



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Keep hands free from sharps injuries : Implementation of Neutral Zone in Peri-operative Setting**

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**Keywords:**

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**Introduction**

Peri-operative healthcare professionals are routinely facing with high risk for the exposure to blood borne pathogens. Incidence include percutaneous injury (needle stick or other sharps injury), mucocutaneous injury (splash of blood or other body fluid into the eyes, nose or mouth) or by contact with non-intact skin happened every year. In our department, there were 23 staffs suffered from needlestick injuries during 2009 to 2011. Although theatre personnel increasingly aware of the risk, sharps injuries continue to occur. Management is facing challenge in providing a safe operating theatre environment.

**Objectives**

1. to identify risk factors of sharps injuries and the obstacles to compliance with the existing preventive strategies 2. to search and appraise critically for the best practice in prevention of sharps injuries during surgical operations 3. to implement a sharps injuries prevention program

**Methodology**

An Evidence-Based Practice workgroup was formed in 2012. Use of the John Hopkins Practice Question, Evidence, and Translation (PET) model to implement change to the current practice. Throughout searching of literatures and critical appraisal was done together with an expert discussion by the Nursing Research Committee in PMH. The workgroup had identified factors leading to sharp injuries and different preventive strategies. Studies indicated the use of "Neutral Zone" was effective in reducing of sharps injuries during operation. It referred to as to "no pass" or "no touch" technique for placement of sharps to prevent person-to-person transfer of sharps in peri-operative setting. Based on the evidence, a series of change strategies were carried out including: (1) staff survey on safety attitude on sharp injury; (2) staff training involved a video clips production; (3) pilot on using neutral zone in selected surgery.

**Result**

Staff survey had shown that a safety environment concerning handling sharps throughout the operations was important, so we initiated a staff training program with

the introduction of neutral zone. Video production showing the best practice in handling sharps throughout the surgical procedure distributed to the department and some HA hospitals. Pilot was started in May 2012 and ended Aug 2012, with inclusive criteria of elective, minor operations with less blood loss. As a result, 82 cases with 100 compliance rate had shown the acceptance of using neutral zone between surgeons and nursing staff. As a whole, it is the first step for us to set a safety culture for our colleague and we will continue to evaluate the practice change for better improvement in the future.