

Infection Control Manual – Residential Care

Part 3 - Infection Control Standards

IC5: Routine Practice

IC5: 0800 Management of Sharps

1.0 STANDARD

All staff must handle, transport and dispose of sharps into a designated puncture proof sharps container at the point of use to prevent injury and infection to themselves and to others.

To comply with WorKSafe BC practices

2.0 DEFINITION

Medical sharps include needles and syringes, scalpels, razor blades, disposable razors, lancets and stylettes, which may have been in contact with blood, body fluids or exudates.

Devises used to puncture the ports in the needleless IV systems are also considered biomedical sharps.

Safety-engineered medical sharp is a medical sharp with a built-in safety feature or mechanism that eliminates or minimizes the risk of accidental parenteral contact while or after the sharp is used

Safety-engineered needle includes a self-sheathing needle device and a retractable needle system.

3.0 PROCEDURE:

- On and after October 1, 2008, any medical sharp used to care for or treat a person must be a safety-engineered medical sharp.
 - o This does not apply if:
 - use of the required device, needle or sharp is not clinically appropriate in the particular circumstances, or
 - the required device, needle or sharp is not available in commercial markets.

http://www2.worksafebc.com/Publications/OHSRegulation/Part6.asp#SectionNumber:6.33



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IC5: Standard Precautions

- Ensure a sharps disposal container is available at the point of use.
- Sharps containers must be puncture resistant, have a tight fitting lid that seals, and be clearly labelled.
- The person using a disposable sharps item is responsible for its safe disposal directly into the sharps container
- Ensure safety engineered device is activated prior to placing into sharps container
- Needles should not be recapped, purposely bent, broken or removed from a disposable syringe or manipulated by hand. In the event that a disposable sharp needs to be separated from a non-disposable equipment (e.g. removing a surgical blade from handle) use an extractor or disposal device approved by the manufacturer for disassembly.
- Monitor the level of the sharps container to prevent overfilling. Replace once contents have reached manufacturer's "fill line" or ¾ full.
- Securely close full containers and arrange replacement.
- Handle sharps containers and transport devices as biomedical waste according to local, provincial and federal regulations
- Follow established Employee Health procedures if sharp injury or other blood/body fluid exposure occurs.

For Fraser Health staff to follow the information on the following pulse page http://fhpulse/workplace health safety/safety and prevention/biohaza rdsharpssafety/Pages/Default.aspx

For non-Fraser Heath staff to follow:

BCCDC Blood and Body Fluid Exposure Management March 2010 http://www.bccdc.ca/NR/rdonlyres/E6AF842F-A899-477F-BC90-5BFF6A4280F6/0/EPI Guideline BBF 20100723.pdf.



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IC5: Standard Precautions

- Do not discard waste such as I.V. bags, tubing or alcohol swabs into a sharps container.
- Do not overfill a sharps container. The container is to be closed and replaced when the sharps reach the "full" line as indicated on the container.
- Do not use force to place an item into a sharps container
- Do not attempt to retrieve an item from a sharps container.
- Do not leave sharps on suturing, intravenous or other procedure trays.
- Look first before discarding a sharp. Never put something into the sharps container "blind".
- If there is no sharps container in the room e.g. psychiatry, one is brought in for immediate use and then removed.

4.0 REFERENCES:

Public Health Agency of Canada (PHAC). Routine practices and additional precautions for preventing the transmission of infection in health care settings. 2012

Provincial Infectious Diseases Advisory Committee (PIDAC). Routine practices and additional precautions in all health care settings, 3rd edition. 2012

WorkSafe BC Sections 6.33-6.40 of the Occupational Health and Safety Regulation. 2012

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