



## Needlestick Safety and Prevention (NSAP) Checklist for Hospitals

Use this Needlestick Safety and Prevention (NSAP) Checklist to assess the extent to which your employer has adopted safety sharps and implemented an exposure control plan. If there is no Exposure Control Plan, or you answer “no” to any of the items in this checklist, you should participate in this initiative and follow the Step-by-Step Process attached.

**NOTE:** Regulation 474/07 requires hospital employers to replace hollow-bore needles with safety-engineered needles or needleless devices. The *Occupational Health and Safety Act (OHSA)* S.25(2)(h) requires employers to take reasonable precautions to protect workers’ health and safety. Workers and their unions must rely on OHSA S.25(2)(h) to convince their employers to take steps to protect them from other dangerous sharps, which are not explicitly covered by the new regulation.

### SHARPS SAFETY DEVICES

#### Blood-Drawing:

##### Situations covered by Regulation 474:

- Has your hospital implemented blood-drawing devices with integrated safety features designed to prevent percutaneous injuries?

*Examples of such devices 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 injecting 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.*

- Have all unnecessary needles been eliminated from use, including needles used for drawing blood from intravenous, arterial and central lines? These devices can be replaced by needleless or blunt cannula devices.

##### Situations not covered by Regulation 474 but covered by S. 25 (2) (h) of the OHSA

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

- Has your hospital 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)? See Joint Safety Advisory issued by FDA, OSHA and CDC, in February 1999.
- Has your hospital replaced glass blood collection vacuum tubes with plastic tubes?
- Have blood-drawing personnel been advised not to manually recap or remove needles from blood-drawing devices?
- Have blood-drawing personnel been advised not to reuse blood tube holders, which requires 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 needlesticks and of blood splatter from dislodged tube stoppers.*

### **Vascular Access:**

#### **Situations covered by Regulation 474:**

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

### **IV Infusion:**

#### **(a) Situations covered by Regulation 474:**

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

*An FDA Safety Alert warned in 1992 of the dangers associated with “piggyback” or “intermittent IV” line connections. Since then, almost two-thirds of U.S. hospitals have switched to needleless or recessed needle systems. But beware: In some hospitals, both systems – needleless/recessed needle and needle-based – are sometimes provided side by side. Hospitals should eliminate needles used to access IV ports.*

## **Injection:**

### **Situations covered by Regulation 474:**

- For syringes used for subcutaneous or intramuscular (IM) injections, has your hospital 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 hospital specify that syringes should not be used for venous blood drawing, because of increased needlestick risk?
- Has your hospital eliminated the inappropriate use of conventional or safety syringes for accessing ports of needleless or recessed needle IV systems?
- Does your hospital use safety-designed pre-filled syringes, where available, for vaccinations and other applications where pre-filled syringes are employed?

## **Surgery:**

### **Situations not covered by Regulation 474, but covered by S. 25 (2) (h) of the OHSA:**

- 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 used, such as round-tipped scalpel blades and retracting-blade and shielded-blade scalpels?
- Are alternative cutting methods used when appropriate, such as blunt electrocautery devices and laser devices?
- 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 the operating room, 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:**

**NOTE:** Regulation 474/07 requires that hollow bore needles be converted to their safety equivalents where they exist. For the following groups of devices, some are covered by Reg.474/07 and some are not. The devices listed below have safety-engineered equivalents.

**The following items are covered by Reg. 474**

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

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

**The following are not covered by Reg. 474, but would be covered by 25 2 (h) of the OHSA**

Has your hospital 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 following items are not covered by the regulation. However, an effective sharps safety program involves more than just replacing conventional sharps devices with safety-engineered sharps. It is important to ensure that these additional elements, which are not part of the regulation, are also present. Compliance with *OHSA* Section 25 (2) (h) should require an exposure control plan and, therefore, should be included in your Joint Health and Safety Committee's (JHSC's) written recommendation to the employer.

**Situations not covered by Regulation 474, but covered by S. 25 (2) (h) of the OHSA:**

Does your hospital 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 or 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 or bodily fluids?

## SHARPS INJURY LOG

**NOTE:** The following items are not covered by the regulation. However, an effective sharps safety program involves more than just replacing conventional sharps devices with safety-engineered sharps. It is important to ensure that these additional elements, which are not part of the regulation, are also present. Compliance with *OHSA* Section 25 (2) (h) should require an exposure control plan and, therefore should, be included in your JHSC's written recommendation to the employer.

### **Situations not covered by Regulation 474, but covered by S. 25 (2) (h) of the OHSA:**

Does your hospital 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 [www.med.virginia.edu/epinet](http://www.med.virginia.edu/epinet) and click on "About EPINet.")*

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

## Training Program

**NOTE:** The following items are not covered by the regulation. However, an effective sharps safety program involves more than just replacing conventional sharps devices with safety-engineered sharps. It is important to ensure that these additional elements, which are not part of the regulation, are also present. Compliance with *OHSA* Section 25 (2) (h) should require an exposure control plan and, therefore, should be included in your JHSC's written recommendation to the employer.

**Situations not covered by Regulation 474, but covered by S. 25 (2) (h) of the OHSA:**

- 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 JHSC?
- A comprehensive staff education program should include:
  - Legislation.
  - Goals/objectives of the program.
  - Explanation of blood-borne diseases, their modes of transmission, consequences of infection and treatment options.
  - Overview of injury demographics/statistic.
  - Labeling and identification of biohazardous 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.