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	Document Title:	PREVENTION AND MANAGEMENT OF SHARP INJURIES

PURPOSE:


To provide infection prevention and control/safety standards of practice to sharps handling and disposal.

LEVEL:


Physicians, Nursing Services, Ancillary Services, Housekeeping and Laundry Personnel

POLICY:

- 1 Sharps safety relates not only to needlesticks, but also to cutaneous puncture due to other medical devices, such as trocars and scalpel blades, as well as contaminated broken glass. In addition to lacerations and punctures, occupational exposure can result in transmission of bloodborne pathogens, such as Human Immunodeficiency Virus (HIV), Hepatitis C, and Hepatitis B Virus (HBV).
- 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-e.g., a hospital hotline (Infection Control Nurse local 3168; Nurse Supervisor local 3109)
 - 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 Alert your supervisor and initiate the injury reporting system used in your workplace.
 - 6.3 Identify the source patient, who should be tested for HIV, hepatitis B, and hepatitis C infections. Your workplace will begin the process to test the patient by seeking consent.
 - 6.4 Report to Infection Control Nurse, Nurse Supervisor, or Head Nurse. Get tested immediately and confidentially for HIV, hepatitis B, and hepatitis C infections.
 - 6.5 Get post-exposure Prophylaxis (PEP) in accordance with CDC guidelines when the source patient is unknown or tests positive for:
 - 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.
 - 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

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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 Sharps Injury Budget

- 7.1 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.
- 7.2 The budget shall cover all hospital employees only. As such, all outsource personnel, interns, trainees, and doctors are not included in the allocated budget.
- 7.3 The miscellaneous expenses is allotted for a maximum of 20 healthcare workers annually.
- 7.4 The following items and procedures are included in the package:
 - 7.4.1 Anti-HBS Test
 - 7.4.2 Anti-HIV Test
 - 7.4.3 Tetanus Toxoid (TT) shot
 - 7.4.4 Human Tetanus Immunoglobulin (HTIG) shot
 - 7.4.5 Oral Antibiotic Medication
 - 7.4.6 Syringes
 - 7.4.7 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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DOCUMENTATION:


Revised Policy

DISSEMINATION:

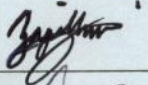



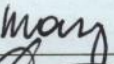

1. Departmental meetings
2. Orientations
3. Memorandum
4. IPC Policy
5. Communicator E-library


REFERENCES:

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

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	Document Title:	PREVENTION AND MANAGEMENT OF SHARP INJURIES

PURPOSE:

To establish infection prevention and control or safety standards of sharps handling and disposal.

SCOPE:

Applies to Infection Prevention and Control Unit (IPCU) staff and all clinical areas.


PERSON RESPONSIBLE:

Physicians, Nursing Service, Ancillary Service, Housekeeping and Laundry Personnel

PROCEDURE:

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, on the procedure tray. They will not be left for someone else to discard. In the OR, a "no-hands" method of passing and will be used intra-operatively.
- 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 surface, with one hand, the needle is introduced into the opening and the cap scooped up over the needle and secured, finally, with the second hand. Never recap with two hands. A device that is designed to firmly hold 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.

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- 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.
- 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 properly. 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.


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

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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 prevention committee, an exposure control plan.

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- 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.

REFERENCES:

1. CDC needlestick prevention Web site: www.cdc.gov/health/needlesticks.htm
2. CDC guidelines for infection control in health care personnel: www.cdc.gov/ncidod/hip/GUIDE/infectcont98.htm
3. ANA's needlestick prevention Web site: www.needlestick.org
4. California OSHA Sharps Injury Control Program: www.ohb.org/sharps.htm
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Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		7-7-2022
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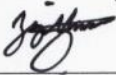



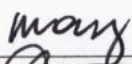

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KEY TASKS	PERSON RESPONSIBLE
Sharps handling	
1. Places sharps in the designated sharps receptacle as soon as possible after use.	User/Hospital Personnel
2. Does not recap, bend or break needles.	
3. Uses a single handed scoop technique if recapping is necessary, on rare occasions, as in the case of multiple injections of a medication from a single syringe.	
4. Uses a safety blood transfer device when injecting blood from a syringe into a specimen tube.	
5. Handles laundry with care.	Laundry Personnel
Disposal of Sharps	
1. Carefully disposes sharps into an appropriate sharps container, immediately after use.	User/Hospital Personnel
2. Does not touches any sharps they may find on the floor or elsewhere-they will ask hospital staff to pick up.	Housekeeping Personnel
3. 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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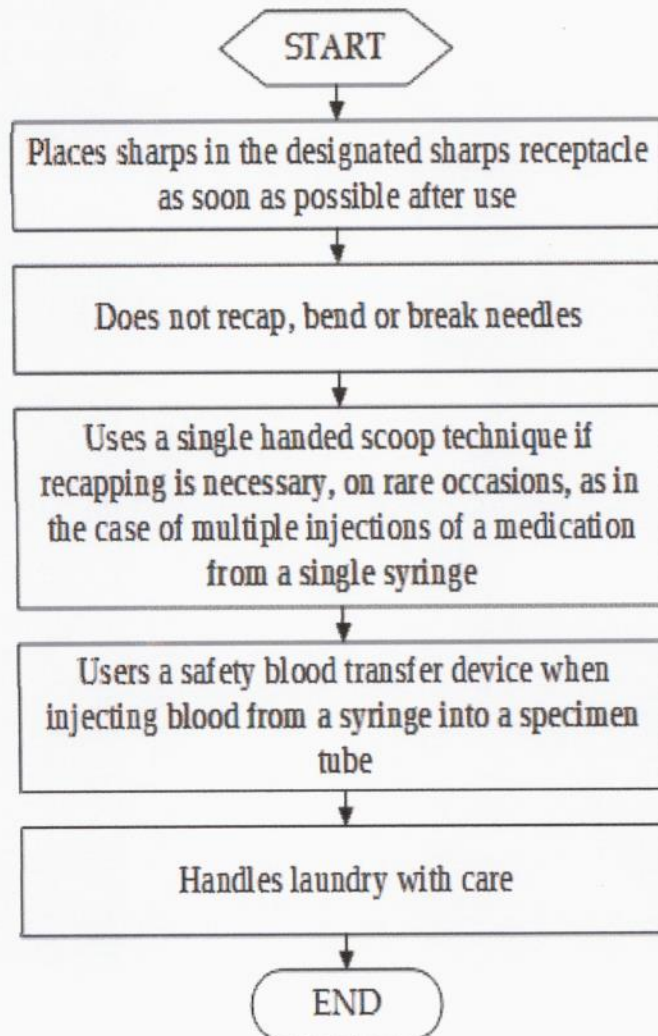
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FLOWCHART

SHARPS HANDLING





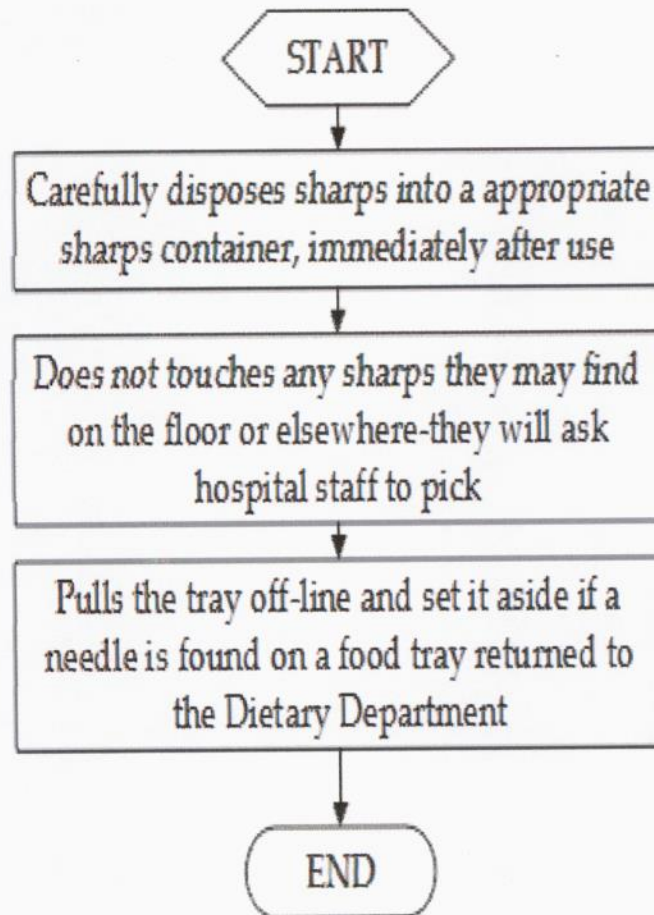
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FLOWCHART

DISPOSAL OF SHARPS





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