

ASK THE SAFETY EXPERT

BY LOUISE BARAN

Sharps safety awareness is an education priority for every hospital infection control practitioner across the United States. OSHA, safety medical device manufacturers, healthcare worker unions, and medical facilities themselves have spent money and energy to warn healthcare workers about the deadly risk of needlestick injuries.

But what about sharps in the outpatient setting? Often the same medical devices used in hospitals are also used in labs, ambulatory care facilities, skilled nursing centers, and in the home. Because most of the focus has been on inpatient sharps safety, it's not surprising that many misconceptions surround outpatient sharps safety. Following are some of the most common fallacies, and the realities behind the myths.

MYTH

OSHA allows reuse of phlebotomy tube holders.

TRUTH: OSHA has determined that removal of the needle from a phlebotomy tube holder for the purpose of reusing the holder poses a risk of injury from the "back end" of the needle.¹ OSHA prohibits removal of contaminated needles from the phlebotomy tube holder unless medically indicated. Medical indication for needle removal would need to be specified in the exposure control plan. OSHA has indicated that medically indicated exceptions would not include the need for reusable holders to reduce the amount of waste, for example.¹



Sharps Safety in the Outpatient Setting

MYTH

Glass devices can be used in the lab. "Sharps" refers only to devices that contain needles.

TRUTH: The definition of "sharps" includes glass. Glass slides, glass capillary tubes, glass blood gas tubes all must be replaced with plastic substitutes. After the substitution with plastic devices, many lab values will be affected, so lab machinery will have to be recalibrated.

MYTH

Physician offices do not need to implement safety devices.

TRUTH: The bloodborne pathogen standard applies to any healthcare facility, regardless of the number of employees, when job duties may result in exposure to blood. All outpatient facilities are affected, including physician offices, dental offices, dialysis centers and outpatient labs. These facilities need to have a process that includes worker input for identifying, evaluating and selecting safety devices, even if the process is informal.

MYTH

Needlestick injuries always occur in patient care areas.

TRUTH: Sharps injuries can occur in any area of a healthcare facility. Many incidences of improper needle disposal occur in public restrooms of outpatient centers. Many patients self-medicate and then dispose of the contaminated needle in the public trash. Signs should be posted to remind patients of sharps safety.

MYTH

The lab will always send OSHA-compliant supplies.

TRUTH: Some labs put customers in non-compliant situations when they are trying to clear out their back stock. By law, the lab does not have to send safety devices. By law, healthcare facilities must provide safety devices for employees. The responsibility is on the facility.

MYTH

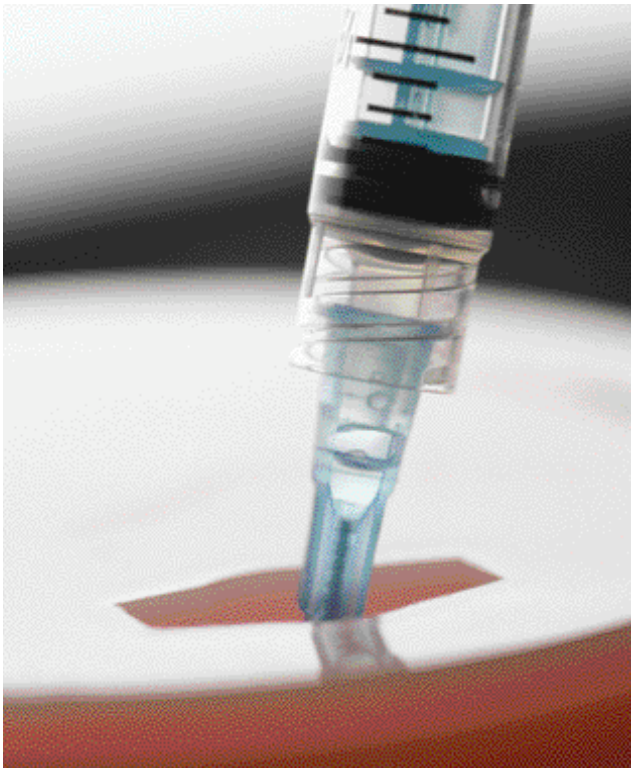
Since the patient at home self-administers medication, sharps safety is not relevant in the home.

TRUTH: Take into account all the individuals besides the patient who may come in contact with the contaminated sharp. Other members of the household, including children, may be involved in a sharps-related accident. Municipal workers, home healthcare workers, and domestic employees may also come in contact with contaminated needles in the home if they are not disposed of properly. Whenever possible, home healthcare workers should provide a puncture-resistant container for the patient to use for their contaminated needles. Home healthcare workers should also teach patients to avoid overfilling the container and also to keep it away from children and food. If possible, licensed waste handlers should remove filled sharps containers from the home and dispose of them through incineration.

MYTH

The safer needle device law does not cover freestanding dialysis centers.

TRUTH: The OSHA Bloodborne Pathogens Standard applies to all employees with reasonably anticipated exposure to blood or other potentially infectious materials. Therefore, employees in a freestanding dialysis center must use safety devices.



MYTH

In the lab, sharps containers that hold blood-filled vials should be disposed of when they are two-thirds filled.

TRUTH: If you place blood-filled vials containing fluid blood in a sharps container, then the sharps container must be disposed of within seven days, whether or not the sharps container is full.²

MYTH

Safety Huber needles currently on the market require the nurses in our oncology infusion suite to place their fingers dangerously near the contaminated needle to activate the safety device. For this reason, we think non-safety Huber needles are safer than the safety Huber needles currently on the market.

TRUTH: Many devices on the market are active safety devices. They require the user to activate the safety mechanism. Many Huber needles and butterfly needles require the user to bring the safety mechanism over or around the contaminated needle. There are a limited amount of passive safety devices on the market. Passive safety devices do not require the user to “do something” to activate the safety mechanism. The device is automatically made safe after use, either through retraction or through the automatic covering of the tip of the needle. †

References

- www.premierinc.com
- www.lbl.gov
- www.cdc.gov

Louise Baran, RN, BSN, is a clinical nursing consultant for B. Braun, where she heads the “Ask the B. Braun Safety Expert” program. Ms. Baran has more than 10 years experience in ICU, PACU, ER and Home Health clinical nursing.

The B. Braun Surecan® Safety Huber was introduced in 2002 and features a passive clip that automatically covers the tip of the needle as it exits the implanted port. This passive technology offers the benefit of keeping the clinicians fingers away from the contaminated needle tip. No user activation of the safety mechanism is needed.

To learn more about Surecan®, visit www.bbraun.com. To access B. Braun’s panel of safety experts comprised of clinicians and nurses with practical experience in handling numerous patient and clinician safety issues, call (888) 800-6668 or email SafetyExpert@bbraun.com.