



## Policy and Procedure

Policy Name:	Needlestick Safety Precautions and Sharps Injury Protocol		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	<p>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.)</p> <p>Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL</p> <p>H.R.5178 - Needlestick Safety and Prevention Act</p> <p>8 CCR 5193, and the National Institute for Occupational Safety and Health's guidance on Preventing Needlesticks and Sharps Injuries, available at:  <a href="https://www.cdc.gov/niosh/topics/bbp/sharps.html">https://www.cdc.gov/niosh/topics/bbp/sharps.html</a></p>		

**Purpose:**

- In order to reduce or eliminate the hazards of occupational exposure, an employer must implement an exposure control plan for the worksite with details on employee protection measures. The plan must also describe how an employer will use a combination of engineering and work practice controls, ensure the use of personal protective clothing and equipment, provide training, medical surveillance, hepatitis B vaccinations, and signs and labels, among other provisions. Engineering controls are the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needleless devices, shielded needle devices, and plastic capillary tubes.
- 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).

**Definitions:**

**Sharps with engineered sharps injury protections**

Devices that include non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, or other procedures involving the risk of sharps injury. This description covers a broad array of devices, including:

- syringes with a sliding sheath that shields the attached needle after use;
- needles that retract into a syringe after use;
- shielded or retracting catheters
- intravenous medication (IV) delivery systems that use a catheter port with a needle housed in a protective covering.

### **Needleless Systems**

Devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps.

Examples include:

- IV medication systems which administer medication or fluids through a catheter port using non-needle connections
- Jet injection systems which deliver liquid medication beneath the skin or through a muscle.

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

### **Policy:**

1. Contaminated sharps are discarded immediately.
2. Sharps containers are located close to the immediate area where sharps are used and are inaccessible to unauthorized persons.
3. Sharps are not bent, removed from a syringe, or recapped. Recapping, bending, or removing contaminated needles is permissible only if there is no feasible alternative or if such actions are required for a specific medical procedure. If recapping, bending, or removal is necessary, employers must ensure that workers use either a mechanical device or a one-handed technique. Needleless systems, needles with Engineered Sharps Injury Protection (ESIP) devices, and non-needle sharps are used (incl. in emergency kits), unless exemptions have been approved by Cal/OSHA.
4. Security of portable containers in patient care areas is always maintained.
5. Any device capable of cutting or piercing (e.g. syringes, hypodermic needles, needleless devices, blades, broken glass, slides, vials) are placed in a closable, puncture-resistant, labeled, leak-proof container. If these requirements are met, containers made of various materials (e.g., cardboard, plastic) are acceptable.
6. Containers are not overfilled past the manufacturer’s designated fill line, or more than  $\frac{3}{4}$  full.
7. Supply of containers on hand is adequate to ensure routine change-out when filled.

### **Injury Protocol**

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:

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

**Reference**

- <https://www.govtrack.us/congress/bills/106/hr5178>
- See the OSHA Needlestick Safety Frequently Asked Questions, available at: <https://www.osha.gov/needlesticks/needlefaq.html>
- For guidance regarding occupational exposures to HBV, HCV, and HIV and recommendations for Post-exposure Prophylaxis: <https://stacks.cdc.gov/view/cdc/20711>

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

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.

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

A. Does the injured employee believe that a Protective mechanism could have prevented the injury?

Yes                      No

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		