

# Sharp end

**Needlestick injuries are up there with slips, trips and falls as one of the top accident risks in UK hospitals. Safer devices are available and would remove a possibly lethal infection hazard - so why aren't hospitals using them?**

**L**ast year, health service union UNISON launched its "Safer needles, safer staff" campaign (Hazards 67).

The union is asking members nationwide to write to their local health trusts, urging them to ban old-fashioned, unsafe needles.

The benefits of such a move are obvious. "Sharps" injuries can transmit fatal diseases including Hepatitis B and C, as well as HIV, the infection that leads to AIDS.

UNISON estimates there are 100,000 health care injuries involving needles and sharps a year. A 1996 National Audit office report identified needlestick injuries as the joint top reported accident affecting NHS trust staff, accounting for 16 per cent of all reported accidents.

Workers at risk include nurses, operating assistants, phlebotomists, porters, cleaners, laundry and refuse workers.

But the UK health service, unlike its US counterpart, which is now increasingly forced by law to use safer devices, is proving dangerously slow in responding to the problem.

Earlier this year, Elizabeth Campbell, nursing director at West Lothian Acute NHS Trust, said in a leaked report that retractable syringes were safer, but added: "A brief costing analysis was carried out and projections for use at this stage are prohibitive with a potential annual cost of £176,000. My recommendation is that we do not use this item at the moment."

This attitude shocked unions. Jim Devine, UNISON's organiser for health in Scotland, said the union would sue NHS trusts and needlestick manufacturers if NHS staff received injuries from needlesticks.

"This epidemic must be stopped. Needles are disposable but people are not. NHS trusts know that alternative technology is available that would reduce needlestick injuries by 90 per cent."

Needlestick injury stats aren't good. The Public Health Laboratory Service (PHLS) publishes figures from its voluntary surveil-

lance scheme, but cases can be overlooked, not attributed to work or kept quiet for fear of discrimination.

Still, the risk is not just theoretical. Latest figures show there have been four "definite" cases of occupationally-acquired HIV in UK health care workers, with a further eight "possible" cases. Seven of the 12 affected workers were nurses. UNISON says it knows of others.

And a September 1999 report from PHLS said that between July 1997 and June 1999 there were 477 initial reports of health care workers being exposed to HIV, Hepatitis B or Hepatitis C viruses.

UNISON argues that existing safety laws should require a shift to safer alternatives.

Jon Richards, UNISON's national officer for health, said: "Regulation 7 of the Control of Substances Hazardous to Health (COSHH) Regulations, which requires engineering controls to prevent the risk posed by hazardous substances, including biological agents, can be used to argue the case for retractable needles in UK hospitals."

The cost argument doesn't wash, he says. The alternative devices are falling in price, and the social, medical, legal and compensation consequences of potentially fatal infections could far exceed the costs of prevention.

Last year, a doctor was awarded £465,000 after she developed a career-

ending needle phobia following an injury. UNISON has dealt with over 200 needlestick compensation claims since 1996.

A recent World Health Organisation (WHO) briefing advised that the price of safer devices was edging closer to that of the dangerous ones and had already dropped from about six pence to a little more than four pence - as cheap as some conventional devices - and would drop further this year.

UNISON has written to ministers Lord Whitty and John Denham asking for legislation. The European public service unions' umbrella group EPSU is considering running a European campaign on the issue.

The campaign is already having an impact. UNISON says manufacturers are reporting a significant increase in requests for information and trials of safer needles. And HSE, the Department of Health and the Medical Devices Agency have met to discuss the situation and will report back shortly.

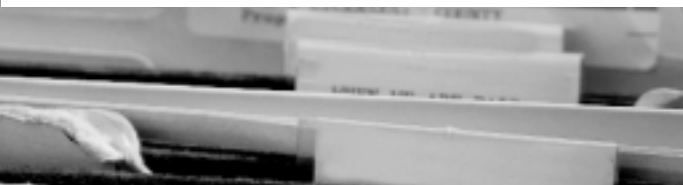
UNISON is extending its campaign to include other affected staff, including local authority caretakers and refuse collection staff.

*Evans BG and others. Occupational acquisition of HIV infection among healthcare workers in the United Kingdom: data to June 1997. Communicable Disease and Public Health. Vol. 1, no. 2, pages 103-107, 1998.*

*Surveillance of health care workers exposed to bloodborne viruses at work: July 1997 to June 1999. Communicable Disease Weekly, vol. 9, no. 36, 2 September 1999. PHLS website: www.phls.co.uk.*



## C A S E H I S T O R I E S



### BLOODY MESS

**A** hospital porters' department in an inner city area with a significant number of HIV/AIDS patients reported a series of incidents towards the end of 1999. Mixed dangerous waste bags were found in unlocked clinical waste cupboards, easily accessible to the public. A number of blood-filled syringes were found resting on laundry and yellow clinical waste bags, a 17-inch chest drain sticking out of one. Overflowing sharps bins were put in storage cupboards.

National and local UNISON attempts to

get a Health and Safety Executive (HSE) inspection failed. Early this year, a UNISON steward received a needlestick injury when handling a black bag. He is now on PEP (post-exposure prophylaxis, drug treatment to limit the chances of disease developing). He is a Hep B non-responder – the Hepatitis B vaccine doesn't work for him – and has reacted badly to the drugs and is suffering considerable stress from worry.

After further UNISON HQ intervention HSE paid a quick visit to the site and said it planned a more rigorous inspection.

### STUCK WITH STRESS

**A** nurse and UNISON member sustained an injury from a needle that had been used in the care of a patient who had full-blown AIDS. The patient died three weeks later.

The nurse was placed on PEP treatment, taking three separate drugs four times daily

for one month. The drugs have caused severe side effects, including nausea, diarrhoea, vomiting, insomnia and lethargy. She has developed a depressive disorder. She now has angina and high blood pressure, which may be associated with the incident.

### HOW A DANGEROUS NEEDLE GAVE ME HIV

**I**n 1992, just four months out of nursing school, Linda Arnold received her first and only needlestick injury at a Pennsylvania, USA, hospital.

Linda recalls: "I was removing an intravenous needle from a patient when he moved his arm, knocking the needle into my left palm. I found out two hours later that the patient had AIDS. I had been wearing gloves and followed all the universal precautions for preventing cross infection as I was fresh out of college. All the older nurses used to laugh at me for sticking to procedures."

Linda's hospital had a "post exposure employee protocol." She completed the relevant accident and incident forms and she went into a testing programme.

Unfortunately, the hospital did not employ a PEP drug regime which could have reduced the risk of HIV transmission.

Six months later Linda tested HIV positive.

Linda is now an ardent campaigner for the introduction of safer needle devices.

"Because of the support I had it wasn't hard for me to stand up and say 'yes, I'm positive and I got it from a needle', but for other workers it's harder to make a stand – there are only a few of us in the States who are willing to do so, but we know there are a lot more."

"I hope my story will help convince people of the dangers of older needles. People say that the cost of these needles is high – well I take 22 pills a day, my treatment is not cheap."

PEP drug treatments for infection-exposed staff was first recommended by the UK Department of Health as recently as 1997.

Interview by Jon Richards, UNISON health services safety specialist.

### US union points the way

In January this year, New Jersey became the fifth US state to pass safe needle legislation to protect health care workers from HIV, hepatitis and other infection risks. The move follows a year long, highly successful campaign by US health services union SEIU (see *Hazards* 65).

"We are on the way to making 2000 the year when no health care worker has to fear these preventable injuries," said SEIU President Andrew L Stern. This year, 17 states are expected to take up safe needle legislation.

In November 1999, the US Centers for Disease Control reported that between 600,000 and 800,000 health care workers are accidentally stuck each year by conventional needles.

Safer needles can prevent most of these injuries and illnesses by retracting, covering or blunting needles.

*SEIU guide to preventing needlestick injuries.* Contains information on bloodborne diseases, safer devices, sharps containers, checklists on safety procedures, lists of safer products and pointers for organising around the issue. Details from: Service Employees International Union, 1313 L Street, NW, Washington, DC 20005, USA. <http://www.seiu.org/>

US government guidance: *NIOSH Alert. Preventing needlestick injuries in health care settings.* DHSS (NIOSH) publication no. 2000-108. Fax: 00 1 513 533 8573. email: [pubstaff@cdc.org](mailto:pubstaff@cdc.org) web: [www.cdc.gov/niosh](http://www.cdc.gov/niosh)

*Sorting sharps:* The US TDICT project works with health care workers to assess the safety of medical devices. Tel: 00 1 415 431 4336. email: [TDICTPROJ@aol.com](mailto:TDICTPROJ@aol.com) web: [www.tdict.org](http://www.tdict.org)



photo EARL DOTTER