

Policy Title:	Safe Engineered Medical Devices (SEMD)/Sharps handling	Policy #	X - 20
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PURPOSE

Used needles and other sharp medical instruments pose risk for parenteral transmission of infectious organisms. Safe handling and disposal of sharps is a vital component of Routine Practices to protect staff from sharps injury and related illnesses.

POLICY

1. All used sharps (needles, scalpels, razors), and sharp medical instruments (scissors, suture removal instrument) shall be handled and disposed of safely according to the Occupational Health and Safety Act.
2. Sharps containers shall be classified as biomedical waste and disposed of following current regulations.
3. Only safety-engineered needles shall be used for the appropriate work in patient care areas.
4. Non-safety engineered needles may only be used as an exception to regulatory requirements because of the unavailability of appropriate safety-engineered needles, e.g., Clinics, and other areas where such devices are not available or not appropriate for the work.

Note: For a complete list of non-safety-engineered needles used at Providence Healthcare see Appendix A

DEFINITIONS

“Safety-engineered needle” means,

- a) a hollow-bore needle that is designed to eliminate or minimize the risk of a skin puncture to the worker and is licensed as a medical device by Health Canada or
- b) a needleless device that replaces a hollow-bore needle and is licensed as a medical device by Health Canada. O. Reg 474/07

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PROCEDURE

1. Needles

- Unless using a safety-engineered needle/syringe, after use, place the uncapped needle, still attached to its syringe, into the nearest puncture-proof sharps container. Dispose of the needle as close as possible to point of use, e.g., sharps containers in the room or on laminar flow hood, or by taking a small puncture-proof container to the bedside e.g. kidney basin.
- The list on non-safety-engineered needles will be given to the Medical Best Practices Committee for review on as needed basis.
- Do not recap a non-safety engineered needle.
- A non-safety engineered needle may be re-sheathed if a sharps container is not readily accessible immediately after giving the injection. The cap is placed inside the sheath, which can then function as a recapping device. Using only one hand, replace the needle in the cap and sheath. Place the complete unit in the sharps container.
- Syringes /needles shall not be left on patient/resident trays or within reach of the patient/resident.
- Do not continue to discard sharps into a container that is filled past the “full” indication line.

2. Scalpels

- Place a used disposable scalpel directly into the sharps container.
- With a reusable handle, use a pair of forceps to remove the blade with cutting edge pointing away from the hands. Then drop the blade into sharps container.

3. Razors

- Obtain disposable razors from Central Supply Room (CSR), or from the CSR carts.
- Use an individual disposable razor for each patient/resident, dispose in sharps container after use.
- Discourage the reuse of single-use razors, but if a patient/resident is performing their own shave and wish to reuse the razor, encourage him to rinse it after use and store in a safe container at the bedside.
- Use an individual electric razor.

4. Sharps Containers

- Sharps containers are classified as biomedical waste and disposed accordingly.
- Ward Aids in the Hospital and RNs/RPNs in the Houses of Providence must check all the sharp containers for capacity on a weekly basis.
- All RNs/RPNs and Ward Aides must replace a sharps container when found to be full.
- Close the sharps containers when it is filled to the “full” indication line.
- Bring the secured sharps container to the dirty utility room for pick-up by Environmental Services.

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5. Skin Puncture (see 10_HR_X-186-Blood Borne Diseases Policy and Protocol).

REFERENCE:

Carswell, Occupational Health and Safety Act, Ontario Regulation 67/93 – Health care and residential facilities, July 1, 2010.

Service Ontario. Ontario Regulation 474/07 *Needle Safety* available at http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_070474_e.htm

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Clinic	Needle	Rationale for use
Dental	Kendal Monoject needle 25 G Long	Nerve block/freezing
	Hu-Friedy C-6 3.0 GUT, Plain	for suturing
Eye	Precision Glide BD 18 G 1 1/2	for foreign body removal
Chiropractic	HWATO Singles 0.22 x 30 mm 0.25 x 40 mm 0.20 x 30 mm	for acupuncture
Dermatology	Presidion Glide BD 18 G 1 1/2	for liquid nitrogen treatment
	ETHILON 4.0 ETHILON 3.0	for suturing
Physiatry	Chalgren EMG & EEG electrodes 37 mm x 0.26 g	for Botox injections
	Presidion Glide BD 21 G 2	for drawing up solution
	Kendall Monoject needle 25 G 1 1/2 BD 27 G 1 1/4	for joint injection
Pain	Precision Glide BD 30 G 1/2	for nerve block
	BD 30 G 1	
	BD 18 G 1 1/2	for drawing up solution
	BD 27 G 1 1/4	for nerve block
	HWATO Singles 0.22 x 30 mm 0.22 x 50 mm	for acupuncture
Pharmacy	BD 1.1 mm x 40 mm	For IV admixture of sterile products (Filter Needle)
	Monoject 1.1 mm x 38.1 mm	For IV admixture of sterile products ,
	Presidion Glide BD 21 G 2	For drawing up solution needed to reconstitute Botox and Xeomen
Other Physician	Kendall Monoject needle 25 G 1 1/2	For steroid injection
A3	BD 18 G 1 1/2	For drawing up solution
A3	Terumo SurGuard 25 G 0.5mm x 38mm	For cortisone injections of shoulders, knees and hips
	Kendal monoject 23 G 0.6mm x 25.4mm	For cortisone injections of shoulders, knees and hips
	Kendal monoject 25 G 0.5mm x 38.1mm	For cortisone injections of shoulders, knees and hips
	Covidien Monoject 21 G 1 1/2 0.813mm x 3.8cm	For cortisone injections of shoulders, knees and hips

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