Needlesticks and Sharps



INCIDENT

Lisa Black contracted HIV and hepatitis C when she was accidentally stuck. She has a warning for other health care professionals. “Nurses need to realize that needlesticks can happen to them and that they do happen to nurses every day. The statistics are unbelievable. When I started looking at the issue, all I could think was, this is unreal. How can it be happening this much in this country?’ The reality is that it does happen, and people need to realize that it is preventable and it is not an acceptable risk.”

NEED TO KNOW

Once every 39 seconds, a nurse in this country sustains a needlestick injury. While most needlestick injuries result in nothing more than a good scare, far too many of them result in serious, life-altering (and in some cases, life-ending) diseases.

Most nurses accept accidental needlesticks as part and parcel of the job. Others are optimistic that it won’t ever happen to them.

Needlestick incidents are not situations that affects one person. It affects entire families.

Most cases might be low-risk, but that doesn’t negate the fact families are then frightened. The psychological impact is huge.”

BUSINESS / REGULATIONS

Black is on a mission to educate others: “When you figure that as an industry, nurses and other health care workers sustain in the area of 800,000 needlestick injuries every year – and not because people aren’t careful, but because it just happens – ethically and morally if you know it’s within your power to prevent something like what happened to me from happening, then how do you justify not doing it?”

The Needlestick Safety and Prevention Act was enacted into law, the legislative portion of the battle enacting needlestick safety programs.

The question is -the legislation sets forth guidelines, but how they will be

implemented, will be done at the state level.

“This process is only going to be really successful if nurses and other health care workers get involved. My message to them is that if they want to see legislation that is most beneficial to them, then they need to take it upon themselves to see that it gets done.”

As part of **HR 5178**, she explains, in cases where a health care facility has a choice between traditional devices and safety devices, the safety device must replace the traditional unless you can show that it is either not in the best interest of the patient or that it poses an additional hazard to the user.

Federal legislation also has emphasized that not only must the safety devices be used whenever possible, but bedside nurses should be included in the decision and selection process.

In addition to selecting safety devices, the new federal law mandates that health care facilities adopt a record-keeping program that will allow them to track the incidences of needlesticks among their employees. Employers will be required to maintain a sharps injury log, which must cover, at the bare minimum, the type and brand of device involved in the incident; the department or work area where the exposure incident occurred; and an explanation of how the incident occurred.

The information will be recorded and maintained in a way that will protect the confidentiality of the injured employees, and the log will be an important source of data for researchers to determine the relative effectiveness and safety of devices now on the market and those that may be developed in the future.

Black notes that 17 states have already independently enacted needlestick prevention safety regulations, but the federal law will take them to a new level.

This legislation requires that every exposure that occurs be recorded in one place and logged by exposure, the type and brand of device that was used, how it was used, if it has a safety feature, and if not, why.

While the government has made certain that needlestick prevention programs will be in place in every health care facility, it can’t mandate that health care professionals follow those instructions.

All health care facilities also are mandated by law to provide employees with annual training on preventing bloodborne pathogens, Black suggests merging the two subjects and providing employees with training on how to use the new devices (such as syringes with retractable needles), and how to use them most effectively.

But there is the usual problem – money.

Cost is the argument against it,” Black explains. “The argument goes that it just costs too much money to enact such a program on the off-chance that a worker may sustain an injury that may or may not cause them to become infected.

For a needlestick injury that doesn’t lead to infection, the cost of treatment

is somewhere in the neighborhood of $3,000. “That covers lab work, follow-up prophylactic medications, and if it was a high-risk stick, that person will be taking some very costly medication that may or may not work,” Black points out. And, she adds, when you extrapolate that to every high-risk needlestick, “you’re talking about a lot of money.”

Take that one step further to someone who does become infected, and you’re talking about a huge monthly sum for medications and Medicare disability payments. Black, for example, says her HIV medication costs between $2,000 and $3,000 a month, while her hepatitis C medication is another $2,000 a month. Add to that several thousand dollars in disability, and it costs about $7,500 a month to keep her alive . . . and that’s provided she remains “healthy.” She recently suffered from a severe infection that put her in intensive care. The cost: $80,000 for one week.

Compliance

OSHA always has issues with funding. So, if the enforcement is lax the odds of being caught if you don’t have a strong program in place are slim. If a facility is not in compliance, it’s up to the employees to call and report it and ask for an investigation. If that’s done, OSHA is obligated to comply, and the facility can be cited.”

Citations have a greater effect than a slap on the hand.

By and large, facilities are going to comply, but to get true compliance and the highest level of protection, have the power to anonymously report these offenders to OSHA.

Today, Black can no longer practice bedside nursing, a job which she loved and still misses. She has spent countless hours and days in the hospital and is on a strict regimen of medications. And her young children may one day find themselves without her.

STATISTICS

Statistics emerging from the Center for Disease Control and Prevention (CDC)

- There are nearby 385,000 sharps related injuries that occur annually in the U.S healthcare industry, an average of 1000 per day.
- More than 20 bloodborne pathogens have been reportedly transmitted from these types of injuries. Some may lead to severe and fatal infections such as hepatitis B, hepatitis C, or human immunodeficiency virus (HIV). In fact, about 2 percent of needlestick injuries are likely to be contaminated with (HIV).
- Projected medical and work productivity costs from sharps related injuries are estimated to be #185.5 million per year in the U.S.
- Direct Coasts ranging from $500 to 5,000 per injury depending on the injury.
- According to the American Hospital Association, one case of severe infection by bloodborne pathogens can add up to $1 million or more in expenditures for testing, follow-up, lost time and disability payments. The costs that are harder to quantify include stress from injury, emotional cost from fear and anxiety of contracting a communicable disease or infection, lost time from work, expenses from laboratory testing, medical

treatment, and the cost of any litigation.

PREVENTION

“An ounce of prevention, will yield more than a pound of cure”

What most employers and employees need to do prevent injury from needlestick incidents in the workplace.

Employers:

- Implement the use of engineering controls to reduce needlestick injuries.
- Avoid the use of needles when there are other safe alternatives.
- Implement use of devices with safety features.
- Set priorities and strategies for needlestick injury prevention by examining local and national information about risk factors.
- Ensure proper training of employees on the safe use and disposal of needles.
- Modify work practices that have an increased risk of a needlestick injury.
- Promote safety awareness in the work environment.
- Establish procedures for and encourage the reporting of all needlestick and other sharps-related injuries.
- Evaluate the effectiveness of prevention efforts and provide feedback on performance.

Employees:

- Avoid recapping needles.
- Before beginning any procedure using needles, plan for safe handling and proper disposal.
- Help your employer select and evaluate devices with safety features.
- Use devices with safety features.
- Report all needlestick and other sharps-related injuries.
- Dispose of used needles in appropriate sharps disposal containers.
- Inform your employer of hazards from needles that you observe at work.
- Participate in bloodborne pathogen training and follow recommended infection prevention practices, including hepatitis B vaccination.

What should employees do if they have experienced a needlestick/sharps injury at work.

They should **immediately**:

- Wash wound with soap and water
- Flush out mouth, nose, or skin with water
- Irrigate eyes with water, saline, or sterile irrigates
- Report the incident to your supervisor
- Immediately seek medical treatment at the nearest ER or treatment facility.