

Health Worker Safety: A Priority for Patient Safety

The goals presented here constitute an annual call for improvement around the theme of World Patient Safety Day



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World Patient Safety Day Goals

orld Patient Safety Day is observed on 17 September each year with the objectives of increasing public awareness and engagement, enhancing global understanding, and spurring global solidarity and action to promote patient safety. Each year a campaign is launched on a selected patient safety-related theme. The overall goal of World Patient Safety Day is to improve patient safety at the point of care.

To support this endeavour, World Patient Safety Day goals will be proposed from this year onwards. The goals aim to achieve tangible and measurable improvements at the point of health service delivery. Each year a set of annual goals will be proposed related to the theme of World Patient Safety Day for that year.

This document does not represent new WHO clinical or operational guidance. All of the actions in this document are based on existing World Health Organization (WHO) guidance and are summarized here for ease of reference. They are suggested for consideration and adaptation locally by teams working on patient safety and health worker safety. The process

Introduction

and outcome measures presented are partially derive from WHO guidance and initiatives. They are also suggested for consideration and adaptation locally are not necessarily part of WHO core measure sets.

The World Patient Safety Day goals are addressed to health care providers and managers at the health ca facility level and are formulated as the statement of best practices. Each goal is accompanied by suggest actions based on existing WHO guidance, which cou facilitate improvement in the focused safety practice domain. Links to available WHO resources on the subject are provided with each goal.

Implementing and monitoring the goals

Given that health care facilities and organizations across the world have varied baselines and capacitie to improve, it is not judicious to set targets from the global level. Based on where the facilities are starting their journey towards a specific goal, they can set their midterm and final targets.

/ed	Ministries of health and health care organizations are
	encouraged to incorporate these goals into ongoing
but	service improvement programmes and drives. As a new
	set of goals will be proposed each year, implementation
	teams at health care facilities are advised to
1	institutionalize patient safety improvements achieved,
re	and to take on new goals as well as sustaining action on
	goals from the previous year.
ted	
ıld	WHO is setting up an online platform where health care
9	facilities and organizations can sign up, report progress
	and learn from each other. A certificate of appreciation
	will be provided to the registered facilities.
	The World Patient Safety Day goals 2020–2021 are
	aimed at improving health worker safety.
25	Let's continue the journey towards safer care!
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World Patient Safety Day Goals 2020–21

Health worker safety: a priority for patient safety

Goal 1 Prevent

sharps injuries

Goal 3

Goal 2

Reduce

work-related stress

and burnout

Improve the use of personal protective equipment

To sign up for World Patient Safety Day goals 2020–2021 <click here>

Goal 4

Promote zero tolerance of violence against health workers

Goal 5

Report and analyse serious safety-related incidents

WPSD Goal



3. Suggested actions

1. Rationale

Sharps injuries, such as needle-stick injuries, expose health workers and patients to a number of bloodborne pathogens that can cause serious or even fatal infections. Most of these exposures in health settings are avoidable through preventive measures and new technologies. Measures taken to prevent sharps injuries amongst health workers, such as avoiding unnecessary injections and using safe injection practices, will also contribute to patient safety.



2. Links to WHO resources

- Injection safety tools and resources page: <more details>
- Infection prevention and control (IPC) training package:
- Standard precautions: injection safety. World Health Organization, United States Centers for Disease Control and Prevention, University of Washington Global Health E-Learning Program <more details>
- WHO needle-stick injuries page: <more details>
- *IPC core components:*

Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. World Health Organization, 2016 <more details>

• *IPC minimum requirements:*

Minimum requirements for infection prevention and control (IPC) programmes. World Health Organization, 2019 <more details>

Elimination of threats or hazards

- Eliminate unnecessary injections:
- Always consider if the injection is really needed.
- Offer your patient a medication that can be taken orally or through another administration route that does not require injection, wherever appropriate.
- Maximize the use of needle-less intravenous systems.

Environmental and engineering b. controls

- Use safety-engineered devices such as needles that retract, sheathe, or break or blunt immediately after use.
- Use syringes with a reuse prevention feature.
- Use sealable, puncture-resistant, leak-proof, colour-coded sharps containers.

Administrative controls C.

- Implement policies and training programmes on how to limit exposure to hazards, for example on the use of universal precautions.
- Institute a working group focused on injection safety implementation within the facility infection prevention and control or occupational health committee.
- Implement a surveillance system for follow-up of exposed health workers, including post-exposure prophylaxis.
- Provide pre-service and ongoing immunization against hepatitis B and other vaccine-preventable diseases.

d.)

- reach.

e.

- assistance.

Step 1: Clean workspace.

Step 3: Sterile and new syringe and needle, with reuse prevention or injury protection feature, whenever possible.

Step 4: Sterile vial of medication and diluent.

Step 5: Skin disinfection.

Step 6: Appropriate collection of sharps.

Step 7: Appropriate waste management.

Prevent sharps injuries

Work practice controls

Place sharps containers at eye level and at arm's

Check sharps containers on a schedule and replace them before they are full.

Personal controls

Avoid recapping and other hand manipulations of needles. If recapping is necessary, use a singlehanded scoop technique.

Immediately report any incident or accident linked to a needle or sharps injury and seek

Follow the WHO recommended seven steps that make every injection safe:

Step 2: Hand hygiene.

4. Barriers to implementation

- Resistance among patients and health care workers to measures aimed at decreasing injection overuse and achieving injection safety.
- Availability of necessary equipment and supplies for a transition to the exclusive use of WHO pregualified AD/RUP/SIP syringes for therapeutic injections.
- Lack of system for appropriate management of sharps waste.

5. Process and outcome measures

- Needle-stick injuries per injection provider per unit of time.
- Proportion of prescriptions including at least one injection.







WPSD Goal

1. Rationale

Increased demand for access to health services is putting unprecedented strain on health systems and the health workforce. Many health workers are experiencing excessive work-related stress. People experiencing burnout typically feel exhaustion but are also likely to feel detached or cynical about their job. Burnout is not just linked to the health of the health workers; it also affects the safety of the patient. Burnout is also associated with increased absenteeism and staff turnover, which disrupts organizational functions, reduces team efficiency and causes a loss of institutional knowledge, leading ultimately to negative impacts on patient safety. Emergencies such as COVID-19 trigger additional stressors from long working hours with cumbersome personal protective equipment (PPE) and increased fear of contracting the infection.

2. Links to WHO resources

Doing what matters in times of stress:

Doing what matters in times of stress: an illustrated guide. World Health Organization, 2020 <more details>

Psychological first aid for field workers:

Psychological first aid: guide for field workers. World Health Organization, War Trauma Foundation, World Vision International, 2011 < more details>

- Health workforce burnout: Health workforce burnout. Bulletin of the World Health Organization, 2019;97:585–6 <more details>
- Occupational safety and health in public health emergencies:

Occupational safety and health in public health emergencies: a manual for protecting health workers and responders. World Health Organization, International Labour Organization, 2018 <more details>

• HealthWISE action manual:

HealthWISE - work improvement in health services action manual. World Health Organization, International Labour Organization, 2014 <more details>

Elimination of threats or hazards a.

- Map all psychosocial hazards and assess the associated risks that may lead to work-related stress and burnout. Prepare a risk mitigation plan to eliminate or control these hazards.
- Establish clear lines of authority and responsibility to minimize stress by eliminating confusion about who reports to whom.
- Ensure optimal layout and work processes to eliminate unnecessary movement, redundant activities and physical exertion.

Environmental and engineering b. controls

- Mitigate the effects of extreme temperatures using protective clothing, proper hydration, temperature control and frequent breaks.
- Ensure that lighting is sufficient, adjustable and in good working order.
- Promote good hygiene, cleaning, disinfection and adequate ventilation at the workplace.

Administrative controls

- Implement a programme to monitor and detect psychosocial risks.
- Prevent psychosocial health risks through hazard reduction and mitigative measures.
- Establish policies regarding the duration of deployments, work hours, work shift rotation and rest breaks.
- Establish channels and nodal officers for expressing and registering concerns regarding workplace safety and other inducers of stress and burnout.

3. Suggested actions

d. Work practice control

- refreshment.
- Build a culture of open, two-way communication with staff. Give staff as much control as possible.
- Practice team-building techniques, including facilitating communication and conflict management.
- Organize periodic multidisciplinary team sessions to exchange health and safety concerns.
- Include sufficient breaks (considering both length and frequency) according to workload and working time. Make sure that breaks are long enough to provide a sufficient period of recuperative rest.
- Rotate workers from high-stress to lower-stress functions. Redistribute workloads to avoid doing the heaviest or most difficult work at times of high fatigue, for example during the last few hours of long shifts, especially at night.
- As a rule, rotate shifts in a forward direction, not backwards (for example, day shift to afternoon shift, or evening shift to night shift).
- Make information available about medical, mental health and stress management services that can be provided. Share up-to-date information about workplace hazards, modes of infection transmission, symptoms and protective measures.
- Provide regular training on stress management techniques and safety policies and procedures.
- Provide psychological first aid to health workers recently exposed to extreme stress or trauma and follow up with them one to three months after the event to see if they are recovering from the event.

Reduce work-related stress and burnout

Establish opportunities for physical exercise and recreation. Provide necessary facilities for rest and

Introduce the buddy system to monitor stress and burnout and provide psychological support.

Personal controls

- Maintain self-care activities such as daily exercise, good eating habits and regular sleep schedule.
- Contact and consult your occupational health focal point or a mental health professional for psychological risk assessment and counselling in case of signs of excessive stress or burnout.

4. Process and outcome measures

- Health care staff absenteeism rate.
- Health care staff turnover rate.
- Percentage of staff reporting burnout.







WPSD Goal

1. Rationale

Personal protective equipment (PPE) provides a physical barrier between the health worker and hazardous agents. Medical non-sterile and sterile surgical gloves, medical masks, respirators, goggles or face shields, and gowns are considered as essential PPE. Personal protection in health care settings is vital both for occupational health and for infection prevention and control (IPC). Despite well defined protocols and procedures, adherence to personal protection practices has been a challenge in health care settings.

Individual, environmental and organizational factors could considerably impact PPE-related behaviours. Ensuring an adequate, continuous supply of PPE, and provision of training on its use, are both critical; however, it is equally important to institutionalize a culture of safety, including appropriate use of PPE, in particular when putting on (donning) and removing (doffing) PPE. Although the use of PPE is the most visible control used to prevent the spread of infection, it is only one of a range of IPC measures and should not be relied on as a primary prevention strategy. In the absence of effective administrative and engineering controls, PPE has limited benefit.

2. Links to WHO resources

Infection prevention and control (IPC) training package: Transmission-based precautions. World Health Organization, United States Centers for Disease Control and Prevention, University of Washington Global Health E-Learning Program Standard precautions: personal protective equipment. World Health Organization, United States Centers for Disease

Minimize the need for PPE a.

- Use physical barriers such as glass or plastic windows to reduce exposure to infectious agents. This approach can be implemented in areas of the health care setting where patients will first present, such as triage areas, the registration desk at the emergency department, or at the pharmacy window where medication is collected.
- Consider bundling activities to minimize the number of times a room is entered (for example, check vital signs during medication administration or have food delivered by health workers while they are performing other duties), and plan which activities will be performed at the bedside.
- Consider using specific PPE only if in direct or close contact with the patient or when touching the environment (for example, wearing a medical mask and face shield, not using gloves or gown over the scrub suit, if entering the patient's room only to ask questions or make visual checks).

Environmental and b. engineering controls

- Ensure adequate supplies of water services and products for hand hygiene, cleaning and disinfection.
- Implement adequate management of reusable and disposable PPE items.

3. Suggested actions

Administrative controls C.

- Conduct risk assessments for specific tasks in order to select the most appropriate PPE for them. Selection factors include supply, size, fit, protection level, comfort, design and experience in use.
- Provide mandatory training on policies and procedures regarding the use of all PPE, including donning and doffing, and disposal or storage.
- Implement frequent supportive supervision and feedback mechanisms. Periodic assessment should be carried out of proficiency and competence in using PPE.
- Implement protocols for reporting a breach in PPE materials or use.

d. Work practice controls

- Put on PPE correctly before entry into the patient care area. PPE should not be modified while in the patient care area.
- Safely manage used and potentially contaminated PPE, including through application of safe discarding or reprocessing procedures.
- Establish a buddy system, partnering for assistance and review, for putting on, use and removal to increase the safe use of PPE. Remove PPE under the guidance and supervision of a trained observer (colleague).

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Improve the use of personal protective equipment

- Establish stock management, including a locally held buffer stock, to make sure that different sizes and recommended shapes of PPE are available. Set up a system to prevent or ensure early reporting of shortages, including maintaining a locally held buffer stock.
- Make PPE easily accessible through an optimal placement system to avoid staff having to search for replacement PPE.
- Control the quality of PPE purchased. Follow national and international standards for procuring reliable products.
- Implement policies on the rational use of available supplies of PPE in the context of critical shortages.

Personal controls

- Frequently perform hand hygiene while putting on and removing PPE as per protocols.
- Ensure that health workers undergo practical training on safe techniques for putting on and removing PPE.
- Discard the used PPE as per established protocols.
- Report any breach of or non-adherence to personal protection practices.
- Do not share PPE.
- 4 **Barriers to implementation**



