Results: The rate for needle stick injury in year 2013 was 2.6%, which was lower than that of year 2012 (3.0%).
Conclusion: Through the educational training and properly using safety needle devises, the rate of needle stick injury was declined. By year 2016, only safety needle devises should be used.

PS 1-146

IMPROVING EMPLOYEES SAFETY WITH SAFETY NEEDLES
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Purpose: The needle sticks are common occupational hazards in hospital. The medical law amendment in Taiwan 2012 "Hospitals must use safety needles overall within five years since 2012." In this way, health-care giver operate safety needles to avoid sharp cutting injuries and to reduce the risk of needle stick infections.

Methods: The project was implemented from January 2012 to October 2014. The units are critical care units and high-risk units, extended to the whole hospital gradually. We reviewed 2011-2013 needle bulletin for physicians, nurse, technicians. The cause of needle sticks are related to insulin needle, injection needle, intravenous catheter. Then we develop improvement strategies based on statistical results are following: (1) Hospital offers a comprehensive five-year plan in safety needle. (2) Held faculty education meetings in nursing units. (3) Apply safety needles and needle cases education for the whole hospital. (4) Clinical unit reply to teach safety needles. (5) The use units and materials units meet regularly. (6) Infection control room feedback needle bulletin to use unit to continue improvement.

Results: Period 1: January 2011 to December and period 2: July 2013 to June 2014. The number of times of needle stick is 13 times in period 1. The number of times is 6. The incidence of needle sticks is 2.88% in period 1 then dropped to 1.33% in period 2.

Conclusions: Safety is not only a top priority, Safety is a precondition (Paul, Alcoa), At the beginning we faced difficulties to apply safety needles due to cost considerations and users convenience. Users acceptance will influence the result. National institutions active support policies and regulations, safety needles has been popularized year by year. By promoting safe needles reduce needlstick occurs, then to increase staff confidence in the use of safety needles to reduce the risk of infection. To create a safety environment for employees is a precondition.

Keywords: Safety needles, Needle Incidence

PS 1-147

USING SEVERITY ASSESSMENT CODE (SAC) PLANNING PSYCHIATRIC WARDS COMMUNICABLE DISEASES RISK MANAGEMENT
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Purpose: Psychiatric patients are mostly poor cognitive function or dysfunction of more severe cases, and thus for the implementation of health education and policies are more difficult. Furthermore, in the psychiatric rehabilitation therapy, there are more specific activities (group activities, group physical therapy and occupational therapy, etc.) are easily exposed pathogenic bacteria suffer the risk of infection and transmission. If infection occurs, can easily cause more serious infections cluster that is difficult to control the epidemic.

Methods: Hospital for acute psychiatry service, its infection control regulations to acute general medical-based, did not formulate an additional department of Psychiatry for infection control regulation. Another Taiwan between 2005–2012 by the review of the psychiatry service cluster report, found mainly in the gastrointestinal tract communicable diseases, respiratory communicable diseases. Therefore, Infection Control Center collaboration Department of Psychiatry and Department of Nursing to discuss, Using Severity Assessment Code (SAC), assessment of psychiatric patient exposure and contact communicable diseases, building units symptom surveillance notification process standardized procedure, as well as the development of hospital "department of Psychiatry for infection control regulation" will be incorporated with the provisions on the patient, personnel and environmental management, to achieve the clusters event of the occurrence of zero.

Results: Hospital since 2013 has been implemented, able to find immediate early sporadic cases of infectious (eg: flu), but fortunately there is this mechanism can prevent immediate early, so no cluster events.

Conclusions: psychiatry service mental health care is from the general acute medical care institutions, open microbiological laboratory tests are not common, so much harder to immediate surveillance of infectious events occurred. Therefore, observe the patient’s clinical symptoms, it is particularly important. By cross-teamwork, develop the “units symptom surveillance notification process standardized procedure” and “department of Psychiatry for infection control regulation”, and Infection control nurse introducing division Management by wandering around (MCMA) mode, Can be found within the department immediate early infection cluster events, and can be processed immediately and take the necessary infection regulatory measures to create a medical treatment safety.

PS 1-148

RESPONSE TO PREVENT FROM EBOLA VIRUS INFECTION: TAKE EAST TAIWAN STRAIN HOSPITAL AS AN EXAMPLE
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Background: According to the World Health Organization announcement in 2014 Until Sept 27, there were, 7,178 Ebola infection cases was found and 3,338 mortality (mortality rate 46.5%) in Guinea, Liberia and Lion country. The epidemic situation is seldom controlled. So far, 373 cases of infection of medical personnel, including 216 deaths. Ebola death rate was 70%, how to prevent infection is an important issue in clinical medical staff.

Methods: Hospital has been prepared properly including protective clothing, N95 masks, face shields, gloves, caps, shoes and other personal protective equipment. In order to strengthen the resilience of epidemic prevention, we conducted a comprehensive education for physicians, nurses, medical staff and cleaners. We also with support hospital conduct relate practice in response to outbreaks of infectious diseases. Program management process in accordance with the medical isolation disposal are assessed,.

Results: The medical isolation disposal asses rate reached as follows: 1. Start strain, strain the system, command structure was 90%; 2. Internal and external notification, information processing and decision making was 84.3%; 3. Staff scheduling and management was 88.6%; 4. Material scheduling and management was 88.3%; 5. Medical treatment was 90%; 6. Isolation and quarantine was 82.9%; 7. Patient transport and transfer was 84.3%; 8. Specimen collection and specimen transport was 90%/9. Family reception and disease; Description was 75%; 10. Security controls was 84.3%; 11. Environmental clean was 88.6%; 12. Proper disposal of the media and work82.5%, the total rate reached 85.7%.

Conclusion: Through the practice can reduce the impact of staff. According to the epidemic situation to scheduling beds, manpower and various medical equipment, colleagues can strengthen responsibility, function and technique can also have a clear awareness. Also, through effective communication with other hospitals and local health authorities cooperate, the effective of infectious diseases prevention can be controlled.

PS 1-149

EXPERIENCE SHARING OF USING SAFETY NEEDLES TO REDUCE THE RATE OF NEEDLE PRICKS IN A REGIONAL TEACHING HOSPITAL IN MIDDLE TAIWAN
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Purpose: Pricks by sharp instruments are the common occupational damage in healthcare workers. When healthcare workers pricked with needles