

BUGS BINS AND BASELINE TESTS: THE POLITICS OF NEEDLE-STICKS IN THE ERA OF AIDS (Poster)

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Issues

Hospitals are workplaces in which HIV/AIDS has double significance. Needle-stick accidents link patients and health workers through the risk of occupational exposure to HIV. Additionally, concern over needle-stick injuries are also a reflection of the stigma and fear that surrounds AIDS.

Description

This paper draws on qualitative research where a case study approach was undertaken over one year within in a large, private South African healthcare company that runs a number of hospitals across the country. Issues around needle-stick injuries were discussed with hospital managers, unions, infection control nurses, health & safety representatives, HIV/AIDS counsellors, and nursing staff.

Lessons Learned

Needle-stick injuries present a complex set of issues. The research revealed that cost-management, human rights, health & safety cultures, stigma, as well as patient care are relevant to needle-stick injuries in the era of AIDS. Concerns focused on: the waste management systems (and its costs), the establishing of safe working cultures, access to post-exposure prophylaxis, legal implications, and that baseline tests, following a reported needle-stick, would establish individuals' HIV status. This latter process threw up a number of issues, including the possibility of workers 'legitimising' sexually-acquired HIV by passing it off as an occupational accident.

Recommendations

Hospitals and health care structures need to ensure that occupational exposure to HIV is minimised and that procedures to minimise HIV infection are taken in the event of accidents. However, it is also clear that needle-stick serve as a 'probe' exposing wider concerns. Hospitals need to deal directly with ways of encouraging health workers to learn their HIV status and to seek disease management. Similarly methods of dealing with stigma and discrimination need further work so as to dispel myths of good and bad ways of contracting HIV.

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