Health Care News

OSHA and Congress Press for Greater Protections Against Needlestick Injuries

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In May, 1999, the Occupational Safety and Health Administration ("OSHA") announced a plan to reduce the number of injuries health care workers get from needles and other sharp medical objects that potentially carry blood-borne illnesses such as AIDS and hepatitis. According to a 1997 report by OSHA, approximately 800,000 hospital-based workers are injured annually from accidental needle sticks. Those injuries can cause infections from blood-borne diseases, the worst of which include HIV/AIDS, and Hepatitis B&C.

OSHA's recent action stems in part from a report issued in May summarizing nearly 400 comments from health care facilities, workers, and other who respond to the agency's request for information ("RFI") last fall, which asked for ideas and recommendations on ways to better protect workers from contaminated needles or other sharp objects. Comments were provided by more than 300 individual health care facilities, including nursing homes, clinics, and acute care, tertiary care, rehabilitation, and pediatric hospitals, as well as individual health care workers, researchers, unions, educational institutions, professional and industry associations, and manufacturers of medical devices.

OSHA is pursuing a three-pronged approach to help minimize the risk of occupational exposure to blood-borne disease due to needle stick injuries. First, the agency has proposed that employers record on OSHA logs all injuries results from contaminated needles and sharps. Second, OSHA plans to revise its internal blood-borne pathogens

compliance directive later this year to reflect the newer and safer technologies now available. The directive is used by OSHA's compliance officers to enforce the agency's blood-borne pathogens standard. Third, the agency will take steps to amend the blood-borne pathogens standard.

In its review of the comments received from the information request, OSHA found that a variety of safer devices exist that can protect workers from needle sticks and sharp injuries. These devices are not being used widely enough, however, to substantially reduce the hundreds of thousands of injuries each year. Further, the report notes that training and education in the use of safer medical devices and safer work practices were an effective means of preventing needle stick exposure incidents. Nearly every health care facility responding to the RFI noted that a reduction in injuries had occurred after the introduction of a safer medical device. However, increased costs and staff resistance to change were the most frequently reported obstacles to adopting safer medical devices.

Many of the respondents described problems with sharps disposal containers. Overfilling was a frequently reported problem. Respondents often associated this problem with containers that were too small to accommodate the volume of sharps generated in the immediate area of use, employee inability to see the contents of the container in order to determine the remaining capacity, or lax container maintenance procedures.

Another concern related to the location and placement of containers. Some respondents noted a lack of containers in areas where they are needed as well as difficulties resulting from placement of the container at an inappropriate height. Respondents also noted that some containers had problems in design or construction. Most facilities were able to address these problems by using a different container. In addition, some respondents mentioned using materials developed by NIOSH to provide guidance

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on the selection, evaluation, and use of sharps disposal containers.

Overall, and most importantly, the respondents supported OSHA's interest in making safer medical devices available to employees. Some respondents, however, expressed reservations about any broad mandate requiring the use of safer medical devices, maintaining that the distinctive situations and needs or particular areas of practice (eg, dentistry, anesthesiology) must be taken into account, and that device efficacy and effects on patient care should be established prior to device adoption.

Congress is also getting involved in the needlestick injury reform. The Health Care Worker Needlestick Prevention Act was introduced in May in the House of Representatives. Modeled after a California state law enacted last year, the bill would amend OSHA's blood-borne pathogens standard to require the use of safe needles technology as the means for preventing needlestick injuries and require stricter reporting of needlestick injuries. Similar bills are now pending in state legislature across the country. In carrying out this requirement, employers would work with direct care health care workers who use such devices to ensure the appropriate selection of technology, develop written exposure control plans to identify and se-

lect existing needleless systems and sharps with engineered sharps protections, and use other methods of preventing the spread of blood-borne pathogens.

While there are an estimated 800,000 needlestick injuries annually, there is currently no uniform collection of data on sharps injuries to enable these incidents to be tracked, learned from, and prevented. The bill mandates an employer maintained sharps injury log detailing information about sharps injuries.

The Department of Health and Human Services would promulgate new regulations regarding conditions of participation in Medicare for those hospitals that are not covered by OSHA so that all hospitals across the country would, in effect, be covered by these new blood-borne pathogens requirements.

California became the first state in the nation to require such protections. California OSHA estimated that each needlestick injury costs between \$2,234 and \$3,832 for treatment, testing, and prophylactic drugs. Cal-OSHA also estimated that the California safe needles and sharps law, passed last year and effective this August, will save businesses and facilities over \$100 million per year in excess of the cost of the new devices.