

The Needlestick Safety and Prevention Act went into effect April 18, 2001.

The new requirements on employee solicitation and recordkeeping became effective July 18, 2001.

Safe Needles: It's the Law

The **Needlestick Safety and Prevention Act*** requires all employers to protect employees who may be exposed to blood or other potentially infectious material resulting from needlestick or other percutaneous injuries. *This legislation covers all healthcare employees, such as those in physician offices, nursing homes, and clinics, as well as worksites that keep medical emergency kits.*

*The Needlestick Safety and Prevention Act modifies the Bloodborne Pathogens Standard, which was designed to reduce workers' exposure to infectious diseases through the use of engineering and work practice controls and became effective on March 6, 1992.

OSHA can issue fines up to \$7,000 per incident for serious violations of the Needlestick Safety and Prevention Act, and up to \$70,000 per incident for willful violations.

New regulations require each facility to:

- Annually review and update a Bloodborne Pathogen Exposure Control Plan.
- Evaluate and use safety engineered medical devices to eliminate or minimize occupational exposure.
- Solicit employee input on the identification, evaluation, and selection of safety devices that includes non-managerial, front-line medical workers.
- Meet expanded record keeping requirements, which include maintaining a "sharps" injury log.
Note: Physician offices with 10 or less employees are exempt from this requirement.

The OSHA regulation does not supercede stricter regulations that may exist in states and localities. However, state legislation cannot make the federal requirements any less stringent.¹

¹ The following states have needlestick safety laws: Alaska, California, Connecticut, Georgia, Iowa, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Tennessee, Texas, and West Virginia. Hawaii may soon follow. For additional information on state laws, visit www.OSHA.gov.

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Comparing Needlestick Injury and Prevention Costs

The Facts

- An estimated 384,000 skin puncture injuries occur in U.S. hospitals each year
- A study on blood collection in physician offices/clinics showed an annual needlestick rate just as high as in hospitals.
- Over 60 percent of skin puncture injuries in U.S. hospitals are caused by needlesticks involving hollow-bore needles
- The CDC reports that up to 88% of needlestick injuries can be prevented by using safety-engineered needles and other devices

What This Means for Providers

- The use of safety-engineered medical devices could reduce exposure, thus substantially cutting post-exposure treatment costs.
- Post-exposure treatment costs, to test and treat for exposure to HIV, Hepatitis B, HCV, or other bloodborne pathogens range from \$500 to \$3000 per injury. The cost of treating an injured worker who seroconverted to HCV can cost over \$500,000.
- Other associated costs include:
 - Lost wages and time
 - Emotional distress
 - Reduced quality of life
 - In some cases, loss of life

Safety Needle Savings

- Reduced cost of treating healthcare workers who have sustained needlestick injuries
- Reduced liability
- Reduced workers' compensation costs

Examples of Devices with Safety Features for Procedures such as I.V. Therapy, Blood Collection, and Skin Injection:

- Needleless I.V. connectors
- Shielded or hinged needle devices
- Blunt needles
- Plastic blood and capillary tubes
- Retractable needle devices

What Must You Do to Reduce Risk of Exposure?

- Use needles with safety features
- Reduce the unnecessary use of needles
- Modify procedures and work practices
- Train healthcare workers in using needles safely
- Promote safety awareness in the work environment
- Evaluate the effectiveness of these measures

Source: U.S. General Accounting Office Report GAO-01-60R (www.cdc.gov/niosh/pdfs/goa-01-60r.pdf)

Checklist for Exposure Prevention

- Are safety syringes/needles being used for skin injection?
- Are blood-drawing devices with integrated safety features being used at your facility?
- Are all unnecessary needles eliminated from use?
- Does your facility use automatically retracting finger/heelstick lancets?
- Is your facility using plastic microbore capillary tubes for measuring hematocrit?
- Is your facility using plastic blood collection vacuum tubes?
- Are puncture-resistant disposal containers within arm's reach of blood-drawing personnel for all phlebotomy procedures?
- Are blood-drawing personnel advised against manually recapping or removing needles from blood-drawing devices?
- Are blood-drawing personnel wearing procedure gloves?
- Are safety IV catheters being used?
- Are needleless or recessed needle IV systems being used?
- Are blunt suture needles, stapling devices, adhesive strips, or tissue adhesives used whenever clinically feasible?
- Are scalpel blades with safety features used?
- Has all equipment that is unnecessarily sharp been eliminated?
- Is double-gloving employed in the surgical setting?
- Do circulating nurses wear eye protection to prevent fluid from running into the eyes?
- Does your facility have an adequate supply of personal protective equipment, i.e. gloves, liquid-resistant gowns, face and eye protection?
- Are specimen and body fluid containers made of plastic and have tight positive-locking seals?
- Are your disposal containers:
 - Puncture-resistant?
 - Close to point-of-use?
 - Replaced before full?
 - The appropriate size?
- Are at-risk employees provided training once a year?
- Does your facility comply with Universal Precautions established by the Bloodborne Pathogens Standard? (For information, please visit www.osha-slc.gov/OshStd_data/1910_1030.html)
- Are regular "in-services" provided on safe handling of needles and sharp items?
- Is there a written exposure control plan?
- Does your facility provide hepatitis B vaccine free to all at-risk employees?
- Does your facility provide free post-exposure follow up?

Adapted from *Advances in Exposure Prevention* (1999:4(3):33-34) published by the International Health Care Worker Safety Center, University of Virginia. For additional information, please visit www.med.virginia.edu/epinet and click on "About EPINet."

For more information, please contact the Health Industry Distributors Association (HIDA) at (703) 549-4432, or visit OSHA's Web site at www.osha-slc.gov/needlesticks/index.html.



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