Healthcare Workers And Needlesticks
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Citation

Abstract
Needlesticks are a problem occurring in the treatment of patients. This article promotes the use of needlefree systems.

Dr. Hacib Aoun contracted HIV, and later died of AIDS. Nurse’s Aide Peggy Ferro of San Francisco contracted HIV and passed away in 1998 at the age of 49. Registered Nurse Lisa Black contracted both HIV and Hepatitis C in her 20’s.

What the above healthcare workers have in common is that they contracted HIV or Hepatitis C while on the job, through accidental needlesticks from syringes or blood-collection tubes that contained infected blood. They are 3 of 590,000 US healthcare workers who sustain needlestick injuries each year.

The good news is that 90% of these needlesticks could be prevented if hospitals and healthcare facilities used FDA-approved retractable syringes. In the meantime, millions of needlestick injuries have occurred. Thousands of healthcare workers have contracted deadly blood borne diseases, such as HIV, Hepatitis B, and Hepatitis C. Hospitals and healthcare facilities have been slow in adopting and purchasing safer medical-devices for their staff. Why are healthcare workers still using unsafe needles? There are a number of reasons.

One reason is that currently, the price of these safety syringes is higher than that of conventional syringes. It is likely that the price of the safety syringes will come down as a result of market competition.

Another reason is lack of government support for the use of these safety devices, as is illustrated by the following examples.

Nine years ago, the Service Employees International Union (SEIU), which has a membership of 710,000 healthcare workers nationally, sent a petition to the Food and Drug Administration (FDA). The SEIU requested that the FDA “remove from the market unsafe needles and related devices.” The FDA refused to issue performance standards for needle-bearing devices, and instead encouraged medical-device manufacturers to voluntarily develop and adopt safer medical-devices. On November 29, 2000, the SEIU, along with The Public Citizen, again petitioned the Food and Drug Administration to enforce the replacement of non-safety syringes with safety syringes. According to Tim Ulatowski of the FDA’s Office of Dental, Infectious Disease, and General Hospital Devices, a response to the SEIU and the Public Citizen is forthcoming.

The U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) stated that their agency “does not advocate the use of one particular device over another”. OSHA says it is the responsibility of each individual healthcare facility administration to examine the “specific design features for recessed needle systems that the Food and Drug Administration has published” in their Safety Alerts, and to choose their equipment accordingly.

Additionally, there is little support for these safety devices from hospital administrators. This is so, despite the fact that hospital administrators could save money on treating needlestick injuries, and their secondary effects, by using safety syringes. The American Hospital Administration (AHA) represents healthcare provider organizations. AHA’s mission statement is to “advance the health of individuals and communities.” The AHA has not responded to this author’s inquiry on their position in regard to safety syringes versus conventional syringes used by their member hospitals and other healthcare facilities.

On November 6, 2000, one of former President Clinton’s last actions was to sign into law the Needlestick Safety and Prevention Act. Both the U.S. House of Representatives and the U.S. Senate unanimously passed this act. This
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legislation, which became effective on April 18, 2001, urges healthcare employers to select safer needle-devices as they become available, involve healthcare employees in identifying and choosing needle devices, and requires healthcare employers to maintain a log of injuries from contaminated needlesticks.

Jacobi Medical Center and North Central Bronx Hospital are 2 hospitals that have begun using the safety retractable syringes, as well as a related passive safety syringe, on a pilot trial basis. These hospitals are members of the New York City Health and Hospitals Corporation’s North Bronx Healthcare Network. According to Margaret Moylan, R.N., Network Associate Director of Infection Control, both hospitals have interdisciplinary committees consisting of doctors, nurses, and housekeeping and materials management staff. These committees recommended the use of the safety devices, which began limited trial usage at both hospitals in early 2001.

Ms. Moylan agrees with the positive research on the safety retractable syringe with regard to its high level of needlestick prevention rates. She indicated that at her hospitals the safety retractable syringe is primarily used for intramuscular injections. Ms. Moylan stated that patients needing injections of other types may benefit from other safety syringes, most notably, the passive safety syringe. These syringes, unlike the safety retractable syringe, require the user to flick a part of the syringe so that the needle becomes encased within the syringe.

While the retractable safety syringe and passive safety syringe are being tested at Jacobi and North Central Bronx hospitals, needlestick incidents and cost factors are being monitored, with a report to be released in latter 2001 based on the findings of these evaluations.

Hopefully, most U.S. hospitals and healthcare facilities will follow the lead of Jacobi Medical Center and North Central Bronx Hospital, so that accounts like that of 23 year old nursing school graduate Lynda Arnold will be a thing of the past. Ms. Arnold contracted HIV in a Pennsylvania hospital, after sustaining an accidental needlestick while treating an AIDS patient.

[Mr. Entes, the author of this article, has a Master of Arts degree in Psychology and a Graduate Certificate in Business Administration.]

References
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