

New study showing compelling evidence on effectiveness of safety-engineered devices supports new efforts by government to drive compliance.



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GOVERNMENT STEPS UP ENFORCEMENT OF NEEDLESTICK SAFETY LAW

PART III IN HIDA'S SERIES ON THE NEEDLESTICK SAFETY LAW

The Needlestick Safety and Prevention Act was unanimously passed by Congress in November 2000 and was fully enacted into law on July 17, 2001. OSHA was given enforcement responsibility for this law by incorporating these new legal requirements into the Bloodborne Pathogen Standard.

Since enactment of the law, different segments of the healthcare community have moved towards safety compliance at different rates. Most hospitals and nursing homes have made substantial strides at implementing safety-engineered devices. Other segments, like physician offices and freestanding outpatient clinics are moving much slower.

A variety of recent initiatives at the federal level will likely result in a much more aggressive approach by OSHA to enforce the needlestick safety law, leading toward increased conversion by all healthcare facilities to safety-engineered devices.

■ CONGRESS ASKS OSHA FOR PLANS TO INCREASE COMPLIANCE

Congress has asked OSHA to measure progress toward greater safety within the medical and health care industry. Among the measurements that Congress has requested are the percentages of hospitals, doctors' offices, outpatient clinics, long term care, and other facilities that have complied with the law. Further, where compliance among segments of the industry is low, Congress has asked OSHA how it plans to increase compliance.

■ NEW CONGRESSIONAL ACTION COULD MAKE NON-OSHA COMPLIANCE A FELONY OFFENSE

Senator Jon Corzine, (D- N.J.), circulated a letter to other Senators last month seeking support for a proposed Wrongful Death Accountability Act, which would increase to 10 years from 6 months the maximum criminal penalty for employers who cause the death of a worker by willfully violating safety laws. We are told this measure is gaining bi-partisan support in Congress and is likely to lead to specific legislation addressing workplace safety violations. This would include violations of the Needlestick Safety and Prevention Act that lead to employee deaths from infectious bloodborne diseases.

Currently, employers found to be in violation are subject to fines and six months in prison. If violations are made a felony offense, employers found guilty would face a much harsher penalty. Even for those employers acquitted of charges, mounting a legal defense against a felony charge would incur significant costs in time, money, and community relationships.

■ BUSH ADMINISTRATION DIRECTS OSHA TO RAMP UP INSPECTIONS

The Bush Administration recently announced new policies directing OSHA officials to conduct more follow-up inspections of employers in violation of workplace safety regulations. The new policies also call for greater coordination among OSHA inspectors, who will be working to link incidents at all sites owned by the same corporate parent, including group physician practices with multiple locations and multi-hospital systems. This gives OSHA new ability to go after organizations that continually ignore safety regulations.

■ OSHA SENDS DIRECTIVE TO PHYSICIAN ASSOCIATIONS THAT THEY MUST COMPLY

OSHA recently issued letters to physician associations to clarify the interpretation of the needlestick safety law, responding to questions raised by the Joint Council of Allergy, Asthma and Immunology (JCAAI) and the American Academy of Pediatrics. In both cases, the associations sought to clarify if their members needed to comply with the safety law. In both cases, OSHA's letter in response was very clear:

To the JCAAI: "Employees giving injections, regardless of the needle type or size being used, have occupational exposure to blood; the employer must use engineering controls to eliminate or minimize those exposures [29 CFR 1910.1030 (d)(2)(i)]. Engineering controls, [e.g., sharps with engineered sharps injury protection (SESIPs) and needleless systems—see definitions in 29 CFR 1910.1030 (b)] must be evaluated, selected, and put into use..."

To see the complete letter to American Academy of Pediatrics, go to: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=24003&p_text_version=FALSE

WHY IS THE GOVERNMENT STEPPING UP THEIR ENFORCEMENT OF THE NEEDLESTICK SAFETY LAW?

Evidence continues to mount, as from the study below, regarding the efficacy of safety devices in reducing injuries among clinicians.

A recent study published in **Advances in Exposure Prevention*** provides statistical data on the effectiveness of safety-engineered devices in reducing needlestick injury rates. The study utilized data from the EPINet¹ Surveillance Network to measure percutaneous injury (PI) rates to nurses from 1993 to 2001. The study data indicate there was a 51% reduction in PI rates over the eight year period. This study provides compelling evidence regarding the effectiveness of safety-engineered devices in reducing the risk and incidence of sharps injury to healthcare workers.

As concluded by the authors, "Such data support the benefit of the new technology in reducing percutaneous injury risk... benefits that will continue to increase as compliance with the Needlestick Safety and Prevention Act comes closer to 100%."

For more information on the study, visit the Healthcare Worker Safety Center's Web site at: www.med.virginia.edu/epinet.

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AS REPORTED BY THE AMERICAN MEDICAL ASSOCIATION, REPORT 1 OF THE COUNCIL ON SCIENTIFIC AFFAIRS (A-00):

"Scientific data now appear to indicate that the appropriate use of needlestick prevention devices, especially in comprehensive prevention programs, significantly reduces the incidence of needlestick injuries. Additionally, cost analyses are beginning to indicate that in the long term, the use of needlestick prevention devices will be cost-effective and most importantly, save health care workers the emotional and physical trauma associated with needlestick injuries."

For more information, visit the AMA Web site at: www.ama-assn.org.

WHAT IS THE NEEDLESTICK SAFETY AND PREVENTION ACT?

This law requires employers to identify, evaluate, and implement safer medical devices. Employers whose employees are exposed to blood, body fluids, and other potentially infectious material are now required to select and use safer needle devices; involve employees in identifying and choosing the devices; and maintain a log of workplace injuries from contaminated sharps.

Employers must also update their Exposure Control Plan and document the process used to evaluate and select safety devices.

Resources:

The Federal Needlestick Safety and Prevention Act • <http://hsc.virginia.edu/medcntr/centers/epinet/billtext.html>

Occupational Safety and Health Administration (OSHA) • <http://www.osha.gov>; (800) 452-9595

Needlestick Injuries • <http://www.osha-slc.gov/SLTC/needlestick/index.html> features recent news, recognition, evaluation, controls, compliance, and links to information on effective engineering controls.

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