OSHA Needlestick Safety
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Program Description

Prior to the passage of the Needlestick Safety and Prevention Act of 2000, it was estimated that 600,000-800,000 accidental needlesticks were reported annually. Additionally, 5.6 million healthcare workers are at risk for additional injuries. Of these injuries approximately 62-88% are preventable. Since many pharmacists are now involved in administering injections or sampling blood, the new law applies to them with significant fines for non-compliance. Health –care practitioners attending this session will receive the required OSHA training, as well as the knowledge of the mechanism to become compliant with this law.

Course Objectives

1. Implement a policy and procedure that meets OSHA’s requirements on safe-needle practices.
2. Recognize potential bloodborne hazards.
3. Complete the requirements for training on safe-needle practices

The Needlestick Safety and Prevention Act of 2000

The Needlestick Safety and Prevention Act was signed into law on November 6, 2000 and takes effect April 18, 2001. This federal law revises the Occupational Safety and Health Act (OSHA) of 1970 to include safer medical devices, to require an exposure control plan, to require a sharps injury log and to obtain input from employees to implement these rules. This act will be enforced by OSHA inspection procedures and violators will be fined.

Citations can be issued for the following:

- Failure to have an Exposure Control Plan and to review and update the plan at least yearly
- Failure to review and implement safer medical devices
- Failure to have a mechanism to document exposure incidents
- Failure to comply with CDC recommendations for post-exposure evaluation and follow-up

Each employer must develop the Exposure Control Plan with input from all employees potentially affected. It must be designed to eliminate or minimize employee exposure to biohazards. This plan must be made available to these employees upon request (if the employee prefers a hard copy, this must be also provided). Each employer must identify employees at risk to provide to them training, protective equipment, and vaccination. The employees identified are those that have the potential for an occupation exposure to blood-borne pathogens. They must receive initial and annual training on the hazards associated with exposure to biohazards and the protective measures to minimize the risk of exposure. Any change that occurs in the facility will require additional training. The training elements must include:

- A copy of the regulations
- An explanation of the epidemiology and symptoms of blood- borne pathogens
- Modes of transmission of blood-borne pathogens
- Detailed explanation of the exposure control plan
- Recognition of potential hazards
- Methods to prevent or reduce exposure
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- How to select proper personal protective equipment
- Hepatitis B vaccination (including efficacy, safety, administration techniques, benefits, and that it will be provided free of charge). A specifically worded and signed statement of refusal of Hepatitis B vaccine must be kept on file
- Appropriate actions to take upon exposure
- Information on the post-exposure evaluation and follow-up the employer is required to provide for employees
An explanation of the signs and label of biohazard materials and containers
An opportunity for interactive questions

There are additional requirements for training in special situations (such as HIV and HBV laboratories). Records of this training must include the dates of training, content of training, who conducted the training and the names and job titles of all attending.

Safer medical devices must be evaluated by the employees that will be using them. The law does not specify which devices should be used. By definition, the safety devices should have:

- A feature that provides a barrier between the hands and the needle after its use
- A feature that requires the worker’s hands to remain behind the needle at all times
- A feature that is an integral part of the device and not a separate accessory
- A feature that can not be deactivated and remains in effect after disposal
- A feature that is simple and requires minimal training to use

Several devices have been manufactured to meet these requirements. Some examples are retractable needles, needle sheaths and needle shields. Contaminated needles and other sharps shall not be bent, recapped, or removed from a syringe.

Sharps containers are an important part of the prevention of exposure. Several important requirements regarding the containers are that they are closable, puncture resistant, leak proof, labeled in accordance to OSHA regulations, kept as close as possible to the site where the injection occurs, not over filled, closed prior to transport, and stored in an area of limited access and where contamination of food and drink is not possible.

The Exposure Control Plan must also include elements of record keeping. Records of employees training, hepatitis B vaccination status, exposure incidents, the post-exposure evaluation, and copies of examinations, medical testing and follow-up must be kept. The sharps injury log must include the type and brand of device involved in the incident, the location where the incident occurred, and an explanation of how the incident occurred. Most of these records must be kept for the duration of employment plus 30 years and confidentiality must be observed.

If an employee reports an exposure incident, immediate evaluation and follow-up must be provided. The following must be documented:

- Route of exposure and circumstances of the incident
- Identification of the source, unless prohibited by law
- Blood testing of the individual after consent is obtained
- Collection of blood for the serologic status of the employee
- Post-exposure prophylaxis, as recommended by the U.S. Public Health Service
- Counseling
- Evaluation of reported illnesses

This summarizes many of the new rules, however the complete rules and regulation should be reviewed by anyone who administers injections or obtains blood samples.

Additional information can be obtained at the CDC-NIOSH and OHSA websites

- [http://www.cdc.gov/niosh](http://www.cdc.gov/niosh)
- [http://www.osha.gov](http://www.osha.gov)