

# WASHINGTON HOSPITAL SERVICES MONTHLY

January 2019

## Did you know?

One sharps injury can cause a number of direct & indirect costs, including:

- Loss of employee time
- Cost of staff to investigate the injury
- Expense of laboratory testing
- Cost of treatment for infected staff
- Cost of replacing staff



whether infectious disease counseling was offered to the worker, past needle stick history, current medical treatment and future follow up testing and treatment. All needle stick exposures that involve contact with a patient source who has tested positive for HIV or HCV, will be monitored for one-year post exposure laboratory procedures. Generally, the claim is allowed for the puncture wound and subsequently closed. However, any costs incurred as a result of follow-up testing will be paid on the closed claim.

## Prevention

- Avoid recapping needles.
- Before beginning any procedure using needles, plan for safe handling and proper disposal.
- Help select and evaluate devices with safety features.
- Use devices with safety features.
- Report all needle stick and other sharp-related injuries.

## CLAIM MANAGEMENT TIPS: NEEDLE STICK INJURIES

The Centers for Disease Control and Prevention (CDC) estimates that about 385,000 sharps-related injuries occur annually among health care workers in hospitals. It has been estimated about half or more of sharps injuries go unreported. Most reported sharp injuries involve nursing staff, but laboratory staff, physicians, housekeepers and other health care workers are also injured.

### Overview

A sharps injury is a penetrating stab wound from a needle, scalpel, or other sharp object that may result in exposure to blood or other body fluids. Sharp injuries are typically the result of using dangerous equipment in a fast-paced, stressful, and understaffed environment.

Due to the strenuous demands, health care workers are at increased risk of needle stick injuries. Blood-borne pathogens (BBPs) that could be transmitted by such an injury include human immunodeficiency virus (HIV), hepatitis B (HBV), and hepatitis C (HCV). However, there is a low percentage of ever contacting any of these diseases, but that does not deter our approach to preventing these injuries from happening.

Employers are required to protect workers who may be exposed to BBPs as a result of performing their job duties. Employers must develop and implement a written Exposure Control Plan with details on the protective measures in place to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens. Check the following important WACs:

1. Exposure Control Plan ([WAC 296-823-11010](#))
2. Personal Protective Equipment (PPE) ([WAC 296-800-160](#))
3. Contaminated Sharps Handling ([WAC 296-823-14010](#))

### Claim Management

At the time of our initial claim review, a “**Needle Stick Questionnaire**” will be sent to the employee. This will allow us to document the patient source,