

Policy and Procedure

Policy Name:	Protocol for Sharps Incidents		
Effective Date:		Revision Date:	
Department(s)/Site(s):	Center for Disease Control and Prevention – National Institute for Occupational Safety and Health (NIOSH) https://www.cdc.gov/niosh/topics/bbp/emergnedl.html		
Document Owners:			
Approved By:			
Relevant Law/Standard:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.) Department of Health Care Services (DHCS) All Plan Letter 20-004, Facility Site Reviews.		

Purpose:

To ensure a method is in place to document sharps injuries. Needlestick injuries are a hazard for those individuals that work with “Sharps” These types of injuries can occur at any time in contact with sharps including; use, medication administration, disassembly, and disposal. Sharp incidents carry increased risk for injection of hazardous drugs and contact with infectious fluids (including blood).

Definition:

Sharps - Needles, syringes with needles, scalpels, blades, disposable scissors, suture equipment, stylets, trocars, clamps, staples, razor blades, broken test tubes, and glass. These may contain human blood, fluids, and tissues with pathogens.

Injuries - Needlestick injuries are wounds caused by needles or “sharps” that accidentally puncture the skin.

Policy:

All sharps injury will be documented. Documentation of sharps injury includes; Date, time, description of exposure incident, sharp type/brand, and follow-up care documented with 14 days of injury incident. (See Appendix A)

Procedure:

If you or a staff member experienced a needlestick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your work, immediately follow these steps:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Report the incident to your supervisor
- Immediately seek medical treatment
- Complete Sharps Injury Log within 14 days on which each exposure incident was reported (see **Appendix A**)

_____ First Name Last Name – Title	_____ Date
_____ First Name Last Name – Title	_____ Date
_____ First Name Last Name – Title	_____ Date
_____ First Name Last Name – Title	_____ Date

For guidance regarding occupational exposures to HBV, HCV, and HIV and recommendations for Post-exposure Prophylaxis (see Link Below)

Link: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.

Appendix A

Sharps Injury Log

The Following information, if known or reasonably available, should be documented within 14 working days of the date on which each exposure incident was reported.

1. Date and time of the exposure incident: _____
2. Date of exposure incident report: _____ Report written by: _____
3. Type and brand of sharp involved: _____
4. Description of exposure incident:
 - Job Classification of exposed employee: _____
 - Department or work area where the incident occurred: _____
 - Procedure being performed by the exposed employee at the time of the accident: _____

 - How the incident occurred: _____
 - Body Part(s) involved: _____
 - Did the device involved have engineered sharps injury protection? Yes ____ No ____
 - Was engineered sharps injury protection on the sharp involved? Yes ____ No ____

If Yes	If No
--------	-------

A. Was the Protective mechanism activated at the time of the exposure incident?

Yes No

A. Does the injured employee believe that a Protective mechanism could have prevented the injury? Yes No

B. Did the injury occur before, during, or after the mechanism was activated? _____

Comments:

• Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury? Yes ____ No ____

• Employee's Opinion:

5. Comments on the exposure incident (e.g., additional relevant factors involved):

6. Employee's interview summary:

7. Picture(s) of the sharps(s) involved (please attach if available).

SHARPS INJURY LOG

MONTHLY CHECK

Year:

MONTH	Injuries	Initials	MONTH	Injuries	Initials
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

Year:

MONTH	Injuries	Initials	MONTH	Injuries	Initials
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		