SAFETY MATTERS

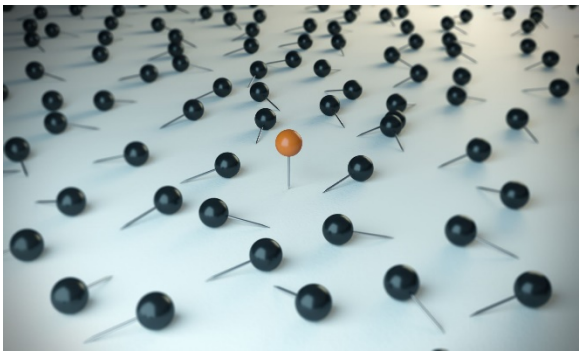
Creating a Culture of Safety

April 2025

HPTN Laboratory Center

In prior safety blogs, we reviewed chemical and new instrumentation risks. Risk and Risk Management involves more than laboratories and may include visitors, patients, staff, different facility/organization spaces (primary care offices, clinical trial units), etc. Proper risk assessment and management supports good safety policy and practices by bringing harms into focus.

Risk Assessment and Management



As a start, you should define the Risk. What do you want to evaluate and what do you want to prevent? It's easy to let one assessment grow and spread over multiple areas of concern; limit the scope of assessments and monitored outcomes for concise and efficient reviews. You can always think up more assessments to evaluate concerns not covered previously, but smaller assessments allow faster throughput and targeted mitigation.

Risk management is cyclical, similar to other lab processes. Assessing changes and outcomes, implementing more changes, this can repeat several times to eliminate, minimize, or detect new risk.

Here are some examples of defined risks to assess:

- "Venipuncture failure or repeat venipunctures"
- "Improper LIS records access"
- "Participants arriving and leaving our facility safely"
- "The amount of dry ice or liquid nitrogen that can be handled safely in a closed room"

Some assessment tools:

- Assign a priority – All risk should be addressed, but you can organize based on a priority scale. This can also help determine reassessment periods as well; high priority, infrequent matters might need a longer outcome assessment.
- Patient surveys – Learn about patient preparation and experiences, includes factors outside and inside organizational control. Can go beyond "How was your experience today?"
- Checklists – Can a set of defined needs, actions and checkpoints be created and used to grade risks? What training is in place for staff, is it current? (An internet search for 'risk management checklist' will yield copious results; consume responsibly.)
- Data reviews – If there are failures (like recollections), are they documented in a way that makes collecting incidents together for review simple?

After assessment, implementing prevention

- Data collection – If there wasn't an initial pile of data to review in the risk assessment, or it was insufficient to characterize the risk in full, can data be collected now? And, in a way that allows for updating of the data as events are experienced?
- Are you including the *Almost's*? A *Good-catch* or *Near-miss* is important to capture because it is an exact moment where a risk came to life and was only stopped by, basically, luck.
- Is monitoring built into the mitigation or left for the next reassessment?

What parts of a risk can be addressed, are there any factors that cannot be?

- Is there a system approach that removes or limits human factors?
- Human factors are myriad and ever changing, a lot (but not all) comes down to experience and training.

End goals. What is successful management of the defined risk?

- Were you focused on eliminating a risk or just preventing the risk within a certain degree?
- Can the risk only be mitigated, with a smaller impact resulting? Why? Is there a threshold set for monitoring?
- How fast should an outcome happen? Slowly over a year or two for full prevention; immediate and partial mitigation?
- Sufficient management if recurrence is possible?

GCLP Notes

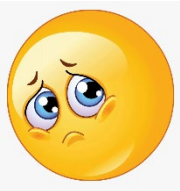
We do not have a new audit item to highlight this quarter, so, keeping with the risk theme, we will review the GCLP mentions of SHARPs disposal. A (non-JH) lab friend recently complained about their coworker leaving tissue cutting implements sitting in bleach, without a container cover (ultimately meant for disposal and not for re-use). This poses a SHARP injury risk. It's best practice to place all SHARPS into a rigid container that includes a locking lid or one-way entry.

The published GCLP Guidelines mention SHARPs and related waste disposal in the following places:

- Section 9 *Personnel Safety*
  - Part **a** *Safety Equipment*
    - Twice noted: Containers should be present, and they should be inspected daily so that they are properly replaced when 3/4 full
  - Part **h** *Safety Policies*
    - Subsection *Standard Precautions/Universal Precautions Policy* as safe handling of sharp objects
  - Part **j** *Safety Training*
    - Lab personnel must receive safety training, and must include waste management/biohazard containment (appropriate disposal of biohazards).
  - Part **k** *Safety Incident Reporting*
    - Sharps injuries must be documented and reviewed by management

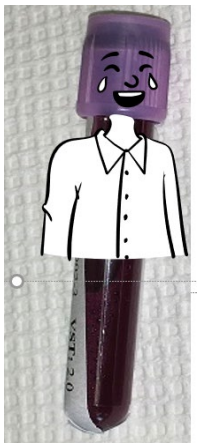
If you have a situation in your workplace that that prevents you from meeting the GCLP Guidelines, feel free to reach out to the HPTN LC staff for guidance at hptnlc-lab@jhmi.edu

Reader Poll Results



Poll results unavailable due to minimal of participation

Those that did respond stated their initial/annual training is updated routinely when issues are identified and that they were confident that staff could respond to an incident in the workplace.



This Quarter's Reader Poll

Current quarter poll now open:

Q2 Reader Poll

Volunteers Wanted

We are still seeking volunteers for safety-focused lab interviews.

The LC would like to speak with lab staff and have a short 10 minute/ 5 question interview to learn more about our audience. Interviews or selected quotes may be published in this newsletter.

Please email hptnlc-lab@jhmi.edu with the subject line "Safety Interview" if interested.

Thanks to those who continue to send back messages about our content! We are always happy to incorporate your suggestions and topics into future safety bulletins.

Need more on a specific topic?

Ideas for upcoming subject matter?

Let us know your thoughts and give feedback at:

hptnlc-lab@jhmi.edu