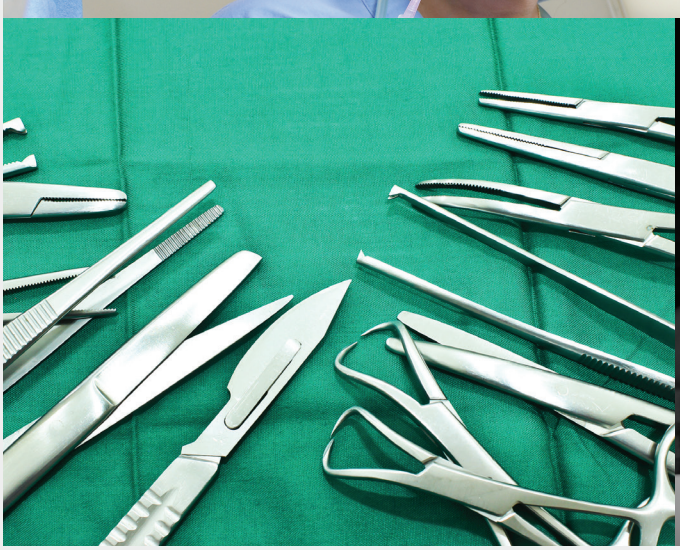
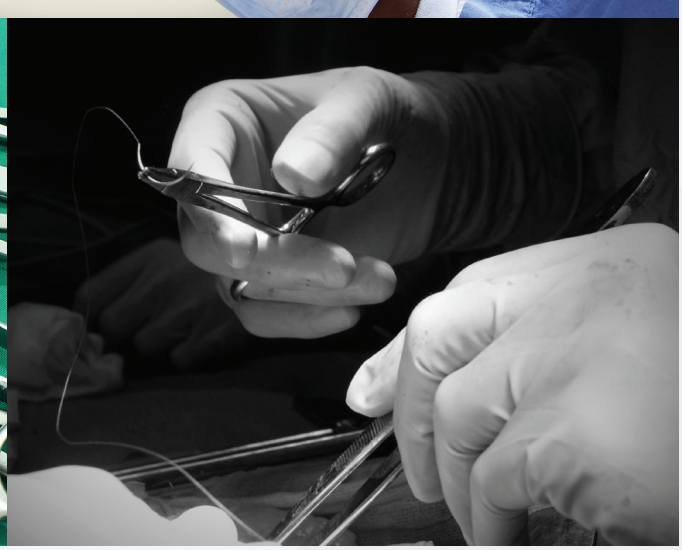
Promoting sharps safety in the OR

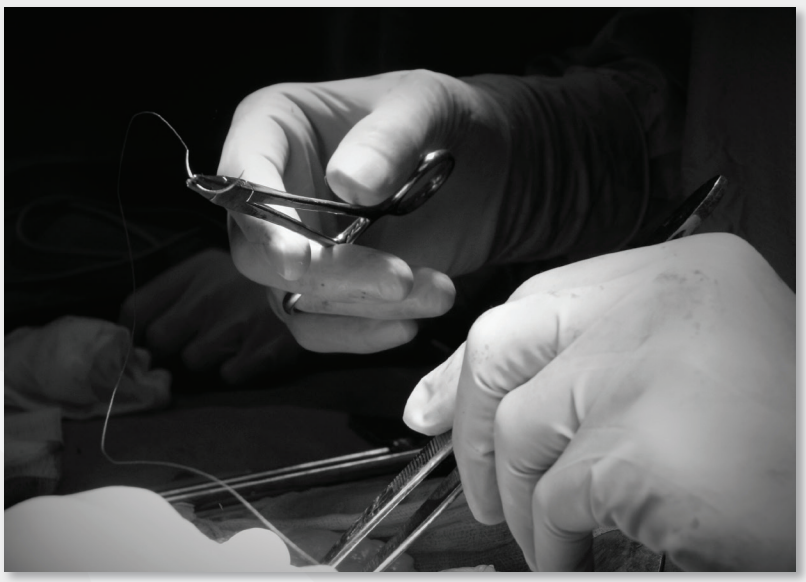




■ Human trafficking ■ #EndNurseAbuse ■ New BP guidelines

A renewed focus on preventing sharps injuries in the operating room

By Karen A. Daley, PhD, RN, FAAN; Angela K. Laramie, MPH; and Amber Hogan Mitchell, DrPH, MPH, CPH

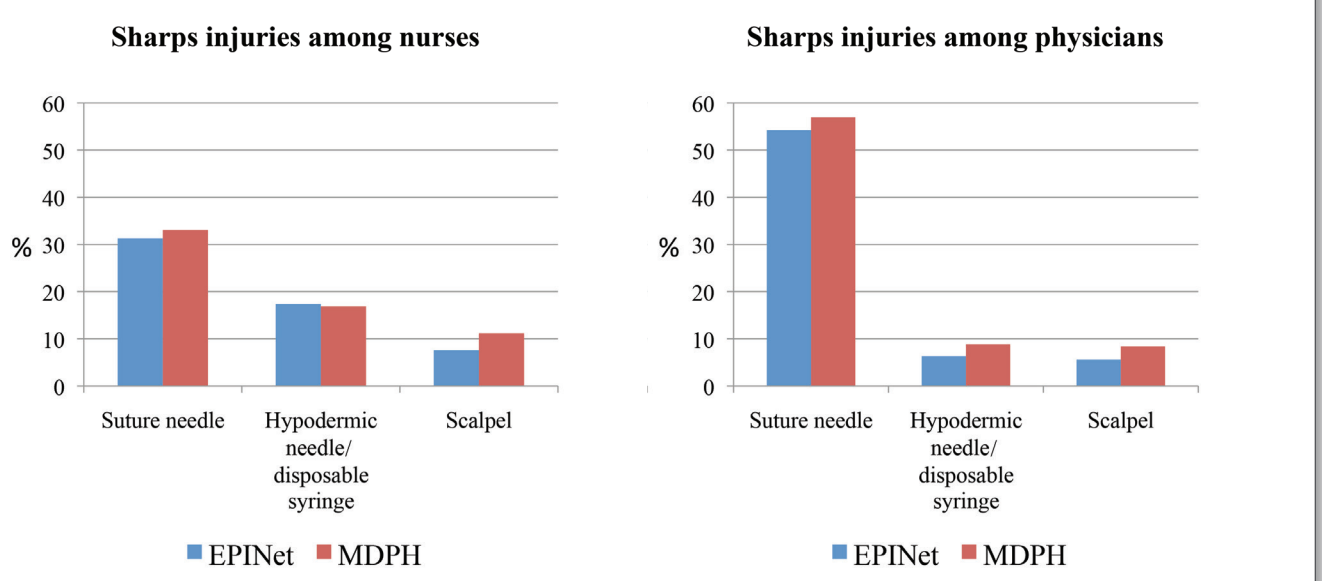


In July, the American Nurses Association (ANA) hosted its first in-person Sharps Injury (SI) Prevention Stakeholder meeting. Experts, advocates, specialists, and frontline nurses from varied backgrounds with global renown convened to discuss the state of sharps injuries and needlesticks in U.S. health care. With hepatitis C infections and associated comorbidities, including metabolic syndrome, diabetes, and coinfection with hepatitis B, HIV or multidrug resistant organisms, at an all-time high, especially among baby boomers, renewing focus and making concerted efforts to reduce sharps injuries and bloodborne and infectious disease exposures is time critical.

An analysis of publicly reported sharps injury surveillance data from the Massachusetts Department of Public Health (Massachusetts Sharps Injury Surveillance System [MSISS]) and the International Safety Center (Exposure Prevention Information Network [EPINet]) illustrates that employees working in the operating room (OR) sustain more injuries from contaminated needles and sharp instruments—and therefore occupational exposures to bloodborne pathogens—than any other single location in the healthcare setting. In fact, an average of almost 40% of all injuries occur in the OR compared to all other departments in facilities contributing data to both MSISS and EPINet.

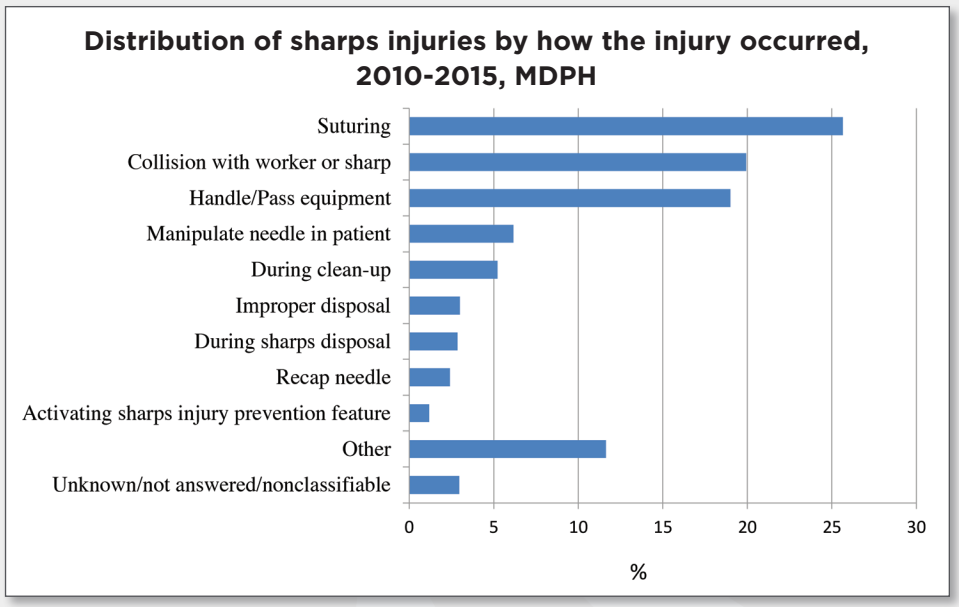
Nurses sustain about 15% of injuries in the OR even though they are not likely to be the original user of the device (the instrument was not being held or used by them). This means that injuries are occurring with hand-to-hand passing of devices, inside of the operative field during the use of an instrument by the surgeon, from devices left on surfaces or floors, and from devices that are not safely contained in a sharps disposal container. Protecting the health and wellness of surgical teams is an essential element to not just the safety of staff, but also the safety of the patient and the fiscal viability of the healthcare organization.

Sharps injuries in the OR among nurses and physicians by the top three devices involved in the injury 2010-2015



Data sources: International Safety Center EPINet and Massachusetts Sharps Injury Surveillance System

When employees indicate they were injured in the OR, about 80% record that it was a device without a sharps injury prevention feature. Even though the OSHA Bloodborne Pathogens Standard requires the use of engineering controls for needles and sharp medical devices in all departments of health care where there is anticipated occupational exposure to blood or other potentially infectious materials, uptake has been slowest in the OR and in other surgical settings.



Reducing preventable sharps injuries will require continuous concerted efforts and should include the following, especially for high-risk areas like the OR and surgical settings:

- improving the review, evaluation, and uptake of devices with engineered sharps injury prevention features
- more and ongoing feedback on devices and safer practices from frontline users
- accurate and improved quality of recordkeeping
- incident reporting free from retaliation
- ongoing focus on workers' rights and employer responsibility
- building and maintaining strong cultures and climates of safety
- increased availability and accessibility of safer devices and personal protective equipment
- high-quality and frequent training and education
- worker empowerment and autonomy to report unsafe conditions
- feedback loops to manufacturers and distributors for in-servicing and future device design needs.

ANA SI Prevention Stakeholders agree that focusing on reducing incidents in the OR needs to be a high priority and a continuing focus for the upcoming year. Workgroups will explore many avenues for improving SI prevention, including the creation of a "Safe OR Pilot" program, media and press outreach, creation of accreditation and licensing standards, and formalizing terminology for consistency of messaging and impact.

Successful strategies will require collaborations between frontline nurses, managers, administrators, academicians, engineers, and advocates from professional associations, member organizations, manufacturing, distributors, researchers, and advocacy groups. The ANA SI Prevention Stakeholder group looks forward to continuing to play a role in fostering this collaboration in an effort to protect the health and safety of healthcare workers.

Editor's note: The authors wrote this as a summary of proceedings from the ANA Sharps Injury Prevention Stakeholder Meeting, held at ANA in July 2017.

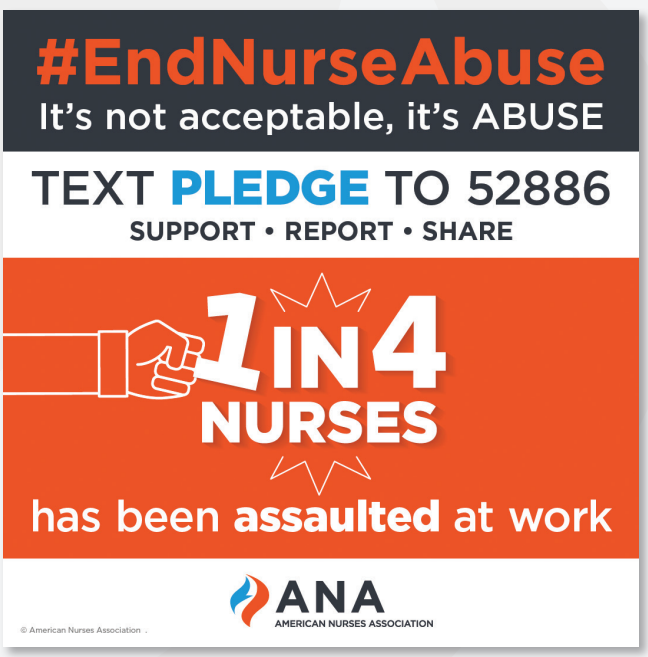
Karen A. Daley is a nationally recognized sharps safety expert and policy advocate and served as president of the American Nurses Association from 2010-2014. Angela K. Laramie is an epidemiologist and has been the coordinator of the Sharps Injury Surveillance Project at the Massachusetts Department of Public Health since 2001. Amber Hogan Mitchell is the president and executive director of the International Safety Center. The Center is a 501c3 nonprofit organization that provides the Exposure Prevention Information Network (EPINet®) to healthcare facilities around the world for free.

Take the pledge to #EndNurseAbuse

The American Nurses Association (ANA) has launched the #EndNurseAbuse initiative to increase awareness of the serious problem of physical and verbal abuse against nurses. ANA partnered with Alex Wubbels, RN, a Utah Nurses Association (UNA) member, to encourage individuals to stand with nurses and pledge to:

- **SUPPORT** zero tolerance policies for violence against nurses.
- **REPORT** abuse against nurses whenever you safely can.
- **SHARE** this pledge and ask your friends and family to sign.

You can take the pledge by texting PLEDGE to 52886 or going to p2a.co/japIwMm.



Wubbels, who was forcibly arrested in July when she followed her hospital's protocol and did not allow a police officer to draw blood from an unconscious patient, wrote in an ANA guest blog post: "I truly believe that what happened to me can lead to positive change in our profession. That's why I decided to speak out: to stop this abuse from happening to others. I've teamed up with ANA to ask you to sign our pledge and stop this culture of violence. I am committed to this goal so we are not put in situations where we have to fear for our safety, or have to choose between our jobs and our licenses."

Earlier in October, Utah Nurses Association President Aimee McLean, RN, along with Salt Lake City police department Chief Mike Brown and other local police and nursing leadership, announced a new protocol for interactions between police and hospital staff in light of Wubbels' July arrest. According to the *Salt Lake City Tribune*, McLean said that the new policy "clarifies the work of police and helps nurses—who provide direct care to patients—to know what to anticipate when working with law enforcement."

In its work to curb workplace violence in health care, ANA set a zero tolerance policy in 2015. A revised position statement says, in part: "...nurses must be afforded the same level of respect and dignity as others. Thus, the nursing profession will no longer tolerate violence of any kind from any source. All RNs and employers in all settings, including practice, academia, and research, must collaborate to create a culture of respect that is free of incivility, bullying, and workplace violence."

Learn more about ANA's stand against workplace violence at www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence.

Urge Congress to act on opioid public health emergency

President Trump declared the opioid epidemic a public health emergency on Oct. 26. Nurses see the devastating impact of the opioid crisis every day. And because of their profession and passion to advocate for their patients, nurses are uniquely positioned to lead the way on finding solutions to alleviate the suffering of individuals and families affected by the opioid epidemic.

"Nurses have long been witness to the opioid crisis," ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, said on Twitter after the declaration. "It's time to take action." ANA supports H.R. 3692, the Addiction Treatment Access Improvement Act of 2017, introduced by Reps. Paul Tonko (D-NY) and Ben Ray Luján (D-NM), which would amend the Controlled Substances Act to provide for additional flexibility with respect to medication-assisted treatment for opioid use disorders. ANA also has signed on to the Combating the Opioid Epidemic Act, introduced in the Senate by Bob Casey (D-PA) and Ed Markey (D-MA). This bill would increase funding for response to the opioid crisis and to provide funding for research on addiction and pain.

Use ANA's helpful tool at p2a.co/zj8L4IN to send an email to your representatives in Congress, encouraging them to support critical, nurse-backed legislation to battle the opioid epidemic that is harming communities across America. Read more at anacapitolbeat.org.

Identifying and advocating for human trafficking victims

To: **Ethics Advisory Board**

From: **Nurse concerned for my patient**

Subject: **Human trafficking**

I am an RN in a small community hospital. Last month, I admitted a young woman who had suffered a head injury resulting from an assault. The patient only spoke Spanish and her male companion insisted on interpreting for her. The young woman had no family present, and her companion offered to consent to her treatment, although he was not related. The companion was overheard telling the patient that she would not have to work again and that he would protect her. This young woman was dehydrated, malnourished, and appeared to be very afraid. I could tell something was wrong with the situation, but I couldn't put my finger on what it was, and didn't know what to do.

From: **ANA Center for Ethics and Human Rights**

It sounds like your patient may be a victim of human sex trafficking. It's estimated that each year over 15,000 people are brought into the United States against their will and forced to work in pornography and prostitution. Gang rape, or rape by multiple persons, is a common method to force victims into complying with demands. Captors force victims to use drugs and alcohol as a means of control.

Hospitalization may be a victim's only entry point into safety. Failure to identify human trafficking and intervene can have tragic consequences. Victims may have signs of trauma such as bruising, burns, scars, lacerations, infestations, genital mutilation, vaginal or anal trauma, flat affect or panic, and substance withdrawal. Individuals who are not fluent in English are especially at risk. It's critical to obtain an appropriate medical translator to assist these victims.

Establishing trust is difficult but essential. Victims may resist help and have intense fear, shame, and helplessness that may compel them to leave the hospital without treatment. If you suspect human trafficking, keep a staff member with the patient at all times. Assess your patient without the companion present and use a certified medical interpreter. Ask nonthreatening questions such as:

- Where are you from? How did you arrive here? Do you know where you are now?
- Do you have enough food to eat?
- Do you feel safe where you sleep?
- Are you able to freely come and go from your home?
- Are you forced to do things you don't want to?

Nurses are ethically required to report suspected human trafficking. Provision 1 of the American Nurses Association's (ANA) *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/code-of-ethics) states that the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person. Victims of human trafficking are vulnerable people who desperately need compassion, respect, and nursing care. Provision 2 states that the nurse's primary commitment is to the patient, and Provision 3 states that the nurse promotes, advocates for, and protects the rights, health and safety of the patient. Victims of human trafficking desperately need nurses to advocate for their rights because they are not able to do so themselves. If you suspect human trafficking, call the police.

Additional information about human trafficking is available from the National Human Trafficking Resource Center (1-888-373-7888). Nurses have an ethical obligation to be educated about human trafficking, including how to identify victims, and must advocate for and help rescue them.

Response by Donna Casey, DNP, MA, RN, NE-BC, FABC, chairperson of the ANA Ethics and Human Rights Advisory Board.

Selected reference

Green C. Human trafficking: Preparing for a unique patient population. *Am Nurse Today*. 2016;11(1):9-12.

EFT: A healing technique for reducing stress and pain

For nurses and patients experiencing stress and stress-related emotions, such as anxiety, worry, fear, anger, insomnia, or acute or chronic pain, Emotional Freedom Techniques (EFT) may provide effective relief.

Also known as "Tapping," EFT is a self-administered healing technique that reduces or eliminates negative symptoms and emotions. EFT is based on modern psychology and the principles of acupuncture's meridian or energy system, without using needles. By tapping on specific meridian points on the face or body, while focusing on a problem, it's possible to go from the stress response to the relaxation response, often in minutes.

A 2010 study in *Integrative Medicine* by Dawson Church, PhD, and Audrey Brooks, PhD, on the "Effects of a Brief Emotional Freedom Techniques Self-Intervention on Anxiety, Depression, Pain and Cravings in Healthcare Workers" found that tapping provided an immediate positive effect on psychological distress, pain, and cravings (s3.amazonaws.com/eft-academic-articles/HealthCare.pdf.) Other research can be found at eftuniverse.com/research-studies/eft-research.

"Using this self-care energy technique you can be fully present and available to do your best work with patients and colleagues from a state of well-being and presence," said Bev Nerenberg, EFT Tapping Certified Practitioner and founder of Wellness At Your Fingertips®.

"In the clinical setting, nurses at the Cleveland Clinic have been using tapping for patients with pain and

anxiety for a few years with great results," according to Barb Picciano Caranci, BSN, RN, HN-BC, RM, HTPA, manager of healing services at Cleveland Clinic.

"We put tapping to use with patients at the bedside during holistic encounters by our team of nurses and chaplains," Picciano Caranci said. "We also teach patients how to do this themselves when we are not present. It's a great tool to help with empowerment and intermittent intervention in their own care."

Rose Hosler, RN, Cleveland Clinic, describes how EFT helps a patient reduce fear of surgery in this video at youtube.com/watch?v=4V3yYxE8Twk&t=25s.

Ready to get started tapping? Visit WellnessAt YourFingertips.com/healthy-nurse-healthy-nation.

Panel issues call to action on exploring moral resilience

The American Nurses Association (ANA) Professional Issues Panel on Moral Resilience has finalized the "Call to Action: Exploring Moral Resilience Toward a Culture of Ethical Practice." Moral resilience is an emerging concept proposed to alleviate the complex and convoluted psychological symptoms associated with challenging work environments. The call to focus on the cultivation of moral resilience signifies an invitation for individuals, groups, and organizations to work together to transform individual and team distress and the organizational culture to create the conditions in which moral and ethical practice can thrive. ANA is grateful for the tremendous work of the Professional Issues Panel on Moral Resilience for the commitment and dedication exhibited to establish goals to strengthen moral resilience and a culture of ethical practice.

Access the document at nursingworld.org/ExploringMoralResilience.

2018 National Sample Survey of Registered Nurses

Important research about and for nurses

The Census Bureau will conduct the 2018 survey for the National Sample Survey of Registered Nurses created by the Health Resources and Services Administration. If you are invited to participate in this important national workforce research in March 2018, please complete and submit the survey.

This vital national survey is the primary source of data on the nursing workforce, the largest segment of healthcare providers. The data will help create evidence for important policies, planning, and funding projections and decisions.

New guidelines redefine hypertension

On November 13, the Preventive Cardiovascular Nurses Association (PCNA), along with the American Heart Association, the American College of Cardiology, and eight other organizations, released updated guidelines that redefine hypertension.

Guidelines for the Prevention, Detection, Evaluation, and Management of Blood Pressure in Adults changes the definition of high blood pressure to a systolic blood pressure reading of 130 mm Hg or higher or a diastolic reading of 80 mm Hg or higher. This is a considerable reduction from the previous definition of 140/90 mm Hg established by the 2003 hypertension guidelines. The updated guidelines eliminate the term "prehypertension" and outline four new blood pressure categories:

Normal: less than 120/80 mm Hg
Elevated: 120-129/<80 mm Hg
Stage 1: 130-139/80-89 mm Hg
Stage 2: At least 140/90 mm Hg
Hypertensive crisis: Greater than 180/120 mm Hg.

With the implementation of the new categories, it's estimated that the percentage of the population with hypertension will rise from 32% to 46%, but that there will be only a small increase in the number of individuals who require medication. The guidelines recommend that individuals with elevated or Stage 1 hypertension who are otherwise healthy make lifestyle changes to reduce their blood pressure.

PCNA's Immediate Past President Cheryl Dennison Himmelfarb, PhD, RN, ANP, FAHA, FPCNA, FAAN, a coauthor of the guidelines, said, "There is a growing body of evidence that lower blood pressure is better for your health. Data show that risk for heart attack, stroke, and other consequences of high blood pressure begin at systolic blood pressure levels above 120 mm Hg. In fact, risk doubles at 130 mm Hg compared to levels below 120 mm Hg. The 2017 guidelines reflect this information to help people prevent and treat high blood pressure much sooner."

Said PCNA President Jo-Ann Eastwood, PhD, CNS, ACNP-BC, FAHA, FAAN, "PCNA is here to support nurses, with professional and patient education resources, as they implement these new guidelines and assist patients to make critical lifestyle changes."

To access resources from PCNA, an organizational affiliate of ANA: pcna.net/home. To read the full guidelines: hyper.ahajournals.org/content/early/2017/11/10/HYP.0000000000000065.

Survey finds 4 in 10 healthcare professionals work while sick

Some four in 10 healthcare professionals (HCPs) work while experiencing influenza-like illness (ILI), according to findings published in the November issue of the *American Journal of Infection Control* (*AJIC*). As in all workplaces, contagious employees risk infecting others when they turn up for work. But with higher concentrations of older patients and individuals with immunosuppression or severe chronic diseases in healthcare facilities, ILI transmission by HCPs presents a grave public health hazard.

The annual study, conducted via a national online survey, collected data from 1,914 HCPs during the 2014-2015 influenza season. Respondents self-reported ILI, defined as the combination of a fever and cough or sore throat, and listed factors that prompted them to turn up for work.

The survey assessed a variety of health occupations across multiple institutions: physicians, nurse practitioners, physician assistants, nurses, pharmacists, assistants/aides, other clinical HCP, nonclinical HCPs, and students. Four types of work settings were assessed: hospitals, ambulatory care or physician offices, long-term care facilities, and other clinical settings.

"Patients' health and wellbeing are at stake when contagious HCPs opt not to stay home. Tailored strategies per occupation and health institution, including updating paid sick leave policies, can empower HCPs to make healthy choices not only for themselves, but for their coworkers and patients," said Linda Greene, MPS, RN, CIC, FAPIC, 2017 president of the Association for Professionals in Infection Control and Epidemiology.

From 1976-2007, influenza-associated fatalities accounted for up to 16.7 (range between 1.4 and 16.7) deaths per 100,000 people in the United States. Flu-related deaths predominantly impact individuals 65 years and older. Influenza may be transmissible from 1 day before, and up to 7 days after, symptoms onset.

Visit apic.org to learn more about preventing infections in healthcare facilities.

Applauding the 2017 American Nurses Foundation Scholars

The American Nurses Foundation is grateful for the generosity of supporters over the last 62 years who have made it possible to award more than $5 million to more than 1,100 beginning and experienced nurse researchers.

The Foundation completed its 2017 annual research grant process in August. The Nursing Research Grants program review committee was led by Chair Sandra L. Smith, PhD, APRN, NNP-BC, associate professor at the University of Louisville School of Nursing; and Vice Chair Gordon L. Gillespie, PhD, DNP, RN, CEN, CNE, CPEN, PHCNS-BC, FAEN, associate professor, deputy director of the occupational health nursing program, and interim associate dean for research and translation, at the University of Cincinnati.

Twenty-five grants, totalling over $280,000, were awarded to nurse researchers across the country, through funding by 17 external funding associations and 11 endowments.

The research projects focus on a variety of nursing science topics, including an educational intervention for emergency department nurses responding to opioid overdoses, infant and maternal stress and attachment in the cardiac intensive care unit, a cognitive behavior skills-building intervention for asthma patients, and improving cardiac recovery with training in emotion regulation.

We proudly welcome the 25 scholars to our flagship Nursing Research Grants program. For a full list, go to givetonursing.org.

IMD call for nominations for 2018 ANA Elections and Special Election

The Individual Member Division (IMD) of the American Nurses Association (ANA) is soliciting nominations for the following positions with the IMD:

- chairperson: term of office July 2018 – June 2020
- secretary: term of office July 2018 – June 2020.

This is the official notice of election and request for nominations for these two IMD positions. To qualify as a candidate for office, the nominee must be an ANA Individual Member Division member (ANA-only membership category).

To nominate someone for chairperson or secretary, including yourself, please send:

- A document clearly labeled "IMD Nomination" to the email address or mailing address that follows.
- Contact information for the nominee, including name, phone, mail address, and email address.
- A brief description (no more than 200 words) of the nominee's qualifications. This statement will accompany the ballot so that members will be able to cast a knowledgeable vote. The IMD member making the nomination must sign the nomination statement.

Notice of Special Election

By virtue of the recent decision passed by the 2017 Membership Assembly to increase the number of delegates to the Membership Assembly, in addition to conducting the regularly scheduled election for chair and secretary, the upcoming election will also be a "Special Election" to elect three additional individuals to serve as Membership Assembly representatives to the ANA Membership Assembly. Please follow the process outlined to submit your nominations and/or seek additional information.

Nominations must be received via email or mail by January 15, 2018. Send your nomination(s) to:
American Nurses Association
Tina McRae-Phelps, Director of Constituent Relations
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910

Alternatively, email Tina McRae-Phelps at tina.phelps@ana.org.

To confirm receipt of the nomination, request a position description, request assistance, or for other questions, please email Tina McRae-Phelps.

After nominations are received, IMD members will receive voting instructions electronically. Voting will begin on February 1 and close on February 28, 2018.