Sharps Injuries among Hospital Workers in Massachusetts, 2003

Findings from the Massachusetts Sharps Injury Surveillance System

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Executive Summary

Health care worker exposures to bloodborne pathogens as a result of injuries caused by needles and other sharp devices are a significant public health concern. The U.S. Centers for Disease Control and Prevention (CDC) estimate that, nationwide, between 600,000 and 800,000 percutaneous injuries from contaminated sharp devices occur each year in health care; approximately half are sustained by hospital workers.

Sharps injuries are preventable, and health care facilities are required by state and federal regulations to implement comprehensive plans to reduce these injuries. Elements of a successful sharps injury prevention program (as outlined by the CDC) include: promoting an overall culture of safety in the workplace, eliminating the unnecessary use of needles and other sharp devices, using devices with sharps injury prevention features (safety devices), employing safe workplace practices, and training health care personnel. Sharps injury surveillance is also a key component of a comprehensive program.

Prior to 2000, while some national data had been collected, little was known about the extent and distribution of sharps injuries among health care workers at the state level. In 2001, pursuant to the Massachusetts law – An Act Relative to Needlestick Injury Prevention (MGL Chapter 111 §53D) – the Massachusetts Department of Public Health (MDPH) promulgated regulations requiring hospitals to report sharps injury data to MDPH. This led to the establishment of the Massachusetts Sharps Injury Surveillance System.

This second annual report from the Massachusetts Sharps Injury Surveillance System provides information about sharps injuries among Massachusetts hospital workers that occurred in 2003. For all hospitals combined, patterns of sharps injuries by a) occupation of the injured worker, b) department in which the injury occurred, c) procedure for which the device was used, and d) device involved are described. Sharps injury rates[1] (defined as number of sharps injuries per 100 licensed hospital beds) are presented for the state overall and for three hospital size categories (small, medium and large hospitals). The report also provides feedback to hospitals regarding data quality. Results stratified by hospital size and by teaching status are included at the end of the report.

Under-reporting of sharps injuries by employees has been well documented in the literature, and varies by occupation and by hospital. Hospitals with well established sharps injury surveillance programs and strong safety cultures may identify and report more injuries than hospitals with less well developed programs. Under-reporting must be taken into account in interpreting the findings presented in this report. Hospitals, in evaluating their own data, should do so within the context of their own sharps injury surveillance and prevention programs. Assessment of under-reporting should be an integral part of sharps injury prevention activities.

The Massachusetts Sharps Injury Surveillance System is intended to provide information that can assist Massachusetts hospitals and health care workers in targeting and evaluating efforts to reduce the incidence of sharps injuries and the associated human and economic costs. This report illustrates ways in which surveillance data can be used within hospitals to identify prevention priorities. Input from hospitals and health care workers regarding the surveillance activities and the content of this report is welcome. MDPH looks forward to continued collaboration in building an effective sharps injury surveillance system to improve the health and safety of health care workers in Massachusetts.

[1] Rates based on the number of licensed beds have a number of limitations, and should be interpreted with caution. Alternative approaches to calculating rates are being explored for future reports.

Findings:

Overview

- A total of 3,327 sharps injuries among hospital health care workers in Massachusetts were reported for the surveillance period January 1 to December 31, 2003. Ninety-seven percent (3,248) of the injuries were reported by acute care hospitals.

- Eighty-six percent of workers (2,874) who sustained injuries were hospital employees, 7% (230) were non-employee practitioners, 2% (81) were students, and 2% (50) were temporary or contract employees.

Occupation and Department

- Nurses sustained more injuries (1,311, 39%) than any other occupational group followed by physicians, who sustained 32% (1,066) of all reported sharps injuries. Close to half of the injuries in the physician category were sustained by interns and residents. Physicians accounted for proportionately more injuries in large hospitals (> 300 licensed beds).

- Technicians and support service workers were also at risk for sharps injuries. Technicians, such as surgical technicians and phlebotomists, accounted for 662 (20%) injuries. Support service workers sustained 149 (4%) injuries; 89 (3%) were sustained by housekeepers.

- Injuries occurred most frequently in operating and procedure rooms (1,452, 44%) and inpatient units (excluding intensive care units) (750, 23%).

Type of Device

- Hollow bore needles as a group accounted for 56% (1,883) of all injuries reported and proportionately more injuries among nurses (77%) than physicians (35%). More than half of the injuries involving hollow bore needles occurred with hypodermic needles.

- The type of device involved in the incident varied by occupation. Hypodermic needles accounted for the greatest number of injuries (610; 47%) among nurses, whereas suture needles accounted for the greatest number of injuries (449; 42%) among physicians.

- Almost two-thirds of the injuries (2,024, 61%) involved standard devices, devices that were reported as not having engineered sharps injury prevention features. Hypodermic needles accounted for 25% (513) of the injuries involving devices without safety features, even though hypodermic needles with safety features have been available on the market for the past 10 years.

Procedure for which the Device was Used and When the Injury Occurred

- Devices involved in injuries were most frequently used for injections (787, 24%) and suturing (702, 21%). Proportionately more of the injuries in large hospitals were related to suturing, while in small and medium hospitals, more injuries were related to injections.

- Injuries occurred during the use of devices in 43% (1,428) of the cases. After use of the device was a more dangerous time to handle a device. About half (1,683, 51%) of the injuries occurred after use of the device, including injuries sustained after use / before disposal of devices (1,184, 36%) and injuries occurring during or after disposal (499,15%).

Introduction

Health care worker exposures to bloodborne pathogens as a result of injuries from needles and other sharp devices are a significant public health concern. The U.S. Centers for Disease Control and Prevention (CDC) estimate that, nationwide, there are between 600,000 and 800,000 percutaneous injuries from contaminated needles and other sharp devices (referred to as "sharps injuries" in this report) each year in the health care industry, approximately half of which are sustained by hospital-based health care workers (NIOSH, 1999). This averages out to be more than 1,000 percutaneous injuries each day in US hospitals (Panlilio, Cardo, Campbell, Srivastava, Jagger, Orelien, et al., 2000). As a measure of the likelihood of injury among hospital workers, it has been estimated that annually there are 22 sharps injuries for every 100 occupied hospital beds (Perry, Parker & Jagger, 2003).

Sharps injuries have been associated with occupational transmission of hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV), as well as other pathogens. As of 2000, 25 million individuals in the general population are infected with HBV, 4 million are infected with HCV, and 900,000 with HIV (OSHA, 1998). For many, infection status is not known. The estimated risk of a health care worker developing HCV after each percutaneous exposure to blood or body fluids from an infected patient is estimated to be between 0.4-1.8% (OSHA, 1998). For HIV, the calculated risk is 0.3% (OSHA, 1998). The risk of developing HBV after percutaneous exposure is estimated to be between 6-30% among those workers who have not received HBV vaccinations (OSHA, 1998). HBV vaccination lowers this risk and has been shown to be 80-95% effective in preventing the disease (MMWR, 1982). Since 1992, when the Occupational Safety and Health Administration (OSHA) promulgated the Bloodborne Pathogen Standard, employers have been required to offer the HBV vaccine to employees who may be exposed to blood or potentially bloody body fluids in the course of their jobs. As a result, HBV vaccination rates have increased in recent years, and rates of HBV infection have dropped significantly among health care providers (OSHA, 1998).

The U.S. Public Health Service has recommended guidelines for post-exposure management of all workers who have sustained occupational exposures to bloodborne pathogens (MMWR, 2001; MMWR, 2005). These guidelines provide information for determining when post-exposure prophylaxis is appropriate. Preventive medical treatment following exposure may decrease the likelihood of seroconversion for HIV (Cardo, Culver, Ciesielski, Srivastava, Marcus, Abiteboul, et al., 1997).

While the risk of developing disease after a sharps injury is low, the economic and human costs associated with these injuries are substantial. These include the costs for baseline and follow-up testing of the exposed worker, testing the source patient if serostatus is not already known, and the costs of post-exposure prophylaxis. The costs are estimated to range from $500 to $3,000 per incident depending on the treatment provided (Jagger, Bentley & Julliet, 1998). Other direct costs include health care costs when workers develop infection and disease as a result of exposure, overtime to make up for any staffing changes that may result from the injury, and increases in workers' compensation costs. In addition to these direct costs, there are indirect costs, that are more difficult to quantify; including the emotional costs to workers and their families associated with the anxiety about the possible consequences of sharps injuries, as well as other human costs when workers become infected. Also difficult to quantify are the effects of sharps injuries on morale of workers, turnover, and perceptions of quality of care within the hospital.

Sharps injuries are preventable, and the OSHA Bloodborne Pathogen Standard requires all health care facilities are required to have comprehensive plans in place to reduce sharps injuries and other bloodborne pathogen exposures. According to the CDC, sharps injuries can be prevented by: promoting a culture of safety in the work environment; eliminating the unnecessary

use of needles and other sharps devices; using devices with sharps injury prevention features; using safe work practices; and educating and training health care personnel (CDC, 2004). Surveillance of sharps injuries sustained by workers is also a critical component of a comprehensive prevention strategy. Information about the types of devices and procedures associated with sharps injuries, the departments in which the injuries occurred, and the occupations at risk is essential to developing effective prevention programs in health care facilities, and at the state and national levels.

Surveillance of Sharps Injuries among Health Care Workers

Currently, there are two national surveillance systems for tracking sharps injuries to health care workers: The National Surveillance System for Health Care Workers (NaSH), operated by the Centers for Disease Control and Prevention (http://www.cdc.gov/ncidod/hip/SURVEILL/nash.htm); and EpiNet which is operated by the International Health Care Worker Safety Center at the University of Virginia (www.med.virginia.edu/epinet).

NaSH is a voluntary reporting system with approximately 20 (mostly teaching) hospitals throughout the country. NaSH has collected data since 1995 on vaccine preventable diseases, bloodborne pathogen exposures, and tuberculosis exposures. EpiNet is, likewise, voluntary and has collected data regarding occupational bloodborne pathogen exposures since 1992; approximately 70 hospitals in three geographic regions report exposure data through EpiNet.

Surveillance of sharps injuries is limited by the fact that health care workers often fail to report sharps injuries to their employers. NaSH and EpiNet have estimated the under-reporting rate for sharps injuries to be 56% and 39% respectively (Perry, 2000). There are many reasons why health care workers may not report sharps injuries; they may perceive that the injuries or the source patients are low risk; they may fear the diseases to which they have potentially been exposed; they may have concerns about job security or the extra paperwork and time involved in follow-up (Tandberg, Stewart & Doezema, 1991). In addition, they may lack information and training about appropriate reporting procedures or the reporting procedures themselves may be inadequate. Under-reporting should be taken into account in interpreting sharps injury surveillance data.

Although these two national reporting systems are in place, outside of Massachusetts and California, there is little information about sharps injuries among health care workers at the state level. State specific data are important to inform state prevention activities and promote action at the local level. Statewide surveillance of sharps injuries can provide important information about trends in sharps injuries and the devices, procedures, and departments associated with sharps injuries. It can identify health care facilities where increased intervention efforts are needed. Statewide surveillance can also identify facilities where prevention efforts have been effective, and facilitate sharing of information about successful programs and practices.

The Massachusetts Sharps Injury Surveillance System

Work-related sharps injuries potentially affect the lives of many individuals in Massachusetts. The health care industry employs over 340,000 people in the Commonwealth, more than any other industrial sector (Massachusetts Division of Employment and Training, 2003). Forty-six percent of Massachusetts health care workers are employed in hospitals (Massachusetts Division of Employment and Training, 2003), including over 60,000 physicians and nurses as well as thousands of others who perform other important functions in the hospital setting. Notably, the risk of sharps injury is not limited to direct care providers, but also affects support staff such as maintenance and environmental service workers. When sharps devices are improperly disposed of, many people, including patients and visitors, are placed at risk.

In 2000, Massachusetts joined a growing number of states that have enacted state laws to prevent sharps injuries among health care workers. The Massachusetts law - An Act Relative to Needlestick Injury Prevention (MGL Chapter 111 §53D) – requires all Massachusetts hospitals licensed by the Massachusetts Department of Public Health (MDPH) to (See Appendix B for MGL Chapter 111 §53D):

- Utilize sharps with engineered sharps injury prevention features to the extent feasible;
- Develop written exposure control plans that include effective procedures for identifying and selecting existing sharps injury prevention technology;
- Record percutaneous exposure incidents in sharp injury logs (including information about the type and brand of device involved in the incidents);
- Use this information for continuous quality improvement in reducing sharps injuries through education and procurement of improved products; and
- Report information from sharps injury logs annually to MDPH.

The Massachusetts law also calls for the formation of an advisory committee at MDPH to address sharps injuries, and the compilation of a list of safer sharps devices to be maintained by MDPH. (See Appendix A for current Advisory Committee membership.)

Shortly after the enactment of MGL Chapter 111 §53D, Congress mandated OSHA to amend the existing Bloodborne Pathogens Standard (29 CFR 1910.1030) to include provisions explicitly requiring employers to use safer sharps devices, to record percutaneous injuries on Sharps Logs and to utilize this information for quality improvement.

In 2001, regulations pursuant to MGL Chapter 111 §53D went into effect requiring hospitals to record sharps injuries (also referred to as "reportable exposure incidents" as defined below) on Sharps Injury Logs starting October 1, 2001 (See Appendix C for 105 CMR 130.1001 *et seq*.). The MDPH regulations implementing the state law mirror federal law regarding use of safe devices and recording sharps injuries, and they add the requirement that MDPH licensed hospitals submit the data from their Sharps Injury Logs annually to the Department. The initial reporting period was defined as October 1, 2001 – December 31, 2001. The first Annual Summaries of Sharps Injuries, to include data from this period, were due at MDPH on February 1, 2002. The subsequent reporting periods cover the full calendar year.

This second annual report from the Massachusetts Sharps Injury Surveillance System uses data reported by licensed hospitals and provides a look at sharps injuries among Massachusetts hospital workers from January 1, 2003 through December 31, 2003. This picture will be augmented in the future, as more data become available. This report includes information regarding the devices and procedures associated with sharps injuries in Massachusetts hospitals as well as the departments in which these injuries occurred and the occupations involved. Findings are presented by hospital bed-size categories and by teaching status as well as for the state as a whole to allow hospitals to compare their individual experiences with those in similar facilities. Several data quality issues are discussed. Data from the Sharps Injury Surveillance System are intended to assist hospitals and health care workers in targeting and evaluating their efforts to prevent sharps injuries. Feedback from hospitals and health care workers regarding the content and format of this report is welcome, and it will be taken into account in preparing future reports.

Methods

Reportable Exposure Incident: A reportable exposure incident is a bloodborne pathogen exposure incident that is the result of events that pierce the skin or mucous membranes. It is also referred to in this report as a "reportable sharps injury". Bloodborne pathogen exposure is defined more broadly as a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. A sharp is defined as any object that can penetrate the skin or any part of the body and result in an exposure incident, including but not limited to needle devices, scalpels, lancets, broken glass, and broken capillary tubes.

Population Under Surveillance: All health care workers in acute and non-acute care hospitals licensed by MDPH, as well as any satellite units (e.g., community health centers, ambulatory care centers) operating under a hospital license, are included in the population under surveillance. These health care workers include hospital employees, employees of other agencies working in the hospital, those providing patient services without compensation such as students, and anyone providing care within the facility, regardless of the source of their compensation.

Surveillance Period: The surveillance period is defined as January 1 through December 31, 2003. MDPH regulations require that sharps injury data be submitted by licensed hospitals to MDPH by February 1 for the previous calendar year.

Definitions:
Sharps Injury Prevention Technology: Sharps injury prevention technology is defined as devices or other technology that minimize the risk of injury to health care workers from hypodermic syringes, needles or other sharps. OSHA refers to non-needle sharps and needle devices used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with built-in safety features or mechanisms that effectively reduce the risk of an exposure incident as "sharps with engineered sharps injury protections" (SESIPs). They are referred to in this report as "safety devices".

Teaching hospital: Teaching hospitals are defined by the Medicare Payment Advisory Commission as hospitals with at least 25 medical residents per 100 hospital beds. Hospitals self-designate as teaching hospitals when reporting financial records to the Massachusetts Division of Health Care Finance and Policy.

Data collection methods: Prior to implementing the record-keeping and annual reporting requirements, MDPH worked with members of its Sharps Injury Prevention Advisory Committee to develop effective mechanisms for collecting and reporting sharps injury data. MDPH identified data elements to be recorded on the sharps injury log, consistent with OSHA record-keeping requirements. Several additional data elements were recommended (Appendix D). To facilitate collection of standard data and reduce the need for coding narrative text at both the hospital and state levels, MDPH developed a recommended Bloodborne Pathogen Exposure Incident Recording Form that includes lists of device types, procedures, clinical practice settings, occupations, and how the injury occurred (Appendix E). Based on lists developed for NaSH, these standard lists allow data from Massachusetts to be compared with national data. Use of the Bloodborne Pathogen Exposure Incident Recording Form was voluntary. MDPH also developed a mandatory Annual Summary of Sharps Injury reporting form (referred to in this report as the Annual Summary) that included the same standard lists (Appendix F). Hospitals have the option of submitting this form either as hard copy or electronically.

For most hospitals, information from Sharps Injury Logs was submitted to the Occupational Health Surveillance Program at MDPH by infection control practitioners or employee health staff. In some

hospitals, reports were submitted by staff in risk management or human resources. Data from the Annual Summaries were entered at MDPH into an MSExcel spreadsheet and coded as needed using the standard lists developed for NaSH (See Appendix F). Expert clinicians assisted in making coding decisions, and data were then imported into SAS for analysis.

Experimental Sharps Injury Rates: Sharps injury rates indicate the probability or risk of a worker sustaining a sharps injury within the surveillance period. Numbers are the counts of sharps injury cases. A large hospital may have many workers who sustain sharps injuries but the rate of injury may be low. Conversely, in a smaller hospital, relatively few workers may sustain sharps injuries but the risk may be high. Both rates and numbers of injuries must be considered when targeting and evaluating prevention efforts.

Sharps injury rates presented in this report are defined as the number of reported sharps injuries divided by the number of licensed hospital beds. Information regarding bed numbers for each hospital was obtained from the MDPH Division of Health Care Quality that licenses hospitals. Rates were calculated for all hospitals combined, as well as by hospital size. Hospitals were divided into three groups based on the number of licensed beds - small (0-100 beds), medium (101-300 beds) and large (301+ beds) for this analysis. Rates by hospital size were calculated by adding all injuries reported in each category (small, medium, and large hospitals) and dividing by the total number of licensed beds in the respective category. The use of licensed beds as a denominator is a preliminary step in the process to determine the most appropriate denominator to be used for rate calculations. Currently, additional denominators, such as number of occupied beds, number of procedures, number of patients, and number of full-time equivalent employees, are being evaluated for use in rate calculations.

Limitations

There are a number of data limitations that need to be taken into account when interpreting sharps injury rates. Optimally, sharps injury rates would be calculated using information on the total number of hours worked, sharps devices purchased or used, or procedures performed at the hospitals in the denominator. This information, however, was not available. Rates based on numbers of licensed beds are approximate measures of risk, and are included in this report to allow hospitals to compare their injury experience with that of other hospitals in same size categories. However, it should be recognized that the number of licensed beds is neither an accurate reflection of the average daily census, nor does it take into account the number of inpatient or outpatient procedures performed in a hospital or satellite facilities. These rates, for example, may overestimate the risks of sharps injuries in facilities in which large numbers of procedures are performed. For these reasons, these rates are considered experimental and should be interpreted with caution. MDPH welcomes input on the usefulness of these rates, and is exploring alternative rate calculations for future reports.

There are also other limitations to be considered in interpreting the findings presented in this report. In order for an injury to be included on the Annual Sharps Summary, hospitals rely on health care workers to report sharps injuries. As discussed previously, there are many reasons why health care workers may choose not to report sharps injuries, and under-reporting by health care workers has been well documented. Thus the surveillance findings presented in this report should be considered conservative estimates of the burden of sharps injuries among hospital workers in Massachusetts.

Also, there is evidence that a) the likelihood of reporting varies by occupation and b) completeness of reporting varies by hospital (CDC, 1999). Hospitals with well established sharps injury surveillance programs and strong safety cultures may identify and report more injuries than

hospitals with less well developed employee health programs. Hospitals, in evaluating their own data, should do so within the context of their own sharps injury surveillance and prevention program.

Assessment of under-reporting should be an integral part of the sharps injury prevention activities in hospitals. Caution is advised in comparing experiences among hospitals. Hospitals with high numbers or rates of reported sharps injuries are not necessarily hospitals with the highest risks of sharps injury, but, rather, may have stronger internal reporting systems. This, however, should not detract from the need to address real problems in these facilities.

For the most part, the information about reported injuries provided by hospitals was complete. However, there was some missing information, and for several data elements (such as department where injury occurred and brand of device) there was some confusion about what information should be submitted. MDPH is working with hospitals to clarify these outstanding issues.

Results
Overview

All 99 hospitals licensed by MDPH submitted Annual Sharps Injury Reports for 2003. A total of 3,327 sharps injuries were sustained and reported by Massachusetts hospital workers from January 1 through December 31, 2003; these injuries were then reported by the hospitals to MDPH. The number of sharps injuries reported by individual hospitals ranged from 0 to 312. Over half of the hospitals reported fewer than 20 injuries. The extent to which high numbers of reported injuries in some hospitals reflect a truly higher incidence of injuries in these hospitals compared to those with low numbers or better sharps injury reporting practices is not known. MDPH plans to work with hospitals over time to better understand injury patterns, and improve reporting and prevention practices.

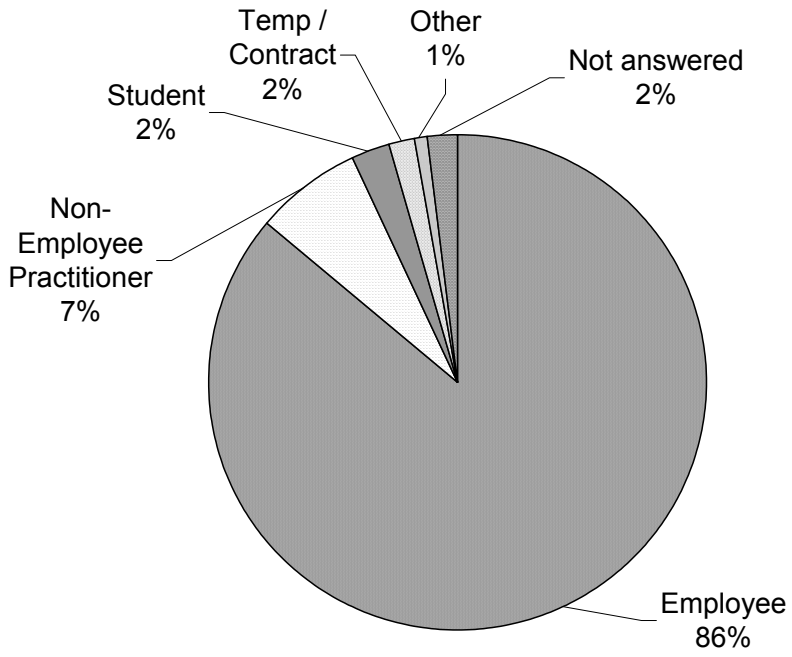
There are 79 acute care hospitals in Massachusetts. These hospitals reported 97% (3,233) of all sharps injuries. The 18 teaching hospitals in Massachusetts reported 58% (1,945) of all sharps injuries. Teaching status is strongly correlated with hospital size; More than half of the teaching hospitals (11, 61%) have over 300 beds. The 20 non-acute care hospitals are chronic care hospitals.

Key findings for all hospitals combined are presented in the following sections. When the pattern of sharps injuries varied markedly by hospital size, this is noted in the text. Detailed tables, including findings by hospital size categories and teaching status, are provided in Appendices G, H and I.

Comments on data quality are offered to assist hospital staff responsible for compiling the required information for reported injuries. These comments do not address under-reporting of sharps injuries to the surveillance system, which cannot be evaluated without additional sources of information.

Work Status of Injured Worker

Figure 1. Sharps Injuries among Hospital Workers by Work Status Massachusetts, 2003, N=3,327



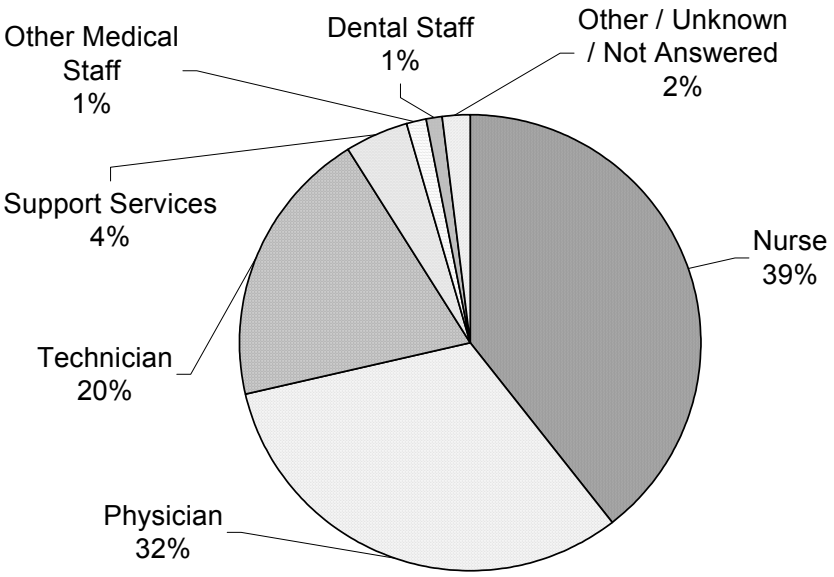
Data Source: Annual Summary of Sharps Injuries, 2003

State reporting regulations require hospitals to report sharps injuries to all workers in the hospital and satellite sites, regardless of the source of compensation for these workers. Eighty-six percent (2,874) of all sharps injuries reported were sustained by employees, followed by non-employee practitioners, with 7% (230) of the injuries (Figure 1). Two percent (81) of those injured were students. Non-employee practitioners include, but are not limited to, physicians with admitting privileges at a particular hospital and nurse practitioners or physicians assistants from private medical practices who are checking on patients from those practices.

Data quality: Information about work status was provided for 98% of the cases.

Occupation of Injured Worker

Figure 2. Sharps Injuries among Hospital Workers by Occupation, Massachusetts, 2003, N = 3,327



Data Source: Annual Summary of Sharps Injuries, 2003

Nursing department staff sustained more sharps injuries than any other occupational category, accounting for 39% (1,311) of the injuries (Figure 2). Of these, 12 were among nursing students and 55 were among nursing assistants. Physicians followed nurses with 32% (1,066) of the sharps injuries. Close to half of the injuries in this category (478) were sustained by interns and residents. The physician category also included 63 injuries among medical students. Technicians comprised the third leading occupational group accounting for 20% (662) of sharps injuries. This group included individuals in a wide variety of technical occupations; the most frequently reported were operating room/surgical technicians (248) and phlebotomists (152) and clinical laboratory technicians (83). Of the 149 injuries (5%) sustained by workers in support services, 89 were among housekeepers.

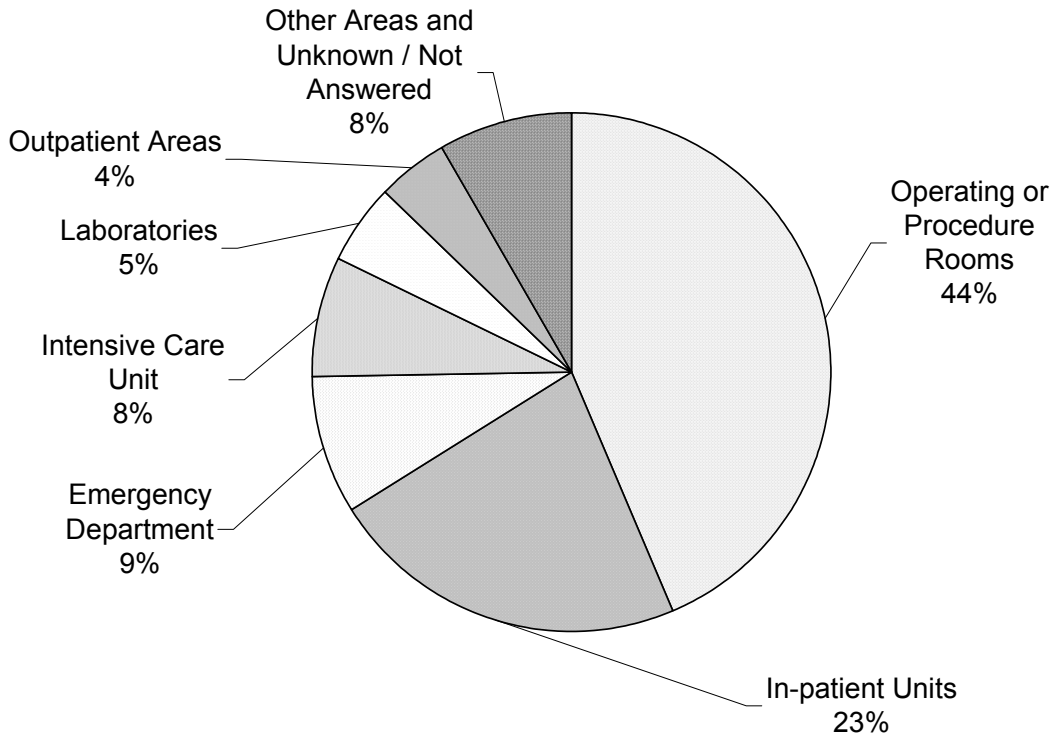
The occupational distribution of the cases varied by hospital size. Most notably, physicians comprised 41% of the injuries in the large hospitals whereas they comprised 25% and 21% in the small and medium sized hospitals respectively (See Appendix H).

Recent studies indicate that the likelihood of workers reporting sharps injuries to employee health departments in hospitals varies by occupation. However, findings are not consistent among studies. In one study, nurses were found to be more likely than physicians to report needle stick injuries (Tandberg, et al*.,* 1991). The CDC found, however, that while nurses were more likely to report needle stick injuries than surgeons, they were less likely to report than other physicians (CDC, 1999). This variation needs to be taken into account in interpreting the findings throughout this report.

Data quality: Information about occupation was provided for 99% of the cases.

Department or Work Area where the Injury Occurred

Figure 3. Sharps Injuries among Hospital Workers by Department where Injury Occurred, Massachusetts, 2003, N=3,327



Data Source: Annual Summary of Sharps Injuries, 2003

The greatest number of reported sharps injuries (1,452; 44%) occurred in operating or procedure rooms (Figure 3); of these, almost three-quarters (1,070) occurred in operating rooms.

In-patient units accounted for the second largest number of cases with 750 (23%) of the injuries. Of these, 521 occurred on medical surgical units, 23 in Ob/Gyn units and 32 in pediatrics and 20 in psychiatry. For 15 of the injuries that occurred on in-patient units, hospitals reported hospital specific unit identifiers (such as 2 East) that could not be coded to more specific standard locations (See Table 1, page 13 for findings regarding occupation by department).

Data Quality: Some information on location where injuries occurred was provided for 99% of the cases. However, in a number of cases, hospitals reported hospital specific unit identifiers that could not be coded to standard locations or departments without additional information from the hospitals. MDPH is interested in the department or clinical practice area (physical location) where the injury occurred. Hospitals are encouraged to use the standard department list provided on the Annual Summary of Sharps Injuries reporting form rather than hospital specific nomenclature.

Occupation by Department

Table 1. Sharps Injuries among Hospital Workers by Occupation and Department, Massachusetts, 2003, N=3,327

	Department Where Injury Occurred													
	Operating/ Procedure Room		In-patient Unit		Emergency Department		Intensive Care Unit		Laboratory		Other or Unknown		Total	
	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*
Occupation														
Nurse	368	28	523	40	120	9	139	11	1	--	160	12	1,311	100%
Physician	674	63	103	10	102	10	87	8	30	3	70	7	1,066	100%
Technician	346	52	90	14	37	6	20	3	124	19	45	7	662	100%
Support Svcs	27	18	19	13	9	6	6	4	5	3	83	56	149	100%
All others/Unk	37	27	15	11	17	12	1	--	7	5	62	45	139	100%
Total	1,452	44	750	23	285	9	253	8	167	5	429	13	3,327	100%

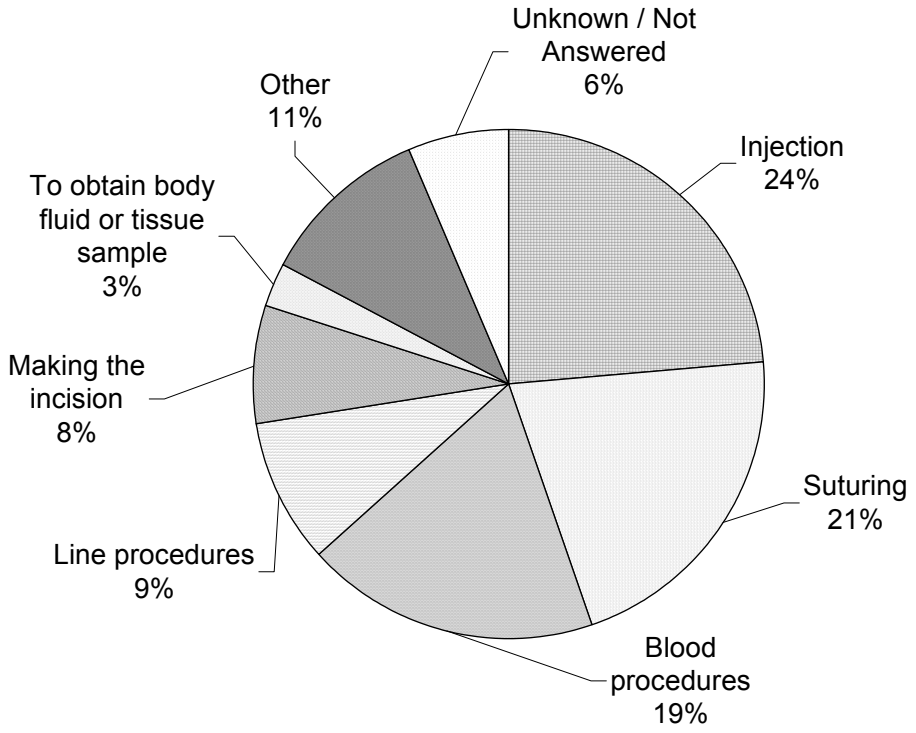
* Percentages calculated are row percents; percentages for frequencies less than 5 were not calculated
Data Source: Annual Summary of Sharps Injuries, 2003

Physicians were most frequently injured in operating and procedure rooms (674, 63%) (Table 1). In contrast, nurses were most frequently injured on in-patient units (523, 40%). Of the 149 support staff who were injured, 89 were housekeepers, of whom 18 were injured on in-patient units.

Within operating and procedure rooms, physicians sustained more injuries than any other occupation group, accounting for 46% (674 of 1,452) of the injuries, followed by nurses with 25% (368 of 1,454) of the injuries. Nurses accounted for by far the greatest number of injuries - 523 of 750 or 70% - in in-patient units. In emergency departments, similar numbers of physicians and nurses were injured. Seventy-four percent (124 of 167) of the injuries in laboratories were sustained by technicians, followed by physicians who accounted for 18% (30 of 167).

Procedure for Which Sharp was Used or Intended

Figure 4. Distribution of Sharps Injuries among Hospital Workers by Procedure or Purpose for which Device was Used, Massachusetts, 2003, N=3,327



Data Source: Annual Summary of Sharps Injuries, 2003

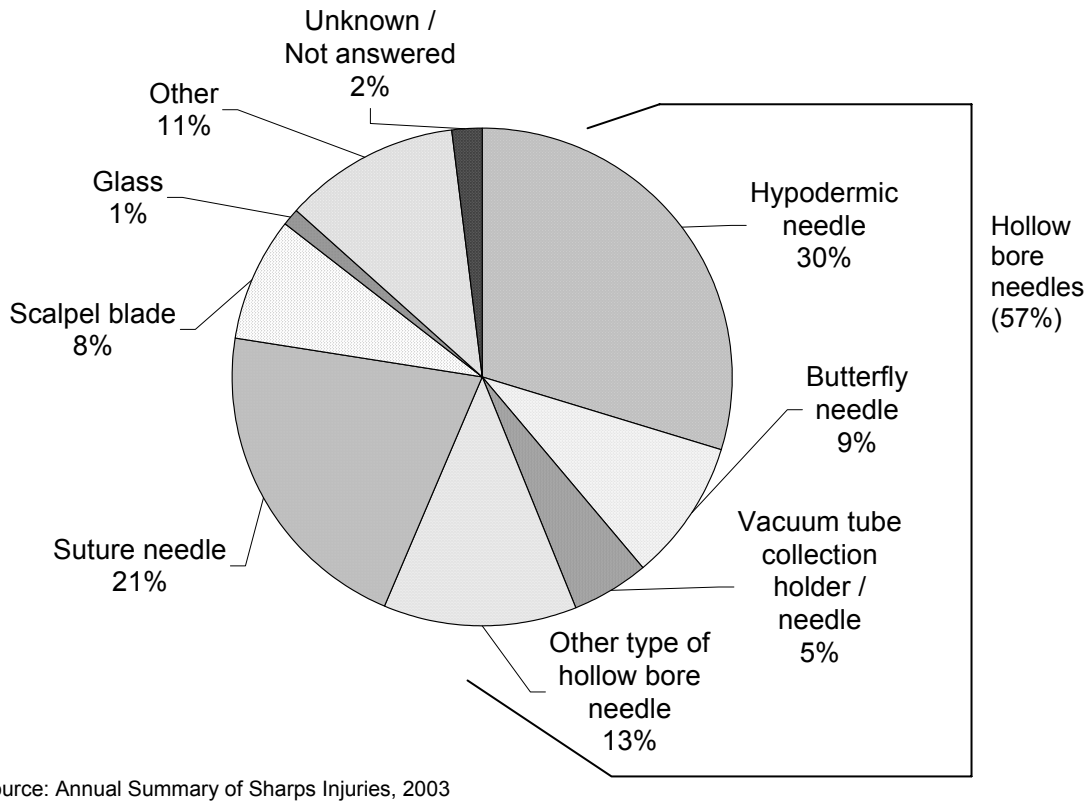
Twenty-four percent (787) of the injuries reported involved devices used for injections (Figure 4). Information about type of injection was provided for 362 of these injuries. Of these, 261 involved needles used for subcutaneous injections and 82 for intramuscular injections. In another 21% (702) of the injuries, workers were injured with devices used for suturing. Devices used for blood procedures accounted for 19% (626) of the injuries. The majority of blood procedures (475, 14% of the total) involved devices used for percutaneous venous punctures. Blood procedures are those procedures which involve drawing blood; line procedures involve the insertion or removal of intravenous lines.

The distribution of sharps injuries by procedure varied by hospital size, with 23% of the injuries in large hospitals associated with suturing compared to 17% and 19% in small and medium sized hospitals respectively. In turn, 13% of the injuries in small hospitals and 22% in medium sized hospitals were associated with devices used for blood procedures, compared to 18% in large hospitals. (See Appendix H.)

Data quality: For 5% (151) of the injuries, the procedure for which the device was used or intended was reported as unknown. Most of these cases with unknown procedure (112 of 151) occurred after use of the device, either before, during or after disposal.

Device Involved in the Injury

Figure 5. Sharps Injuries among Hospital Workers by Device Involved in the Injury, Massachusetts, 2003, N=3,327



Data Source: Annual Summary of Sharps Injuries, 2003

Injuries from hollow bore needles, particularly those used in procedures accessing a vein or artery and those where residual blood is visible, are associated with increased risk of transmission of HIV when compared to other sharps devices (Cardo, et al*.,* 1997).

As a group, hollow bore needles accounted for the majority – 57% (1,883) - of the sharps injuries reported (Figure 5). These included 991 (30%) injuries from hypodermic needles, 305 injuries (9%) from butterfly needles, and 170 (5%) from vacuum tube needles. An additional 417 (13%) injuries were associated with "other hollow bore needle", including IV stylets (190 injuries), epidural needles (24 injuries) and biopsy needles (13 injuries).

Suture needles accounted for 21% (703) of sharps injuries. Information as to whether these were straight or curved needles was provided for only 161 of these injuries; of these, 149 involved curved needles. Consistent with findings for procedures for which devices were used, suture needles accounted for proportionately more injuries in the larger hospitals (23%), as compared to small (17%) and medium (19%) size hospitals.

Data Quality: Information about device type available was not provided for 58 of the injuries. In 40 cases device type was reported as unknown and in 18 cases the question was not answered.

Device by Occupation

Table 2. Sharps Injuries among Hospital Workers by Device and Occupation, Massachusetts, 2003, N=3,327

	Device Type															
	Hollow Bore								Other Devices							
	Hypodermic Needle		Butterfly Needle		Vacuum Tube		Other Hollow Bore		Suture Needle		Scalpel		All Other/ Unknown		Total	
	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*
Occupation																
Nurse	610	47	128	10	77	6	198	15	112	9	63	5	123	9	1,311	100%
Physician	218	20	23	2	9	1	123	12	449	42	118	11	126	12	1,066	100%
Technician	113	17	130	20	72	11	60	9	113	17	64	10	110	17	662	100%
Support Svcs	18	12	2	--	3	--	27	18	15	10	9	6	75	50	149	100%
All others/Unk	32	23	22	16	9	6	9	6	14	10	11	8	42	30	139	100%
Total	991	30	305	9	170	5	417	13	703	21	265	8	476	15	3,327	100%

* Percentages calculated are row percents; percentages for frequencies less than 5 were not calculated.
Data Source: Annual Summary of Sharps Injuries, 2003

The type of device involved in the incident varied by occupation (Table 2). Hollow bore needles, as a group, accounted for 77% of injuries sustained by nurses compared to 35% of injuries sustained by physicians. Hypodermic needles accounted for the greatest number of injuries (610; 47%) among nurses, whereas suture needles accounted for the greatest number of injuries (449; 42%) among physicians. The technicians with sharps injuries worked in a wide variety of technical occupations, such as operating room / surgical technicians, phlebotomists, and clinical laboratory technicians. No single device type stood out among the technicians who sustained sharps injuries.

Device by Department

Table 3. Sharps Injuries among Hospital Workers by Device and Department, Massachusetts, 2003, N=3,327

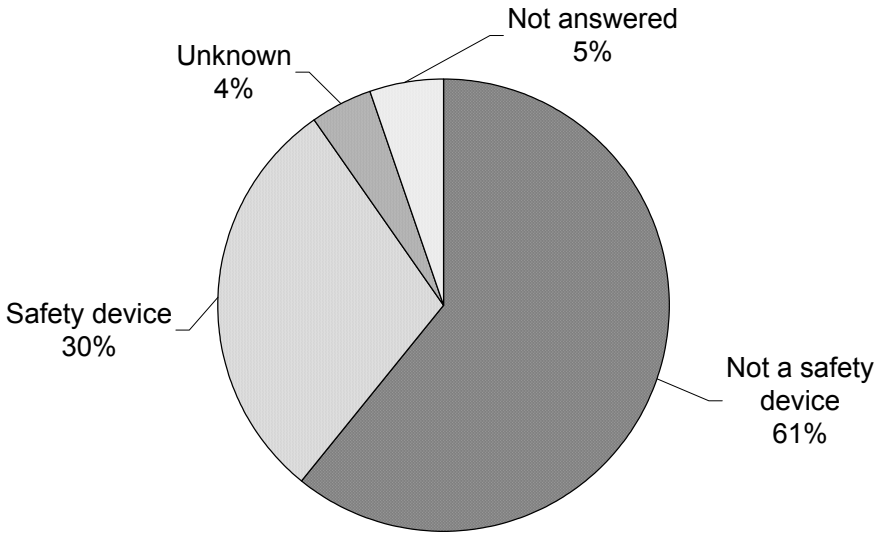
	Device Type															
	Hollow Bore Needles								Other Devices							
	Hypodermic Needle		Butterfly Needle		Vacuum Tube		Other Hollow Bore		Suture Needle		Scalpel		All Other/ Unknown		Total	
	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*
Department																
OR/Procedure Rm	261	18	37	3	24	2	158	11	551	38	184	13	237	16	1,452	100%
In-patient Units	376	50	107	14	55	7	112	15	27	4	7	1	66	9	750	100%
Emergency Dept	73	26	50	18	28	10	48	17	54	19	10	4	22	8	285	100%
Intensive Care	103	41	29	11	18	7	46	18	35	14	5	2	17	7	253	100%
Laboratories	22	13	37	22	21	13	5	3	4	--	41	25	37	22	167	100%
Outpatient Areas	59	41	26	18	3	--	7	5	6	4	6	4	38	26	145	100%
All Other/Unknown	97	35	19	7	21	8	41	15	26	9	12	4	59	21	275	100%
Total	991	30	305	9	170	5	417	13	703	21	265	8	476	14	3,327	100%

* Percentages calculated are row percents; percentages for frequencies less than 5 were not calculated.
Data Source: Annual Summary of Sharps Injuries, 2003

As expected, the type of device associated with sharps injuries varied by department. Within operating and procedure rooms, suture needles accounted for the largest number of injuries reported (551, 38%) followed by hypodermic needles (261, 18%). Suture needles also accounted for a substantial proportion of the injuries in emergency departments (54, 19%) and intensive care units (35, 14%). On in-patient units, hypodermic needles accounted for the greatest number of injuries (376, 50%), followed by butterfly needles (107, 14%) and “other hollow bore needles” (112, 15%). Almost half of the injuries in laboratory settings involved non-needle devices including scalpels (41, 25%), and glass (18, 11%), which is included in the “all other” category.

Safety Devices

Figure 6. Sharps Injuries among Hospital Workers by Safety Devices, Massachusetts, 2003, N = 3,327



Data Source: Annual Summary of Sharps Injuries, 2003

On the Annual Summary, for each injury, hospitals were encouraged to answer the question "Was it (the device) a safety device?". For almost two-thirds of the injuries reported (2,024, 61%), the answer to this question was "No"; the devices involved were not safety devices (Figure 6).

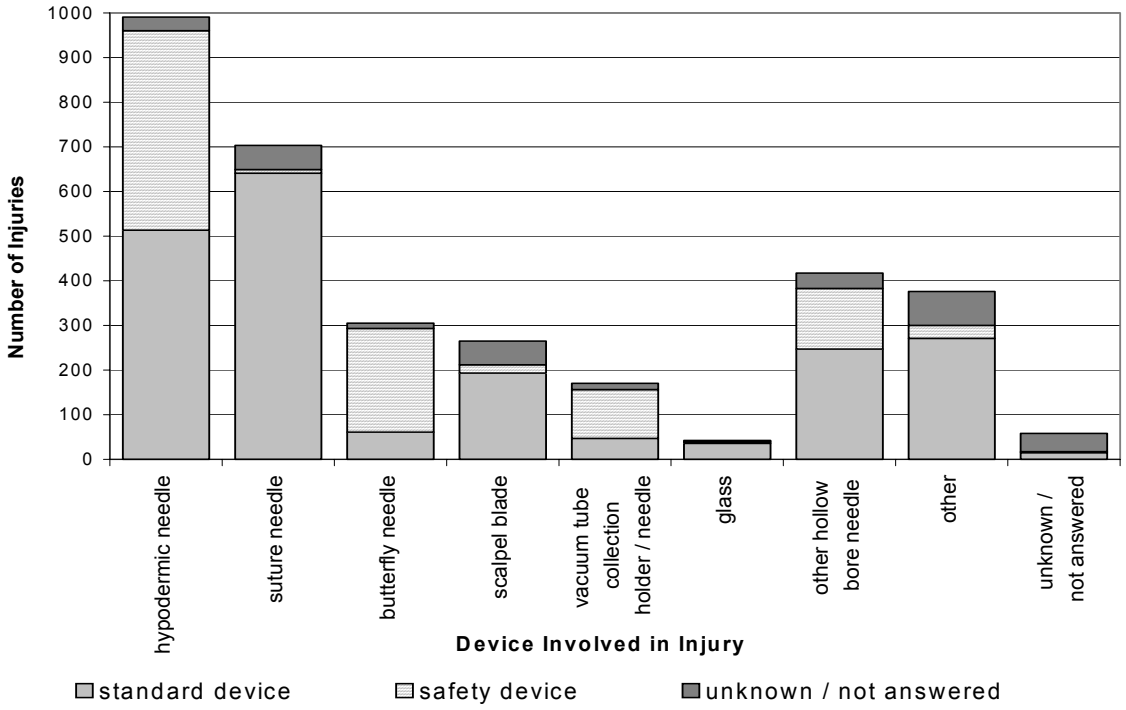
Thirty percent (985) of injuries were reported to have involved safety devices, underscoring the need to evaluate these devices and to train health care workers in their appropriate use. These data alone cannot be used to assess the efficacy of safety devices, as there is no information regarding the prevalence of safety devices in hospitals. Likewise, these data do not reveal the number of injuries that were prevented by using safety devices. Recent findings from EPINet demonstrate a marked decline in the rate of sharps injuries among nurses in teaching hospitals from 1993 – 2001 (Jagger & Perry, 2003). During this period, there was a substantial increase in the adoption of safety devices. As the number of safety devices increased, there was a rise in the proportion of injuries associated with them, as would be expected. However, the overall injury rate declined.

For some sharps devices, such as suture needles and scalpels, there are only a limited number of alternative devices with engineered sharps injury prevention features available on the market. Excluding injuries involving suture needles and scalpels, changed the distribution of safety devices only slightly. The number of injuries with standard devices decreased by 10%, while the number of injuries with safety devices increased by 10%. This finding highlights the need for increased efforts to meet the federal and state requirements for use of sharps devices with sharps injury prevention features where feasible. Documentation of these situations, as required by MDPH and OSHA, is important to promote effective work-practice controls and the development of new technologies.

The proportion of injuries associated with safety devices was highest in medium hospitals (39%), followed by small sized hospitals (31%) and large hospitals (23%). (See Appendix H) The extent to which this can be explained by the variation in the types of devices used in different sized hospitals is not known.

Standard versus Safety Devices by Type of Device

Figure 7. Sharps Injuries among Hospital Workers by Device – Standard v Safety Device, Massachusetts, 2003, N=3,327

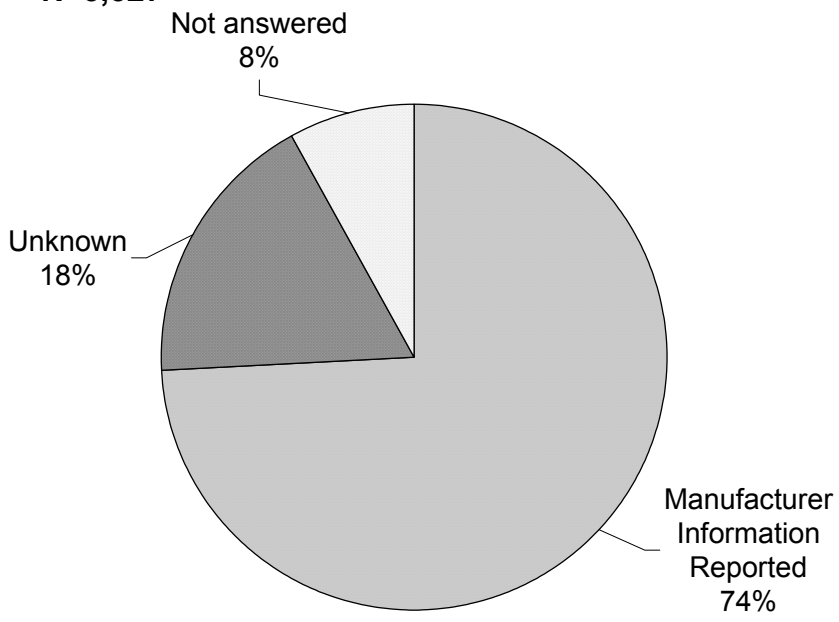


Data Source: Annual Summary of Sharps Injuries, 2003

Information as to whether or not the device involved in the injury was a safety device was provided for 3,154 of the 3,327 injuries reported (95%). Among injuries associated with suture needles where safety device information was provided, 642 of 650 injuries (99%) occurred with standard devices (Figure 7). Regarding injuries involving scalpel blades, 193 of 212 injuries (91%) occurred with standard devices. Among the 960 injuries from hypodermic needle for which safety device information was reported, 53% involved devices reported as standard devices (514 of 960 injuries). Among "other hollow-bore needles", 64% (247 of 383 with information) of injuries involved standard devices. In contrast, 79% (232 of 293 with information) of injuries involving butterfly needles and 70% (109 of 156 with information) of injuries involving vacuum tubes occurred with devices reported as safety devices. It should be noted that safety devices are widely available for many of the device categories shown, such as hypodermic needles, butterfly needles, vacuum tube collection holders and needles, as well as many other types of hollow bore needles. There are, however, a few specific devices currently on the market for which there are no alternative devices with engineered sharps injury prevention features. As previously noted, MDPH and OSHA require employers to maintain documentation of situations where alternative devices are not utilized. This is essential in the promotion of effective work-practice controls and the development of new technologies.

Brand of Device

Figure 8. Sharps Injuries among Hospital Workers with Manufacturer of Device Information Reported, Massachusetts, 2003, N=3,327



Data Source: Annual Summary of Sharps Injuries, 2003

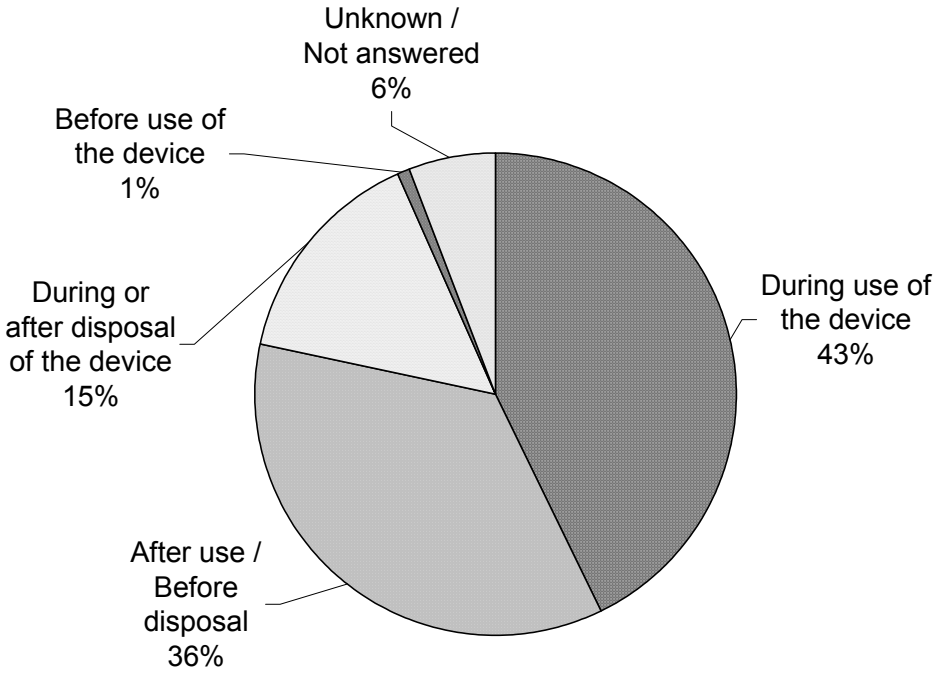
Information about the manufacturer of the device involved in the injury was provided or was able to be ascertained from the name of the product line in 74% (2,472) of the injuries reported (Figure 8). In 18% (590) of the injuries, the manufacturer of the product was not known, and in 8% (265) there was no response.

Because information about the market share of different manufacturers and product lines was not available, it is not possible to use these data to make judgments about a particular manufacturer's products and the efficacy of the products with respect to safety.

Data quality: Both OSHA and MDPH regulations pertaining to sharps injuries require facilities to collect and record information about the "brand" of the devices involved in the incidents. There is some legitimate confusion about whether "brand" means the name of the manufacturer or name of the product line. Technically "brand" means name of the product line. This distinction was not made clear in previous instructions to hospitals. MDPH is interested in the name of the product line as well as the manufacturer, and will clarify this on forms for the future.

When the Injury Occurred: Before, During, After Use of Device

Figure 9. Sharps Injuries among Hospital Workers by When the Injury Occurred, Massachusetts, 2003, N=3,327

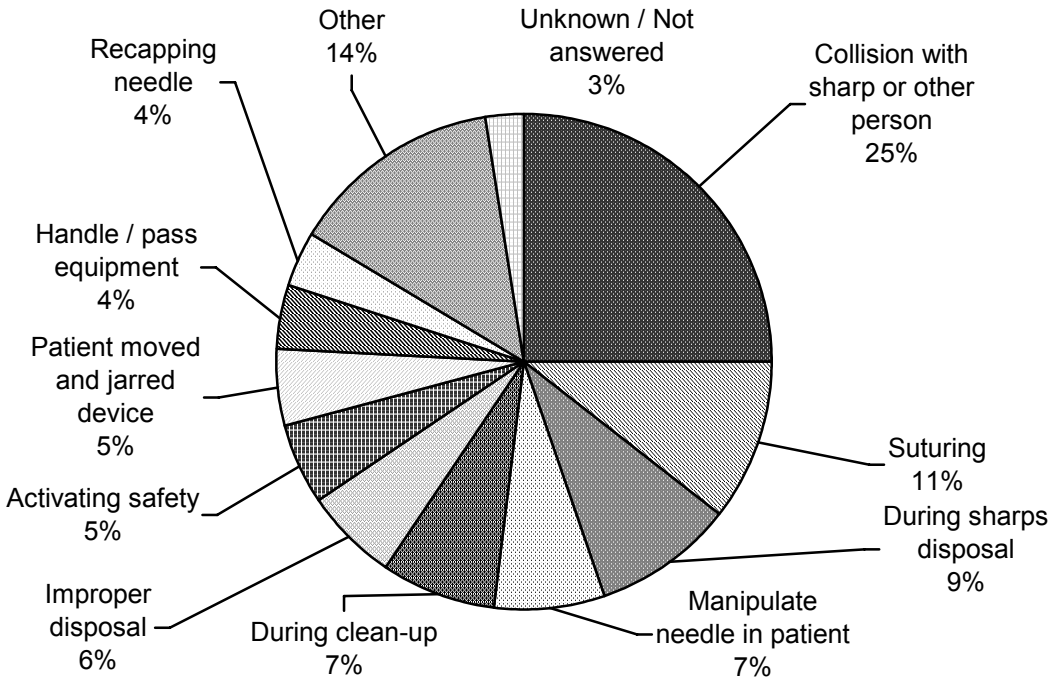


Data Source: Annual Summary of Sharps Injuries, 2003

Injuries occurred at various points in the course of handling needles or other sharp devices (Figure 9). After use was a dangerous time: about half of the injuries (1,683, 51%) occurred either after use and before disposal (1,184, 36%) or during or after disposal (499, 15%) of the device. Forty-three percent (1,428) occurred during use of the item. The 30 injuries (1%) that happened before use of the item involved sharps devices penetrating contaminated gloves.

How the Injury Occurred

Figure 10. Sharps Injuries among Hospital Workers by How the Injury Occurred, Massachusetts, 2003, N = 3,327



Data Source: Annual Summary of Sharps Injuries, 2003

The largest number of injuries reported (832, 25%) fell into the broadly defined category of "collision with sharp or other person". Another 11% of injuries (355) occurred while suturing (Figure 10).

Nine percent (302) of the injuries occurred during disposal. A majority of these (177, 5%) were reported as involving sharps containers. In 4% (123) of the injuries, the health care worker was injured by the sharp being disposed of while placing it in the sharps container. In 6 cases (<1%), the health care worker was injured by a sharp already in the container.

Improper disposal of sharps accounted for 6% (210) of the injuries. These included cases in which the contaminated sharps were left on the floor, in the trash, or in beds. Others cases involved sharps found in linens or laundry, in clothing, or on tables or trays.

Five percent of the injuries (171) occurred during activation of safety devices. No information was collected regarding the failure rate of safety features; therefore it is not possible to use this information to assess the efficacy of the safety features on those devices.

It should be noted that the OSHA Bloodborne Pathogen standard states that contaminated needles shall not be recapped. In 4% (122) of the cases, injuries occurred while recapping devices.

Experimental Sharps Injury Rates by Number of Licensed Hospital Beds

The statewide rate of sharps injuries among hospital workers for this twelve month surveillance period was 18.4 sharps injuries per 100 licensed hospital beds. The annual rate of sharps injuries varied by hospital size (Figure 11). Large hospitals had the highest annual rate of 24.4 sharps injuries per 100 licensed hospital beds, followed by medium and small sized hospitals, which had annual sharps injury rates of approximately 14 sharps injuries and 15 sharps injuries per 100 licensed hospital beds, respectively. As discussed on page 7, given the limitations of hospital bed size as a denominator for assessing risks, these rates should be interpreted with caution. In comparing experience among hospitals, under-reporting must be taken into account. The extent to which high rates of reported injuries in some hospitals reflect a true higher incidence of injuries in these hospitals or better sharps injury reporting practices compared to those with low rates is not known. Comparison of rates among facilities is of limited usefulness (CDC, 2004; Perry, et. al., 2003). Hospitals evaluating their own rates should do so within the context of their own sharps injury surveillance and prevention programs.

Figure 11. Experimental Sharps Injury Rates by Bed Size Categories, Massachusetts, 2003, All licensed hospitals

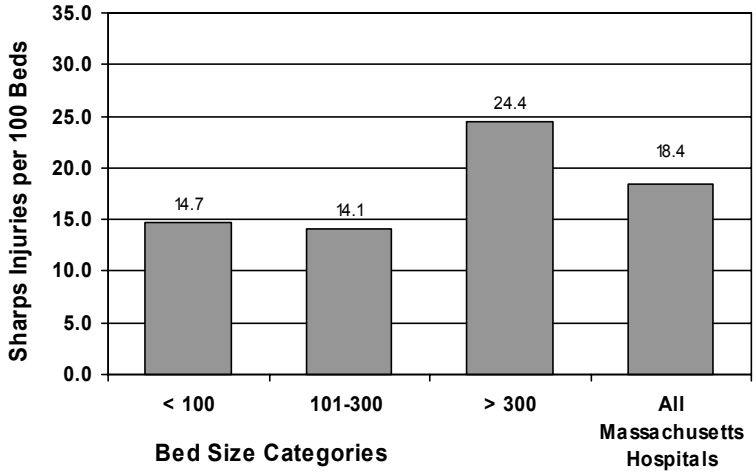


Figure 12. Experimental Sharps Injury Rates by Bed Size Categories, Massachusetts, 2003, Licensed Acute Care Hospitals

Injuries reported by acute care hospitals accounted for 97% of all injuries reported. However, acute care hospitals account for only 80% of all licensed hospital beds. Therefore, sharps injury rates which include all licensed hospitals underestimate the risk for acute care hospitals. Sharps injury rates for acute care hospitals are presented below in order to more accurately reflect the injury rates in those settings.

Discussion

Sharps injuries are preventable and the overall goal should be their elimination. As a step in that direction, the U.S. Public Health Service has called for the reduction of sharps injuries among health care workers by 30% as a national health objective for 2010 (DHHS, 2000). Preventing sharps injuries requires the combined efforts of government agencies, employers, and equipment manufacturers, as well as health care workers. The Massachusetts Sharps Injury Surveillance System is intended to provide information to guide and evaluate these efforts in Massachusetts.

Over 3,300 sharps injuries were reported by Massachusetts hospitals in 2003, underscoring the need for continued efforts to reduce the incidence of these injuries. Given previously documented underreporting of sharps injuries to employee health by health care workers, this figure likely underestimates the full extent of the problem. While overall patterns are similar to NaSH and EpiNET, findings highlight a number of specific issues to be addressed in Massachusetts:

- More than 50% of the injuries reported occurred after use of devices, including 23% which occurred either during clean up or disposal or as a result of improper disposal. Elimination of these preventable injuries will have a large impact on the incidence of sharps injuries in hospitals. (These injuries are entirely preventable.) Prevention strategies include the purchase and appropriate placement of sharps containers that allow staff to determine when containers should be emptied before they are dangerously full. It is also crucial to implement systems to regularly check containers to identify those that need to be replaced. Increased training and supervision to avoid improper disposal is needed in addition to appropriate sharps containers, and is essential to protect health care providers, support service workers and patients.

- Close to a third of the injuries reported were associated with hypodermic needles, and of these, more than 50% involved devices without sharps injury prevention features. There are a wide variety of hypodermic needles with engineered sharps injury prevention features on the market. Hospitals should evaluate their device inventory and aggressively identify, evaluate and implement use of alternative devices with engineered sharps injury prevention features.

- Blood procedures continue to account for about 20% of all injuries reported. This is may be related to the device used, particularly whether or not the device was one with engineered sharps injury prevention features. As previously shown, a third of all injuries with vacuum tube collection holders and needles as well as a fifth of all injuries with butterfly needles occurred with standard devices. There are a wide variety of products with safety features available for these types of devices. As mentioned earlier, injuries with hollow bore needles, particularly those used for blood procedures, are associated with a higher risk of transmission of bloodborne pathogens.

- It may be more difficult to institute change in some areas than others: the operating room setting, for example, poses unique challenges. Some devices, such as suture needles, have fewer options for engineering controls; to date, safer options for suture needles have been blunt needles, which are not appropriate for all situations. In this instance, exploring alternative methods of closing wounds may be more appropriate than finding alternative devices. The use of neutral zones in the operating room to minimize hand-to-hand transfer of sharps is an effective work practice control to reduce sharps injuries.

The Massachusetts Sharps Injury Surveillance System is a collaborative effort between the MDPH, hospitals, professional associations and community advocates. The success of the program in collecting data is a result of this collaboration. MDPH will continue to work with these groups to conduct surveillance, review exposure control activities in hospitals, and facilitate the exchange of information among hospitals about successful prevention strategies.

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APPENDIX A

Massachusetts Department of Public Health
Sharps Injury Prevention Advisory Committee

Members

Philip Adamo M.D., MPH	Board of Directors, New England College of Occupational and Environmental Medicine
Bob Alconada	Manager, State Government Affairs Massachusetts Dental Society
Evelyn Bain, M Ed, RN, COHN-S	Associate Director/Coordinator - Health and Safety Program Massachusetts Nurses Association
Karen Daley, RN, MPH	Consumer
Anuj Goel, JD, MPH	Director, Regulatory Compliance Massachusetts Hospital Association
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Gail Palmeri, RN	Program Manager, Hospitals Division of Health Care Quality, MDPH

APPENDIX B

NOTE: This is an unofficial copy.

Chapter 252 of the Acts of 2000

AN ACT RELATIVE TO NEEDLESTICK INJURY PREVENTION.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 111 of the General Laws is hereby amended by inserting after section 53C the following section:

Section 53D. (a) Any acute or non-acute hospital licensed under this chapter shall ensure the provision of services to individuals through the use of hollow-bore needle devices or other technology that minimize the risk of injury to health care workers from hypodermic syringes or needles, in accordance with rules and regulations promulgated pursuant to subsection (b).

(b) The department shall promulgate rules and regulations requiring the use, at all acute and non-acute hospitals, of only such devices which minimize the risk of injury to health care workers from needlestick and sharps, so-called. Such rules and regulations promulgated by the department shall include the following requirements:

(1) Written exposure control plans shall be developed by each acute and non-acute hospital that include an effective procedure for identifying and selecting existing sharps prevention technology, so-called, of the types specified by the department.

(2) Sharps injury prevention technology shall be included as engineering or work practice controls, except in cases where the employer or other appropriate party can demonstrate circumstances in which the technology does not promote employee or patient safety or interferes with a medical procedure. Those circumstances shall be specified by the employer and shall include, but not be limited to, circumstances where the technology is medically contraindicated or not more effective than alternative measures used by the employer to prevent exposure incidents. In all cases the department shall make the final determination as to whether an employer or other appropriate party has demonstrated in a satisfactory manner circumstances which warrant an exemption from the inclusion of sharps injury prevention technology.

(3) Information concerning exposure incidents shall be recorded in a sharps injury log to be kept within such acute and non-acute hospitals and reported annually to the department, including but not limited to, the type and brand of device involved in the incident. Such logs shall be used as the basis for continuing quality improvement in reducing sharps injuries through the provision of education and the procurement of improved products. Such logs shall be kept confidential and shall be used only for the intended purposes of this section.

(4) Written exposure control plans shall be updated when necessary to reflect progress in sharps prevention technology as determined by the department.

(c) The department shall promulgate all rules and regulations pursuant to this section in consultation with an advisory committee composed of, but not limited to: the department's director of infectious disease, a consumer to be selected by the commissioner, a technical expert to be selected by the commissioner, and a representative from the Massachusetts Nurses Association, the Massachusetts Association of Occupational and Environmental Medicine, the Massachusetts Medical Society and the Massachusetts Hospital Association.

APPENDIX B

The department, in consultation with the advisory committee, shall compile and maintain a list of needleless systems, needles and sharps, so-called, with engineered injury protections meeting the purposes of this section. The list shall be available to assist employers in complying with rules and regulations promulgated in accordance with this section.

SECTION 2. The department of public health shall promulgate the rules and regulations required by section 53D of chapter 111 of the General Laws no later than November 1, 2000.

Approved August 17, 2000.

APPENDIX C

NOTE: This is an unofficial copy.

105 CMR 130.000 Hospital Licensure Regulations
105 CMR 130.000 is amended by adding the following new sections:

130.1001: Definitions

As used in 105 CMR 130.1001 through 130.1008 the following definitions shall apply:

"Advisory committee," means a committee composed of, but not limited to the Department's director of infectious disease; a consumer to be selected by the commissioner; a technical expert to be selected by the commissioner; and a representative from the Massachusetts Nurses Association, the New England Association of Occupational and Environmental Medicine, the Massachusetts Medical Society and the Massachusetts Hospital Association.

"Commissioner" means the Commissioner of the Massachusetts Department of Public Health.

"Department" means the Massachusetts Department of Public Health.

"Engineering and work practice controls" mean controls such as, but not limited to, sharps disposal containers, needleless systems, and sharps with engineered injury protections, that isolate or remove the bloodborne pathogens hazard from the workplace.

"Exposure Control Plan" means a plan that includes an effective procedure for identifying and selecting existing sharps injury prevention technology.

"Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

"Health care worker" means all workers employed by the hospital, working within the hospital but employed by other agencies, those providing patient care services without pay such as students, or providers who are delivering care but receiving compensation from sources other than the hospital.

"Hospital" means any hospital licensed by the Department pursuant to M.G.L. c.111, § 51.

"Reportable Exposure incident" means an exposure incident a result of events that pierce the skin or mucus membranes.

"Sharp" means any object that can penetrate the skin or any part of the body, and result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes and exposed ends of dental wires.

"Sharps injury log" means a log to be kept within acute and non-acute hospitals that records information concerning exposure incidents, including but not limited to, the type and brand of device involved in the incident.

"Sharps injury prevention technology" means devices or other technology that minimizes the risk of injury to health care workers from hypodermic syringes, needles or other sharps.
130.1002: Minimizing Risk of Injury

APPENDIX C

Every hospital shall:

(A) Ensure the provision of services to individuals through the use of safe needle devices or other technology that minimizes the risk of injury to health care workers from hypodermic syringes, needles, and sharps; and

(B) Except as provided in 105 CMR 130.1005; use only such devices designed to reduce risk of percutaneous exposure to bloodborne pathogens.

130.1003: Written Exposure Control Plans

Hospitals shall develop written exposure control plans that include an effective procedure for identifying and selecting existing sharps injury prevention technology consistent with the federal regulations concerning occupational exposure to bloodborne pathogens, 29 CFR 1910.1030 *et seq.* the Occupational Safety & Health Administration's (OSHA) Occupational Exposure to Bloodborne Pathogens standards. Written exposure control plans shall be updated when necessary to reflect progress in sharps injury prevention technology as determined by the Department.

130.1004: Engineering and Work Practice Controls

Hospitals shall include sharps injury prevention technology as engineering and work practice controls to isolate or remove the bloodborne pathogens hazard from the workplace consistent with the federal regulations concerning occupational exposure to bloodborne pathogens, 29 CFR 1910.1030 et seq.

130.1005: Exemption from the Inclusion of Sharps Injury Prevention Technology

(A) Sharps injury prevention technology may be excluded as engineering and work practice controls in cases where the hospital or other appropriate party can demonstrate circumstances in which the technology does not promote employee or patient safety or interferes with a medical procedure.

(B) Where sharps injury prevention technology is not utilized, the hospital shall specify those circumstances, which shall include but not be limited to, situations where the technology is medically contraindicated or not more effective than alternative measures used by the hospital to prevent exposure incidents.

(C) In all cases the Department shall make the final determination as to whether a hospital or other appropriate party has demonstrated in a satisfactory manner those circumstances which warrant an exemption from the inclusion of sharps injury prevention technology.

130.1006: Sharps Injury Log

(A) Information concerning exposure incidents shall be recorded in a sharps injury log that includes, but is not limited to, the type and brand of device involved in the incident, the department or work area where the exposure incident occurred, and an explanation of how the incident occurred.

(B) Sharps injury logs shall be kept within the hospital and shall be used as the basis for continuing quality improvement in reducing sharps injuries through the provision of education and the procurement of improved products; and,

(C) Sharps injury logs shall be kept confidential.

130.1007: Reporting

Every licensed acute and non-acute care hospital shall report annually to the Department information from its sharps injury logs and such other information as the Department may require concerning exposure incidents. The Department shall supply each reporting hospital with guidelines indicating the specific data elements to be submitted.

130.1008: Advisory Committee

The Department shall convene an advisory committee composed of, but not limited to the Department's director of infectious disease; a consumer to be selected by the commissioner; a technical expert to be selected by the commissioner; and a representative from the Massachusetts Nurses Association, the New England Association of Occupational and Environmental Medicine, the Massachusetts Medical Society and the Massachusetts Hospital Association.

130.1009: List of Needleless Systems

The Department, in consultation with the advisory committee, shall compile, maintain and periodically update a list of needleless systems, with engineered injury protections meeting the purposes set forth in M.G.L. c. 111, § 53D. The list shall be available as a resource to assist hospitals in complying with these regulations.

APPENDIX D

MDPH Data Elements to be Recorded for each Exposure Incident

Those items in bold are required to be recorded by both OSHA and MDPH. The additional items are strongly recommended by MDPH to be recorded. The checks in the left-hand column identify the subset of data elements that should be reported annually to MDPH for each exposure incident. See also Annual Summary of Sharps Injuries. The items in bold are those data elements which employers are required to collect as outlined in the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) and the OSHA Recordkeeping Standard (29 CFR 1904).

To be reported to MDPH annually	Data elements
√	Employer
√	**Unique Incident Number**
√	Employment status of exposed health care worker (temp, agency employee, pool nurse, contractor, employee)
√	**Date of incident**
	Time of incident
	Time work shift began
√	**Occupation**
√	**Department or work area in which the exposure incident occurred**
√	**Device or item that was involved in the injury**
√	**Brand and model of device**
√	Was the device a safety device?
√	**Purpose or procedure for which the sharp was intended or used**
√	**How the incident occurred**
	Health care worker's recommendations to prevent similar injuries

APPENDIX E

This form meets the requirements of recording sharps injuries under M.G.L. 105 CMR 130.1001 *et seq.*
Please complete this form with the exposed health care worker. ***REQUIRED DATA ELEMENTS FOR RECORDING**

Massachusetts Department of Public Health
Bloodborne Pathogen Exposure Incident Recording Form

EMPLOYER:*	**UNIQUE EXPOSURE INCIDENT NUMBER:***
EXPOSED WORKER'S NAME: (or unique ID number)	**OSHA RECORDABLE:** □ YES □ NO □ UNKOWN
STATUS of EXPOSED WORKER: □ EMPLOYEE □ VOLUNTEER □ STUDENT □ NON EMPLOYEE PRACTITIONER □ TEMP / CONTRACT □ OTHER _____	**TIME WORK SHIFT BEGAN:*** : am pm

DATE OF INCIDENT:* / /	**TIME of INCIDENT:*** : am pm	**DATE REPORTED:** / /	**TIME REPORTED:** : am pm

TYPE OF EXPOSURE:*	**TYPE OF FLUID:**	**FOR PERCUTANEOUS INJURIES:**	
		DEPTH OF INJURY:	**BLOOD VISIBLE ON DEVICE BEFORE EXPOSURE?**
□ Percutaneous	□ Blood / blood products		
□ Mucous membrane	□ Visibly bloody body fluid		
□ Skin	□ Non-visibly bloody body fluid		
□ Was skin intact?: YES NO UNKNOWN	□ Visibly bloody solution (iv fluid, etc.)	□ Superficial	□ Yes
□ Bite	□ Non-visibly bloody solution	□ Moderate	□ No
	□ Other _____ (specify)	□ Deep	□ Unknown
	□ Unknown	□ Unknown	

BODY PART INJURED:	**PERSONAL PROTECTIVE EQUIPMENT WORN BY WORKER AT TIME OF EXPOSURE:**		
□ Arm □ Mouth / nose	□ Gloves (single pair)	□ Eye protection	□ Mask
□ Hand □ Leg	□ Gloves (double pair)	□ Face shield	□ Other_____ (specify)
□ Finger □ Other _____ (specify)	□ Gloves (triple pair)	□ Gown/Garment	□ None of the above

OCCUPATION:*

□ Attendant / orderly	□ Fellow	□ Medical student	□ Physical therapist
□ Attending physician	□ Fireperson / First responder	□ Nurse Anesthetist	□ Public health worker
□ Central supply	□ Food service	□ Nursing Assistant	□ Psychiatric technician
□ Clerical / administrative	□ Hemodialysis technician	□ Nurse Midwife	□ Radiologic technician
□ Clinical lab technician	□ Housekeeper	□ Nurse Practitioner	□ Registered Nurse
□ Counselor / social worker	□ Intern / resident	□ Nursing student	□ Researcher
□ Dentist	□ Laundry staff	□ OR / surgical technician	□ Respiratory Therapist / Tech
□ Dental assistant / tech	□ Law enforcement officer	□ Patient care technician	□ Safety / security
□ Dental hygienist	□ Licensed Practical Nurse	□ Pharmacist	□ Transport / messenger
□ Dental student	□ Maintenance	□ Phlebotomist	□ Volunteer
□ Dietician	□ Morgue technician	□ Physician assistant	□ Other _____ (specify)
□ EMT / paramedic			

DEPARTMENT OR WORK AREA WHERE EXPOSURE INCIDENT OCCURRED:* ***Select all that apply***
Identify specific location (room number, floor etc): _____

□ Ambulance	□ Endoscopy / bronchoscopy /cytoscopy	□ Intensive care unit	□ Obstetrics / gynecology ward
□ Blood bank		□ Jail unit	□ Operating room
□ Central sterile supply	□ Exam room	□ Labor and delivery	□ Pediatrics
□ Central trash area	□ Hematology	□ Laundry room	□ Procedure room
□ Clinical chemistry	□ Histology / pathology	□ Medical / surgical ward	□ Psychiatry ward
□ Dialysis	□ Home health visit (home)	□ Microbiology	□ Radiology department room
□ Dental Clinic	□ Hospital grounds	□ Morgue / autopsy room	□ Other location _____ (specify)
□ Emergency Department		□ Nursery	

IS THIS THE DEPARTMENT TO WHICH THE WORKER IS REGULARLY ASSIGNED? □ YES □ NO □ N/A

IF NO, TO WHICH DEPARTMENT IS THE WORKER REGULARLY ASSIGNED?

APPENDIX E

WHAT DEVICE OR ITEM WAS INVOLVED IN THE INJURY?*

Hollow bore needle

- □ Biopsy needle
- □ IV stylet
- □ Hollow-bore needle, type unknown
- □ Huber needle
- □ Hypodermic needle attached to a disposable syringe
- □ Hypodermic needle attached to IV tubing
- □ Prefilled cartridge syringe
- □ Spinal or epidural needle
- □ Unattached hypodermic needle
- □ Winged steel needle
- □ Winged steel needle attached to a vacuum tube collection holder
- □ Winged steel needle attached to IV tubing
- □ Vacuum tube collection holder / needle
- □ Other type of hollow bore needle _____(Specify)

Other sharp object

- □ Bone chip / chipped tooth
- □ Bone cutter
- □ Bovie electrocuatery device
- □ Bur
- □ Explorer
- □ Histology cutting blade
- □ Lancet
- □ Laser
- □ Pin
- □ Razor
- □ Retractor
- □ Scaler / curette
- □ Scalpel blade
- □ Scissors
- □ Sharp object, type unknown
- □ Tenaculum
- □ Trocar
- □ Wire
- □ Other type of sharp object _____ (specify)

Suture needle

- □ Curved suture needle
- □ Straight suture needle

Glass

- □ Capillary tube
- □ Medication ampule / vial / IV bottle
- □ Pipette
- □ Slide
- □ Specimen / test / vacuum tube
- □ Other glass item _____ (specify)

Additional dental / surgical devices

- □ Hypodermic needle attached to non-disposable syringe
- □ Elevator
- □ Extraction forceps
- □ Root canal file
- □ Rod (orthopaedic)
- □ Other device or item _____ (specify)

BRAND / MODEL OF DEVICE:*

WAS IT A SAFETY DEVICE? □ **Yes** □ **No** □ **Unknown**

IF YES, WHEN DID THE INJURY OCCUR?

- □ Before activation of safety feature
- □ During activation of safety feature
- □ Safety feature improperly activated
- □ Safety feature failed; after activation
- □ Safety feature not activated
- □ Passive safety feature, activation not required
- □ Other _____ (specify)
- □ Unknown

IF YES, WAS THE WORKER TRAINED IN THE PROPER USE OF THIS SAFETY DEVICE? □ Yes □ No

Describe training:

PURPOSE OR PROCEDURE FOR WHICH SHARP WAS USED OR INTENDED:*

Line procedures:

- □ To insert a peripheral IV line or set up a heparin lock
- □ To insert a central IV line
- □ To insert an arterial line
- □ To connect IV line (intermittent IV / piggy back / IV infusion / other IV line connection)
- □ To flush heparin / saline
- □ Other injection into IV injection site or IV port _____ (specify)
- □ Other line procedure _____ (specify)

Blood procedures:

- □ Percutaneous venous puncture (e.g.
- □ phlebotomy)
  Percutaneous arterial puncture
- □ Central of peripheral IV line or port
- □ Arterial line
- □ Dialysis / AV fistula site
- □ Umbilical vessel
- □ Fingerstick / heel stick
- □ Other blood sampling _____ (specify)

Other procedures:

- □ Cutting (e.g. surgery / autopsy)
- □ During disposal
- □ Epidural / spinal anesthesia
- □ Intramuscular (IM) injection
- □ Subcutaneous / intradermal injection / skin test placement
- □ Suturing
- □ Transferring blood / body fluid to another container
- □ To obtain a body fluid or tissue sample (CFS / amniotic / biopsy)
- □ To obtain laboratory specimens
- □ Other procedure (not a line procedure or blood sampling procedure) _____ (specify)
- □ Unknown

***Dental procedure*:**

- □ During disposal
- □ Hygiene (prophy, root plane, curettage)

Oral surgery

- □ Simple Extraction
- □ Surgical Extraction
- □ Fracture Reduction
- □ Other_____(specify)
- □ Unknown

Orthodontic procedure

- □ Periodontal surgery
- □ Restorative(amalgam, composite, crown)
- □ Root canal
- □ Other _____**(specify)**
- □ Unknown

Where did the injury occur*?*

- □ Inside the patient's mouth
- □ Outside the patient's mouth
- □ Unknown

APPENDIX E

HOW DID THE INJURY OCCUR?* *Choose up to two*

□ Before use of the item

During use of the item

□ Collided with co-worker or other person
□ Collided with sharp
□ Incising
□ Manipulating suture needle in holder
□ Palpating / Exploring
□ Passing or receiving equipment
□ Passing or transferring equipment
□ Patient moved and jarred device
□ Sharp object dropped
□ Suturing
□ Tying sutures
□ While inserting needle in line
□ While inserting needle in patient
□ While manipulating needle in line
□ While manipulating needle in patient
□ While withdrawing needle from line
□ While withdrawing needle from patient
□ Other _____ (specify)
□ Unknown

After use, before disposal

□ Activating safety device
□ Cap fell off after recapping
□ Collided with co-worker or other person
□ Collided with sharp after procedure
□ Disassembling device or equipment
□ Decontamination / processing of used equipment
□ During clean-up
□ Handling equipment on a tray or stand
□ In transit to disposal
□ Opening / breaking glass containers
□ Processing specimens
□ Passing or transferring equipment
□ Recapping (missed or pierced cap)
□ Sharp object dropped after procedure
□ Struck by detached I.V. line needle
□ Transferring blood / bodily fluids into specimen container
□ Other _____ (specify)
□ Unknown

During or after disposal of item

□ Collided with co-worker or other person
□ Collided with sharp during / after disposal
□ In trash
□ In linen / laundry
□ In pocket / clothing
□ Left on table / tray
□ Left in bed / mattress
□ On floor
□ Over-filled sharps container
□ Punctured sharps container
□ Protruding from opened container
□ Sharp object dropped during / after disposal
□ Struck by detached I.V. line needle during / after disposal
□ While manipulating container
□ While placing sharp in container, injured by sharp being disposed
□ While placing sharp in container, injured by sharp already in container
□ Other_____ (specify)
□ Unknown

NARRATIVE DESCRIPTION OF THE INCIDENT:

WHAT SUGGESTIONS DOES THE WORKER HAVE FOR PREVENTING SIMILAR INJURIES IN THE FUTURE?

Prepared by: Title: Date:

APPENDIX E

INSTRUCTIONS FOR MDPH BLOODBORNE PATHOGEN EXPOSURE INCIDENT RECORDING FORM

The Bloodborne Pathogen Exposure Incident Recording Form shall be completed with the exposed health care worker at the time that post-exposure care is given following a percutaneous injury resulting in an exposure to blood and potentially infectious bodily fluids.

Health care workers are defined as: all workers employed in the hospital, working within the hospital but employed by other agencies, those providing patient care services without pay such as students, or providers who are delivering care but receiving compensation from sources other than the hospital.

This form shall be kept in a place that protects the confidentiality of the exposed health care worker. If this information is to be shared with committees within the hospital, all measures that protect the privacy of the exposed health care worker shall be taken.

The **name of the employer** shall be recorded. If incident occurred in a satellite site, note site here.

A **unique exposure incident number** shall be assigned to each incident. This number along with the ID number should be used when referring to this incident on subsequent reports. There should be only one location where the connection is made between the ID number, incident number and the health care worker's name. This information shall be kept confidential.

The **exposed health care worker's name** or **unique ID number** shall be recorded. An **ID number**, unique to the exposed health care worker should be assigned. A social security number or employee ID number should not be used. If this form is shared with other departments, then the health care worker's name should not be used, in order to maintain confidentiality.

Indicate if this is an **OSHA recordable** incident.

The **employment status** shall be given. If the health care worker is a paid employee of the organization, then indicate that the health care worker is an employee. If the health care worker is from an outside agency, (e.g., staffing agency) then indicate that the health care worker is a temp or a contract employee. An attending physician employed by a group practice would be classified as a non-employee practitioner.

Indicate the time that the health care worker began the **work shift** in which the incident occurred.

Indicate the **date and time of the incident**, and the **date and time that the incident was reported**.

APPENDIX E

Indicate the **type of exposure**.

Percutaneous – punctured or broke the skin
Mucous membrane – contact with mouth, eyes or other mucous membranes
Skin – contact with unprotected skin
Bite – bite where the skin was broken

Identify the **type of fluid** involved in the exposure. If the fluid type is not listed, describe in OTHER.

Describe the **depth of the injury**.

Superficial – injuries such as a scratch
Moderate – those injuries that are more serious than scratches, but not so serious that they would be considered to be deep (e.g., superficial laceration or tissue avulsion)
Deep – injuries that touched bone or muscle contracted

Indicate whether there was **blood visible on the device** before the incident occurred.

Indicate the **body part injured**. If it is not listed, describe in OTHER.

Indicate the type of **personal protective equipment** worn by the exposed health care worker at the time of exposure. If the type of protection is not listed, describe in OTHER.

Indicate the usual **occupation** of the exposed health care worker. If the occupation is not listed, provide the occupation in OTHER.

Indicate the **department or work area where the incident occurred**. This may be different from the department in which the health care worker is regularly assigned. If the department is not listed, indicate the department in OTHER. In the space provided, indicate the specific location of the incident, such as the room number, or the floor in which the incident occurred.

Indicate whether the department in which the exposure occurred is the department to which the health care worker is regularly assigned. If the answer is no, please indicate the department to which the employee is regularly assigned.

Indicate which **device or item was involved in the injury**. If the device is not listed, indicate the type of device in the space for OTHER in the category of devices provided.

Identify the **brand and or model of the device**. It may be helpful to have the samples or pictures of the types of devices available, with the sharp covered, so that the injured employee can identify the device.

Indicate whether the **device was a safety device**. If yes, indicate **when the injury occurred**, relative to the activation of the safety feature.

APPENDIX E

If the device was a safety device, indicate whether the health care worker was **trained in the use of the device**. Describe the training provided (e.g., printed instructions, on the job, in-service demonstration, hands on in-service).

Identify the **purpose or procedure for which the sharp was used or intended**. If the purpose is not listed, indicate the purpose in OTHER within the category of uses provided.

Choose up to two items describing **how the injury occurred**.

Provide a narrative description of the incident, identifying the events that led up to the incident, as well as if anyone else was involved. Describe the nature of the injury and the body part injured, along with any other information about the incident.

Ask the injured health care worker to suggest ways to prevent this type of injury from occurring in the future. Suggestions may range from increased training, to changing the devices that are utilized within the facility.

The name and title of the individual filling out the recording form as well as the date it is completed shall be recorded.

APPENDIX F

Annual Summary of Sharps Injuries

Massachusetts Department of Public Health
Occupational Health Surveillance Program

Hospital:
License Number:
Hospital Contact:
Phone number:
Year:

Use of the attached lists is encouraged when completing this form.
***Required data elements for reporting to MDPH.**

* Date of Exposure Incident	* Unique Exposure Incident Number	Employment status of exposed health care worker. (e.g.,Employee, temp/contract, student, volunteer, non-employee practitioner, other)	* Occupation	* Department or work area where the exposure incident occurred	* Device or item that was involved in the injury	Was it a safety device? Y / N / Unknown	* Brand / model of device	* Purpose or procedure for which the sharp was used or intended	* How did the injury occur?

APPENDIX F

INSTRUCTIONS for
MDPH ANNUAL SUMMARY OF SHARPS INJURIES

*This form shall be either typed or computer generated. This form shall cover sharps injuries occurring in the previous calendar year and shall be sent to MDPH-OHSP by **February 1**.*

Provide the **name and license number** of the **hospital** facility.

Provide the **calendar year** of the data.

Provide a **contact name** and **phone number** for the person who is responsible for the data at the hospital.

A **unique exposure incident number** shall be assigned to each exposure event.

Indicate the usual **occupation** of the exposed health care worker. Use of the list of occupations provided on the attached list is encouraged.

Identify the **department or work area** where the incident occurred. Use of the list of departments provided on the attached list is encouraged.

Identify the **device or item** involved in the exposure incident. Use of the list of devices provided on the attached list is encouraged.

Indicate whether the device involved was a **safety device**.

Identify the **brand and model** of the device involved in the exposure incident.

Identify the **purpose or procedure for which the sharp was used or intended**, that is what the device was being utilized for at the time of the exposure incident. Use of the list of procedures provided on the attached list is encouraged.

Indicate **how** the exposure incident occurred. Use of the list of possible causes provided on the attached list is encouraged.

Insert **page numbers** and total number of pages.

Sharps Injury Suveillance Project
Occupational Health Surveillance Program
Massachusetts Department of Public Health
250 Washington Street, 6th floor
Boston, MA 02108

For information on reporting, contact:
Occupational Health Surveillance Program
at Sharps.Injury@state.ma.us or 617-624-5625

APPENDIX F

OCCUPATION				
Attendant / orderly	Dietician	Licensed Practical Nurse	Patient care technician	Respiratory Therapist / tech
Attending physician	EMT / paramedic	Maintenance	Pharmacist	Safety / security
Central supply	Fellow	Morgue technician	Phlebotomist	Transport / messenger
Clerical / administrative	Fireperson / First responder	Medical student	Physician assistant	Volunteer
Clinical lab technician	Food service	Nurse Anesthetist	Physical therapist	Other ancillary staff **(specify)**
Counselor / social worker	Hemodialysis technician	Nursing Assistant	Public health worker	Other dental worker **(specify)**
Dentist	Housekeeper	Nurse Midwife	Psychiatric technician	Other medical staff **(specify)**
Dental assistant / tech	Intern / resident	Nurse Practitioner	Radiologic technician	Other student **(specify)**
Dental hygienist	Laundry staff	Nursing student	Registered Nurse	Other **(specify)**
Dental student	Law enforcement officer	OR / surgical technician	Researcher	Other technician **(specify)**

DEPARTMENT OR WORK AREA WHERE EXPOSURE INCIDENT OCCURRED				
Ambulance	Emergency Department	Home health visit (home)	Medical / surgical ward	Pediatrics
Blood bank	Endoscopy / bronchoscopy /cytoscopy	Hospital grounds	Microbiology	Procedure room
Central sterile supply		Intensive care unit	Morgue / autopsy room	Psychiatry ward
Central trash area	Exam room	Jail unit	Nursery	Radiology department room
Clinical chemistry	Hematology	Labor and delivery	Obstetrics / gynecology ward	Other laboratory **(specify)**
Dialysis	Histology / pathology	Laundry room	Operating room	Other outpatient area **(specify)**
Dental Clinic				Other location **(specify)**

WHAT DEVICE OR ITEM WAS INVOLVED IN THE INJURY?				
Hollow bore needle	Winged steel needle attached to a vacuum tube collection holder	Bur	Tenaculum	***Suture Needle***
Biopsy needle		Explorer	Trocar	Curved suture needle
IV stylet		Histology cutting blade	Wire	Straight suture needle
Hollow-bore needle, type unknown	Winged steel needle attached to IV tubing	Lancet	Other type of sharp object **(specify)**	
Huber needle		Laser		***Additional dental / surgical devices***
Hypodermic needle attached to a disposable syringe	Vacuum tube collection holder / needle	Pin		
		Razor	***Glass***	Hypodermic needle attached to non-disposable syringe
Hypodermic needle attached to IV tubing		Retractor	Capillary tube	
	Bone chip / chipped tooth	Scaler / curette	Medication ampule / vial / IV bottle	Elevator
Prefilled cartridge syringe	Bone cutter	Scalpel blade		Extraction forceps
Spinal or epidural needle	Bovie electrocuatery device	Scissors	Pipette	Root canal file
Unattached Hypodermic needle		Sharp object, type unknown	Slide	Rod (orthopaedic)
Winged steel needle			Specimen / test / vacuum tube	Other device or item **(specify)**
			Other glass item **(specify)**	

APPENDIX F

PURPOSE OR PROCEDURE FOR WHICH SHARP WAS USED OR INTENDED:

Line procedures:
To insert a peripheral IV line or set up a heparin lock
To insert a central IV line
To insert an arterial line
To connect IV line (intermittent IV / piggy back / IV infusion / other IV line connection)
To flush heparin / saline
Other injection into IV injection site or IV port **(specify)**
Other line procedure **(specify)**

Blood procedures:
Percutaneous venous puncture (e.g. phlebotomy)
Percutaneous arterial puncture
Central of peripheral IV line or port
Arterial line
Dialysis / AV fistula site
Umbilical vessel
Finger stick / heel stick
Other blood sampling **(specify)**

Other procedures:
Cutting (e.g. surgery / autopsy)
During deposal
Epidural / spinal anesthesia
Intramuscular (IM) injection
Subcutaneous / intradermal injection / skin test placement
Suturing
Transferring blood / body fluid to another container
To obtain a body fluid or tissue sample (CFS / amniotic / biopsy)
To obtain laboratory specimens
Other procedure (not a line or blood sampling procedure) **(specify)**
Unknown

Dental procedure:
During disposal
Hygiene (prophy, root plane, curettage)
Oral surgery
- Simple Extraction
- Surgical Extraction
- Fracture Reduction
- Other **(specify)**
- Unknown

Periodontal surgery
Restorative (amalgam, composite, crown)
Root canal
Other **(specify)**
Unknown
Where did the injury occur??
Inside the patient's mouth
Outside the patient's mouth
Unknown

HOW DID THE INJURY OCCUR? Choose up to two.

Before use of the item

During use of the item
Collided with co-worker or other person
Collided with sharp
Incising
Manipulating suture needle in holder
Palpating / Exploring
Passing or receiving equipment
Transferring equipment
Patient moved and jarred device
Sharp object dropped
Suturing
Tying sutures
While inserting needle in line
While inserting needle in patient
While manipulating needle in line
While manipulating needle in patient
While withdrawing needle from line
While withdrawing needle from patient
Other **(specify)**
Unknown

After use, before disposal
Activating safety device
Cap fell off after recapping
Collided with co-worker or other person
Collided with sharp after procedure
Disassembling device or equipment
Decontamination / processing of used equipment
During clean-up
Handling equipment on a tray or stand
In transit to disposal
Opening / breaking glass containers
Processing specimens
Passing or transferring equipment
Recapping (missed or pierced cap)
Sharp object dropped after procedure
Struck by detached I.V. line needle
Transferring blood / bodily fluids into specimen container
Other **(specify)**
Unknown

During or after disposal of item
Collided with co-worker or other person
Collided with sharp during / after disposal
In trash
In linen / laundry
In pocket / clothing
Left on table / tray
Left in bed / mattress
On floor
Over-filled sharps container
Punctured sharps container
Protruding from opened container
Sharp object dropped during / after disposal
Struck by detached I.V. line needle during / after disposal
While manipulating container
While placing sharp in container, injured by sharp being disposed
While placing sharp in container, injured by sharp already in container
Other **(specify)**
Unknown

APPENDIX G

TABLE G-1

WORK STATUS OF INJURED WORKER	N	%
Employee	2,874	86 %
Non-Employee Practitioner	230	7
Student	81	2
Temp / Contract	50	2
Volunteer	1	--
Other	28	<1
Not answered	63	2
STATE TOTAL	**3,327**	**100%**

TABLE G-2

OCCUPATION	N	%
Nurse	**1,311**	**39%**
RN or LPN	1,157	35
Nursing Assistant	55	2
Patient Care Technician	37	1
Nurse Anesthetist	16	<1
Nurse Practitioner	16	<1
Nursing Student	12	<1
Home Health Aide	9	<1
Nurse Midwife	9	<1
Physician	**1,066**	**32%**
Intern / Resident	478	14
MD	399	12
Medical Student	63	2
Physician Assistant	50	2
Fellow	40	1
Surgeon	17	<1
Anesthesiologist	15	<1
Radiologist	4	--
Technician	**662**	**20%**
OR / Surgical Technician	248	7
Phlebotomist	152	5
Clinical Lab Technician	83	2
Radiologic Technician	42	1
Respiratory Therapist / Tech	31	1
Hemodialysis Technician	4	--
Morgue Technician	1	--
Other Technician	101	3
Support Services	**149**	**4%**
Housekeeper	89	3
Central Supply	47	1
Maintenance	5	<1
Attendant / Orderly	5	<1
Safety / Security	2	--
Transport / Messenger / Porter	1	--
Dental Staff	**31**	**1%**
Dental Student	17	<1
Dental Assistant / Tech	7	<1
Dentist	4	--
Dental Hygienist	3	--

APPENDIX G

TABLE G-2

OCCUPATION	N	%
Other Medical Staff	**45**	**1%**
Medical Assistant	42	1
Other Medical Staff, unspecified	3	--
Other	**59**	**2%**
Clerical / Administrative	9	<1
EMT / Paramedic	4	--
Pharmacist	3	--
Researcher	3	--
Counselor / Social Worker	2	--
Dietician	2	--
Psychiatric Technician	1	--
Other student	18	<1
Other	17	<1
Not answered	**4**	**<1%**
STATE TOTAL	**3,327**	**100%**

TABLE G-3

DEPARTMENT WHERE INCIDENT OCCURRED	N	%
Operating and Procedure Rooms	**1,452**	**44%**
Operating room	1,070	32
Labor and delivery	140	4
Radiology	89	3
Hematology / Oncology	33	1
Cardiac catheterization laboratory	30	1
Phlebotomy room	18	<1
Dialysis	15	<1
Endoscopy / Bronchoscopy / Cytoscopy	8	<1
Procedure room, not specified	49	1
Inpatient units	**750**	**23%**
Medical / Surgical ward	521	16
Pediatrics	32	1
Obstetrics / Gynecology	23	<1
Psychiatry ward	20	<1
Nursery	5	<1
Specific ward, type unknown**	15	<1
Patient room, ward unspecified	134	4
Emergency Department	**285**	**9%**
Intensive Care Units	**253**	**8%**
Intensive care unit	239	7
Post anesthesia care unit	14	<1
Laboratory	**167**	**5%**
Histology / Pathology	34	1
Clinical chemistry	18	<1
Blood bank	11	<1
Microbiology	7	<1
Morgue / Autopsy room	6	<1
Other laboratory	91	3

APPENDIX G

TABLE G-3

DEPARTMENT WHERE INCIDENT OCCURRED	N	%
Outpatient areas	**145**	**4%**
Dental Clinic	26	<1
Home health visit	19	<1
Ambulatory care clinic	9	<1
Other outpatient areas	91	3
Other areas	**254**	**8%**
Central Sterile Supply	56	2
Exam room	30	1
Rehabilitation unit	16	<1
Anesthesia	14	<1
Dermatology	13	<1
Employee health / Infection control	7	<1
Long term care	7	<1
Pain clinic	6	<1
Ambulance	3	--
Detox unit	3	--
Pharmacy	3	--
Laundry room	2	--
Other location	94	3
Unknown / Not answered	**21**	**<1**
STATE TOTAL	**3,327**	**100%**

TABLE G-4

PROCEDURE FOR WHICH DEVICE WAS USED	N	%
Injection	**787**	**24%**
Subcutaneous injection	261	8
Intramuscular injection	82	2
Epidural / Spinal anesthesia	19	<1
Injection, unspecified	425	13
Suturing	**702**	**21%**
Suturing	697	21
Suture removal	5	<1
Blood procedures	**626**	**19%**
Percutaneous venous puncture	475	14
Percutaneous arterial puncture	70	2
Finger stick / Heel stick	41	1
Draw blood from central or peripheral IV line or port	13	<1
Draw blood from umbilical vessel	11	<1
Dialysis / AV fistula site	7	<1
Other blood sampling	9	<1
Line procedures	**301**	**9%**
To insert a peripheral IV line or set up a heparin lock	159	5
Other injection into IV site / port	36	1
To insert a central IV line	33	1
To flush heparin / saline	28	<1
To insert an arterial line	15	<1
To connect IV line	8	<1
Other line procedure	22	<1

Making the incision	**251**	**8%**
To obtain body fluid or tissue sample	**90**	**3%**
Dental procedures	**12**	**<1%**
Dental drilling	2	--
Restorative	2	--
Hygiene	1	--
Other dental	7	<1
Other	**353**	**11%**
To obtain lab specimens	24	<1
Transferring blood / body fluid to another container	16	<1
During disposal	14	<1
Shaving	12	<1
Drilling	8	<1
Other procedure	201	6
Other	78	2
Unknown / Not answered	**205**	**6%**
STATE TOTAL	**3,327**	**100%**

TABLE G-5

DEVICE INVOLVED IN THE INJURY	**N**	**%**
Hypodermic needle	**991**	**30%**
Hypodermic needle attached to a disposable syringe	862	26
Unattached hypodermic needle	44	1
Prefilled cartridge syringe	39	1
Hypodermic needle attached to a non-disposable syringe	38	1
Hypodermic needle attached to IV tubing	8	<1
Suture needle	**703**	**21%**
Curved suture needle	149	4
Straight suture needle	12	<1
Suture needle, unspecified	542	16
Butterfly needle	**305**	**9%**
Winged steel needle	240	7
Winged steel needle attached to a vacuum tube collection holder	63	2
Winged steel needle attached to IV tubing	2	--
Scalpel blade	**265**	**8%**
Vacuum tube collection holder / needle	**170**	**5%**
Vacuum tube collection holder / needle	147	4
Phlebotomy needle (other than butterfly)	23	<1
Glass	**42**	**1%**
Specimen / Test / Vacuum tube	20	<1
Slide	6	<1
Medication ampule / Vial / IV bottle	3	--

APPENDIX G

TABLE G-5

DEVICE INVOLVED IN THE INJURY	N	%
Pipette	3	--
Capillary tube	2	--
Other glass item	8	<1
Other hollow bore needle	**417**	**13%**
IV stylet	190	6
Spinal or epidural needle	24	<1
Huber needle	21	<1
Biopsy needle	13	<1
Hollow bore needle, type unknown	105	3
Other type of hollow bore needle	64	2
Dental device or item	**16**	**<1%**
Dental needle	8	<1
Dental bur	5	<1
Scaler / Curette	1	--
Other dental device or item	2	--
Other	**360**	**11%**
Lancet	46	1
Wire	46	1
Retractor	27	<1
Pin	19	<1
Scissors	19	<1
Razor	17	<1
Extraction forceps	15	<1
Trocar	13	<1
Bone cutter	10	<1
Bovie electrocautery device	10	<1
Drill bit	4	--
Elevator	3	--
Bone chip / chipped tooth	2	--
Tenaculum	1	--
Sharp object, type unknown	20	<1
Other type of sharp object	108	3
Unknown / Not answered	**58**	**2%**
STATE TOTAL	**3,327**	**100%**

TABLE G-6

SAFETY DEVICE	N	%
No	2,024	61 %
Yes	985	30
Unknown / Not answered	318	10
STATE TOTAL	**3,327**	**100%**

APPENDIX G

TABLE G-7

WHEN THE INJURY OCCURRED	N	%
During Use of the Item	1,428	43 %
After Use and Before Disposal	1,184	36
During or After Disposal of the Item	499	15
Before Use of the Item	30	1
Unknown / Not answered	186	6
STATE TOTAL	**3,327**	**100%**

TABLE G-8

HOW THE INJURY OCCURRED	N	%
Collision with worker or sharp	**832**	**25%**
Collided with sharp	384	12
Collided with sharp after procedure	338	10
Collided with coworker or other person	110	3
Suturing	**355**	**11%**
Suturing	336	10
Manipulating suture needle in holder	19	<1
During sharps disposal	**302**	**9%**
While placing sharp in container, injured by sharp being disposed	123	4
Collided with sharp during / after disposal	70	2
Sharp object dropped during / after disposal	35	1
Protruding from opened container	20	<1
In transit to disposal	19	<1
Overfilled sharps container	16	<1
While manipulating container	11	<1
While placing sharp in container, injured by sharp already in container	6	<1
Punctured sharps container	1	--
Struck by detached IV line needle	1	--
Manipulate needle in patient	**247**	**7%**
While withdrawing needle from patient	135	4
While inserting needle in patient	82	2
While manipulating needle in patient	30	1
During clean-up	**242**	**7%**
During clean-up	132	4
Disassembling device or equipment	80	2
Decontamination / Processing of used equipment	30	1
Improper disposal	**210**	**6%**
In trash	78	2
Left on table / tray	64	2
Left in bed / mattress	24	<1

APPENDIX G

TABLE G-8

HOW THE INJURY OCCURRED	N	%
On floor	18	<1
In pocket / clothing	16	<1
In linen / laundry	10	<1
Patient moved and jarred device	**164**	**5%**
Activating safety device	**171**	**5%**
Handle / pass equipment	**138**	**4%**
Receiving / Passing / Transferring equipment	91	3
Handling equipment on tray or stand	37	1
Opening / breaking glass containers	10	<1
Recap needle	**122**	**4%**
Recapping	116	3
Cap fell off after recapping	6	<1
Access IV line	**44**	**1%**
While withdrawing needle from line	18	<1
While manipulating needle in line	15	<1
While inserting needle in line	11	<1
Failure to activate safety device	**40**	**1%**
Device malfunction	**39**	**1%**
Before use of the item	**26**	**<1%**
Other	**316**	**10%**
Incising	63	2
Transferring blood / bodily fluids into specimen container	22	<1
Processing specimens	18	<1
Sharp object dropped	13	<1
Palpating / Exploring	1	--
Sharp object dropped after procedure	1	--
Other	198	6
Unknown / Not answered	**79**	**2%**
STATE TOTAL	**3,327**	**100%**

** Hospital specific nomenclature provided, without specifying department

Percentages for frequencies less than 5 were not calculated; Percentages calculated are column percents.

APPENDIX H

Sharps Injuries among Hospital Workers by Number of Licensed Hospital Beds, Massachusetts, 2003

	Number of Licensed Hospital Beds							
	0-100 Beds		101-300 Beds		300+ Beds		All Hospitals	
	34 hospitals		49 hospitals		16 hospitals		99 hospitals	
	N	%*	N	%*	N	%*	N	%*
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**
WORK STATUS OF INJURED WORKER								
Employee	213	74 %	1,050	86 %	1,611	89 %	2,874	86 %
Non-Employee Practitioner	16	6	112	9	102	6	230	7
Student	3	--	25	2	53	3	81	2
Temp / Contract	8	3	25	2	17	1	50	2
Volunteer	0	--	0	--	1	--	1	--
Other	0	--	6	<1	22	1	28	1
Unknown / Not answered	49	17	10	1	4	<1	63	2
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**
OCCUPATION								
Nurse	131	45 %	544	44 %	636	35 %	1,311	39 %
Physician	73	25	254	21	739	41	1,066	32
Technician	56	19	331	27	275	15	662	20
Support Services	15	5	57	5	77	4	149	4
Other Medical Staff	3	--	16	1	26	1	45	1
Dental Staff	3	--	0	--	28	2	31	1
Other	7	2	24	2	28	2	59	2
Unknown / Not answered	1	--	2	--	1	<1	4	<1
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**
DEPARTMENT WHERE INJURY OCCURRED								
Operating and procedure rooms	136	47 %	525	43 %	791	44 %	1,452	44 %
Inpatient units	67	23	292	24	391	22	750	23
Emergency Department	27	9	113	9	145	8	285	9
Intensive Care Units	5	2	73	6	175	10	253	8
Laboratories	15	5	70	6	82	5	167	5
Outpatient areas	10	3	40	3	95	5	145	4
Other areas	28	10	104	8	122	7	254	8
Unknown / Not answered	1	--	11	1	9	<1	21	<1
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**
PROCEDURE FOR WHICH DEVICE WAS USED								
Injection	75	26 %	309	25 %	403	22 %	787	24 %
Suturing	49	17	230	19	423	23	702	21
Blood procedures	36	12	267	22	323	18	626	19
Making the incision	34	12	99	8	118	7	251	8
Line procedures	29	10	103	8	169	9	301	9
To obtain body fluid or tissue sample	10	3	30	2	50	3	90	3
Dental procedures	1	--	1	--	10	1	12	<1
Other	27	9	125	10	201	11	353	11
Unknown / Not answered	28	10	64	5	113	6	205	6
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**

Percentages calculated are column percents; Percentages for frequencies less than 5 were not calculated.

APPENDIX H

Sharps Injuries among Hospital Workers by Number of Licensed Hospital Beds, Massachusetts, 2003

	Number of Licensed Hospital Beds							
	0-100 Beds		101-300 Beds		300+ Beds		All Hospitals	
	34 hospitals		49 hospitals		16 hospitals		99 hospitals	
	N	%*	N	%*	N	%*	N	%*
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**
DEVICE INVOLVED IN THE INJURY								
Hypodermic needle	80	28 %	378	31 %	533	29 %	991	30 %
Suture needle	50	17	228	19	425	23	703	21
Butterfly needle	10	4	117	10	178	10	305	9
Scalpel blade	33	11	93	8	139	8	265	8
Vacuum tube collection holder / needle	9	3	96	8	65	4	170	5
Glass	9	3	16	1	17	1	42	1
Dental device or item	1	--	1	--	14	<1	16	<1
Other hollow bore needle	46	16	152	12	219	12	417	13
Other	44	15	129	11	187	10	360	11
Unknown / Not answered	7	2	18	1	33	2	58	2
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**
SAFETY DEVICE								
No	183	63 %	687	56 %	1,154	64 %	2,024	61 %
Yes	90	31	473	39	422	23	985	30
Unknown / Not answered	16	6	68	6	234	13	318	10
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**
WHEN THE INJURY OCCURRED								
During Use of the Item	108	37 %	482	39 %	838	46 %	1,428	43 %
After Use / Before Disposal	108	37	484	39	592	33	1,184	36
During or after disposal of the item	45	16	212	17	242	13	499	15
Before use of the item	4	2	8	1	18	1	30	1
Unknown / Not answered	24	8	42	3	120	7	186	6
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**
HOW THE INJURY OCCURRED								
Collision with worker or sharp	64	22 %	308	25 %	460	25 %	832	25 %
Suturing	20	7	99	8	236	13	355	11
During sharps disposal	20	7	137	11	145	8	302	9
Manipulate needle in patient	17	6	71	6	159	9	247	7
During clean-up	24	8	109	9	109	6	242	7
Improper disposal	25	9	84	7	101	6	210	6
Patient moved / jarred device	10	4	81	7	73	4	164	5
Handle / pass equipment	28	10	61	5	49	3	138	4
Activate safety device	20	7	77	6	74	4	171	5
Recap needle	9	3	48	4	65	4	122	4
Access IV line	6	2	15	1	23	1	44	1
Failure to activate safety device	2	--	27	2	11	1	40	1
Before use of item	3	--	6	<1	17	1	26	1
Device malfunctioned	2	--	25	2	12	1	39	1
Other	24	8	70	6	222	12	316	10
Unknown / Not answered	15	5	10	1	54	3	79	2
STATE TOTAL	**289**	**100%**	**1,228**	**100%**	**1,810**	**100%**	**3,327**	**100%**

Percentages calculated are column percents; Percentages for frequencies less than 5 were not calculated.

APPENDIX I

Sharps Injuries among Hospital Workers by Teaching Status, Massachusetts, 2003

	Teaching Status					
	Teaching		**Non-teaching**		**All Hospitals**	
	18 hospitals		81 hospitals		99 hospitals	
	N	**%***	**N**	**%***	**N**	**%***
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**
WORK STATUS OF INJURED WORKER						
Employee	1,729	89%	1,145	83%	2,874	86 %
Non-Employee Practitioner	104	5	126	9	230	7
Student	62	3	19	1	81	2
Temp / Contract	18	1	32	2	50	2
Volunteer	1	--	0	--	1	--
Other	22	1	6	<1	28	<1
Unknown / Not answered	9	<1	54	4	63	2
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**
OCCUPATION						
Nurse	662	34%	649	47%	1,311	39 %
Physician	828	42	238	17	1,066	32
Technician	290	15	372	27	662	20
Support Services	76	4	73	5	149	4
Dental Staff	28	1	3	--	31	1
Other Medical Staff	26	1	19	1	45	1
Other	33	2	26	2	59	2
Unknown / Not answered	2	--	2	--	4	--
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**
DEPARTMENT WHERE INJURY OCCURRED						
Operating and procedure rooms	898	46%	554	40%	1,452	44%
Inpatient units	408	21	342	25	750	23
Emergency Department	137	7	148	11	285	9
Intensive Care Units	177	9	76	6	253	8
Laboratories	90	5	77	6	167	5
Outpatient areas	95	5	50	4	145	4
Other areas	131	7	123	9	254	8
Unknown / Not answered	9	<1	12	1	21	1
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**
PROCEDURE FOR WHICH DEVICE WAS USED						
Injection	410	21%	377	27%	787	24%
Suturing	469	24	233	17	702	21
Blood procedures	333	17	293	21	626	19
Line procedures	173	9	128	9	301	9
Making the incision	142	7	109	8	251	8
To obtain body fluid or tissue sample	56	3	34	2	90	3
Dental procedures	10	<1	2	--	12	<1
Other	239	12	114	8	353	11
Unknown / Not answered	113	6	92	7	205	6
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**

Percentages calculated are column percents; Percentages for frequencies less than 5 were not calculated.

APPENDIX I

Sharps Injuries among Hospital Workers by Teaching Status, Massachusetts, 2003

	Teaching Status					
	Teaching		**Non-teaching**		**All Hospitals**	
	18 hospitals		81 hospitals		99 hospitals	
	N	**%***	**N**	**%***	**N**	**%***
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**
DEVICE INVOLVED IN THE INJURY						
Hypodermic needle	541	28%	450	33%	991	30%
Suture needle	468	24	235	17	703	21
Butterfly needle	179	9	126	9	305	9
Scalpel blade	159	8	106	8	265	8
Vacuum tube collection holder / needle	71	4	99	7	170	5
Glass	20	1	22	2	42	1
Dental device or item	14	<1	2	--	16	<1
Other hollow bore needle	244	13	173	13	417	13
Other	215	11	145	11	360	11
Unknown / Not answered	34	2	24	2	58	2
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**
SAFETY DEVICE						
No	1,288	66%	736	53%	2,024	61%
Yes	434	22	551	40	985	30
Unknown / Not answered	223	11	95	7	318	10
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**
WHEN THE INJURY OCCURRED						
During Use of the Item	941	48%	487	35%	1,428	43%
After Use / Before Disposal	612	31	572	41	1,184	36
During or after disposal of the item	253	13	246	18	499	15
Before use of the item	17	1	13	1	30	1
Unknown / Not answered	122	6	64	5	186	6
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**
HOW THE INJURY OCCURRED						
Collision with worker or sharp	524	27%	308	22%	832	25%
Suturing	259	13	96	7	355	11
During sharps disposal	157	8	145	10	302	9
Manipulate needle in patient	161	8	86	6	247	7
During clean-up	113	6	129	9	242	7
Improper disposal	101	5	109	8	210	6
Activate safety device	83	4	88	6	171	5
Patient moved / jarred device	77	4	87	6	164	5
Handle / pass equipment	73	4	65	5	138	4
Recap needle	63	3	59	4	122	4
Access IV line	20	1	24	2	44	1
Failure to activate safety device	6	<1	34	2	40	1
Before use of the item	15	<1	11	<1	26	<1
Device malfunctioned	9	<1	30	2	39	1
Other	230	12	86	6	316	10
Unknown / Not answered	54	3	25	2	79	2
STATE TOTAL	**1,945**	**100%**	**1,382**	**100%**	**3,327**	**100%**

Percentages calculated are column percents; Percentages for frequencies less than 5 were not calculated.

APPENDIX J

Resources
Sharps Injury Surveillance and Prevention

MDPH Occupational Health Surveillance Program
http://www.state.ma.us/dph/bhsre/ohsp/ohsp.htm
Sharps Injury Surveillance and Prevention Project - e-mail: Sharps.Injury@state.ma.us

OSHA Subject Page for Needle Sticks
Includes Bloodborne Pathogens Standard and compliance directive
http://www.osha.gov/SLTC/bloodbornepathogens/index.html

CDC-MMWR September 30, 2005 / Vol. 54 / RR-9
Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post Exposure Prophylaxis
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm

CDC-MMWR June 29, 2001 / Vol. 50 / RR-11
Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Post Exposure Prophylaxis
http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf

CDC Division of Healthcare Quality Promotion
Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program
http://www.cdc.gov/sharpssafety/

CDC Division of Healthcare Quality Promotion, Issues in Healthcare
Information related to bloodborne pathogens
http://www.cdc.gov/ncidod/hip/Blood/blood.htm

CDC Division of Healthcare Quality Promotion, National Surveillance System for Health care Workers
http://www.cdc.gov/ncidod/hip/SURVEILL/nash.HTM

National Surveillance System for Health care Workers,
Summary report for data collected from June 1995 through July 1999
http://www.cdc.gov/ncidod/hip/NASH/report99.PDF

NIOSH Alert – Preventing Needlestick Injuries in Health care settings
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