


# Back to Basics: Sharps Safety 0.8 [www.aornjournal.org/content/cme](http://www.aornjournal.org/content/cme)

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### Purpose/Goal

To provide the learner with knowledge of best practices related to sharps safety.

### Objectives

1. Discuss common areas of concern that relate to perioperative best practices.
2. Discuss best practices that could enhance safety in the perioperative area.
3. Describe implementation of evidence-based practice in relation to perioperative nursing care.

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Lisa Spruce, DNP, RN, CNS-CP, CNOR, ACNS, ACNP, FAAN, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

The behavioral objectives for this program were created by Helen Starbuck Pashley, MA, BSN, CNOR, clinical editor, with consultation from Susan Bakewell, MS, RN-BC, director, Perioperative Education. Ms Starbuck Pashley and Ms Bakewell have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

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## ABSTRACT

Perioperative team members who handle sharp devices or equipment are at risk for sharps injuries. Because sharps injuries can expose individuals to potentially infectious diseases, safety practices should be followed at all times. Health care workers and patients are at risk when a sharps injury occurs, so protocols, including work practice and engineering controls, should be in place at every facility. This article provides guidance on the steps that can be followed to minimize risk of a sharps injury. *AORN J* 104 (July 2016) 31-34. © AORN, Inc, 2016. <http://dx.doi.org/10.1016/j.aorn.2016.04.016>

Key words: *sharps, injury, needle stick, safety-engineered device, neutral zone.*

Sharps injuries continue to pose a significant threat to health care worker safety. All health care personnel who handle sharp devices or equipment such as needles, scalpels, or sutures are at risk for injury. The Needlestick Safety and Prevention Act of 2000<sup>1</sup> mandates that employers provide safety-engineered devices in the health care setting to prevent sharps injuries, yet these injuries continue to happen, often because safety precautions are not followed. Sharps used in the health care setting can expose personnel to blood and other potentially infectious materials, which include hepatitis B virus, hepatitis C virus, and HIV.<sup>2,3</sup> Sharps injuries pose a risk to patients as well. If a health care worker is infected with a bloodborne pathogen and experiences a percutaneous injury and the injury or the health care worker's glove perforation is undetected, then it is possible to transmit the infection to the patient. There have been 132 documented cases of health care provider transmission of disease to patients.<sup>4</sup> This Back to Basics article focuses on how to prevent sharps injuries by following work practice and engineering controls.

Work practice controls are measures that alter the manner in which a task is performed to decrease the likelihood of injury or pathogen exposure.<sup>2</sup> An example of a work practice control is the use of a neutral zone when passing sharps at the sterile field. Engineering controls are measures that remove or isolate the

hazard from the workplace.<sup>2</sup> Examples of engineering controls are self-sheathing needles, sharps containers, needleless systems, and other sharps safety devices.<sup>2</sup> Many national organizations, including AORN,<sup>5</sup> the American College of Surgeons,<sup>6</sup> the American Academy of Orthopaedic Surgeons,<sup>7</sup> the Association of Surgical Technologists,<sup>8</sup> and the Council on Surgical & Perioperative Safety,<sup>9</sup> support and advocate for sharps safety programs.

## HOW-TO GUIDE

Engineering controls have been shown to decrease sharps injuries when they are used correctly.<sup>5</sup> Tuma and Sepkowitz<sup>10</sup> reviewed 17 studies that evaluated safety-engineered device implementation and percutaneous injury rates, and all studies reported a substantial decrease in percutaneous injuries after the implementation of safety-engineered devices. The range of percutaneous injury reduction was 22% to 100%.<sup>10</sup> AORN's "Guideline for sharps safety"<sup>5</sup> recommends that perioperative team members use the following engineering controls to decrease the risk of exposure to bloodborne pathogens.

Personnel should use blunt suture needles unless contraindicated clinically (eg, thick or scarred fascia) and when repairing perineal lacerations or episiotomies. When clinically feasible, personnel should use safety scalpel devices including

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