CLIA) within 35 pediatric primary care practices and nine pediatric specialty clinics.

CCPN sees approximately 500,000 patient encounters per year, with immunizations and preventive care the focus of the majority of these patient care visits. Even with the implementation of safety needles in 2001, sharps injuries to staff and patients continued to occur. While 15 sticks among 500,000 patient visits might appear to be an almost insignificant number, CCPN's clinical operations and compliance team realized that even one stick was too many—whether to a patient or a staff member.

Callas began her quest for improved staff and patient safety in the form of finding a fully retractable device to be utilized at CCPN. Callas soon realized that finding the device was the easy part—getting staff and physician buy-in to such a change was much more difficult. “Change itself is the greatest challenge in sharps safety prevention,” she states. “Caregivers grow accustomed to the products they use, and it can be quite a challenge to break old habits and motivate staff to embrace new technology.”

Frontline users were “drafted” to try out the products and compare them to other safety products in use. After four weeks, a survey was conducted and the users selected the fully retractable devices as their product of choice.

Working with the Cook Children's Health Care System infectious disease department and occupational health, Callas championed the need to mandate the use of the fully retractable product to all primary care locations. Policies were revised and the CCPN Safety and Clinical Employee Orientation programs were revamped to include training on the new technology.

“Through persistence and a desire to make the workplace safer for both children and caregiver alike, CCPN's needlestick rate for 2006 and year-to-date 2007 is an outstanding *zero* percent!” states Larry Culp, CMRP, manager of CCPN group purchasing.

“The fact that I have seen such tangible results from a ‘quest’ to improve the safety of our employees and patients is so rewarding; and to know that other organizations across the country are now following our lead is just wonderful,” Callas states. “I am truly proud of the efforts of

my team, support staff and the frontline users in the physician practices—our current needlestick rate is truly remarkable.

“CCPN’s patients and employees both deserve a safe environment,” Callas adds. “Improving our contaminated needlestick rate was a worthy challenge—I knew we could do better and that we should. It is simply the right thing to do.”

Carol DiGiacoma



Carol DiGiacoma, RN

Carol DiGiacoma, RN, is the director human resources/employee health for Southern Ocean County Hospital in Manahawkin, N.J. where she has been employed for the past 31 years. After transferring from the emergency department to employee health in 1987, she gradually moved into the human resource arena while continuing to retain overall responsibility for employee health. As the

director of human resources, she is responsible for the day-to-day operations of the HR department and spearheads efforts to make a safe environment for all employees.

Respected as a mentor among her coworkers, Ms. DiGiacoma has worked hard to get the safest and most user-friendly equipment into the hospital. This entails finding the equipment, meeting with the vendors, setting up staff trials and tabulating the responses. She then spear-heads the staff education and ensures the staff is comfortable and competent in using the new equipment.

“This past year Carol has lead the way for the changes that have occurred regarding safety needles in all areas of the hospital,” explains one of her many nominators. “She reports monthly on the problems and has committed herself to the safety of all staff. Her efforts have paid off; the evidence is in the number of sharps injuries for 2007.”

“Like any other healthcare organization, the greatest challenge is communicating important safety information and educating the staff at all levels,” states DiGiacoma. “We combat this challenge through the formation of our safety education team, which has a representative from each department. Through this team, specific incidents are reviewed with the goal of sharing this information with other staff members in an effort to increase awareness and prevent future incidents.”

“Carol is an active participant in our products evaluation, infection control and safety committees,” states another nominator. “She does a complete and detailed investigation of any exposure and provides much needed support to the staff member. Carol is a strong advocate for the staff and their safety.”

Jan Elovitz Cothron



Jan Elovitz Cothron

Managing a team consisting of 21 health compliance inspectors and supervisors, Jan Elovitz Cothron serves as manager of health compliance for the Tennessee Occupational Safety and Health Administration (OSHA). Since 1998 Ms. Cothron and her team have conducted nearly 300 seminars for employers

and employees on the hazards of bloodborne pathogens and sharps injuries for a variety of healthcare, allied health and other professions affected by the Bloodborne Pathogens Standard. Seminars are attended by physicians, nurses, dentists, dental hygienists, phlebotomists, emergency medicine workers, sanitation workers, housekeepers in healthcare facilities, childcare workers, teachers, athletic coaches, hospice workers, nursing home workers, assisted-living workers, mid-wives, embalmers, firemen, law enforcement, and jail and prison workers.

Ms. Cothron was instrumental in assisting to conduct the rule-making hearing and determine enforcement requirements for Tennessee’s State Sharps Injury Law which became enforceable in March 1999. She also helped to develop and oversee enforcement of a five-year sharps injury targeting initiative in Tennessee Hospitals and Ambulatory Surgical Treatment Centers focusing on reduction of sharps injuries in all licensed hospitals and surgery centers in the state, and collection of data on sharps injuries in those industries over the five-year period. She presented a program on the Tennessee OSHA sharps injury targeting initiative to the Spring 2007 Occupational Safety and Health State Plan Program national meeting in Minneapolis, Minn.

“Ms. Cothron and her team are very proactive state-based OSHA employees; leading the charge against sharps injuries with a program aimed at reducing all sharps injuries in their state by 10 percent over five years,” states Dr. Michael Sinnott, Princess Alexandra Hospital, Queensland Health. “To do this they have implemented a baseline injury database with all institutions reporting to them annually, and are running a series of training classes and free seminars. They are setting a trend for other OSHAs to follow.”

Nancy L. Hughes



Nancy L. Hughes, MS, RN

During the past three decades, Nancy L. Hughes, MS, RN, has served others as director of occupational health in a hospital system with 10,000 employees, as an employee health nurse and HIV clinical nurse educator, as an inpatient nurse manager and staff nurse, as well as a clinical nursing instructor.

Currently director of the American Nurses Association's (ANA) Center for Occupational and Environmental Health, Ms. Hughes is responsible to lead the occupational and environmental health

initiatives and interests for ANA, an organization representing the interests of 2.9 million registered nurses in the United States.

This important work includes the *Safe Needles Save Lives* program that provides resources to and works with nurses across the country to significantly reduce needlestick and sharps injuries; additionally, *Handle with Care®*, *Chemical First Receiver Training for Nurses*, the *06-07 Best Practices in Seasonal Influenza Immunization* campaign, as well as working on issues related to workplace violence, work-related fatigue and environmental health issues. Her team recently supported, completed and published ANA's *Principles of Environmental Health for Nursing Practice*.

"Nancy's dedicated efforts as a front-line nurse, ANA leader and occupational health advocate make her deserving of industry recognition," says Gareth Clarke, CEO, Inviro Medical.

This year, in addition to her traditional responsibilities, Ms. Hughes led a successful effort to develop, launch and promote the 2007 *Study of Injectible Medication Errors*. This independent nationwide survey of more than a thousand nurses captured opinions, concerns and experiences about challenges related to syringe safety and labeling in syringes.

More than 40 news and feature stories promoting the survey findings—and many quoting Ms. Hughes—helped keep prevention of needlestick injuries and bloodborne pathogen exposure top of mind among key stakeholders. The research showcased the challenges of labeling syringes and new technology that may improve patient and employee safety alike, as well as nurses' influence on sharps selection, their preferences for types of safety syringes, and top health and safety concerns.

"It is rewarding to know that we now have the tools to eliminate the preventable injuries that can be devastating and life threatening to our nurses and other healthcare workers as they strive to care for others," says Hughes.

Ms. Hughes' strong commitment to sharps safety efforts originates from having looked in to the anxious eyes of a healthcare worker who had suffered a potentially life altering and life threatening injury from a preventable work related sharps injury, and to know that we can and could have prevented this injury through safer technology and work practices.

"We need to keep focused on this issue until these injuries are eliminated," she states.

Angela K. Laramie



Angela K. Laramie, MPH, ARM

Angela K. Laramie, MPH, ARM, is an epidemiologist with the Sharps Injury Surveillance and Prevention Project in the Occupational Health Surveillance Program at the Massachusetts Department of Public Health (MDPH). As coordinator of the Sharps Injury Surveillance and Prevention Project, she developed and implemented a system for hospitals to record and report sharps injuries among staff members. The system has achieved 100 percent compliance each year since its inception in 2001 and has produced several annual reports, as well as a special topic reports on sharps injuries among physicians in training.

"At a time of many issues competing for funding and attention, maintaining momentum for a problem that is far from being solved can be a challenge," Laramie states. "Working closely with people who laid a strong foundation, making it possible for me to carry on their efforts, has been rewarding as well as a tremendous learning experience. MDPH is proud of the fact that 100 percent of the licensed hospitals have complied with the reporting requirement each year since the inception of the surveillance system. In addition, we have been fortunate to be able to extend the benefits and lessons learned about sharps injury surveillance and prevention in the hospital setting to other healthcare arenas, such as home care."

Work from the Sharps Injury Surveillance and Prevention Project has been presented at

several national meetings, including APHA, APIC and CSTE. Ms. Laramie has participated in several national workgroups to address sharps injury surveillance and prevention. She has also worked in collaboration with the CDC to develop and pilot a Web-based system to collect information about bloodborne pathogen exposures to hospital workers, as well as pilot the *Workbook for Designing, Implementing and Evaluating a Sharps Injury Prevention Program* in several Massachusetts hospitals.

Current research includes extending the lessons from hospitals and applying them to home healthcare, as well as more detailed analysis of injuries in the operating room and among nurses.

Ms. Laramie noted she was surprised and humbled when notified of the award. "This award is really an acknowledgement of the collaborative effort between MDPH, hospitals and hospital workers that has been in place for more than six years. The robust dataset at MDPH would not be possible without the dedicated efforts of the employee health and infection control staff at each hospital who are responsible for collecting and reporting sharps injury data each year."

When asked why she has chosen to focus her career efforts on sharps safety, Ms. Laramie stated, "There are many hazards within healthcare workplaces, I have chosen just one. Sharps injuries are largely preventable and I feel that it is important to protect those workers who help us when we are in need of care."

Gina Pugliese



Gina Pugliese, RN, MS

Gina Pugliese, RN, MS, has helped shape the practice of infection prevention and safety for workers and patients with more than 130 publications, a third of them addressing worker safety and reduction of risk of occupational bloodborne pathogen exposures, including needlestick prevention. Among her most widely used publications are three books that she co-authored that address worker safety and needle-

stick prevention: *Universal Precautions-Policies, Procedures and Resources* (AHA 1990); *Prevention, Management &*

Chemoprophylaxis of Occupational Exposure to HIV (University of Virginia Press, 1997); and *Sharps Injury Prevention: A Step-By-Step Guide* (AHA 1999).

Currently the vice president of the Safety Institute, Premier Inc., Ms. Pugliese is the editor of the organization's *Safety Share* Newsletter and popular publicly accessible Safety Web site that maintains extensive resources and tools on patient, worker and environmental safety, including a special Web site on sharps safety.

"Gina has led every major U.S. initiative on Sharps Injury Prevention since the 1980s—publishing, hosting conferences and continues to 2007 with her major support of CDC sharps injury prevention programs," states epidemiology consultant, Judene Bartley. "She wrote the first book from AHA describing safety devices and has led the charge within Premier to promote safety devices from suppliers. Just this month she developed, published and mailed out a free 12-page brochure on sharps injury prevention to thousands of healthcare frontline workers in every venue—from offices, to clinics to LTC and acute care."

Ms. Pugliese has associate faculty appointments at Rush University College of Nursing and University of Illinois School of Public Health, serves on the Editorial Advisory Board of the Joint Commission *Journal on Quality and Safety* and is the senior associate editor of *Infection Control and Hospital Epidemiology*. She served as co-chair for 16 years and is currently on the faculty of the international Healthcare Epidemiology Training Program that is co-sponsored by the Society for Healthcare Epidemiology of America (SHEA) and the Centers for Disease Control and Prevention (CDC).

She has helped shape public policy on many worker and patient safety issues while serving on numerous national committees for JCAHO, CDC, FDA, EPA, Agency for Healthcare Research & Quality (AHRQ), Center for Medicare & Medicaid Services (CMS), the Occupational Safety and Health Administration (OSHA) and the National Quality Forum (NQF) to assist in the guideline-setting and regulatory process related to patient and worker safety and infection prevention. Most recently, she served as a member of the NQF Voluntary Consensus Standards Technical Panel for the Reporting of Healthcare-Associated Infection Data.

"Gina has always been a tireless advocate and supporter of sharps safety and injury prevention," says Judith Luca, Epidemiology Services Inc., Charlotte, N.C. "She has contributed much to the advancement of many safety innovations and people in the industry. Sharps safety has become an awareness that is always in her mind as she works."

Thomas J. Shandera



Thomas J. Shandera, RN, MPH, CIC

A registered nurse since 1972, Thomas J. Shandera, RN, MPH, CIC, has worked as an infection prevention and control coordinator for 14 years. For the past six years he has been the patient safety officer at Acadia Hospital in Bangor, Maine, a 100-bed not-for-profit acute behavioral and chemical dependency hospital. He has also served as co-chair of the environment committee at the hospital for nine years.

As chair of the infection prevention and control affinity group for Eastern Maine Healthcare Systems, Mr. Shandera notes that Acadia

Hospital was the first hospital in the system to adopt safer sharps, and the hospital recently adopted safer needles for insulin pen devices.

His greatest challenge in leading efforts on sharps injury prevention has been finding safer needles appropriate for intramuscular injections for bariatric patients. He advocated with Centers for Disease Control and Prevention to increase the length of needle they recommend for administration of influenza vaccine. Due to the increasing obesity of American public, a five-eighths-inch needle is no longer sufficient for intramuscular administration of vaccine in the deltoid. They now recommend at least a one-inch long needle.

Taking on another challenge, Mr. Shandera explains that his most rewarding experience working toward sharps safety was placement of sharps disposal containers in all public bathrooms at Acadia Hospital. "Our hospital treats more than 700 outpatients daily with methadone or suboxone," he explains. "All of these patients struggle with chemical dependency; many with intravenous substance use."

Mr. Shandera has been an active member of the state infection prevention and control association, of which he was president for four years and education chair for two years. He has also been an active member of the national infection prevention and control association for 14 years and chaired the national committee to develop, validate and publish definitions for healthcare-associated infections in the behavioral health and corrections settings. He has been published in the *American Journal of Infection Control*.

Mr. Shandera was awarded the Epidemiology Award in 2003 from the division of disease control, bureau of health in the state of Maine.

"Due to Tom's hard work, proactive approach and passion for what he does we had no bloodborne pathogen exposures in the year of 2006," states April Giard, vice president and chief nursing officer, Acadia Hospital.

"My primary motivation in promoting use of safer sharps is optimum job satisfaction and effectiveness for my coworkers," Shandera states. "Nurses, clinical social workers, physicians and psychiatric technicians can invest more professional creativity and energy in the care of persons with complex behavioral health and/or substance abuse illnesses when they feel confident they won't experience a sharps injury."

Winners Circle

International Sharps Injury Prevention Awards

Acknowledged for their dedication to sharps injury prevention, the 2007 Sharps Injury Award winners are welcomed into the Sharps Injury Prevention Winner's Circle, which includes the following recipients from 2002 through 2006.

- ▶ Lt. Cmdr. Paul Andre
- ▶ Rep. Cass Ballenger
- ▶ Diane Baranowsky
- ▶ Gerald I. Brecher
- ▶ Beverly Campbell
- ▶ Diane Crawford
- ▶ Barbara DeBaun
- ▶ Brian French
- ▶ Dr. Robyn Gershon
- ▶ Letitia Goodman
- ▶ Renee Gould
- ▶ Donna Jean Haiduven
- ▶ Jennifer Hawbaker
- ▶ Eileen Johnson
- ▶ Bonnie Kashmiri
- ▶ Dr. Burton Kunik
- ▶ Susan Loomis
- ▶ Ron Luther
- ▶ Elizabeth Maccario
- ▶ Becky McKinney
- ▶ Kathi Miller
- ▶ Dr. Janice Neubauer
- ▶ Janie Ott
- ▶ Sally Peerbolt
- ▶ Christine Pionk
- ▶ Brian K. Reaux
- ▶ Thomas J. Shaw
- ▶ Michael W. Smith
- ▶ Connie Steed
- ▶ Susan Taylor
- ▶ Tim Truitt
- ▶ Bruce G. Weniger

Honorable Mentions

Nominations for this year's awards have been truly outstanding. We would like to recognize the following individuals for the contributions they have made. It is through their efforts that the healthcare work environment continues to improve in the many areas impacting safe sharps practices.

Please join us in congratulating the 2007 Sharps Injury Prevention honorees.

Patricia Bastedo

A registered nurse for 25 years, Patricia Bastedo, RN, BSN, CDE, has served as infection prevention and control coordinator for Clifton Springs Hospital and Clinic, Clifton Springs, N.Y., since 2003. She oversees all aspects of the infection prevention and control program, including monitoring of exposures to blood and body fluid, and oversight of the sharps safety program. This program has achieved an 80 percent decrease in blood and body fluid exposures from 2004 to 2007 year to date.

"Pat has been, and continues to be, instrumental in overseeing our facility's needle safety program," says Dorene Orbaker, purchasing agent at Clifton Springs Hospital. "She 'shines' as our product safety coordinator."

CSR Department, Fletcher Allen Health Care

The employees in the central sterile reprocessing (CSR) department at Fletcher Allen Health Care, Burlington, Vt., are committed to helping prevent sharps injuries both in their own department and on patient floors. As a team they have reduced the number of sharps left on floor trays and trays used in the ER with creative ideas, such as brightly colored stickers on suture trays. Upon opening the tray, the person using it sees the message "OUCH! You use a sharp, you must be the disposer of it!"

The CSR staff also reports any sharp that may come down from the OR; with their scanning system they are able to track the user and report back to them. The staff notes that it usually never happens again. The process has been in place for two years with great success.

Caroline Galeon

Caroline Galeon, RN, BSN, PHN, CIC, is the infection control coordinator for VA Northern California Health Care System (VANCHCS). An infection control practitioner for 14 years, she is currently the APIC president for Wine Country Chapter 108 and an active member of California APIC Coordinating Council and VA APIC Chapter. As chairman for the VANCHCS safer needle sharps committee she has

expanded the membership throughout the entire system, from Oakland to Redding, and developed a Web site training program for the entire system. By standardizing all safety-engineered needles and sharps in each of the eight facilities under the system, she has improved compliance with OSHA bloodborne pathogens standards.

"With Caroline's leadership and programs, she has lowered needlestick injuries by 60 percent compared to the previous year," states nominator, Nancy Albaladejo, VANCHCS. "The program has received commendation from the VA infection control practitioner's group."

Robert Geddes

A Fellow of the Design Institute of Australia, Robert Geddes has been PROdesign Australia's industrial design director for more than 20 years. His clients include Australian and international innovators in areas from medical and surgical products, commercial and industrial electronics devices, to consumer, transport and architectural products.

Mr. Geddes has headed design teams that have innovated medical safety products from safety syringes to the range of Qlicksmart scalpel blade removers. The world's first sterile self-contained scalpel blade remover, the Qlicksmart CASSETTE 3in1, received a top nominee in the INDEX: 2007 Awards in Copenhagen, Denmark.

Jack Griffin

A long time member of the safety device task force at St. Peter's Hospital in Albany, N.Y., Jack Griffin has been a main contributor to the success of this group. His role in distribution/purchasing has been key to the success of the taskforce, but it is his commitment and perseverance that make him a great team member.

"Jack is an innovated thinker, problem solver and it is an honor to work along side of him," his nominator states. His leadership has played in reducing needlestick injuries at our facility."

Kristine Heiser

Kristine Heiser, RN, has taken an active role in identifying, evaluating and implementing safe device products at St. Peter's Hospital in Albany, N.Y. She facilitates the group's review of the data and is currently facilitating the refinement of the data collection tool and format of the data collected for ease of understanding and use.

"Her lead in this initiative has made a difference," states Patricia Kilcullen, CNS, St. Peter's Hospital.

Nancy Kester

A strong advocate for employee and physician safety with respect to any sharps risk, Nancy Kester, RN, MSN, has implemented procedures at OSF Saint Anthony Medical Center, Rockford, Ill., for reporting of risk events related to sharps. She educates staff and physicians regarding both safety techniques and the management of an adverse outcome should an injury occur. Ms. Kester searches for safe medical devices that may become available to reduce risk of injuries.

“Her attention to the details on rigorous medical device assessment processes have also helped to reduce unnecessary costs on unsuitable products,” says her nominator, Kathy Stucker, OSF Saint Anthony Medical Center. “Nancy has the employees and physicians best interests at heart and works tirelessly to provide us with the safest sharps products available.”

Rodney Kobylarz and Kathleen Weidner

Rodney Kobylarz, Health ED, and Kathleen Weidner, RN, have been instrumental in providing thousands of employees, first responders, police officers, firefighters and teachers educational classes on the prevention of a bloodborne pathogen exposure, and the proper technique of the disposal of needles and medical waste. They teach nearly 2,000 people a year on how to avoid an exposure, and what to do if they have had an exposure.

Employees for the Hamilton Township Division of Health in Hamilton Township, N.J., Mr. Kobylarz and Ms. Weidner together have written policies since the inception of the Bloodborne Pathogen Act and continue to provide these services to their community.

“Their efforts require dedication and a passion to ensure they keep current on their knowledge of the prevention and education of bloodborne pathogens exposure, and make themselves available 24 hours a day, seven days a week to all involved in the field,” explains Kathleen Fitzgerald, director of health, Hamilton Twp. “I believe they both deserve the recognition for this award as employees dedicated to the public in which their knowledge in the prevention of needlesticks and bloodborne pathogen exposures, and their ability to communicate with others, benefits all of mankind.”

Mr. Kobylarz has been an employee of the Hamilton Township Division of Health for the past 35 years. Ms. Weidner has served the community as a Public Health Nurse for 27 years.

Michael Korn

Since becoming aware of the problem of needlestick injury while studying for an MA in industrial design engineering at The Royal College of Art in London, England, Michael Korn has

worked tenaciously at developing an effective, low-cost and easy-to-adopt solution to prevent needlesticks.

He devoted a large part of his study time and most of his private time to meeting with nurses, infection control workers, junior doctors, ward managers, senior clinicians and researchers, and patient safety experts to better understand the situations where needlestick injuries arise and then to test his solution to reducing the incidence of needlestick by 53 percent. His solution, StickSafe, incorporates a patented clutch mechanism into a paper-pulp tray or bowl, and allows needles to be safely recapped and separated from syringes.

“I invent simple solutions to complex problems,” Korn states. “StickSafe is an award-winning product that will significantly reduce the incidence of needlestick injury by ensuring that standard needles are used and disposed of safely.”

The trays are soon to be trialed in the United Kingdom, and Korn hopes to bring the invention soon to the United States.

Jan Largess

Jan Largess, RN, BSN, COHN-S, has been a registered nurse for more than 23 years and employed in many clinical areas. She is currently an employee health nurse at Southeast Alabama Medical Center in Dothan, Ala.

Ms. Largess has spent the later part of her career in employee health. In this capacity, she discovered during the first few years the rates of needlesticks were high but the rate of reporting was low. The consensus murmured by many of the staff was that healthcare providers get stuck all the time, it was an occupational hazard. The culture of care was in need of a change in attitude to facilitate reporting, treatment and follow-up care. Additionally administrative and mechanical changes were required to improve the safety of the work environment. Through the advancements of disposal boxes and protective devices built into the sharps equipment, the facility saw a decrease in needlesticks that were mechanically preventable. Also, safer work practices were taught, such as rapid sharps disposal habits and streamline phlebotomy techniques that allowed less handling of the device prior to disposal. The culture gradually began to change and reporting improved.

Ms. Largess then developed a reporting process that was streamlined to encourage cooperation. “This method has greatly reduced the time spent after hours for our employees to receive ER treatment, which has increased their satisfaction, encourages reporting, decreases anxiety, and returns them to the bedside where they are happiest and most productive,” states Ms. Largess.

Juanita Marshall

For the past seven and one-half years, Juanita Marshall, RN, BSC, CWCP, has managed the day-to-day associate health office, at Thompson Health in Canandaigua, N.Y., inclusive of pre-employment physicals, annual health reviews, immunizations, Workers' Compensation, OSHA and work place exposures. It is through these functions that she began to develop a deep passion for the elimination of blood-borne pathogen exposures.

Ms. Marshall began this effort by conducting a focus study on the sharps injuries of her health system to identify areas requiring action. She developed, trained and coordinated the response process to a sharps injury/bloodborne pathogen exposure. Additionally, she began to conduct formal education, starting on the very first day of a new associate's orientation.

A decrease in sharps injuries was attained, but further opportunity existed. In response, an intranet-based education program was developed for associates to access at any time to review proper handling, use and disposal of sharps. This education module also incorporated a yearly system-wide sharps training day; discussing prevention, treatment and drug therapies along with HIV counseling.

Gregg Moore and Kathy Moss

Employees at Prince William Hospital in Manassas, Virginia, Kathy Moss, RN, and Gregg Moore, lab manager, have started a phone hot line accessible for all staff to ask questions or find out what exact steps should be taken when an exposure to blood-borne pathogens occurs. In addition, they are instituting task flow sheets to help supervisors, doctors, employees and lab personnel to quickly and concisely obtain correct labs for the care of exposures. To ensure all employees are competent in post-exposure care and focus on prevention, an education program has been planned.

Cindy W. Owens

Currently the Education Director for Sta-home Health Agency in Jackson, Miss., Cindy W. Owens, RN, BSN, is responsible for development of all new hire orientation as well as continuing education and mandatory and optional inservice offerings.

Ms. Owens is cited for her excellent leadership qualities in the prevention of needlestick injuries and her proactive training efforts. She has had a direct impact in the decreased number of needlesticks for an agency with 800 employees who provide services for more than 4,000 patients. She serves as a member of the leadership team for the agency and is an advocate for the prevention of needlesticks. Currently working on a Masters of Nursing Education, she is very active at both the local and national level in association activities.

Patricia Rochford

Patricia Rochford, BA, RNC, BC, has worked as an RN for 34 years. Currently employed as a staff nurse in the department of infection control at Maimonides Medical Center (MMC) in Brooklyn, N.Y., her responsibilities include teaching the prevention of blood and body fluid exposures, tracking and trending sharp injuries and exposures, and improving provider and consumer safety through education of mechanical or engineering controls. Through her efforts, she has created many opportunities to improve sharps safety at MMC.



Linda Schoolcraft

The infection control coordinator at Fairview Hospital in Cleveland, Ohio, Linda Schoolcraft follows every exposure closely and looks to see how it could have been prevented. Although her role is to follow the source of the exposure, she always makes herself available 24 hours a day to any staff member who has had an exposure to assist with their questions and concerns. She treats everyone with respect and takes every opportunity to educate staff and patients about sharps safety.

"I have seen her cry with nurses who have been exposed to blood from an AIDS patient. And at the same time comforting them and offering them hope by explaining the treatment and what they have available," says Sandy Pawlak, Fairview Hospital. "Linda demonstrates leadership by her example and her knowledge. She speaks to

groups of all ages—new employee orientations, annual staff education and in the community.”

Ron Shaw

As safety officer for the laboratory at Laboratory Sciences of Arizona, Ron Shaw is proactive in ensuring employees have a real voice in the safety implements that are used in the laboratory processes. His attitude is, “What can I do to make you successful?”

“The Laboratory Sciences of Arizona prides itself on its record of safety in every one of its labs, due to people, like Ron, who really care,” states his nominator, Linet AwolanaColly.

Stephanie Tajjeron

Although fairly new to the nursing profession, Stephanie Tajjeron, RN, Health Services of the Pacific, Home Care and Hospice, Guam, has had many years of experience in health-care. In the short time that she has worked with Health Services of the Pacific, she has demonstrated leadership qualities in her role as a registered nurse and recently as case manager. She is a strong advocate for quality patient care and utilizes the tools and skills of herself and her team to make sure they are able to provide quality healthcare.

“It is this lifelong love of learning by being open to varied experiences in her personal life that enhances her work environment,” states nominator Ruth Gurusamy. “She has conducted formal inservices on infection control and measures to reduce the risk of needle injuries while providing care.”

K. Umashankar

K. Umashankar is a regional partnership manager at PATH, India-based at Lucknow, Uttar Pradesh. He is a social development professional with a post-graduate diploma in Rural Development with specialization in project management. His inclination to work with injection safety began in the year 2004, and since then he has been actively involved in promoting safe injection practices.

Mr. Umashankar was instrumental in developing the Model Injection Centre at Niloufer Hospital at Hyderabad at Andhra Pradesh, India, which resulted in the demonstration of safe injection practices and how to rationalize the injection use. His expertise was used to replicate the idea to develop 25 other Model Injection Centre’s in different parts of India.

“I feel honored to be nominated for this award but I’m not the only one who deserves to accept it, because I have a great team and valued colleagues and I want to share this award with all of them,” says Umashankar.

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Michael Valigosky

Michael A. Valigosky, MSOH, has been employed as the director of safety and health and various other safety positions at the University of Toledo for the past 16 years. He currently holds national certification as an industrial hygienist, safety professional and hazardous materials manager.

Mr. Valigosky works closely with the infection control and biosafety committees reducing potential exposures to biological and bloodborne agents on campus. He has worked tirelessly to affect the rate of needlesticks and sharps injuries. He has categorically identified major risk factors in the facility and tried to develop processes to address each one individually. He is a collaborative problem solver both in the university and the hospital. The task force has collectively analyzed numerous sharps items, and replaced them with safety devices, appropriate to the task, sometimes more than once, depending on the outcome and new products on the market.

“Mike has a humorous method of inspiring others to work with him on this ongoing project,” states Sandra Hensley, University of Toledo Medical Center.

Gertie van Knippenberg-Gordebeke, RN, ICP (Dutch Certified)

After 40 years employment in healthcare settings, Gertie van Knippenberg-Gordebeke, RN, ICP (Dutch Certified), became a private consultant in 2006. During her years as an infection control nurse she initiated the data collection of sharp injuries at the hospital in which she was employed and presented the results annually in the hospital journal and quarterly to all departments, including numbers, causes and frequencies—and of course with advice how to do better. Because of the results the hospital began in the OR with safety devices for IVs.

As a consultant, one of her main concerns is prevention of bloodborne disease for healthcare workers and patients. Education, awareness rising, Hepatitis B vaccination and the use of safety devices is her credo.

Valerie Waite

As an infection control nurse, Valerie Waite, RN, AAS, chairs the health and safety committee, N.J. Veterans Memorial Home, Paramus, N.J. She has been instrumental in leading the committee and facilitating a sharps injury prevention program. The program includes retractable syringes, retractable lancets for finger sticks, portable and stationary disposal units, and a constant review of statistics. Annual research is conducted through the staff—those who actually use the equipment—on the efficacy of the current products in use, their preferences for new equipment, and their input is vital for positive changes. †

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