

Needlestick Insurance Coverage

Specialist Insurance Policy that pays a lump sum in the case of accidental infection with HIV, Hepatitis B or Hepatitis C while working in recognized high risk occupations.

Health care workers who use or may be exposed to needles are at increased risk of needlestick injury. Such injuries can lead to serious or fatal infections with bloodborne pathogens such as hepatitis B virus, hepatitis C virus, or human immunodeficiency virus (HIV).

Estimates indicate that 600,000 to 800,000 such injuries occur annually. About half of these injuries go unreported. Data from the EPINet system suggest that at an average hospital, workers incur approximately 30 needlestick injuries per 100 beds per year.

Lump Sum Benefit up to \$1,000,000

Workers Compensation only pays a portion (usually two-thirds) of the employee's salary, up to approximately \$800/week.



AVAILABLE FOR HIGH RISK OCCUPATIONS SUCH AS:

- Doctors
- Nurses
- Dentists
- Ambulance Drivers
- Paramedics
- Phlebotomists
- Lab Technicians
- Pathologists
- Dentists



Needlestick Insurance Coverage (continued)

Needlestick injuries are an important and continuing cause of exposure to serious and fatal diseases among health care workers.

CASE REPORTS

Case 1

A hospitalized patient with AIDS became agitated and tried to remove the intravenous (IV) catheters in his arm. Several hospital staff members struggled to restrain the patient. During the struggle, an IV infusion line was pulled, exposing the connector needle that was inserted into the access port of the IV catheter. A nurse at the scene recovered the connector needle at the end of the IV line and was attempting to reinsert it when the patient kicked her arm, pushing the needle into the hand of a second nurse. The nurse who sustained the needlestick injury tested HIV positive several months later.

Case 2

A physician was drawing blood from a patient in an examination room of an HIV clinic. Because the room had no sharps disposal container, she recapped the needle using the one-handed technique. While the physician was sorting waste materials from lab materials, the cap fell off the phlebotomy needle, which subsequently penetrated her right index finger. The physician's baseline HIV test was negative. Approximately 2 weeks after the needlestick, the physician developed flu-like symptoms consistent with HIV infection. She was found to be seropositive for HIV when tested 3 months after the needlestick exposure.

Case 3

After performing phlebotomy on a patient with AIDS, a health care worker sustained a deep needlestick injury with the used phlebotomy needle. Blood from the collection tube also spilled into the space between the wrist and cuff of the health care worker's gloves, contaminating her chapped hands. The health care worker removed the gloves and washed her hands immediately. The health care worker's baseline HIV test was positive. Five months after the incident, the health care worker was hospitalized with acute hepatitis. She was found to be seropositive for HIV 9 months after the incident. Sixteen months after the incident, she tested positive for anti-HCV antibodies and was diagnosed with chronic HCV infection.

*Insurance arranged by International Specialty
Insurance and underwritten by certain
underwriters at Lloyd's of London.*



105 WEST MAIN STREET
ELKIN, NORTH CAROLINA 28621
1-800-849-0474

www.isinsurance.com