PURPOSE:

To ensure the safe handling and disposal of contaminated needles and other “sharps” to prevent injury and exposure to blood-borne pathogens, such as HIV or hepatitis.

I. DEFINITIONS:

A. Sharp - Any contaminated object capable of penetrating the skin including, but not limited to, needles, scalpel blades, lancets, razor blades used in surgery, labor and delivery, other medical procedures, laboratory glassware, and exposed end of dental wires.

B. Contaminated - The presence or reasonable anticipated presence of blood or other potentially infectious materials on an item.

C. Potentially Infectious Material - Semen, vaginal secretions, spinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, unfixed tissue, and any body fluid in situations where it is difficult or impossible to differentiate between body fluids.

II. POLICY:

A. All employees must take precautions to prevent injuries cased by sharps during use, cleaning, and disposal. Assistance as needed should be obtained when performing procedures on uncooperative patients if sharps injuries would be likely.
B. Contaminated needles and other sharps shall not be bent, broken, or sheared.

C. Contaminated needles and other sharps shall not be recapped or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure.

1. Specific medical procedures that may require recapping or removal include, but are not limited to, blood gas analysis, inoculations of a blood culture bottle, and administration of incremental doses of medication to the same patient.

2. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

D. Broken glassware or other sharps which may be contaminated shall not be picked up directly with the hands. They shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

E. Disposable Sharps

1. Contaminated disposable sharps shall be discarded immediately in containers.
   a. Closable and puncture-resistance.
   b. Leak-proof on sides and bottom.
   c. Color-coded red or labeled with an approved BIOHAZARD warning.

2. During use, containers for contaminated sharps shall be:
   a. Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used.
   b. Maintained upright throughout use; and replaced routinely and not be allowed to over-fill.

3. When moving containers of contaminated sharps from the area of use, the containers shall be:
   a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
   b. Placed in secondary container if leakage is possible. The second container shall be:
      (1) Closable
      (2) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.
      (3) Labeled with an approved BIOHAZARD warning.
F. Reusable Sharps
   1. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed.

   2. These containers shall be:
      a. Puncture-resistant and leak proof on the sides and bottom.
      b. Color-coded red or labeled with an approved BIOHAZARD warning; and

   3. Contaminated reusable sharps shall not be stored or processed in a manner that requires employees to reach by hand into the containers where the sharps have been placed. tongs, forceps, or other devices which prevent direct handling of the sharps item should be used.

   4. Reusable containers shall not be opened, emptied, or cleaned manually or in any manner which would expose employees to the risk of percutaneous injury.

G. Inappropriate Handling or Disposal of Sharps
   1. Contaminated needles and sharps must never be left in such a fashion that could result in injury to others (e.g., dangling uncapped on IV tubings, on countertops, on food trays, in trash receptacles, on top of sharps disposal receptacles, on floors, in the sewer, etc.). In such cases, sharps should be carefully removed or picked up using mechanical means to avoid percutaneous exposure and properly discarded.

   2. The area supervisor is responsible for investigating the circumstances of inappropriate handling, disposal, and taking corrective action.

III. Instructions for Use of Sharps Disposal Containers
A. Caution should be exercised in depositing needles or other sharps into disposal receptacles. Be sure the sharp falls into the container rather than remaining on the lid. Never force a sharp into a receptacle if resistance is felt.

B. A sharps disposal receptacle should be considered “full” when the level of used sharps is within 2-3 inches of the top. Additionally, if resistance is felt against the opening flap of the “in-room” receptacles, the container should be considered full. Should it be necessary to force a sharp into a receptacle, it is too full and should be replaced.

C. It is the responsibility of the utilizing department to routinely monitor and replace filled receptacle.
D. When a receptacle is full, the utilizing department will secure the opening and place the receptacle in an upright position into the infectious waste fiber container provided for collection.

1. The opening flap of the inner liner of the “in-room” receptacle is locked by pushing the flap into the opening (about halfway) until loud clicks are heard, or will say full on the newer models, which do not have to be locked.
2. A new sharp disposal receptacle is to be placed in the “user department”.
3. The stericycle company will pick up quarterly all infectious waste for final disposition as infectious waste.