

Preventing & Managing Accidental Sticks

ONE OF EVERY NURSE’S top fears is an accidental needle stick. Though terrifying, the odds of contracting HIV from an accidental stick are low, with the CDC estimating only a 1.8% risk of bloodborne infection after an accidental stick.

Yet, every nurse has seen the movie *Puncture* and knows how quickly a life-altering accident can occur. Even in this age of safety needles, fear is so great on this topic that the CDC and American Nurses Association have started their own campaigns to prevent the problem and teach damage control

Here are some highlights from both organizations. It’s always critical to familiarize yourself with your institution’s policy as well.

Prepare your physical environment. Most accidental sticks occur when nurses are unusually harried. Though there’s no way to reduce your patient load, the key to eliminating stress may lie in preparation. ANA recommends evaluating the procedure area to make sure lighting is adequate, supplies are within easy reach and a disposal container

is in an accessible location. Although sharps injuries are typically associated with the ED, they pose a greater threat in the OR because adoption of safety devices is limited.

Assess the patient. Taking a moment to gauge the patient’s state is nothing new to the nursing workflow and can cue you into a potentially deadly situation. Decide if the patient may need to be physically stabilized and call for reinforcement, if necessary. Instruct the patient to remain still and keep the sharps out of view until the injection. Most importantly, keep the needle pointed away from the user.

Eyes on the sharps. Per CDC data, nearly half of all sharps injuries occur during a procedure, even when a “safe” needle is used. Therefore, it’s essential to remain aware of your surroundings and that’s never truer than during a procedure. Keep your eyes on the sharps during the procedure and make a mental note of the positioning of the rest of the staff in the room. Following best practices for communicating with your colleagues can make a huge difference as well. Instead of physically handing the sharps to someone else on the care team, determine a consistent spot to place them for retrieval. Verbally note when you place the sharps down or pick them up.

Careful clean-up. The danger hasn’t totally passed when the patient heads to the recovery area. Haphazard post-procedure organization

has resulted in many accidental sticks, so it’s critical not to let your guard down. This means activating any safety features, conducting an inventory on all the sharps, placing reusable sharps in a closed container and maneuvering a flawless fit on the container of a non-disposable sharp before closing. For a final step, handle the device from the bottom, rather than touching the top near the point, even when the device is closed.

Seek immediate treatment if you receive an accidental stick. Even nurses will flawless preparations do make mistakes. Should you stick yourself accidentally, do not panic. Remember, the vast majority of accidental injections don’t result in any bloodborne infection. But it’s essential to act fast. Wash both your cut and the needle stick with soap and water and seek treatment right away. After you’ve been examined by a doctor, report the incident to your supervisor. If you’re a candidate for post-exposure prophylaxis(PEP), the first dose needs to be initiated within hours of accidental exposure. Usually, PEP is only warranted if the patient has HIV risk factors. The CDC recommends contacting Clinicians’ Post Exposure Prophylaxis (PEP) Line at 1-888-448-4911 or online at www.nccc.ucsf.edu with questions about specific needlestick situations. ■

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