

EMERGENCY NURSES ASSOCIATION POSITION STATEMENT

PERCUTANEOUS SHARPS/NEEDLE STICK INJURIES

The physical, emotional, and financial consequences of percutaneous injury from contaminated sharps and needle sticks can be severe and sometimes fatal. All employers, emergency nurses, and other health care workers must assume the responsibility for preventing injuries to themselves and others. A safe work environment can be achieved through prevention activities to reduce exposure to needle stick and sharps injuries. Most percutaneous injuries are predictable and preventable; however, when they occur the individual should have immediate support and access to post-exposure evaluation and treatment.

It is the position of ENA that:

1. Nurses and other health care providers are a resource that must be safeguarded from needle stick and sharps injuries.¹
2. Most percutaneous injuries by needle sticks and sharps in the workplace are predictable and preventable occurrences.²
3. Employers have a legal and ethical obligation to follow the mandates of the OSHA bloodborne pathogen standard, and expert recommendations from the National Institute for Occupational Safety and Health (NIOSH) and the National Alliance for the Primary Prevention of Sharps Injuries (NAPPSI).^{3,4} Exposure control plans should:
 - a. Provide staff with primary prevention strategies and devices to eliminate or reduce employee exposure to contaminated sharps;
 - b. Provide employees with safety devices engineered to prevent needle stick and sharps injuries;⁵
 - c. Provide education and training on the use of these safety devices;
 - d. Involve front line nurses, including emergency department staff on applicable committees including exposure control, product selection, and safety committees; and
 - e. Have emergency department staff participate in failure mode and effects analysis (FMEA) techniques when new devices are considered for purchase.

Following a needle stick or sharps injury, emergency nurses and other ED staff should have immediate access to post-exposure evaluation and treatment as recommended by the CDC, which includes:

- a. Blood testing for HIV, HCV, and HBV;
- b. Testing of the source patient for bloodborne pathogens;
- c. Counseling; and
- d. Medication and treatment as identified in the CDC protocol.

4. The technology most effective in preventing needle stick and sharps injuries is passive safety devices (i.e., ones that do not require activation). These passive safety devices should be used whenever the technology is available. The use of needles, which require a nurse to use a second hand or perform an active measure in order to engage the safety feature, are inadequate to protect nurses from harm and their use is discouraged (e.g., needles that require the user to push a sheath down over the needle once it has been used or to snap a cover over the needle after it has been withdrawn from a patient.)
5. Emergency nurses should be offered the Hepatitis B vaccine at no cost, as required by OSHA.⁵
6. Employers should require emergency nurses to report all needle stick and sharps injuries, and that there should be no negative repercussions by the employer for reporting such occurrences.
7. Emergency nurses should be advised by their institutions on how to access:
 - a. OSHA 300 logs in order to learn what injuries are taking place in their work setting and to enable them to participate in programs to prevent injuries from recurring;
 - b. Sources of credible information post-exposure, such as the Post Exposure Prophylaxis Hotline (PEpline);
 - c. Employee assistance programs or professional counseling if requested; and
 - d. Other nurses who have experienced a needle stick or sharps injury, to enable information sharing and networking.
8. Emergency nurses should actively participate in staff safety and product evaluation committees.
9. Each emergency health care provider should assume responsibility for the safe disposal of sharps they have used.

References

1. Fisman, D.N., Mittleman, M., Sorock, G., & Harris, A. (2002, Aug.). Willingness to pay to avoid sharps-related injuries: A study in injured health care workers. *American Journal of Infection Control*, 30(5), 283-287.
2. United States General Accounting Office. (2000). Report number GAO-0 1-60R. *Occupational safety: Selected cost and benefit implications of needle stick prevention devices for hospitals*. Available: <http://www.gao.gov/new.items/d0160r.pdf>

3. Wilburn, S. (2000, Feb.) Preventing needle sticks in your facility. *American Journal of Nursing*, 100(2), 96.
4. Wilburn, S., Worthington, K., & Cohn, S. (2002, Jan.). JCAHO becomes a force in needle stick prevention: OSHA and JCAHO combine efforts to make your workplace safer. *American Journal of Nursing*, 102(1), 104.
5. Emergency Nurses Association. (2001). Position Statement: *Bloodborne infectious diseases*. Des Plaines, IL: Author.

Developed: 2003.

Approved by the ENA Board of Directors: July, 2003.

© Emergency Nurses Association, 2003.

Emergency Nurses Association
915 Lee Street
Des Plaines, IL 60016-6569
847/460-4000