



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-PCU-P009-(01)	
TITLE/DESCRIPTION: PREVENTION AND MANAGEMENT OF OCCUPATIONAL EXPOSURE TO NEEDLESTICK/SHARP INJURIES AND BLOOD AND BODY FLUIDS (BBF)			
EFFECTIVE DATE: May 15, 2024	REVISION DUE: May 14, 2027	REPLACES NUMBER: DPOTMH-C-24-P09	NO. OF PAGES: 1 of 14
APPLIES TO: All Employees of RMCI		POLICY TYPE: Administrative	

PURPOSE:

To provide infection prevention and control/safety standards of practice to sharps handling and disposal, to protect healthcare providers, patients and visitors from infection to blood borne pathogens.

DEFINITIONS: N/A

RESPONSIBILITY:

Infection Prevention and Control Unit, Physicians, Nursing Services, Ancillary Services, Housekeeping and Laundry Personnel

POLICY:

1. The hospital works to minimize the risk of Blood-borne Pathogen exposures among patients, visitors and staff through:
 - 1.1 Identifying those processes associated with infection risk
 - 1.2 Implementing strategies, education, and evidence-based activities to reduce infection
 - 1.3 Reducing risk due to Blood-borne Pathogen exposure
 - 1.4 Identifying which risks require policies and/or procedures, staff education and practice
 - 1.5 Changes and other activities to support risk reduction
2. Whenever a sharp item or instrument is used during a nursing procedure, the nurse is responsible for monitoring its appropriate use and disposal. Healthcare personnel must understand reporting procedures and be motivated to report exposures.
3. Documentation is always the first step, and it is essential that all health care workers who are providing direct patient care must report and document every needlestick and sharps injury to ensure timely post-exposure follow-up, including testing and treatment.
4. Part of employment condition with DPOTMH, all healthcare workers who are providing direct patient care must have Hepatitis B vaccination to ensure occupational health safety.
5. Before an exposure occurs, the management makes sure to provide:
 - 5.1 Immediate evaluation and risk assessment of needlestick injuries
 - 5.2 Confidential testing for HIV, hepatitis B, and hepatitis C
 - 5.3 Access to post-exposure treatment and prophylactic medications within two hours of exposure

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5.4 Counseling, education, and follow-up testing for up to one year after exposure.

6. If you sustain a needlestick injury, take the following actions immediately:

- 6.1 Wash the wound with soap and water
 - 6.2 Notify unit head /supervisor on duty and initiate the injury reporting system used in the workplace
 - 6.3 Identify the source patient, who should be tested for HIV, hepatitis B, and hepatitis C infections depending on the patient status. The workplace will begin the process to test the patient by seeking consent
 - 6.4 Report to Infection Prevention and Control Nurse Unit Staff, Nurse Supervisor, or Head Nurse. Get tested immediately and confidentially for HIV, Hepatitis B, and Hepatitis C infections as advised by the attending physician and PCU Staff
 - 6.5 Get post-exposure Prophylaxis (PEP) in accordance with CDC guidelines when the source patient is unknown or tests positive for: (Refer to Annex A)
 - 6.5.1 HIV: Start prophylaxis within two hours of exposure ideally and not more than 72 hours. HIV PEP should include a four-week regimen of three drugs whichever is available in the treatment hub in the locality. When the source patient's virus is known or suspected to be resistant to one or more of the PEP drugs, the selection of drugs to which the source patient's virus is unlikely to be resistant is recommended
 - 6.5.2 Hepatitis B: If vaccinated no treatment, but if unvaccinated get HBIG 0.06 ml per/kg and initiate HB vaccine series as soon as possible when available
 - 6.5.3 Hepatitis C: No treatment is currently recommended, but you may want to consult a specialist about experimental PEP
 - 6.6 Document the exposure in detail, for your own records as well as for the employer and for workers' compensation. Under the new needlestick law, employers must maintain a confidential sharps injury log that contains, at a minimum, 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
7. Infection Prevention and Control Unit is the carrier of the budget for those healthcare workers who will sustain any unintentional splash incidents and sharps injuries.
- 7.1 The budget shall cover all hospital employees only. As such, all outsource personnel, interns, trainees, and doctors are not included in the allocated budget.
 - 7.2 The miscellaneous expenses is allotted for a maximum of 20 healthcare workers annually.



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- 7.3 The following items and procedures are included in the package: (as indicated by status of source & HCW)
- 7.4 Anti-HBS Test
- 7.5 HbsAg Test
- 7.6 Anti-HIV Test
- 7.7 Anti- HCV (as advised by the physician)
- 7.8 Tetanus Toxoid (TT) shot
- 7.9 Human Tetanus Immunoglobulin (HTIG) shot
- 7.10 Oral Antibiotic Medication
- 7.11 Syringes
- 7.12 Alcohol Prep Pad/Wipes

8. Follow-up

- 8.1 Get confidential follow-up, post-exposure testing at six weeks, three months, and six months, and depending on the risk, at one year.
- 8.2 Receive monitoring and follow-up of PEP.
- 8.3 Take precautions (especially by practicing safe sex) to prevent exposing others until follow-up testing is complete.
- 8.4 Don't be afraid to seek additional information or a referral to an infectious disease specialist if you have any questions. Also, consider counseling- a needlestick injury can be traumatic, regardless of the outcome.





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ANNEX A:

FOR POSITIVE HEPATITIS

HBs Ag Status

Table 1

	Recommended Laboratory			Recommended Laboratory	
	Anti HBs Titer	HBs Antigen		Anti HBs Titer	HBs Antigen
SOURCE PATIENT			HEALTHCARE WORKER		
Unknown		Yes	Unknown		Yes
Known positive	No	No	Unknown but fully vaccinated	Yes (If the HBs titer is low, give booster)	No
			Unknown and not vaccinated	No	Yes (if negative, Give HB ig and recommend vaccination)
Unknown	No	No	Known positive	No	No





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HIV Status

Table 2

	Recommended Laboratory		Recommended Laboratory
SOURCE PATIENT		HEALTHCARE WORKER	Yes
Unknown	Yes	Unknown	Yes
Known positive	No	Unknown	Start PEP within 72 hours, repeat HIV screening after 6 weeks and 12 weeks
Unknown	No	Known Positive	No

Tetanus Immunotherapy

Table 3

Characteristics	Clean Minor Wounds		Major/Tetanus-Prone	
History of TT/ doses	TT	Tetanus immunoglobulin	TT	Tetanus immunoglobulin
Unknown or < 3 doses	YES	NO	YES	YES
3 or more doses	NO(YES, if 10 years, since last TT	NO	NO(YES, if > 10 years, since last TT	NO

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PROCEDURE (SOP):

1. Sharps Handling

- 1.1 Extreme care will be used when handling or disposing of all sharps. Sharps will be placed in the designated sharps receptacle by the user, as soon as possible after use. Personnel performing invasive procedures outside of the Operating Room (OR) environment are responsible for disposing of all sharps, used or unused. They will not be left for someone else to discard. In the OR, a "no-hands" method of passing of sharps will be used.
- 1.2 **Do not Recap, Bend or Break Needles!** Mechanical devices that destroy sharps will not be used.
- 1.3 If recapping is necessary, on rare occasions, as in the case of multiple injections of a medication from a single syringe, use a single handed scoop technique, whereby the protective cap is laid on a flat surfaces, with one hand, the needle is introduced into the opening and the cap and allow one handed recapping is also acceptable. Contact infection control for guidance on such devices.
- 1.4 When injecting blood from a syringe into a specimen tube, use a safety blood transfer device.
- 1.5 Never carry loose sharps/needles in your pocket. Protective caps can work their way loose.
- 1.6 Obtain assistance prior to injection of uncooperative patients-especially for children and combative adults. This may sound like common sense, but we often forget when we are rushed.
- 1.7 Let falling objects fall. Resist that natural reaction to grab for a sharp object that has rolled off a mayo stand or slipped from your hands.
- 1.8 Handle laundry with care. Hand towels and drapes, following procedures, are notorious for harboring sharps from unsuspecting workers.
- 1.9 Carefully clean and store reusable sharps.
- 1.10 Any item contaminated with blood or body fluids that are glass or rigid plastic, which may poke through a plastic bag, must be discarded in a sharps container. This includes blood tubes and rigid plastic pipettes.

2. Disposal of Sharps

- 2.1 Carefully dispose of sharps into an appropriate sharps container, immediately after use. Watch for protruding sharps in the sharps containers when disposing of devices. Sharps containers will be closed and removed when $\frac{3}{4}$ full.

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- containers will be closed and removed when $\frac{3}{4}$ full.
- 2.2 Never reach into sharps containers to retrieve misplaced items.
 - 2.3 Used or unused sharps will never be placed in a trash receptacle-even if they are safety devices that are no longer "sharp".
 - 2.4 Do not place trash cans under sharp containers.
 - 2.5 Housekeepers have been instructed not to touch any sharps they may find on the floor or elsewhere-they will ask hospital staff to pick up. This will make staff aware of the unsafe situation, and also, if the syringe contains medication, it can be documented or disposed of property. Staff should use a safety device or dustpan and broom to pick-up sharps. Housekeeping may elect to assist with picking up sharps, but only after the device has been viewed by the nursing staff.
 - 2.6 If a needle is found on a food tray returned to the Dietary Department, the Dietary Aide will pull the tray off-line and set it aside. The Dietary supervisor will call the nursing unit to send a staff member to pick up the needle and notify the Infection Control Nurse.
 - 2.7 Broken glass not contaminated with blood or body fluids (coffee cups, clean laboratory glassware, etc.) may be placed in a rigid cardboard box or a sharps container to prevent physical injury to housekeepers and other staff.
 - 2.8 Never pick up sharps or broken glass by hand always use a tongs or a dustpan and broom.

Hierarchy of Controls

1. Engineering Controls

- 1.1 Use puncture-proof containers to dispose of sharps and needles. Containers must be closed, puncture resistant, leak proof, color coded, and emptied routinely to prevent overfilling. Sharp containers will be placed in a secured, designated area or be under the supervision of a staff member at all times while patient and visitors are present.
- 1.2 Use "safer medical devices, such as sharps with engineered sharps injury protections and needleless systems," and other engineering controls. These devices have built-in safety features that reduce the risk of injury and can include syringes with a sliding sheath, needles that retract into the syringe after use, shielded or retracting catheters, and IV systems that use a catheter port with a needle housed in protective covering. Needleless systems include IVs that administer medication and fluids through a catheter port using non-needle connections and jet-injection systems that deliver liquid medication beneath the skin or through a muscle.
- 1.3 Make safer needles and other sharps with integrated safety features available in syringes,



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blood collection devices, IV access products, lancets, and blunt suture needles.

2. Work-practice

- 2.1 Prohibit work practices of bending, re-capping, or removing needles unless required by a specific medical or dental procedure.
- 2.2 Clean and decontaminate all work surfaces after contact with blood and other infectious body fluids following CDC guidelines.
- 2.3 Work-practice controls are an important adjunct for preventing blood exposures, including percutaneous injuries, in surgical and obstetrical settings because the use of exposed sharps cannot be avoided. Operating room controls include:
 - 2.3.1 Using instruments, rather than fingers, to grasp needles, retract tissue, and load/unload needles and scalpels;
 - 2.3.2 Avoiding hand-to-hand passage of sharp instruments by using a basin or neutral zone;
 - 2.3.3 Using alternative cutting methods such as blunt electrocautery and laser devices when appropriate;
 - 2.3.4 Substituting endoscopic surgery for open surgery when possible; and
 - 2.3.5 Using round-tipped scalpel blades instead of sharp-tipped blades (85-88).
 - 2.3.6 The use of blunt suture needles, an engineering control, is also shown to reduce injuries in this setting. These measures help protect both the healthcare provider and patient from exposure to the other's blood.

3. Personal Protective Equipment (PPE). Barriers and filters between the worker and the hazard. Examples include eye goggles, gloves, masks, and gowns.

4. Administrative Control. Policies aimed to limit exposure to the hazard. Examples include:

- 4.1 Allocation of resources demonstrating a commitment to health care worker safety
- 4.2 A needle stick sharp injuries and blood & body fluid (BBF) splashes prevention committee, an exposure control plan.
- 4.3 Removing all unsafe devices, and consistent training on the use of safe devices.
- 4.4 Provide access, within two hours, to post-exposure follow-up that conforms to CDC guidelines for testing and prophylaxis.
- 4.5 Make the hepatitis B vaccination for all healthcare workers who are providing direct patient care as part of employment condition.





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WORK INSTRUCTION:

KEY TASKS	PERSON RESPONSIBLE
Placement of sharp safe containers	
1. Sharp containers must be wall mounted/trolley mounted or on a procedure trolley, not left on the floor.	User/Hospital Personnel
2. Sharp containers must be kept in an area that excludes risk of injury to patients, staffs and visitors.	
3. Sharp containers should not be placed at the floor level or at the height or location where children have easy access to them.	
Sharps handling	
4. Places sharps in the designated sharps receptacle as soon as possible after use.	User/Hospital Personnel
5. Does not recap, bend or break needles.	
6. Uses a single handed scoop technique if recapping is necessary, on rare occasions, as in the case of multiple injections of a medication from a single syringe.	
7. Uses a safety blood transfer device when injecting blood from a syringe into a specimen tube.	
8. Sharp must never be passed by hand to another colleague. Use of a tray is recommended.	Laundry Personnel
9. Handles laundry with care.	
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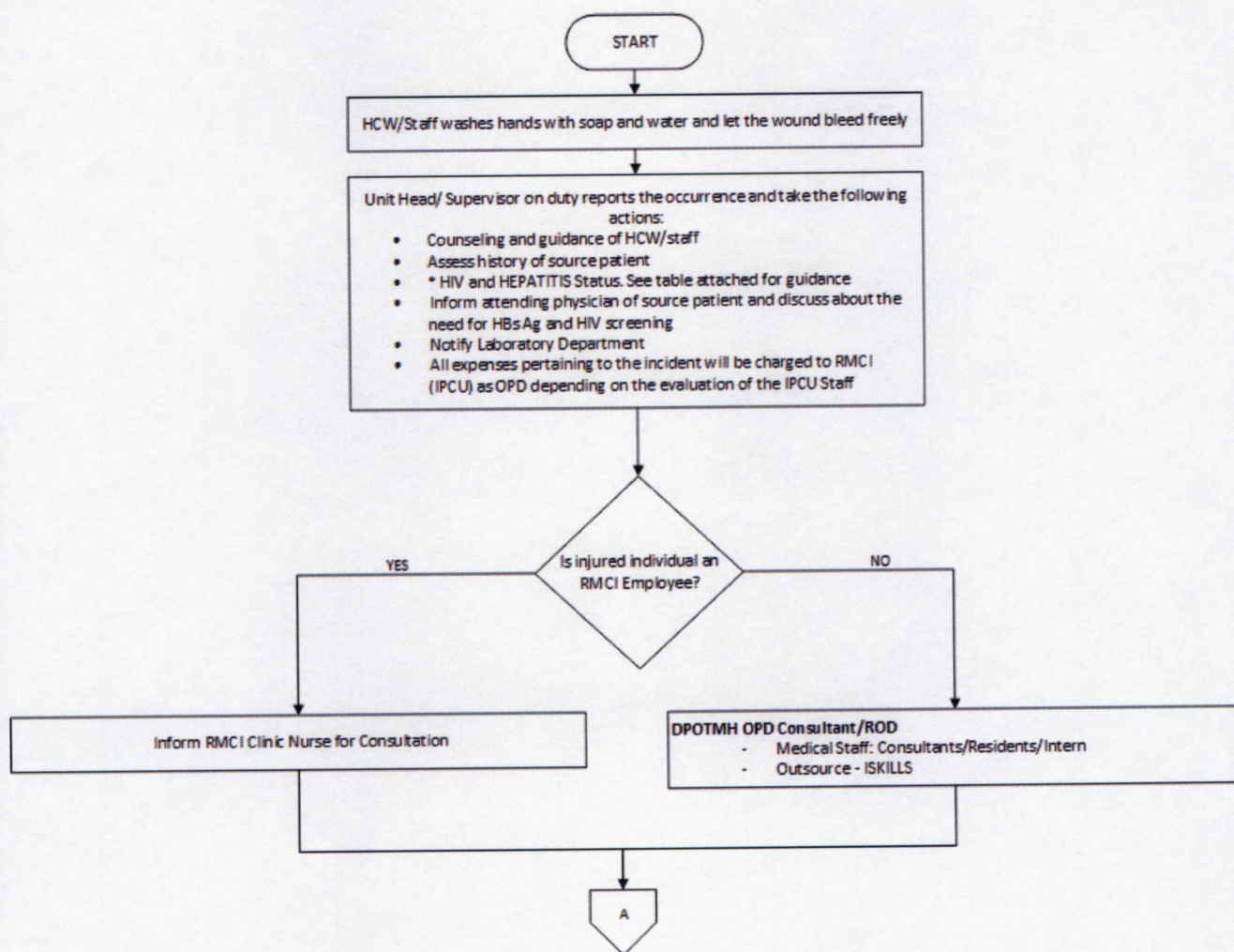
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WORK FLOW:



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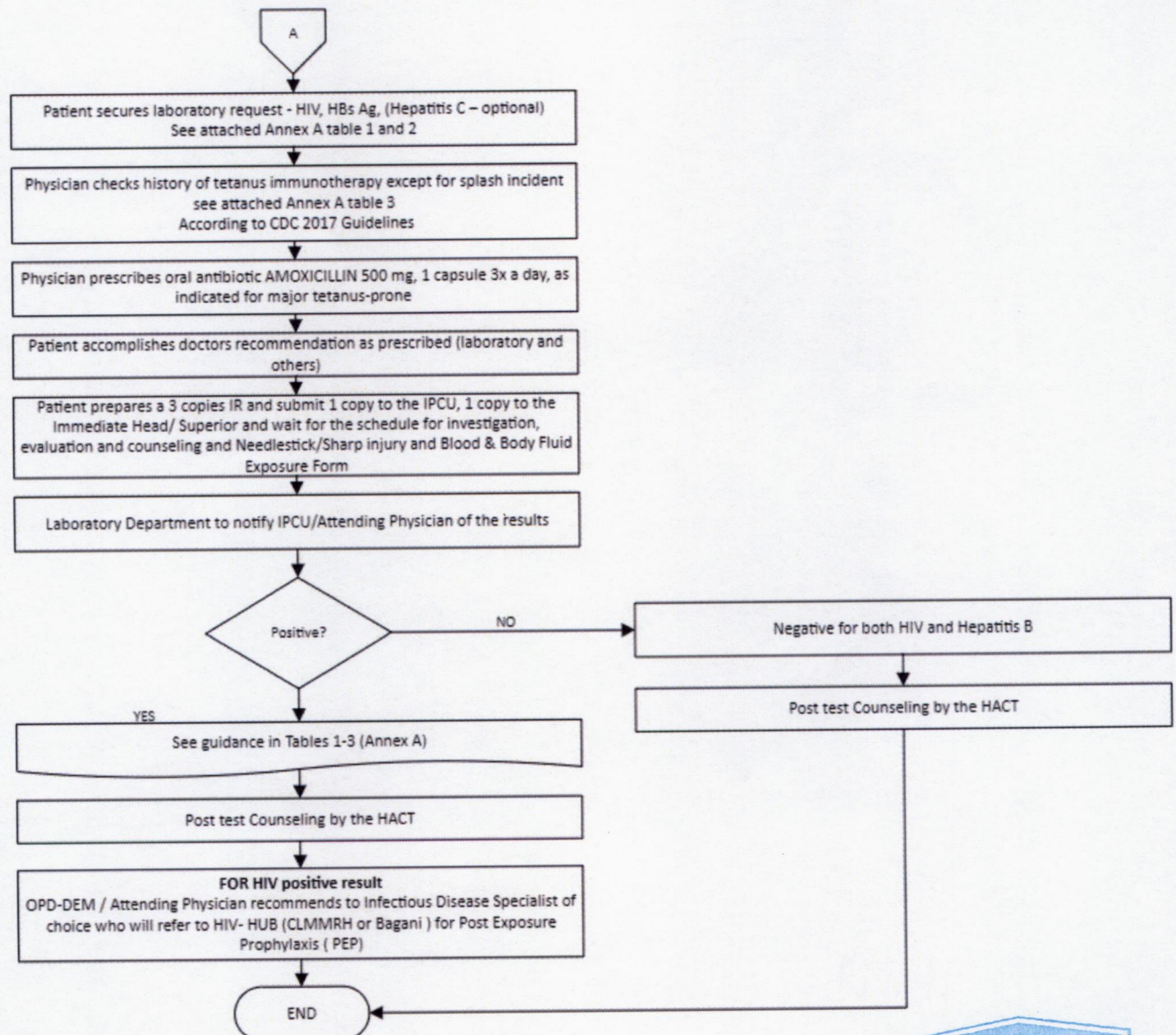
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FORMS:

DPOTMH-PCU-F023-(01)

EQUIPMENT: N/A

REFERENCES:

1. CDC needlestick prevention Web site: www.cdc.gov/health/needlesticks.htm
2. CDC guidelines for infection control in health care personnel:
3. www.cdc.gov/ncidod/hip/GUIDE/infectcont98.htm
4. ANA's needlestick prevention Web site: www.needlestick.org
5. California OSHA Sharps Injury Control Program: www.ohb.org/sharps.htm
6. ECRI evaluation of needlestick devices: www.ecri.org





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Disposal of Sharps	
10. Carefully disposes sharps into an appropriate sharps container, immediately after use at the point of use by the person who used it.	User/Hospital Personnel
11. Needles and syringes shall be disposed of as one unit.	
12. Drop used sharps properly into the sharp safe container.	
13. Never insert fingers/hands past the level of the lid.	
14. Sharp containers shall be correctly assembled and securely closed when the fill line is reached (3/4 full).	
15. Used sharp containers shall be disposed in upright position.	
16. Never dispose sharps in the general waste.	Housekeeping Personnel
17. Does not touches any sharps they may find on the floor or elsewhere-they will ask hospital staff to pick up.	
18. Pulls the tray off-line and set it aside if a needle is found on a food tray returned to the Dietary Department.	Dietary Aide
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	NANCY B. HIZON Human Resources Division Head		5/8/2024	
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