

Needlestick Injuries

This country has 8 million health care workers. Each year, up to 800,000 needlestick injuries occur among these workers. This means that up to ten percent of the nation's health care workers may suffer needlestick injuries each year. Furthermore, because needlestick injuries are probably underreported, current statistics may underestimate the severity of the problem.

Needlestick injuries are caused by needles puncturing skin accidentally. Once the skin is punctured, health care workers may be exposed to infectious diseases via blood borne viruses. Although most reported injuries occur to nursing staff, others may also be injured.

Needlestick injuries often occur during the following activities:

- administering injections;
- drawing blood;
- recapping needles (despite the fact that this practice is prohibited by OSHA's blood borne pathogen standard);
- disposing needles; and
- handling trash and dirty linens.

Despite the prevalence of needlesticks, such injuries are often preventable. According to the National Institute of Safety and Health (NIOSH), [employers of health care workers](#) should improve engineering controls to reduce needlestick injuries and protect workers from infectious diseases. Needle use should be eliminated where safe and effective alternatives are available. Moreover, employers should implement the use of devices with safety features and evaluate their use to determine which are most effective and acceptable.

Additionally, NIOSH cautions that health care employers can reduce needlestick injuries by incorporating improved engineering controls into a comprehensive program that:

- Analyzes needlestick and other sharps-related injuries in the workplace to identify hazards and injury trends.

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- Sets priorities and strategies for prevention by examining local and national information about risk factors for needlestick injuries and successful intervention efforts.
- Ensures that health care workers are properly trained in the safe use and disposal of needles.
- Modifies work practices that pose a needlestick injury hazard to make them safer.
- Promotes safety awareness in the work environment.
- Establishes procedures for and encourages the reporting and timely follow-up of all needlestick and other sharps-related injuries.
- Evaluates the effectiveness of prevention efforts and provides feedback on performance.

Workers should be actively involved in employers' comprehensive safety programs, and all workers should be encouraged to protect themselves from needlestick and sharps-related injuries.

To help prevent needlestick injuries, the federal Occupational Safety and Health Administration (OSHA) recently released a compliance directive for its blood borne pathogen standard. One of the directive's provisions requires OSHA inspectors to evaluate employers' blood borne pathogen exposure control plans to determine whether employers use devices designed to prevent needlestick injuries.

The issue of sharps and safety is becoming more prominent on states' agendas as well. For example, five states (Florida, Minnesota, New Hampshire, Ohio and Rhode Island) plan to require health care facilities to use safer needles.

In Wisconsin, the Department of Natural Resources is focusing on protecting waste management workers from health risks by requiring proper disposal of needles and other sharps generated at private homes. Health care patients who use sharps at home must properly dispose of them separately from household trash. To encourage proper disposal, the DNR is working with hospitals, local governments, and other groups to set up sharps collection stations. Currently, there are more than 450 registered sharps collection stations statewide, with each Wisconsin county having at least one station. Sharps generators must use



rigid, puncture-resistant, labeled containers with secure lids or caps to transport the sharps to the collection stations. Home-generated infectious wastes that do not contain sharps may be bagged in plastic and disposed of with other household waste.

In all cases, regulators appear to be focusing on needlestick safety as a means of protecting various segments of workers. Whether spurred by state, federal or internal requirements, all health care providers should consider safer needles and better work practices a priority. Preventing injuries and illnesses protects the bottom line, decreasing: lost work days, follow up treatment costs, workers' compensation costs and the potential for lawsuits by injured employees and regulatory enforcement actions by government agencies. In summary, when it comes to needlestick injuries, an ounce of prevention appears to be worth far more than a pound of cure."

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