

## Needlestick Safety and Advocacy

### *For Healthcare Facilities*

#### Background

Over 380,000 needlesticks are taking place in the U.S. on an annual basis according to the Centers for Disease Control. This is equivalent to over 1,000 needlesticks on a daily basis and this figure does not include the significant underreporting of needlesticks. In light of these sobering statistics, it is vital for facilities to support the safety of front line healthcare workers and compliance with federal and state legislation. Legislation mandates employers to solicit input from frontline healthcare workers when identifying, evaluating and selecting safety-engineered sharp devices and expands the definition of engineering controls to include devices with engineered sharps injury protection and preferably those with passive controls like NeedleTape™. NeedleTape™ is a simple technology that has the potential to help prevent needlesticks. For more information visit <http://www.needletape.com>.

#### Cost Savings

In addition to the potential benefits of protecting the health and safety of healthcare workers, the adoption of safety devices has enormous cost potential according the General Accounting

Office (GAO)<sup>1</sup>. Healthcare costs are exceedingly high when healthcare workers acquire diseases through needlesticks. Merely the costs associated with testing run between \$3,000-\$9,000 per individual and up to a total of \$2.4 billion annually based upon current needlestick estimates<sup>2 3</sup>. If a healthcare worker does in fact contract a disease through a needlestick, treatment and other costs (testing, disability payments) escalate upwards towards \$1,000,000 or more. Other costs include lost wages and work time; emotional distress suffered by injured workers, their colleagues, and family members; reduced quality of life; and lives lost. Furthermore, the American Hospital Association estimates that in the case of Hepatitis C, a disease that can lead to liver failure, many healthcare workers are unaware they have the infection and as many as 85 percent can become chronic carriers. Moreover, the costs associated with liver transplant due to

<sup>1</sup> General Office of Accountability (GAO) Report to Congress on Costs of Safer Needle Devices:  
<http://www.gao.gov/new.items/d0160r.pdf>

<sup>2</sup> Stoker, R. Needle stick Injury Prevention:Business Briefing: Long Term Healthcare 2004:144-146. [document on the Internet]. [cited 2009 Sep. 1]. Available from: <http://www.touchbriefings.com>

<sup>3</sup> Jagger, J., et al., "Direct Costs of Follow-up for Percutaneous and Mucocutaneous Exposure to Body Fluids: Data from Two Hospitals," *Advances in Exposure Prevention* 3 (1998): 25-35.

Hepatitis C costs hundreds of thousands of dollars<sup>4</sup>.

[National Needlestick Safety and Prevention Act](#)

It is also clear that the adoption of safety devices may also reduce liability and workers compensation costs to hospitals when health care workers acquire diseases after a needlestick injury<sup>5</sup>. In addition to cost saving, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires all hospitals to comply with applicable local, state and federal regulations including OSHA standards as they pertain to needlestick safety.

### Other Resources

[OSHA Bloodborne Pathogen Prevention Guide](#)

[California OSHA Division of Occupational Safety and Health Compliance Information](#)

[National Institute of Occupational Safety and Health \(NIOSH\) Safer Medical Device Implementation in Health Care Facilities](#)

[CDC: NIOSH Bloodborne Pathogen Information](#)

[FDA: Center for Devices and Radiological Health](#)

[NIOSH Alert: Preventing Needlestick Injuries in Health Care Settings](#)

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<sup>4</sup> Pugliese, G., and Salahuddin, M., Sharps Injury Prevention Program: A Step-By-Step Guide (Chicago: American Hospital Association, 1999).

<sup>5</sup> General Office of Accountability (GAO) Report to Congress on Costs of Safer Needle Devices:  
<http://www.gao.gov/new.items/d0160r.pdf>