



Sharps Safety

Every needlestick and sharps injury carries a risk of infection from bloodborne pathogens. Yet, these exposures often have been considered “part of the job.” Health care workers primarily are exposed to these pathogens via contaminated needlestick and sharps injuries. You probably know at least one colleague who has sustained an injury, or perhaps you have been stuck yourself. It is important that you and your colleagues fully understand these risks.

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1-800-258-2667

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Every year, health care workers experience between 600,000 and 800,000 exposures to blood. Registered nurses working at the bedside sustain an overwhelming majority of these injuries, with 63% of the exposures coming from blood-filled, hollow-bore needles.

Your health care facility can reduce preventable exposures by identifying, as a starting point, the highest-risk procedures and devices and implementing the most effective control measures. The list below demonstrates how to apply the hierarchy of controls to bloodborne pathogen hazards.

Hierarchy of Controls (from most effective to least effective):

1. **Elimination of Hazard:** Substitute injections by administering medications through another route, such as a tablet, inhaler or transdermal patches, for example. Remove sharps and needles and eliminate all unnecessary injections. Jet injectors may substitute for syringes and needles. Other examples include the elimination of unnecessary sharps like towel clips and using needleless intravenous (IV) systems.
2. **Engineering Controls:** Use needles that retract, sheathe or blunt immediately after use.
3. **Administrative Controls:** Adopt policies aimed to limit exposure to the hazard. Examples include allocation of resources demonstrating a commitment to health care worker safety, a needlestick prevention committee, an exposure control plan, removing all unsafe devices and consistent training on the use of safe devices.
4. **Work Practice Controls:** Examples include no recapping, placing sharps containers at eye-level and at arm's reach (remembering that most nurses are women, and some of the placement practices of disposal containers have not taken that into consideration), emptying sharps containers before they're full and establishing the means for safe handling and disposing of sharps devices before beginning a procedure.
5. **Personal Protective Equipment (PPE):** Barriers and filters between the worker and the hazard. Examples include eye goggles, face shields, gloves, masks and gowns.

United Heartland is committed to providing and directing our customers to helpful resources regarding exposures to infectious diseases and bloodborne pathogens. For questions or more information, contact us at 800-258-2667.

