

## Medical News

EDITED BY ELAINE LARSON, PHD, RN

### National Surveys Cite Personal Safety as the Number One On-the-Job Concern of Nurses

Despite increasing attention to protection against infectious disease, two national studies of critical care nurses reveal that personal safety is their number one concern on the job, and infection by bloodborne pathogens, specifically human immunodeficiencyvirus (HIV) and the acquired immunodeficiency syndrome (AIDS), is the overriding personal safety worry.

Interestingly, the concern cuts across all specialties of critical care nursing. Age, geography, and years of nursing experience did little to change the degree of apprehension either. Two-thirds of the nation's critical care nurses say their anxiety about personal safety on the job has increased in the last two years, and eight out of ten say the increase is a result of exposure to contagious diseases.

The worry may be justified. While virtually everyone knows someone who has been accidentally stuck, and three out of four think they have a moderate to high risk of needlestick, over half think that accidental needlesticks are rarely or only occasionally reported.

The survey, conducted by the American Association of Critical-Care Nurses (AACN), explored attitudes of nurses about personal safety on the job. The written questionnaire, as distributed to over 2,500 randomly selected members of AACN, was developed with the assistance of Critikon, Inc., who had conducted a telephone survey on the subject among 300 critical care nurses.

Not surprisingly, critical care nurses feel they are on the front line when it comes to caring for those with contagious disease, and think no expense should be spared when providing them with the most effective protection. When asked if nurses think their hospital should provide needlestick-prevention devices, even if they cost more than the products they replace, seven out of eight answered yes.

As a rule, awareness of both current and prospective safety measures was high, even when the procedures or products were not available in their hospital. The nurses polled knew what they wanted to make their working environment safer.

In order to compare the precautions currently offered by hospitals to those nurses would like offered, respondents were asked to indicate specific products or procedures they personally use, those the hospital provides, and those they feel the hospital should provide.

They ranked the more traditional precautions of protective gloves, needle disposal boxes, and continuing education as the most prevalent safety measures currently provided by hospitals. The three measures nurses would most like added were protective needles, protective catheters, and better enforcement of guidelines.

The largest gap between safety measures currently being provided and those the nurses would like hospitals to provide involved protective catheters. While 56% of respondents think their hospitals should provide protective catheters, only 3% say their hospital currently does.

The nursing specialties most interested in protective catheters were cardiothoracic surgery, intensive care unit, and emergency.

The survey also explored awareness and acceptance of the current safety measures hospitals and regulatory bodies provide to keep the nursing work environment safe. The consensus on effectiveness of current guidelines could be paraphrased as, "good star" or "good as far as it goes." However, the belief that more could and should be done at the hospital level was widespread.

Survey findings on specific safety measures and their impact on the protection of healthcare workers in the hospital environment, include the following items.

Universal Precautions received a high approval rating, with 91% of respondents saying that the regula-

tions have reduced the risk of exposure to contaminated blood by 50% or more. However, slightly more than half would like to see more stringent regulations added. According to the respondents, however, Universal Precautions could be improved; nearly half suggested more thorough enforcement.

Awareness of the new Occupational Safety and Health Administration (OSHA) guidelines on blood-borne pathogens was not high. Only half were aware of the guidelines, and 82% of those thought their hospital was implementing the new procedures.

The overwhelming majority of nurses polled in this survey were experienced. Eight out of ten had more than four years of nursing experience and two-thirds had four or more years of experience in critical care nursing. The nursing specialties included 40% intensive care unit/critical care unit, 14% cardiothoracic surgery, 13% emergency, 6% general surgery, 5% pediatrics, and 5% neuroscience.

Three out of four nurses polled felt that critical care nurses have a higher risk of accidental needlestick than other hospital nurses and 71% feel that they have a moderate to high personal risk.

## **Nationwide Screening Program Launched to Identify Individuals Infected With Hepatitis B and C**

Concerned that millions of Americans are infected with hepatitis B and C-without knowing it-the American Liver Foundation (ALF) announced a nationwide screening campaign in early September to detect these infectious and potentially fatal liver diseases. Beginning this September, free blood tests for hepatitis B and C have been offered to the public at hospitals in 100 cities throughout the United States.

According to the Centers for Disease Control, hepatitis B and C are recognized as two of the most

underreported and underdiagnosed infectious diseases in this country. Of great concern is that the source of infection is frequently unknown. Each year, approximately 300,000 Americans become acutely infected with hepatitis B and another 170,000 with hepatitis C. Of those, 30% with hepatitis B and 40% with hepatitis C report no identifiable source of infections. Unlike the human immunodeficiency virus (HIV), the hepatitis B virus can survive on countertops and objects such as razors and toothbrushes for several days. Exposure to blood and, in the case of hepatitis B only, sexual contact, account for most of the remaining cases.

Hepatitis B and C represent serious national health threats because they can progress to chronic hepatitis-a liver disease that can lead to cirrhosis, liver failure, and liver cancer. As many as 24,000 Americans with hepatitis B and 85,000 with hepatitis C develop chronic hepatitis each year.

Among the groups recognized at high risk are people who are intravenous drug abusers, those who have undergone blood transfusion or hemodialysis, and healthcare workers. Also at risk for hepatitis B are the millions of individuals who have had multiple sex partners. Symptoms range from fatigue, nausea, and loss of appetite, to no symptoms at all.

Free, walk-in blood screenings for hepatitis B and C were provided at hospitals in 40 cities nationwide for four days in September. Hospitals in another 60 cities will offer screenings in 1993.

ALF's hotline (800-223-0179) is staffed between 8:30 A.M. and 5:00 P.M. (EDT) to provide callers with information on where screenings are being held, physician referrals, and free hepatitis consumer brochures.

The Hepatitis Education Program is being funded by a grant from Schering Corporation. Laboratory test kits are being provided by Abbott Laboratories.