



## TDIC: Employee Needlestick Injuries are Prevalent and Preventable

By TDIC Risk Management Staff

The Dentists Insurance Company reports employee needlestick injuries as the most prevalent workers' compensation claim and, more often than not, the needles have been contaminated from a patient injection.

There is often a pattern of behavior related to needlestick injuries.

"The injuries frequently occur when breaking down instrument trays following a procedure," said Deborah Boyd, workers' compensation manager for TDIC.

Boyd said it's common to hear that the employee was removing the anesthetic carpule or removing the needle from the syringe and the cap slipped off of the needle.

"Instrument punctures usually occur during cleaning of the instruments in preparation for sterilization," she noted.

The Centers for Disease Control and Prevention report disposal-related and improper disposal as causes for 22 percent of needlestick injuries. Cleanup related injuries account for 11 percent and handling or passing of a device during or after use cause 10 percent of needlestick injuries.

Boyd emphasized the necessity of following Occupational Safety and Health Administration's Bloodborne Pathogen Standard outlined at [osha.gov](http://osha.gov) to help minimize such injuries. OSHA's standard applies to all employers with employees who have occupational exposure to blood or other potentially infectious materials, regardless of how many workers are employed.

In addition to OSHA's nationwide protocols, the agency also approves state plans. Each state has the option to establish its own safety protocols in addition to OSHA's general protocols. Twenty-five states have done so. These safety plans can be found on OSHA's website under resources. The National Institute for Occupational Safety and Health and the Centers for Disease Control and Prevention also have several documents related to the prevention of occupational exposure to blood.

To help reduce the risk of needlestick accidents and exposure to bloodborne pathogens such as hepatitis B, hepatitis C, and human immunodeficiency virus (HIV), dentists are required to use "universal precautions" and to have an exposure control plan with details on employee protection measures. The plan must specify use of a

combination of engineering and work practice controls including: personal protective clothing and equipment, training, medical surveillance and hepatitis B vaccinations, and signs and labels.

Infection control experts recommend minimized contact with needles and other sharp devices as well as engineering controls and safe work practices.

Engineering controls include safety syringes designed to eliminate recapping and removing the needle after use. One type of safety syringe has a sliding plastic tube that covers the needle so it does not need to be recapped.

Sharps containers are also considered an engineering control. Experts recommend immediate disposal of sharps, including disposable syringes and needles and scalpel blades in puncture-resistant containers located near where sharps are used. Strict observance of the "full" line on sharps containers is advised. When sharps reach the "full" line, put the cap on the container and remove it from service. Arrange for pickup, mail away, or dispose according to your state and local regulations.

Other safety measures include not bending or breaking needles before disposal, avoidance of passing a syringe with an unsheathed needle and storage of reusable sharps in containers with wire basket liners that can easily be removed for cleaning and disinfecting. If a needle must be bent for a dental procedure, it should be done in the safest possible manner.

The Needlestick Safety and Prevention Act requires the involvement of non-management employees in evaluating and choosing devices. The act also mandates employers to keep a sharps injury log. This requirement may vary state to state, however, TDIC Risk Management analysts recommend that all dental offices maintain a record of sharps injuries.

According to OSHA, the log must contain, at a minimum, information about the injury, the type and brand of device involved in the injury, the department or work area where the exposure occurred, and an explanation of how the incident occurred. The log must be recorded in a way that protects the confidentiality of the injured employee.

The next RM Matters will discuss reporting protocol in the event of a needlestick injury.

Question about needlestick injuries? Call TDIC's Risk Management Advice Line at 800.733.0634.

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