

# BACKGROUND

## Health care workers launch new phase of campaign for safer needles

### NEEDLE-STICK FAST FACTS

Every conventional sharps device has a safety-engineered equivalent available.

**90 per cent** of injuries are eliminated by enacting a law requiring:

1. Mandatory adoption of safety-engineered devices
2. An exposure control plan
3. Effective training and education of workers and managers
4. A sharps injury log
5. Post-exposure protocol.

**51 per cent** – Drop in needle-stick and sharps injuries in the first year alone in the United States following legislation requiring mandatory use of SEDs (with full compliance not yet achieved).

**80 per cent** – Drop in needle-stick and sharps injuries in facilities where SEDs are in use

### ONTARIO

- 33,000 – Estimated annual number of needle-stick injuries in the health care sector.  
17,000 – Estimated annual number of needle-stick injuries in acute care alone.
- \$64-Million – Estimated annual cost of testing and treating needle-stick injuries in the health care sector (does not account for additional needle-stick injuries outside of health care).
- \$32-Million – Estimated annual cost of testing and treating needle-stick injuries in acute care alone.
- \$22-Million – Estimated cost to completely convert all acute care workplaces in Ontario to safety-engineered devices.
- \$4-Million – Estimated amount the Ontario government will save by replacing conventional needles in acute care after realizing an 82 per cent drop in injuries.
- \$11.6-Million – Ontario government announced in March 2005 a one-time only funding initiative for the purchase of safety-engineered needles in acute-care facilities only. The funding did not address training or enforcement and was voluntary.

### CANADA

- **\$2000** – Minimum cost of testing and providing preventative treatment for each worker who suffers a needle-stick injury
- **190** – Estimated number of needle-stick injuries *every day*
- **69,719** – Estimated number of needle-stick injuries every year
- **750,000** – Estimated number of workers in health-care across the country
- **\$140-Million** – Estimated minimum cost of testing and preventative treatment for needle-stick injuries only.
- **Since 2004** – Manitoba, Saskatchewan, British Columbia, Nova Scotia, Alberta announce commitments to mandate the use of safety-engineered needles
- **Apr. 30, 2004** – Date **Alberta** implemented safety sharps regulations
- **Jan. 1, 2006** – Date **Manitoba**'s and **Saskatchewan**'s regulations took effect
- **Jan. 1, 2007** – Date **Nova Scotia**'s regulation takes effect
- **Jan. 1, 2008** – Date **British Columbia**'s regulation takes effect
- Coalitions are currently active in **Ontario, Newfoundland, and New Brunswick**

## UNITED STATES

- **1997** – California mandates use of safety-engineered sharps devices
- **2001** – U.S. passed the Needle-stick Safety and Prevention Act in 2001
- Before implementing its emergency blood borne pathogen standard, Cal/OSHA (California partner to the federal Occupational Safety & Health Administration) estimated that the increased cost to employers of using the safer needles would be \$104 million per year, with an additional record-keeping cost of \$81 million a year. However, the estimated cost of treating needle-stick injuries was \$291 million, which translates into a net savings of \$106 million per year. These projected savings were conservative as they did not take into account the full cost of needle-stick injuries, including emergency department visits, lost work time, counselling, lost productivity, managerial and personnel expenses, and liability costs (source: Carlsen W. *Safer needles save money, report says: lost work time, counselling, liability costs would drop*. San Francisco Chronicle Dec 18 1998);
- A 2003 study published by the International Healthcare Worker Safety Center at the University of Virginia reviews the experience in the US, where a federal needle-stick law went into effect in 2001. Its key finding was a 51 per cent drop in the first year of implementing safety-engineered devices, with compliance still not total. (source: Jagger, J. and Perry, J. *Marked Decline in Needle-stick Injury Rates*. Advances In Exposure Protection; 6, 3);