



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: New

No. 02 - 09

Date: 8/29/02

**Re: Needlestick and
Sharps Injuries**

Page 1 of 2

This policy provides advanced life support (ALS) EMS agencies with a brief explanation of the recent revisions to the United States Department of Labor, Occupational Health and Safety Administration (OSHA) regulations and the Needlestick Safety and Prevention Act. This policy does not supercede or take precedence over any guidance that OSHA or New York State Public Employee Safety and Health (PESH) may provide.

In 1992 the OSHA issued the Bloodborne Pathogen regulations (29 CFR 1910). In November of 2000, the Needlestick Safety and Prevention Act was signed into law and took effect on April 18th, 2001. This new act required that OSHA revise the Bloodborne Pathogen standard to add the following components:

- ◆ Provide new examples in the definition of engineering controls.
- ◆ Require that exposure control plans reflect how employers implement a needleless/safety and needle stick prevention program.
- ◆ Requires the employer to solicit input from direct patient care employees in the identification, evaluation and selection of safer needle devices and work practices.
- ◆ Require employers to establish and maintain a log of sharps related injuries.

This new section of the OSHA regulations requires that EMS services use sharps, such as syringes and intravenous catheters that are engineered with built in safety features or mechanisms that will reduce the risk of a blood or body fluid exposure by a needlestick injury.

In July of 2002 OSHA further clarified their position on the removal of needles from blood tube holders in order to reuse the blood tube holder. OSHA stated that **“Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed, unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.”** More specifically, OSHA’s new compliance directive, CPL 2-2.69 at XIII.D.5 states, **“removing the needle from a used blood-drawing/phlebotomy device is rarely, if ever, required by a medical procedure. Because such devices involve the use of a double-ended needle, such removal clearly exposes employees to additional risk, as does the increased manipulation of a contaminated device.”** In order to prevent potential worker exposure to the contaminated hollow bore needle at both the front and back ends, blood tube holders, with needles attached, must be immediately discarded into an accessible sharps container after the safety feature has been activated.

Engineering Controls

The revised definition of engineering controls means “controls (e.g. sharps, disposal containers, self sheathing needles, safer medical devices such as sharps with engineered injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the work place”. Sharps with engineered injury protections are defined as non-needle or a needle with a built in safety feature or mechanism that will effectively reduce the risk of a blood or body fluid exposure.

Revision to the Exposure Control Plan (ECP)

EMS agencies must update their existing ECP to include changes in technology that will reduce or eliminate exposure to blood or body fluids. The ECP must include the consideration and implementation of safer medical devices and the solicitation of input from non-managerial employees.

Sharps Injury Log

The revision of the OSHA regulations now requires that EMS services maintain a sharps injury log. The log must include information regarding the type and brand of device involved, the department or area the incident occurred and a description of the incident for each needlestick injury.

Selection of Safer Medical Devices

In deciding what type of safety device to choose, the EMS agency should select an appropriate device based on the agency’s exposure determination and one, which will not compromise patient care. The service must identify any worker exposure to blood and body fluids, review all processes and procedures that have a risk of exposure and re-evaluate any new processes or procedures that are implemented. The OSHA regulation requires the agency to involve employees in the testing and choosing of the devices that will be used in the field.

The process of choosing an appropriate safety device should be made in consultation with the agency medical director. The Regional Emergency Medical Advisory Committee (REMAC) may also be able to provide further guidance in determining an appropriate safe needle device.

Training and Education on the Use of Safer Devices

Recent studies have shown that health care providers that use safer needle devices, without the proper in service training, may be at a greater risk of a needlestick injury than when using unprotected needle devices. ***Additionally, poor or no training on new safer needle devices may be attributed to a decrease in IV cannulation success rates.*** Therefore, it is imperative that agencies provide a comprehensive training program with the safe needle devices, which have been chosen, for use by the EMS agency. Each provider must have the opportunity to practice using training manikins with the safe device. If possible, the provider should also be able to use the safe devices under supervision in field practice.

Further Information

For further information please refer to the following web sites:

- NYS Department of Labor, Public Employees Health and Safety
www.labor.ny.us (Business in New York)
- US Department of Labor, Occupational Health and Safety
www.osha.gov (Bloodborne Pathogens)