LEGAL PROTECTIONS

BBP Standard

While needlestick injuries are one of the most dangerous hazards faced by nurses, there are more legal protections for this hazard than any other. This means that we can significantly reduce exposures to these deadly diseases by simply enforcing existing laws and regulations within our workplaces. In 1991, the Occupational Safety and Health Association (OSHA) issued the Bloodborne Pathogens (BBP) Standard. This standard requires employers to develop a written exposure control plan, implement universal precautions, provide personal protective equipment, use preventive engineering controls, work practice controls, and prohibit bending, recapping, and removing contaminated needles and sharps.

Needlestick Safety and Prevention Act

Despite the BBP Standard, almost one million exposures were occurring annually, infecting health care workers with hepatitis B and C and HIV. Clearly, more protection was needed. In response, ANA, in collaboration with other organizations, launched the Safe Needles Save Lives campaign, which led to the passage of state legislation and, most importantly, the 2000 federal Needlestick Safety and Prevention Act. This legislation was a landmark victory for nurses across the nation. It amended the BBP Standard to require employers to:

- Use safer devices and engineering controls.
- Document each needlestick/sharps incident in a separate injury log—in addition to the OSHA 300 Log.
- Involve frontline employees in device evaluation and selection.

If your employer is failing to comply with the amended BBP Standard, document your concerns in writing to the health and safety committee, and make sure your concerns are reflected in the meeting minutes. If the facility refuses to comply, contact your state nurses association and consider filing an OSHA complaint.

IT CAN HAPPEN TO YOU

Young or old, new or experienced, working in a rural or urban setting, we are all at risk. Together we must work to protect all health care workers from the preventable risk of needlesticks and potentially life-threatening infections they may bring.

"This injury and the life-altering consequences I am now suffering should not have happened and would not have happened if a safer system had been in place in my work setting."

— Karen Daley, MPH, RN, age 49
Massachusetts Association of Registered Nurses member
Contracted HIV and hepatitis C from a needlestick

"I tell my story so it doesn't become someone else's story. There is technology out there that can prevent what happened to me. I want nurses to be proactive—to protect themselves and to demand that the hospital use the technology that's available to protect them."

— Lisa Black, RN, age 31
Nevada Nurses Association Executive Director
Contracted HIV and hepatitis C from a needlestick

"I'm living proof that needlesticks do happen and their consequences last a lifetime."

— Lynda Arnold, RN, age 33
Pennsylvania State Nurses Association member
Founder of the National Campaign for Healthcare Worker Safety, Inc.
Contracted HIV from a needlestick

RESOURCES

ANA: www.needlestick.org

OSHA: www.osha.gov/SLTC/needlestick/index.html

CDC: www.cdc.gov/health/needlesticks.htm

NIOSH Alert: www.cdc.gov/niosh/sharps1.html

TDICT Project: www.tdict.org

Call (800) 274-4ANA
and ask for information about joining your state nurses association.

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Preventing Needlestick Injuries: Safe Needles Save Lives

ANA
AMERICAN NURSES ASSOCIATION

Occupational Health & Safety Series

Every year nurses are exposed to deadly bloodborne pathogens, primarily through needlestick and sharps injuries. There are 600,000 to 800,000 exposures per year, and registered nurses sustain the overwhelming majority of these injuries. One thousand health care workers are estimated to contract serious infections every year.

Risk of Injury

The design of the device used can increase the risk of injury. The highest risk of injury is from blood-filled, hollow-bore needles. Specific features make devices more dangerous. These include:

- Hollow-bore needles
- Needle devices that must be taken apart or manipulated by the health care worker
- Syringes that retain an exposed needle after use
- Needles that are attached to tubing

Risk of Transmission

The risk of transmission after an exposure varies. The risk of transmission of HBV is 6 to 30%, if the health care worker is unvaccinated. (Your employer is required to provide all health care workers the HBV vaccine.) There are no vaccines for HCV or HIV. The risk of transmission for HCV is 3 to 10%, and the risk for HIV is 0.3% (1 in 300) following a bloodborne exposure to a patient infected with these viruses. However, some risk factors can increase the risk of HIV transmission. These include: deep injury with lots of blood, high viral titer in source patient, and the procedure involved the patient's artery or vein.

If you sustain an injury:

- Wash the wound with soap and water.
- Alert your supervisor.
- Identify source patient.
- Immediately report to employee health, the ER, or designated facility.
- Get post-exposure prophylaxis (PEP). **PEP medications for HIV should be started within two hours of exposure.**
- Document the incident.
- Get follow-up testing and counseling.

PREVENTING NEEDLESTICKS

While exposure to bloodborne pathogens is one of the most deadly hazards that nurses face, it is also one of the most preventable. Over 80% of needlestick injuries can be prevented with the use of safe needle devices, which, in conjunction with worker education and training and work practice controls, can reduce injuries by over 90%.

A successful needlestick prevention program includes the following components:

- Management commitment to reducing bloodborne exposures, including purchasing and implementing safe devices
- A designated multidisciplinary needlestick prevention committee with decision-making authority and representation from frontline healthcare workers, infection control, management, occupational health, and purchasing
- The assessment of hazards and use of data to identify highest risk products and procedures
- Identification and elimination of barriers to reporting injuries
- Needlestick injury log containing the situation, type, and brand of device causing injury
- Frontline health care worker involvement in the evaluation, selection, and implementation of safer needle devices
- An Exposure Control Plan containing policies for:
  - Annual revisions
  - Post-exposure evaluation and follow-up
  - Placement, checking, and replacement of sharps containers
  - Interactive training for committee and workers
  - Evaluation of use and efficacy of engineering controls
  - Recordkeeping

ANA's Role in Needlestick Prevention

ANA is proud to have led the fight for state and federal legislation, and we continue to lobby for similar protections for workers not covered by OSHA. But legislation was only the first step; we now must work with nurses across the country to make sure these protections are enforced. Toward that goal, ANA is educating nurses about needlestick prevention and the four-step process for evaluation, selection, and implementation of safe devices. OSHA has recognized ANA's expertise and successful efforts by giving ANA a grant to conduct Train the Trainer workshops across the country. For more information contact your state nurses association.

DEVICE EVALUATION, SELECTION, AND IMPLEMENTATION

The use of safe devices is the most important element for prevention. With the new legislation, facilities must involve frontline health care workers in the evaluation, selection, and implementation of safe devices with engineering controls. ANA recommends developing and training a needlestick prevention committee. This committee should work with existing purchasing department and product committee protocols. ANA, in collaboration with the Training for the Development of Innovative Control Technologies (TDICT) Project, developed the following four-step, user-based process:

1. Broad identification of all market-available devices
2. Screening, clinical simulations, and pilot testing devices
3. Institutionalizing selected devices
4. Ongoing surveillance for efficacy and better devices

For more information on this process, contact your state nurses association for a copy of *ANA's Needlestick Prevention Guide*.

DESIRABLE CHARACTERISTICS OF SAFETY DEVICES

- The device is needleless.
- The safety feature is built into the device.
- The device works passively.
- The user can tell whether the safety feature has been activated. The safety feature cannot be deactivated and remains protective through disposal.
- If the device uses needles, it performs reliably with all needle sizes.
- The device is easy to use and practical.
- The device is safe and effective in patient care.