SESSION #: T139
STICKS & PRICKS: PA STUDENTS AND NEEDLESTICK INJURIES

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PRESENTATION OBJECTIVES

Identify the health hazards associated with blood borne pathogens as a result of sharps injuries

Become familiar with the prevalence of sharp injuries among health care providers

Identify common barriers to non-reporting and underreporting of needlestick injuries

Develop an understanding of current CDC guidelines following exposure

Develop an understanding of current best practices to avoid sharps injuries

Promote increased training and awareness to reduce needlestick injuries among clinical PA students
SENTINEL EVENT

1978: University of Wisconsin Hospital, Madison, WI.

Medical technologist seroconverted to Hepatitis B following occupational exposure from an accidental needlestick.
WHY IS THIS SIGNIFICANT?

Globally over 35 million healthcare providers (HCP) are at risk for needlesticks injuries (NSI) each year.

WHO estimates approximately 3 million HCP exposed through NSI annually.

US alone has 1 million NSI per year.
SIGNIFICANCE

OSHA indicates one in seven HCP will suffer a NSI each year

11 - 50% of medical students suffer occupational injuries during their clinical training
EXPOSURE AND RISK

Current (2013) stats:
- Hepatitis B Virus (HBV) : 2.1 million
- Hepatitis C Virus (HCV) : 900,000
- Human immunodeficiency Virus (HIV) : 320,000

Risk of transmission following exposure:
- HBV : 30%
- HCV : 2%
- HIV : 0.3%
STUDENT RISK

Medical trainees account for 60% of all sharps injuries
83% of medical school graduates reported that they incurred a NSI during surgical training (yet many go unreported)
Surgery and surgical electives accounted for 53% of all student NSIs
Studies suggest the highest incidence of NSI occur during surgical, Ob/GYN, IM, and ER rotations.
GREATEST RISK

57% of all NSI occur in the OR
44% occur during suturing
16% following collision with a worker/ or sharp
16% during injections
- After use, before disposal
NON-REPORTING/ UNDERREPORTING

Current studies found almost half of all NSI go unreported

Most identified barriers for non-reporting:
- Lack of time
- Perception of low risk
- Unaware of reporting procedures
NEXT STEPS INCREASE AWARENESS, EDUCATION OF HAZARDS, CONSEQUENCES, REPORTING PROTOCOLS, AND POST EXPOSURE PROPHYLAXIS, TO REDUCE STUDENT RISK
UNIVERSAL PRECAUTIONS

Every patient is considered infectious
Safe practices and protective equipment
CDC POST EXPOSURE PROPHYLAXIS (PEP)

If a student experiences a needlestick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of clinical work, immediately follow these steps:

- Wash needlesticks 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
SAMPLE HANDBOOK GUIDELINES/POLICIES

PA Program #1

PA Program #2
CASE 1

The case of second year student Sandra.....
CASE 2

The case of clinical year student Brian........
REFERENCES

