HEALTH AND SAFETY

FACT SHEET

Preventing needlestick injuries

Sharp instruments – needles, scalpels, lancets or even glass – should all be considered as potential sources of infectious diseases, particularly those that are blood borne. A needlestick or a cut from a contaminated sharp can lead to serious consequences for workers. Every needlestick is a potential danger because an injury with a contaminated sharp can lead to infection from the hepatitis B virus (HBV), the human immunodeficiency virus (HIV) or any number of diseases that have been known to be transmitted by needlesticks. Studies have documented at least 20 different pathogens that could be transmitted by needlesticks.

Who is at risk?

CUPE members at risk from needlestick injuries include housekeeping staff, waste handlers, laundry workers, materials handlers, nurses' aides and laboratory technicians and technologists. In short, all health care workers who may be exposed to patients' blood or body fluids are at risk. Generally, CUPE members do not use the sharps that injure them. Most injuries occur as a result of someone else improperly disposing of a sharp. Thus, our members have an added disadvantage: since they are not usually the sharp user, they may not know the origin of a contaminated needle.

What are the dangers?

Even though many workers fear contracting AIDS, the risk of acquiring – and dying from – the hepatitis B virus is actually greater. A worker injured by a needle contaminated with the hepatitis B virus has a 6 to 30 percent chance of contracting hepatitis B infection. A worker stuck by an HIV–contaminated needle has a less than one percent chance of contracting HIV.

Prevention is the key

Needlestick injuries don't have to happen. The best way to prevent needlesticks and cuts from sharps is to eliminate contact with them. This means that whoever uses the sharp must dispose of the sharp immediately after its use. Employers must provide puncture resistant containers for sharps disposal. These containers should be located as near as possible to the working or procedure area, preferably within arm's reach.

A basic principle of occupational hygiene is controlling hazards at their source. Engineering controls can reduce worker exposure by either removing the hazard

or isolating the worker from danger. Engineering controls, such as sharps disposal containers are one type of control at the source. They are one of the primary means of controlling exposure to needlesticks. However, trying to control the hazard does not stop with puncture–resistant containers. In addition to the containers, employers should be using safer devices, needle–less systems or self–sheathing needles, which can reduce or prevent needlestick injuries.

Will Universal Precautions protect me?

Universal Precautions is a method of infection control by which all human blood and body fluids are treated as if known to be infectious for blood borne diseases. They should be used where there is a potential for contact with blood or other infected material.

Universal Precautions recommend that gloves, aprons or face shields be used for all potential exposure to blood and body fluids. It is important to be aware that the personal protective equipment (PPE) is only effective as a barrier to prevent skin, mouth, and nose or eye transmission of blood borne diseases. PPE will not protect workers from sharps injuries. In fact, there are currently no gloves available that provide protection against needlesticks.

Know your rights!

Every Canadian worker has three fundamental rights to safeguard their health and safety at work:

- Workers have the **'right to know'** about any dangers present in the workplace;
- Workers have the **'right to participate'**, through the joint health and safety committee, in the day–to–day detection and elimination of workplace hazards; and
- Workers have the **'right to refuse'** to work in conditions they believe to be dangerous to their health and safety, without repercussions or fear of reprisals.

Training

Employers have a duty to inform workers of the risks associated with needlestick injuries and blood borne pathogens. Training programs must be designed to bring together some of the following information:

- Providing workers with adequate information and discussion on blood borne disease and their modes of transmission;
- Controlling exposure through engineering controls;
- The use of personal protective equipment;
- Discussions and information on the hepatitis B vaccine and its availability through the employer;
- Role of the joint health and safety committee in accident and injury investigation and prevention;
- Handling exposures to blood and post exposure follow–up.

What should I do if I'm injured?

The first priority is to care for the wound. Wash the injured area well with soap or a disinfectant and water and promote gentle bleeding of the area.

See your own doctor as soon as possible after the injury. If you have not had the

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hepatitis B vaccine, you should start the vaccination procedure immediately. You should also get a hepatitis B immune–globulin (HBIG) shot unless you know the sharp did not come from an infected source. If possible, try to find where the needle or sharp came from; was it used? Did it have visible blood? Finally, make sure that all the necessary documents are completed: injury report, Workers' Compensation report, and any other necessary reports and make sure that your joint health and safety committee and your union receive copies.

Conclusions

The risk of needlestick injuries is a major hazard faced by CUPE members across the country. The use of sharps disposal containers for disposing of sharps at the point of use, together with a strong infection control program are essential to protecting workers. Most infection control programs are based on Universal Precautions; however, Universal Precautions cannot eliminate the risk of disease from needlestick injuries.

Needlestick injuries can be eliminated by demanding that employers provide puncture–resistant containers at each sharp point–of–use. In addition, employers must begin to use safer devices to eliminate the unnecessary use of needles. These devices are available now; they are not a dream of the future.

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