



## Appendix A

### A Sharps Safety and Needlestick Injury Prevention – Checklist

The checklist below covers two categories of workplaces and devices – those that are covered specifically by the Needle Safety Regulation and those that are covered generally by the *Occupational Health and Safety Act (OHSA)*.

Effective July 1, 2010, the Needle Safety Regulation applies to any workplace where a hollow-bore needle is used for a therapeutic, preventative, palliative, diagnostic or cosmetic purpose, including hospitals, long-term care homes (including long-term care facilities, nursing homes, homes for the aged and rest homes) psychiatric facilities, laboratories, specimen collection centres, doctors' and dentists' offices, community health centres, family health teams, independent health facilities and other workplaces where health-related services are provided, including home care services, ambulance services, public health programs, health support services to students in schools and health care/first aid services to workers in industrial and other workplaces

Situations involving sharp medical devices and workplaces not covered by the Needle Safety Regulation can be addressed using the *Occupational Health and Safety Act* Section 25(2)(h), known as the general duty clause, which requires employers to take every precaution reasonable in the circumstances to protect workers' health and safety. In the case of sharp medical devices not covered by the regulation, the general duty clause requires employers to take precautions to protect workers from risks of exposure to blood-borne pathogens.

#### Situations Covered by the Needle Safety Regulation:

##### Blood-Drawing:

- Has your workplace replaced hollow-bore blood-drawing needles with needles that have integrated safety features designed to prevent percutaneous injuries?

*Examples of such safety-engineered needles include:*

- *shielded or self-blunting needles for vacuum tube phlebotomy;*
- *shielded, retracting or self-blunting butterfly-type needles, syringes with a cylindrical sheath that shields needles when drawing blood into tubes;*
- *blood gas syringes with a hinged needle shield that can be put in place over the needle using a hands-free technique.*

- Do you have devices such as needles used for drawing blood from intravenous, arterial, and central lines? Can these devices be replaced by needleless or blunt cannula devices?

### **Vascular Access:**

- Has your workplace implemented safety-engineered vascular access catheters that provide a protective shield for the stylet or that blunt the stylet, before or during its withdrawal from the patient?

### **IV Infusion:**

- Has your workplace converted to needleless or recessed needle IV infusion systems?

*An FDA Safety Alert warned in 1992 of the dangers associated with “piggyback” or “intermittent I.V.” line connections. Since then, many health care workplaces have switched to needleless or recessed needle systems. But beware: in some health care workplaces, both systems – needleless/recessed needle and needle-based – are sometimes provided side by side. All health care workplaces should eliminate needles used to access I.V. ports.*

### **Injection:**

- For syringes used for subcutaneous or intramuscular (IM) injections, has your workplace converted to devices that have integrated safety features such as sliding sleeves, retracting needles, or hinged caps, or to a needleless injection system?
- Does your workplace specify that syringes should not be used for venous blood drawing, because of increased risk of needlestick injuries?
- Has your workplace eliminated the inappropriate use of conventional or safety syringes for accessing ports of needleless or recessed needle I.V. systems?
- Does your workplace use safety-engineered pre-filled syringes, where available, for vaccinations and other applications where pre-filled syringes are employed?
- Does your workplace use shielded, retracting, or self-sheathing needles for insulin delivery?

### **Additional Specialized Sharps Categories:**

Has your workplace implemented safety alternatives for specialized areas, such as:

- Dialysis: fistula needles, syringes, blood drawing equipment, needle tubing access.
- Labs: sample transfer.

### **Situations Not Covered by the Needle Safety Regulation, but May be Covered by S. 25 (2) (h) of the OHSA (General Duty Clause)**

#### **Blood Drawing:**

- Does your workplace use automatically retracting finger/heelstick lancets in place of manual lancets or non-retracting spring-loaded lancets?

- Has your workplace switched from glass to plastic micro-bore capillary tubes for measuring hematocrit (or to mylar-wrapped glass capillary tubes, or alternative methods of measuring hematocrit that do not require capillary tubes)?
- Has your workplace replaced glass blood collection vacuum tubes with plastic tubes?
- Have blood-drawing personnel been advised to not manually recap or remove needles from blood-drawing devices?
- Have blood-drawing personnel been advised to not reuse blood tube holders which require manipulation of a blood-filled needle?
- Has the practice of injecting blood through a stopper into a vacuum tube using an exposed needle been discontinued?

*Methods of drawing blood directly into vacuum tubes or other specimen containers should be preferentially employed; alternatively, safety syringes with a cylindrical needle shield locked in place over the needle, which allow a vacuum tube to be inserted into the shield during blood injection, will reduce the risk of needlestick injuries and of blood splatter from dislodged tube stoppers.*

### **Surgery:**

- Are blunt-tip suture needles, stapling devices, adhesive strips or tissue adhesives used whenever clinically feasible in order to reduce the use of sharp-tip suture needles?
- Are scalpel blades with safety features – such as round-tipped scalpel blades and retracting-blade and shielded-blade scalpels – used?
- Are alternative cutting methods, such as blunt electrocautery devices and laser devices, used when appropriate?
- Is manual tissue retraction avoided by using mechanical retraction devices?
- Has all equipment that is unnecessarily sharp been eliminated?

*Example: towel clips have been identified as a cause of injury in operating rooms, yet blunt towel clips are available that do not cause injury and are adequate for securing surgical towels and drapes. Other examples of devices that do not always need to have sharp points include surgical scissors, surgical wire, and pick-ups.*

### **Additional Specialized Sharps Categories:**

Has your workplace implemented safety alternatives for specialized areas such as:

- Dialysis: retracting lancets, capillary tubes.
- Blood banks: retracting lancets, capillary tubes.
- Labs: slide preparation.

For information on evaluating safety-engineered sharps devices, please refer to: [www.tdict.org](http://www.tdict.org).

### **Exposure Control Plan:**

**NOTE: The Needle Safety regulation does not require an exposure control plan. However, an effective sharps safety program should include an exposure control plan.**

- Does your workplace have a written exposure control plan?
- Does the exposure control plan include a list of all jobs and tasks with potential for exposure to blood and bodily fluids?
- Is it accessible to workers?
- Is it reviewed and updated at least annually to document that safer medical devices designed to eliminate or minimize occupational exposure have been evaluated and implemented?
- Is it reviewed and updated at least annually to document that the employer has solicited input from non-managerial employees responsible for direct patient care in the identification, evaluation and selection of safety devices?
- Is it updated annually to reflect changes in technology that eliminate or minimize exposure to blood and bodily fluids?

### **Sharps Injury Log**

**NOTE: The Needle Safety regulation does not require a sharps injury log. However, an effective sharps safety program should include a sharps injury log.**

- Does your workplace maintain a sharps injury log?
- Does it include information on:
  - Type and brand of device involved in exposure incident;
  - Department or work area where exposure occurred;
  - An explanation of how exposure occurred?

*Other important information to track: job classification of exposed workers, procedure involved, and whether the device causing the injury was a safety or conventional design.*

*(A surveillance system such as EPINet™ fulfills this requirement; for information on EPINet and for free forms and software, go to <http://www.med.virginia.edu/epinet> and click on About “EPINet”.)*

- Does your workplace ensure injured employees' confidentiality when recording and maintaining information in the sharps injury log?

### **Training Program:**

**NOTE: The Needle Safety Regulation requires worker training only in specific identified circumstances. However, an effective sharps safety program should include a comprehensive training plan for all affected workers.**

- Has a training plan been developed to educate workers about the use of the new devices as well as other program components?
- Was the training program developed in consultation with the Joint Health and Safety Committee (JHSC)?
- Has senior management provided adequate time to staff to fully participate in the training?

### **A comprehensive staff education program should include:**

- Legislation.
- Goals/objectives of the program.
- Explanation of diseases borne by blood and bodily fluids, their modes of transmission, consequences of infection and treatment options.
- Overview of injury demographics/statistics.
- Labeling and identification of bio-hazardous material.
- Policy regarding medical sharps and associated procedures.
- Research/evidence for safety-engineered medical sharps.
- Device-specific training.
- Post-exposure procedures including follow-up procedures.
- Hepatitis B vaccination: its purpose, benefits, safety and availability.
- Records of training.
- An evaluation tool.