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NEEDLESTICK INJURIES: THE AVOIDABLE TRAGEDY

Unfortunately, needlestick injuries are still among the most common work-related accidents in medical and nursing professions. Experts estimate that each employee cuts or pricks himself at least once every two years. The consequences can be devastating, as in the case of Kurt Wenkenbach* (56), former manager of patient care in a nursing home. While re-capping a used insulin needle he was infected with hepatitis B and hepatitis C. The small injuries cost him his physical and mental health, and in the end his job. However, needlestick injuries and their consequences can easily be minimised by the consistent use of safety devices.

Kurt W. got injured in spring 2001 while re-capping the cannula of an insulin syringe, which he had administered to a diabetic patient of his nursing home. He did not pay much attention to the injury as something like this has happened to him and his colleagues a couple of times before. Dutifully, Kurt W. reported his needlestick injury and made the required blood tests. Then he received the diagnosis that changed everything: chronic hepatitis B and an acute hepatitis C. As a medical professional Kurt W. knew exactly what he would have to face: exhaustion, muscle and joint pain, pressure in the upper abdomen and nausea were only some of the symptoms. But he was more even worried about the possible development of a liver cirrhosis or liver cancer as late sequelae.

The hepatitis of Kurt W. has been developing over the years like a typical case. Initially, Kurt W. coped well with everything at work and even had a training to fill the position of the head of patient care at his nursing home. His responsibilities and tasks at work were growing, the symptoms of his illness became more and more noticeable and he was considered being less reliable. He was permanently tired and weary and his joints ached a lot. The management of his nursing home was displeased: his work and leadership style were repeatedly criticised, colleagues were questioned about him and he very often had to change his work-station internally. At that time, Kurt W. applied for occupational disability. His application was rejected on the grounds that the hepatitis could not obviously be traced back to the infection of the nursing home resident. Kurt W. was in great despair.

In 2007, Kurt W. liver values worsened dramatically. The year after, he decided on a hepatologist's recommendation, to undergo another therapy that unfortunately had severe side effects, such as shortness of breath and nightly tachycardia. Also his old joint discomfort in the lumbar and cervical spine and the sciatica pain flared up again. He was regularly sick. Consequently, Kurt W. received a warning from the nursing home management and threats that he would be dismissed. Kurt W. could not sustain the pressure. However, he managed to work at that nursing home until October 2009. Then he fell into a depression. Two years later, with the help of a lawyer, his employment contract was terminated by mutual agreement.

Kurt W. managed to recover slightly and started working part-time in an office. At times, he felt physically and mentally very bad and he decided to have a second application for occupational disability. In November 2012, Kurt W. finally received a small disability pension that gave him at least some security. Nevertheless, to this day Kurt W. could not cope with the fact that he had to give up his job because of a small injury, and that his life changed so much.

It is necessary to ensure the correct disposal of medical sharps, a risk-conscious organisation of the workplace, as well as a safe working environment in order to protect employees. Thus, e.g. vaccination and protective gloves have to be provided. In this way, needlestick injuries can be sustainably avoided.

Still, needlestick injuries are played down and not reported. Across his career, Kurt W. got injured by used needles several times and his colleagues are also familiar with that problem. However, needlestick injuries and their tragic consequences can be significantly reduced by the use of safety devices. Fitted with a safety mechanism, these medical instruments make unwanted pricking or cutting after use almost impossible. They offer best protection and should be applied comprehensively and consistently. Furthermore, in order to protect employees, it is necessary to ensure the correct disposal of medical sharps, have a risk-conscious organisation of the work-place, as well as a safe working environment. Thus, e.g. vaccination and protective gloves have to be provided. In this way, needlestick injuries can be sustainably avoided.

About SAFETY FIRST! Germany

The mission of the initiative SAFETY FIRST! Germany is to draw attention to the urgency and relevance of the topic of needlestick injuries and to present strategies to the public on how to avoid injuries from medical sharps as well as infections that result from them. SAFETY FIRST! is supported by BD.

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