Every day, nurses and other health care workers risk exposure to deadly viruses such as hepatitis and human immunodeficiency virus (HIV) as a result of injury from a used medical sharp, such as a needle or scalpel blade. These injuries expose workers to over 20 different blood borne diseases. However, the reality is that the majority of these injuries could be prevented.

In the UK, a small but significant number of health care workers have developed potentially life-threatening diseases. Since the late 1990s, 11 health staff have contracted hepatitis C from needle jabs and five HIV transmissions have also been confirmed.

While the majority of needlestick injuries are not life threatening, the possibility of developing infectious diseases such as hepatitis B, hepatitis C or HIV can cause immense distress, anxiety and anguish for nurses and other health care workers.

Needlestick injury – the key facts

An RCN survey of 4,407 nurses, carried out in November 2008, found that:

✦ almost a half of all nurses (48%) had been stuck by a needle or sharp that had previously been used on a patient
✦ over a half of nurses (52%) fear needlestick injuries either ‘a great deal’ or ‘a fair amount’
✦ nearly a half (45%) of nurses reported they have not received training from their employer on safe needle use
✦ 95% of nurses consider that the availability of safer needle devices is either ‘essential’ or ‘preferable’, yet only a half report that they currently have access to any such device.

The case for prevention

The European Agency of Occupational Safety and Health estimates that one million needlestick injuries occur every year. As the largest occupational group of health care workers, nurses deliver the largest portion of patient care and, not surprisingly, report the highest number of sharps and needlestick related injuries. Yet the majority of these injuries are preventable.

In the US, the Needlestick Safety and Prevention Act 2000 now requires employers to monitor the incidence of needlestick injuries and train their staff in appropriate safety procedures. What’s more, employers must provide safety engineered medical devices and related equipment to protect their staff from needlestick and other sharps injuries.

What is the RCN calling for?

The World Health Organization, European Agency of Occupational Safety, Health Protection Agency, and Health and Safety Executive all stress the importance of a preventative approach to needlestick injuries. Yet the 2008 RCN survey demonstrates that preventative approaches, which include the provision of safety devices and training, are by no means widespread.

Following on from the success of the legislative approach in the US and the results of the RCN survey, the RCN is calling for a legislative solution to this ongoing problem. Everyone has a part to play in preventing needlestick injuries and the RCN wants to see legislators, regulators and health care employers doing more to make sure that the following requirements are met:

A preventative approach

Needleless systems and safer needle devices, often called engineered solutions (e.g. safety lock syringes or retractable needles), are widely recognised as an effective means of preventing injuries and should, where available, replace conventional devices. Risk assessments must be carried out, and staff and their representatives need to be consulted on the choice of safety device.

Comprehensive policies

Health care organisations must have comprehensive policies in place which cover risk assessment, prevention, safe working practices (including disposal of waste and the use of protective equipment), outline responsibilities, and should detail actions following an injury, including how to access support services.

Effective training

Training is a key part of an organisation’s approach to managing the risk of needlestick injuries. Training should encompass safe working practices, how and why to report incidents, the use of safer needle devices, the safe disposal of waste and use of sharps bins, as well as post-incident actions – including how and when to access support. In tandem, supervision should be implemented to ensure what is learnt is applied in practice.

Appropriate support

All nurses should be able to access timely and competent advice following a needlestick injury, 24 hours a day, seven days a week. The emotional impact on staff and their family members can never be underestimated and access to effective counselling support – post-incident, while awaiting test results, and for the duration of an anti-viral medication course – is also essential.

References:


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