
Extract:

“Dr Larson, I applaud the effort to promote improved understanding of contributing factors to occupational injuries and bloodborne pathogen exposures that Patrician, Prior, Fridman, and Loan discussed in their June 2011 article. As the authors posit, the impact of staffing on the prevalence of needlesticks and other injuries among nurses has received limited attention to date. In my experience in occupational health nursing and infection prevention, the primary targets of needlestick injury follow-up investigations are typically individual behavioral factors and the use of engineered safety devices. This approach is an appropriate initial step but fails to determine potential root causes for the injury event. Other research has demonstrated scheduling and work factors such as extended-hour shifts, sequential shifts with inadequate time away from work, and night or weekend shifts to significantly increase the risk of needlestick injuries. We must place significantly greater attention on the multifactorial contributors to needlestick injuries. This includes consideration of workforce injuries and exposure event data in evaluating staffing effectiveness in health care organizations. Infection preventionists, occupational health nurses, and health care leaders should incorporate nursing workload indicators into their analysis of injury data to better understand and decrease the prevalence of needlestick injuries.”