Needlestick Injury Prevention Training

NURSING ADMINISTRATION

APRIL 2021
Objectives:

1. Identify at least 5 ways to prevent needlesticks.
2. Explain proper sharps disposal.
4. Verbalize proper procedure when needle mishaps occur.
Needlestick Injuries

Needlestick injury: a penetration of the skin by a needle or other sharp object that was in contact with another person’s blood, tissue, or other body fluid.

Sharp: Any object used or encountered in the industries covered by the bloodborne pathogen Standard that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

• Have the potential to transmit Bloodborne Pathogens (BBP)
  ○ Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).
Needlestick Injuries

On average, hospital-based healthcare personnel experience approximately 385,000 needlesticks/sharps injuries each year (CDC 2015).

In 2019, 1,620 of these reported needlestick injuries involved days away from work.

Nearly two-thirds of nurses' report being accidentally stuck at some time in their career. (American Nurses Association Survey).
Why Are Needlesticks Occurring at POD Sites?

COVID–19 vaccines are being administered in non-traditional settings:

- Outdoor tents
- Sports stadiums/arenas
- Convention centers
- **Inside vehicles or through vehicle windows** (drive up vaccinations)
- Mobile units in communal settings (long-term care facilities, correctional facilities), private homes, or in hard-to-reach areas

Other logistical challenges the vaccinators may encounter include the following:

- Unfamiliar locations or non-standard equipment (chairs and tables not normally used in clinical settings)
- Odd positioning of the arm (when vaccine recipients remain in a vehicle for vaccine administration)

Additional COVID-19 personal protective equipment (PPE) requirements
Needlestick Prevention

• Complete Bloodborne Pathogens Training before beginning your assignment and Just In Time as needed to safely perform your assignment.

• Follow proper hand hygiene procedures.

• Wear proper PPE to prevent exposures to other potentially infectious materials (e.g., blood, bodily fluids)

• Ensure needles are firmly secured to the syringe when assembled. Tighten the junction if necessary.
Needlestick Prevention

• Do **not** recap syringes. **ALWAYS** activate the safety device after each use.

• Always use needles with engineered sharps injury protections (e.g., safety devices).

• Do **not** transfer a syringe/needle without the cap or engaged safety device between staff.

• **Immediately** notify your supervisor/designee of any needlestick hazards that you observe.

• **Immediately** notify your supervisor/designee of all injuries and near misses.
Safe Sharps Disposal

• Do **not** recap, shear, or disassemble syringes.

• Place sharps containers within arm’s reach at a height convenient to the vaccinator.

• Immediately dispose of contaminated sharps.

• Use sharps containers that are closeable, puncture-resistant, crush resistant, leak-proof, color coded, and properly labeled to warn of hazardous waste inside the container.

• Replace sharps containers when they reach the full line as labeled by the manufacturer.
What To Do After a Needlestick

• **Immediately** wash the area with soap and water for **15 minutes** or use hand sanitizer (containing at least 60% ethyl alcohol) if soap and water are not available.
• Request and record the client’s information and inform the client that they may be contacted to consent to blood tests (only if needlestick involved a contaminated/used needle).
• Seek **immediate** medical attention if needlestick involved a contaminated/used needle.
• **Immediately** report the needlestick to your supervisor or designee.
Standards of Practice (SOP): MD/ND 103

Per MD/ND 103: Management of Occupational Exposure to Bloodborne Pathogens:

- Contract (including registry) WFM who have a percutaneous or mucus membrane exposure to blood or OPIM during the course and scope of performing assigned duties for DPH, he/she/they will refer to their contracted agency’s protocol.
- Contract WFM shall adhere to DPH policies and their agency’s protocols.
- Students who have a percutaneous or mucus membrane exposure to blood or OPIM during the course and scope of performing assigned duties for DPH, he/she/they will refer to their university’s protocol.
Standards of Practice (SOP): MD/ND 103

• Volunteers shall adhere to DPH policies and protocols.

• Complete required forms.
  • Refer to Industrial Accident Management and Reporting Forms. [Link](http://intranet.ph.lacounty.gov/ph/PDFs/Forms/HR/LeaveManagement/IAPacket.pdf)
  • Contract WFM's and students shall complete their agency/university’s forms as necessary.
  • Sharps Injury Log within 14 days

• Refer to [Link](http://intranet.ph.lacounty.gov/ph/PolicyProcedures/MDPP.htm)
Sharps Injury Log

Per MD/ND 103:

• Sharps Injury Log must be completed within 14 days of the needlestick

• Submit to Leave Management Unit, Employee Health Services, and the supervisor
  o For clinical settings, report the incident in the University HealthSystem Consortium - Patient Safety Net (UHC PSN).
  o For field settings (e.g., Point of Dispensing [POD]), report the incident by submitting a DPH Incident Report.

• Draw venous blood
• Draw arterial blood
• Injection, through skin
• Other
Preventing Needlestick Injuries

Jointly Developed by Nursing Administration and Risk Management

Nursing Administration 213-288-7725 or nurseadmin@ph.lacounty.gov
Risk Management at (833) 303-0033 or RMD@ph.lacounty.gov

A needlestick injury is defined as penetration of the skin by a needle or other sharp object that was in contact with another person’s blood, tissue, or body fluid. Needlestick injuries have the potential to transmit Bloodborne Pathogens (BBP), like Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). The following safety guidance was developed to reduce needlestick injuries and exposures to bloodborne pathogens:

Preventing Needlesticks:

- Complete Bloodborne Pathogens Training before beginning your assignment and Just In Time Trainings as needed to safely perform your assignment.
- Wear required Personal Protective Equipment (PPE) to prevent exposures to blood and other potentially infectious materials (e.g., blood).
- Ensure needles are firmly secured to the syringe when assembled. Tighten the junction if necessary.
- Use needles with engineered safety devices.
- Engage the needles’ safety devices after each use (e.g., vaccine administration). Do not recap syringes.
- Do not transfer a syringe/needle without the cap or engaged safety device between staff.
- Notify your supervisor or their designee of any needlestick hazards that you observe.

Safe Sharps Disposal:

- Do not recap, shear, or disassemble syringes.
- Place sharps containers within arm’s reach and at a convenient height to the vaccinator.
- Immediately dispose of contaminated/used sharps.
- Use sharps containers that are closeable, puncture-resistant, crush-resistant, leak-proof, color-coded, and properly labeled to warn of hazardous waste inside the container.
- Replace sharps containers when they reach the full line as labeled by the manufacturer.

Needlestick Injuries

- Follow proper hand hygiene procedures.
- Wash needlesticks and cuts with soap and water for 15 minutes. Use hand sanitizer (containing at least 60% ethyl alcohol) if soap and water are not available.
- Request and record the client’s information and inform the client that they may be contacted to consent to blood tests (only if needlestick involved a contaminated/used needle).
- Seek immediate medical attention if needlestick involved a contaminated/used needle.
- Promptly report the needlestick to your supervisor or their designee.

References:
CDC NIOSH Science Blog: https://blogs.cdc.gov/niosh-science-blog/2021/03/02/needlestick-prevention/
CCR § 5193 Bloodborne Pathogens: https://www.dir.ca.gov/title8/5193.html
Needle Safety Mechanisms
Common Needles Utilized at the PODs
VanishPoint

1. Use standard procedure for drawing up medication.

2. Prepare and give injection using aseptic technique according to institutional policy.

3. While the needle is still in the patient, fully depress the plunger to activate retraction.

4. Dispose of VanishPoint® syringe in an appropriate sharps container.
VanishPoint
EasyPoint

1

2

3

Do not push the color-coded tab upward.
Bevel orientation

Prevent HT
Prevent HT
Prevent HT
Needle Mishaps
Needle Mishaps

“I removed the needle cap, and the needle is bent.”

• Do **not** administer the vaccine if the needle is bent when the cap cover is removed.

• Notify the supervisor/POD Director/POD Lead/designee immediately

• The syringe and needle should be returned to the Vaccine Draw/Dispensing Unit
Needle Mishaps

“The Safety Mechanism did not activate.”

• Place the exposed needle directly into the sharps container safely.
Reminders

Always:

• Inspect the needle and syringe **before** administering the vaccine
• Ensure the needle hub is screwed on tightly to the syringe **before** administering the vaccine
• Activate the safety mechanism **before** disposing of the needle/syringe in the sharps container
• **Immediately** report needlestick injuries
• **Immediately** notify the supervisor/POD Director/POD Lead/designee of problems with the needle/syringe
Disclaimer

• Needles/syringes shown are the most common needles/syringes that are currently being used to administer COVID-19 vaccines.

• Additional needles with different safety mechanisms may be introduced or used at any time.

• Always activate the safety mechanism when administering an injection

• Refer to your supervisor/POD Director/POD Lead/designee for additional information
References

Standards of Practice: MD/ND 103 : Management of Occupational Exposure to Bloodborne Pathogens:


Questions

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THANK YOU