

# UC Medical Center

## SAFETY SPOTLIGHT

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### Needlestick Prevention

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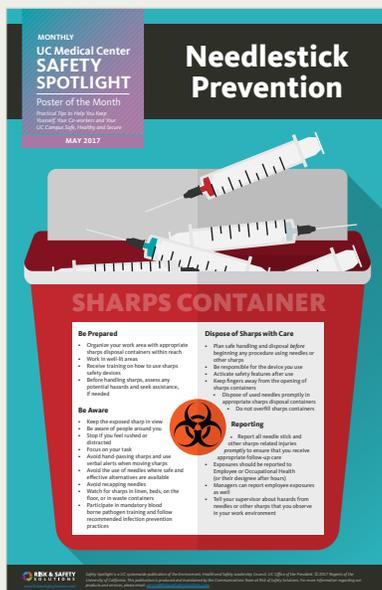
Needlestick Prevention

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#### POSTER OF THE MONTH



## Needlestick Prevention

Cal/OSHA's Bloodborne Pathogens [regulation](#) has been around for decades, yet preventable needlestick and other sharps injuries continue to happen. These injuries are a serious hazard in any healthcare setting. Contact with contaminated needles, scalpels, broken glass, and other sharps may expose healthcare workers to bloodborne pathogens that can cause serious or fatal infections. The pathogens that pose the most serious health risks include:

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human immunodeficiency virus (HIV)

### Who is at Risk?

Any employee who may come in contact with needles or other sharps is at risk, including nursing staff, patient care staff, laboratory staff, physicians, and EVS.

Taking a closer look:

- A study that focused exclusively on registered nurses caring for patients with diabetes estimates the number of needlestick incidents may be as high as 450 per 1,000 nurses each year.
- Another study involving *anonymous* reporting from nurses indicates the number of incidents is closer to 600 per 1,000 nurses regardless of the specialty.
- Estimates indicate that 600,000 to 800,000 needlestick injuries occur each year. Unfortunately, about half of these injuries are not reported.

## What Can be Done to Prevent Sharps Injuries?

Studies have shown that needlestick injuries are often associated with 3 primary work practices, including recapping needles, transferring a body fluid between containers, and failing to dispose of used needles properly in puncture-resistant sharps containers.

Sharps injury prevention programs that effectively reduce the incidents of sticks include:

- **An awareness campaign** – Reducing sharps injuries requires that healthcare workers have a full understanding of the magnitude of the issue. An awareness campaign can serve to prepare and motivate healthcare workers to make the changes needed to reduce sharps injuries.
- **A stewardship program** – Establishing a sharps stewardship program provides employees the opportunity to be directly involved in the injury reduction efforts by creating a system for reporting sharps injury risks and selecting safe devices.
- **Investigations** – Incident investigations are a critical part of any successful injury prevention program. Comprehensive investigations and documentation can provide valuable information for determining trends in sharps injuries, which allows for focused, efficient efforts to reduce the number of injuries from the use of needles and other sharps.
- **Training** – Training must effectively deliver prevention information to facilitate proper work practices.

### What you can do:

Avoid the use of needles where safe and effective alternatives are available. Select devices with safety features that reduce the risk of needlestick injury.

1. Do not recap needles.
2. Plan for the safe handling and disposal of needles and other sharps before using them.
3. Promptly dispose of used needles in appropriate sharps disposal containers.

4. Report all needlestick and sharps-related injuries promptly to ensure that you receive appropriate follow-up care.
5. Report any needlestick hazards you observe in your area.
6. Be knowledgeable; participate in training related to infection prevention.
7. Get a hepatitis B vaccination.

## A Sharps Stick Requires Prompt Action!

If you get stuck, don't panic. The first thing you'll need to do is cleanse the wound. According to the U.S. Public Health Service (USPHS) guidelines, you need only wash the area with soap and water. Do not pinch or squeeze blood out of the wound or douse the injured area in bleach. If you sustain an injury while you're in the OR or assisting with a procedure and do not have access to a sink, cleanse the site with either povidone iodine or isopropyl alcohol.

Following the immediate aftermath of the stick, it is essential that you report the incident promptly to ensure that you receive the appropriate follow-up care.

### Resources:

Lee, J., Botteman, M., et al. (2005). *Needlestick injury in acute care nurses caring for patients with diabetes mellitus: A retrospective study.* *Curr Med Res Opin*, 21(5), 741.

Aiken, L. H., Sloane, D. M., & Klocinski, J. L. (1997). *Hospital nurses' occupational exposure to blood: Prospective, retrospective, and institutional reports.* *Am J Pub Health*, 87(1), 103



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Send an email to [safetyspotlight@ucdavis.edu](mailto:safetyspotlight@ucdavis.edu) to submit your comments on the February issue or to suggest content ideas for future issues. We look forward to hearing from you!

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