**Cost Not Necessarily a Drawback of Safer Needle Devices – Week 4**

The Needlestick Prevention Act of 1999 requires that hospitals use safer needle devices whenever possible. When asked about the greatest barriers to adoption of sharps devices with safety features, a group of health care workers participating in needlestick-prevention research mentioned the cost of those devices most often.[1] Those costs are often thought to be several times the cost of similar devices without safety features. But should those costs be a barrier to adoption in a hospital?

A recent report by the U.S. General Accounting Office (GAO) estimates that the extra cost of safer devices may payoff in reduced injuries – and reduced costs related to those injuries. The GAO estimated that 75% of the occupationally-related needlesticks in U.S. hospitals could be prevented – 21% by using safer work practices, 25% by eliminating unnecessary use, and 29% by using needles with safety features. That same report estimates that 25 HBV and 16 HCV infections could be avoided annually by using needles with safety features.

In addition, the report found that the cost of safer needles compared to conventional needles (always higher) was balanced with savings from prevented post exposure treatment for employee injuries (sometimes lower). Treatment costs vary widely. An injured worker may need treatments and a patient may need to be tested for diseases. If the increased cost is small enough, and the injury costs are high enough, then the savings can be real. This table shows the GAO estimated cost scenarios for the nation's hospitals for one year:

| **Estimates of Benefits over Costs of Needles with Safety Features for 1 Year** | | Cost scenarios for postexposure treatment | | |
|---|---|---|---|---|
| | | LOW ($500 per injury) | MEDIUM ($1500 per injury) | HIGH ($2,500 per injury) |
| Cost for needles with safety features compared with conventional needles | LOW (1.5x more costly) | -$47 million | $21 million | $90 million |
| | MEDIUM (2.0x more costly) | -$129 million | -$60 million | $9 million |
| | HIGH (3.5x more costly) | -$374 million | -$306 million | -$237 million |

Furthermore, OSHA states that cost alone cannot justify a lack of adopting safety devices[2]. So, while some scenarios are clearly more costly for hospitals (e.g., the $374 million aggregate cost when needle costs are high and injury costs are low), other scenarios result in savings. The transition to safer devices will not necessarily be a cost burden to health care employers. To read the entire GAO report, see: http://www.healthsafetyinfo.com/pdf/gao.pdf.

[1] Asked at a training course on safer needle device evaluation, October 25-26, 2001.

[2] U.S. Occupational Safety and Health Administration. Standard Interpretations: 11/26/2001——response to the American Academy of Pediatrics regarding the Needlestick Safety and Prevention Act. Available at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=24003.