

**STANDARD OPERATING PROCEDURES**  
**Louisiana State University**  
**Office of Environmental Health & Safety**

**Title:** Sharps Policy

**Intent**

To promote safe work practices when using sharps.

**Scope**

Demonstrate prevention methods for sharp injuries and to determine the proper usage and disposal of all sharps.

**Roles and Responsibilities**

- **Personnel**
  - ▶ Be aware of the risks associated with using sharps.
  - ▶ Always look for safer alternatives to using sharps.
- **PI/Supervisor**
  - ▶ Responsible for the safety and training of their laboratory personnel.

**Risk Assessment**

- Inspect area for adequate lighting and emergency aids.
- Maintain visual contact with the procedure site and location of the sharp.
- Be aware of surroundings and others around you at all times while working with sharps.
- Never pass an uncapped needle to other personnel.
- Check all glassware for cracks prior to use.
- While working with sharps, a sharps container must always be present.

**Safety Considerations**

- Needles should never be re-sheathed, removed from disposable syringe or manipulated by hand.
- All sharps should be disposed of in the proper container(s) (Figures 1 and 2).
- Always use a secondary container when transporting any sharp from one area to another.
- Leur lock syringes should be used (Figure 3).
- Never pick up an uncapped needle or broken glass with your hands.
  - ▶ Always use forceps, tongs or dust pan and broom.
- Retractable devices should be considered when it is cost effective (Figure 4).

**Equipment**

- First aid kit

## Materials

- Required PPE for containment area
- Sharps container
- Broken glass container
- Tongs, forceps or dust pan and broom
- Pathogen specific disinfectant
- Antiseptic

## Documentation

- Incident Report Form
- Incidence Log

## Policy

1. Engineering controls should be in place wherever sharps are in use.
  - a. Proper disposal containers, self sheathing needles (where cost effective), and broken glass containers.
2. Incidence Log for all sharp injuries.
3. Training of proper use/disposal of sharps.
  - a. Introduction of safer alternatives to sharps.
  - b. All sharp containers must be labeled, color coded, contain  $\frac{1}{4}$  to  $\frac{1}{2}$  of pathogen specific disinfectant in it, autoclavable and never filled to capacity (two thirds full).

## Procedure

1. Proper use of sharps in the laboratory.
  - a. Never pass sharp by hand.
  - b. Always use a secondary container when passing or transporting sharps.
  - c. Give verbal warning when passing sharps.
  - d. Absorbent liner should be used beneath work surface.
  - e. Dispose of sharps in sharps container.
2. When a sharps injury occurs within BSL2.
  - a. Remove gloves or contaminated clothing immediately.
  - b. Wash the injured area thoroughly with soap and water for 5 minutes at the same time express the wound.
    - i. If in the eye, immediately wash area with saline or running water.
  - c. Apply antiseptic and band-aid.
  - d. Immediately report incident to supervisor or Environmental Health and Safety Office.

- e. Fill out an incident report within 24 hours.
3. When a sharps injury occurs within BSL3.
- a. Remove gloves or contaminated clothing immediately.
  - b. Wash the injured area thoroughly with soap and water for 5 minutes at the same time express the wound.
    - l. If in the eye, immediately wash area with saline or running water.
  - c. Apply antiseptic and band-aid.
  - d. Exit BSL3 normally.
  - e. Immediately report incident to supervisor or Environmental Health and Safety Office.
  - f. Tell someone what you were working on in the laboratory, so someone can clean your work area up.
  - g. Proceed to the LSU Student Health Center for further evaluation.
  - h. Fill out an incident report within 24 hours.

### Compliance

Any person involved in a sharps incident must report the incident to the Environmental Health and Safety Office and file an incident report within 24 hours.

### References

OSHA Regulations: Bloodborne Pathogens Standard (29 CFR 1910.1030)  
<http://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

### Appendix

Figure 1: Sharps containers



Figure 2: Broken glass containers for BSL2 or BSL3.

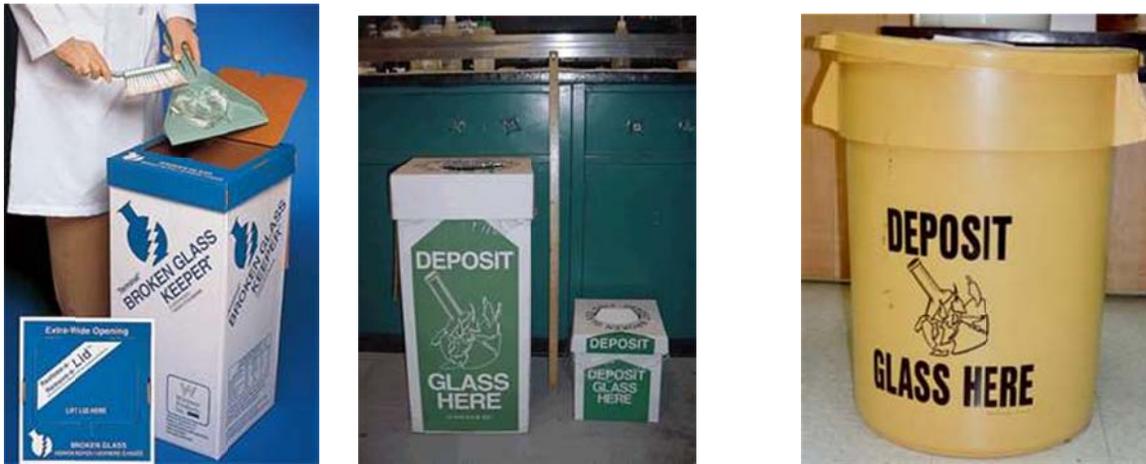
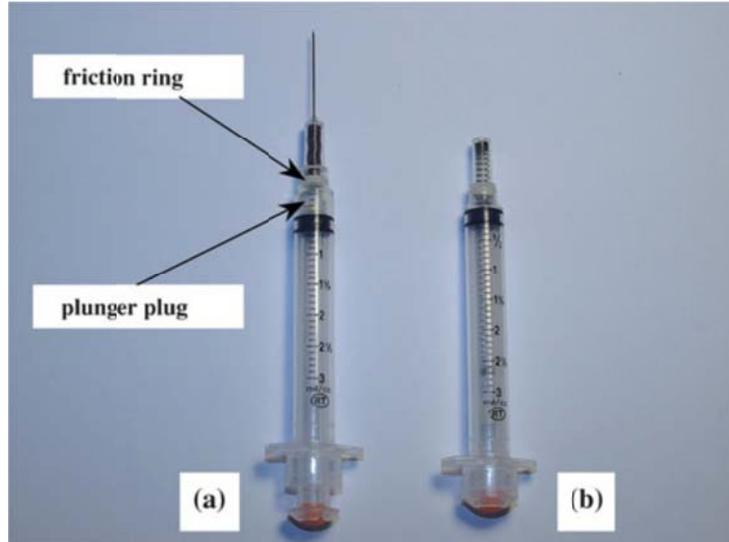


Figure 3: Leur Lock Syringe



*Non-Leur Lock versus Leur Lock*

Figure 4: Retractable Device



Types of Safety Needles: [http://www.ehow.com/list\\_6751796\\_types-safety-needles.html](http://www.ehow.com/list_6751796_types-safety-needles.html)

Use safety devices to prevent needle stick injuries. The walk from a patient's bedside to the storage container for disposal of needles is a short but potentially deadly walk. Although the containers for disposing of sharps (materials that can pierce the skin) are located only a few feet from the patient's bedside, thousands of health-care providers suffer needle stick injuries before they complete the distance. The consequences of accidental needle pricks range from minor annoyance to deadly infection. Policymakers noting the hazard of needle stick injuries, have developed safety devices to reduce the risk.

### Needless Injection Systems

Instead of using a needle to puncture the skin, a needless system relies on pressure exerted by the injected liquid to puncture the skin and force medication into the puncture site, according to the American Nurses Association's Needle Stick Prevention Guide.

### Needless Connector Systems

Needless connector systems increase safety by eliminating needles in intravenous (IV) systems that deliver medications through veins. According to the OSHA website, the system uses interlocking parts instead of needles for connections.

## Needle Switching Protection

Health-care providers must occasionally use two different needles (needle switching) to administer a medication or perform a procedure. One needle is used to either draw or inject medication (according to the procedure being performed), then it is replaced with a second needle. Needle switching is necessary to some procedures because different phases of the procedure may require the use of different needle types specifically designed for the task. With needle-switch safety devices, the user twists the syringe into a special holder that removes the needle, then twists the syringe into a second [depression](#) that replaces the needle. User manipulation of the needle is reduced and the margin of safety increased, states Nurses.com.

## Protective Sheaths

A safety system may consist of a sheath that the user slides over the needle or sharps device after use. The sheath covers the needle and protects the user from accidental needle pricks.

## Hinged Recaps

The health-care worker may protect himself from needle sticks by recapping or covering used needles with a puncture-resistant guard attached by a hinge to the injection device. The recap may be accomplished by using the index finger or other mechanisms to manipulate the hinge covering.

## Retractable Needle

Retractable needle systems automatically pull the needle inside of the device that injects the medication. The threat of an exposed needle is eliminated. When using syringes, the plunger (portion of the syringe that is pressed to inject medication) must be completely pressed in to activate needle retraction, according to the American Nurses Association website.

## Self-Blunting

Self-blunting systems use a tiny plastic tube to encase the needle. The tube is advanced over the needle after insertion or injection to blunt or cover the needle point.

[2011 OSHA Manual & Kit](#) [www.oshamanual.com](http://www.oshamanual.com)