



Defense and Rescue Strategies for Nurses

A Continuing Risk for Healthcare Workers

Needlesticks and other sharps-related exposures to bloodborne pathogens (including HIV, hepatitis B virus, and hepatitis C virus) continue to pose a significant occupational risk for healthcare workers. Largely preventable, these injuries are all-too-common events that create a significant burden for exposed workers, even if they don't lead to infection.



Between 2002 and 2007, there was measurable progress in injury reduction linked to conversion to Sharps with Engineered Sharps Injury Protections (SESIPs). But since 2010, previously declining injury rates have consistently leveled off. Ongoing national injury surveillance ended in 2007, so we can't identify nationwide trends or determine what factors

might be contributing to this leveling off. This lack of data can lead to complacency; however, nurses—who are on the front line of this issue—need to continue their diligence and even renew their commitment to prevention.

Data from the National Surveillance System for Health Care Workers (NaSH) show that nurses sustain the highest number of percutaneous injuries (44%). Nurses are the predominant occupational group injured by needles and other sharps, in part because they are the largest segment of the workforce at most hospitals.



Sharps injuries: Facts and figures

385,000

Estimated number of hospital-based worker exposures each year

50%

Estimated percentage of sharps injuries that go unreported

\$500-5,000

\$500 to \$5,000 Estimated direct cost of each sharps injury

64%

64% Percentage of sharps-related blood exposures that are preventable

Source: Centers for Disease Control and Prevention

*Content adapted from:
Sharps Injuries: Where We Stand Today, by Karen A. Daley, PhD, RN, FAAN
American Nurse Today (February 2017).*

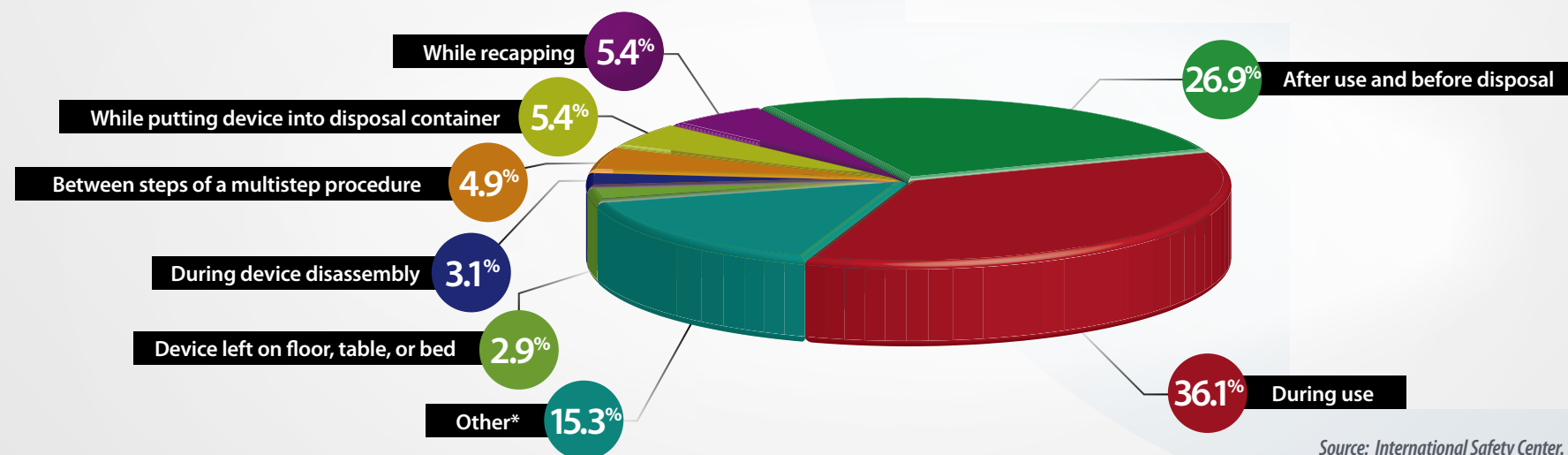


When did the needlestick injury from the disposable syringe occur?

Although occupational HIV and hepatitis seroconversion is relatively rare, the risks and costs associated with a blood exposure are serious and real. According to the CDC, costs include the direct costs associated with the initial and follow-up treatment of exposed healthcare personnel, which are estimated to range from \$71 to almost \$5,000 depending on the treatment provided.

Costs that are harder to quantify include the emotional cost associated with fear and anxiety from worrying about the possible consequences of an exposure, direct and indirect costs associated with drug toxicities and lost time from work, and the societal cost associated with an HIV or HCV seroconversion.

When needlestick injury from the disposable syringe occurred.



Source: International Safety Center. Exposure Prevention Information Network (EPINet®). Data specific to nurses. 2009-2013.

Why preventable sharps-related blood exposures occur

- failure to convert to sharps with engineered sharps injury protection (SESIPs) where appropriate
- poorly designed SESIPs
- inadequate training
- rushed care
- staff shortages
- unanticipated patient movement
- failure to properly activate SESIP features
- improper disposal of contaminated sharps
- failure to adopt evidence-based work control practices, such as avoiding hand-to-hand passing of contaminated sharps in operating rooms

Proactive Steps for Yourself and Your Colleagues

1

Get involved in evaluating and selecting sharps devices. The law mandates that as direct users, nurses must have an opportunity to be involved in evaluating and selecting SESIPs, to help ensure the most appropriate and effective devices are integrated into patient-care settings.

2

Implement effective work control practices. Best practices for injury prevention include total elimination of sharps recapping and hand-to-hand passing of contaminated sharps in procedure or operating rooms.

3

Make sure to get training on new SESIPs. As a rule of thumb, if a device requires hours of training, it's not a good device. The most effective devices are easy and intuitive to use.

4

Eliminate conventional devices where SESIPs are available and appropriate. Injuries from using devices without SESIP features where safer alternatives exist are still unacceptably high.

5

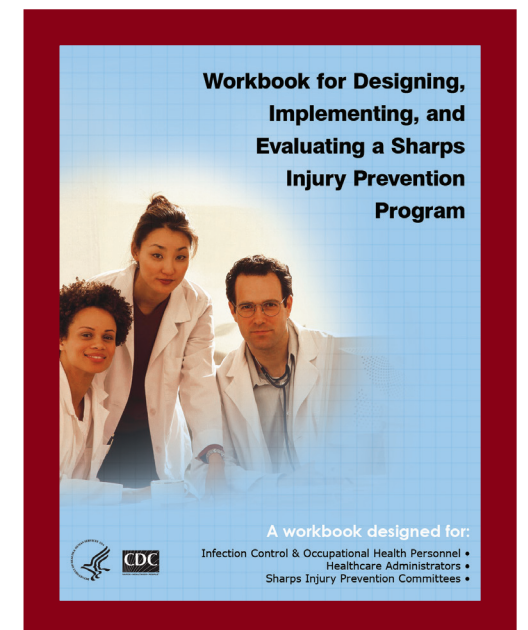
Fully activate SESIP features. Failure to fully activate safety features increases your injury risk.

6

Report all injuries. If you sustain a sharps injury, don't conduct your own risk assessment. Not only could self-assessment deprive you of needed care, but it could also contribute to underestimation of injury rates in your care setting. We can't learn from sharps injuries that aren't acknowledged.



Download this comprehensive workbook from the Centers for Disease Control and Prevention



If You Are Exposed

If you have been stuck by a needle or think you have been exposed to HIV, Hepatitis B or C, follow the steps outlined below immediately

- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Report the incident to your supervisor
- Immediately seek medical treatment

Source: The National Institute for Occupational Safety and Health

Learn More



How long after exposure can you expect a positive test if infected?

Hepatitis C: HCV infection can be detected by anti-HCV screening tests (enzyme immunoassay) 4–10 weeks after infection. Anti-HCV can be detected in >97% of persons by 6 months after exposure. HCV RNA appears in blood and can be detected as early as 2–3 weeks after infection.

Hepatitis B: HBsAg will be detected in an infected person's blood an average of 4 weeks (range: 1–9 weeks) after exposure to the virus. About 1 of 2 patients will no longer


be infectious by 7 weeks after onset of symptoms, and all patients who do not remain chronically infected will be HBsAg-negative by 15 weeks after onset of symptoms.

HIV: There are two types of tests available for HIV:

- **Antibody tests** detect the presence of antibodies, proteins that a person's body makes against HIV, not HIV itself. Most HIV tests, including most rapid tests and home tests, are antibody tests. It can take 3 to 12 weeks for a person's body to make enough antibodies for an antibody test to detect HIV infection. In general, antibody tests that use blood can detect HIV slightly sooner after infection than tests done with oral fluid.
- **Combination or fourth-generation tests** look for both HIV antibodies and antigens. Antigens are a part of the virus itself and are present during acute HIV infection. It can take 2 to 6 weeks for a person's body to make enough antigens and antibodies for a combination test to detect HIV. Combination tests are now recommended for testing done in labs and are becoming more common in the United States. There is also a rapid combination test available.

Sources: Centers for Disease Control - Viral Hepatitis - Hepatitis C Information. Hepatitis B Information. HIV/AIDS

The Case for Coverage

 SHA estimates that 5.6 million workers in the healthcare industry are at risk of occupational exposure to blood-borne pathogens. Nursing staff are the most frequently injured.

Most nurses' existing Workers Compensation and Employer Health Insurance provide basic levels of coverage but fall short when it comes to lost wages and coverage for HIV and Hepatitis treatment.

Workers Compensation typically only pays 50-60% of an average nurse's salary. Other insurance (RESCUE for Nurses) coverage helps to fill the gap of lost income during a Workers Compensation claim period. In addition, state-of-the-art drugs to cure Hepatitis C are costly (\$1,000 per pill), and the treatment cycle may not be accepted by most health insurance plans. RESCUE for Nurses provides a benefit which may help to pay for these expensive treatments.



 [Learn more about how we can meet your professional needs](#)



Needlestick, Blood & Bodily Fluid Exposure Injury Insurance For Nurses.

Personal Accident Insurance Protection For Nurses Exposed To HIV, Hepatitis B Or C.

THE CASE FOR COVERAGE

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HOW WE MEET YOUR NEEDS

\$100,000 Benefit is payable no matter what other coverages the insured might have (such as Health Insurance, Disability Insurance, Workers Compensation), to be used in any way the insured chooses, if they are diagnosed with HIV or Chronic Hepatitis B or C due to a Covered Incident:

Premiums Of No More Than \$55 per year for most employed nurses (all specialties) in the United States.

Coverage In Minutes for RNs, LPNs and CNAs. Fast and secure 2 minute online application & purchase.

Help To Protect You & Your Family's Financial Future with \$100,000 benefits which you may use in anyway you see fit; pay for the best medical treatment or lost wages.

Since 1947, CM&F Has Served Nurses with the strongest and most cost-effective professional insurance products. Family-owned and operated since 1919, we are America's Healthcare Specialists, offering the best products with peerless customer service and support!

RESCUE for Nurses Coverage Overview

Coverage Is Provided To All Insured Nurses Who Test Positive For HIV, Hepatitis B Or C Due To A Documented Work-Related Needlestick, Blood or Bodily Fluid Exposure Incident.

KEY BENEFITS: \$100,000.⁰⁰ Coverage

This is a brief description of coverage provided under policy form series BI-10000P, Rider form Series BI-10005R and BI-10008R underwritten by Berkley Life and Health Insurance Company (domiciled in Iowa - California Certificate of Authority #08527) 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage terms, conditions, limitations and exclusions may vary or may not be available in all states.

The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.

* US Department of Labor Statistics/Occupational Safety & Health Administration/ Hospital eTool: Healthcare Wide Hazards



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