

interventions at monthly meetings of the departments of surgery and obstetrics-gynecology. Utilize communication tools such as videotapes and teleconferencing to reach all staff members to communicate risk and prevention strategies.

(3) Provide vendors of safety-oriented technology access to the institution, and have them assist in evaluations where appropriate.¹⁵

(4) Critically evaluate new safety-engineered devices, taking into account all potential short- and long-term costs and savings, using a multidisciplinary committee as suggested by Chiarello.¹⁵

(5) Consider creating the position of "Safety Champion"—ideally, an operating room professional—to coordinate projects and to serve as liaison to surgical staff. Users of hazardous devices should be involved in solutions of problems relating to device applications.

REFERENCES

- Polish LB, Tong MJ, Co RL, et al. Risk factors for hepatitis C virus infection among health care personnel in a community hospital. *Am J Infect Control* 1993;21:196-200.
- Tokars JI, Bell DM, Culver DH, et al. Percutaneous injuries during surgical procedures. *JAMA* 1992;267:2899-2904.
- Hamory BH. Underreporting of needlestick injuries in a university hospital staff. *Am J Infect Control* 1983;11:174-177.
- Wright JG, McGeer A. Human immunodeficiency virus transmission between surgeons and patients in orthopaedic surgery. *Clin Orthop* 1993;297:272-281.
- Lanphear BO, Linneman CC, Cannon CG. Hepatitis C virus infection in healthcare workers: risk of exposure and infection. *Infect Control Hosp Epidemiol* 1994;15:745-750.
- Kao JH, Chen PJ, Lai MY, Chen DS. Superinfection of heterologous hepatitis C virus in a patient with chronic type C hepatitis. *Gastroenterology* 1993;105:583-587.
- Andreone P, Gramenzi A, Cursaro, C, et al. Familial cluster of hepatitis C virus type 1. *J Infect Dis* 1994;170:1042-1043.
- Kelen GD, Green GB, Purcell RH, et al. Hepatitis B and hepatitis C in emergency room patients. *N Engl J Med* 1992;326:1399-1404.
- Davis MS. Sharps management in surgery. *Infection Control & Sterilization Technology* 1995;1:411-414.
- Robert L, Short L, Chamberland M, et al. Interventions to reduce blood contacts and percutaneous injuries during gynecological surgical procedures. *Am J Infect Control* 1995;23:102-103. Abstract.
- Doyle PM, Alvi S, Johanson R. The effectiveness of double gloving in obstetrics and gynecology. *Brit J Obstet Gynaecol* 1992;99:83-84.
- Chapman S, Duff P. Frequency of glove perforations and subsequent blood contact in association with selected obstetric surgical procedures. *Am J Obstet Gynecol* 1992;168:1354-1357.
- Cohn GM, Seifer DB. Blood exposure in single versus double gloving during pelvic surgery. *Am J Obstet Gynecol* 1990;162:715-717.
- Chiarello LA. Evaluation of needlestick technology: a perspective from the New York State pilot study experience. *Advances in Exposure Prevention* 1995;1:3-7,11.
- Chiarello LA. Practice forum: section of needlestick prevention devices: a conceptual framework for approaching product evaluation. *Am J Infect Control* 1995;23:386-395.
- Thompson JA. AORN's multisite clinical study of bloodborne exposures in OR personnel. *AORN J* 1996;63:428-433.

Labor Department Launches Worker Safety Program for Nursing Homes

Gina Pugliese, RN, MS
Martin S. Favero, PhD

Secretary of Labor Robert B. Reich recently announced a seven-state initiative to protect workers in nursing homes and personal-care facilities, one of the nation's fastest growing industries. Nationwide there are 1.6 million nursing-home workers in more than 21,000 facilities.

According to the Bureau of Labor Statistics, nursing home workers face the third highest rate of occupational injuries and illnesses among all US industries. More than half of the nursing home injuries and illnesses are related to handling residents, and 42% are back injuries. Only meat products processing and motor

vehicle equipment manufacturing industries rank higher.

In September, OSHA began offering free, comprehensive safety and health seminars, specifically designed for nursing home employers in seven states: Florida, Illinois, Massachusetts, Missouri, New York, Ohio, and Pennsylvania. Assisting the agency in the outreach effort are the Service Employees International Union and the American Association of Homes and Services for the Aging. The seminars will address potential nursing home hazards, including back injuries from incorrect or strenuous lifting of residents; slips and falls; workplace violence; and risks from bloodborne pathogens, tuberculosis, and other infectious diseases.

Joseph A. Dear, Assistant Secretary of Labor for OSHA,

described cases where nursing home employers implemented safety and health measures and achieved dramatic results. "In one case, an employer's workers' compensation costs dropped from \$750,000 per year to \$184,000 after implementing a program to handle residents safely," Dear said. "Many hazards can be eliminated through simple, common-sense measures or low-cost equipment, for example, for lifting patients."

FROM: US Department of Labor, Occupational Safety and Health Administration. Labor department launches worker safety and health, employer assistance program for nursing homes. News release. August 9, 1996.