COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Practice Enhancement Program

ASSESSMENT GUIDELINES

Sharps Safety

Introduction

This guideline describes the requirements for the handling and disposal of medical sharps in a clinical office.

A medical sharp is an object capable of cutting or penetrating skin. In a clinical office, common medical sharps are needle devices, scalpels, and lancets.

The following topics are part of infection prevention and control in a clinical office:

1. Hand hygiene
2. Personal protective equipment
3. Environmental cleaning
4. Sharps safety
5. Waste management
6. Soiled laundry
7. Exposure control plan for infectious diseases

The medical director maintains oversight of and responsibility for all operational and administrative components. In a clinical office, where the care of patients is shared by multiple licensees (i.e. walk-in clinic, urgent care or multi-licensee clinic), a single licensee must be designated as the medical director. In a solo-licensee clinic, the licensee is the medical director.

For detailed information on the roles and responsibilities of the medical director, refer to:

- College of Physicians and Surgeons of BC *Primary Care Provision in Walk-in, Urgent Care, and Multi-licensee Clinics* practice standard
- Practice Enhancement Program *Medical Director/Solo-practice Physician* assessment guideline

Understanding the guideline

This guideline consists of three components:

1. **Practice goal** – a goal statement of achievable levels of performance. The practice goal is identified by a first level whole number ending in ".0" such as 1.0, 2.0, 3.0 etc.
2. **Criterion** – activities or components of the practice goal that once implemented lead to the overall attainment of the goal. A criterion is identified by the first level number indicating the practice goal to which it is associated, and a second level number such as X.1, X.2, X.3, etc.
3. **Criterion descriptors** – specific actions for each criterion. Criterion descriptors are identified by the first level practice goal number, the second level criterion number and a third level criterion number such as X.Y.1, X.Y.2, etc.

   A criterion marked by an **H** indicates that the criterion is of high risk if unmet. If the licensee is assessed by the Practice Enhancement Program, the expectation is that the licensee has met this criterion.

   Criterion that is not marked by an **H** is based on best practices using current provincial, national and international standards and guidelines. A licensee should use their judgement to determine whether or not the unique circumstances of their practice necessitate meeting each **non-H** criteria.

Guidelines

No.		Description	Reference
SHA 1.0		**MEDICAL NEEDLES AND SHARPS**	
SHA 1.1		**Sharps selection, handling and disposal follow Occupational Health and Safety Regulations.**	
SHA 1.1.1	**H**	The clinical office uses safety-engineered needles and medical sharps when appropriate. A risk assessment is conducted by a qualified person such as the medical director or delegate to determine which clinical procedures must include the use of a safety engineered medical device. According to part 1- definitions of the WorkSafeBC Occupational Health and Safety Regulation, qualified "means being knowledgeable of the work, the hazards involved and the means to control the hazards, by reason of education, training, experience or a combination thereof.") Needleless devices or safety-engineered hollow bore needles are used for any procedure involving the potential for an exposure to accidental parenteral contact for which a needleless system or safety-engineered hollow bore needle system is available. For example: • withdrawing of body fluids • accessing a vein or artery • administrating medications or fluids Exceptions to the regulations may apply if use of the required device, needle or sharp is not clinically appropriate in the particular circumstances, or, the required device, needle or sharp is not available in commercial markets.	1,2
SHA 1.1.2	**H**	Used needles are never recapped.	4,5
SHA 1.1.3	**H**	Sharps are immediately placed in the sharps container, pointed end first.	4,5
SHA 1.1.4	**H**	Contaminated needles with disposable syringes are discarded as a single unit.	4,5
SHA 1.1.5	**H**	Staff receive role-specific training and education on safe handling and disposal of sharps and medical sharps: • upon hire • anytime there is a change in practice	1,2
SHA 1.2		**Sharps containers for the disposal of sharps are appropriate.**	

No.	Description		Reference
SHA 1.2.1	**H**	Sharps containers must be: • rigid • puncture-resistant, with leak proof sides and bottoms • be labeled with the universal biohazard symbol and the word "biohazard" and colour-coded red or orange • with a tight-fitting puncture-proof, closable lid • secure (contents do not spill out) • easy to operate	1,2,3,4,5
SHA 1.2.2	**H**	Sharps containers are located or mounted in close proximity to the area where sharps are used (point of use) (e.g. patient care area, medication preparation area).	1
SHA 1.2.3	**H**	Wall-mounted sharps containers area away from children's reach.	1
SHA 1.2.4	**H**	Portable sharps containers are carried to point-of-use for immediate disposal of sharps.	1
SHA 1.2.5	**H**	Sharps containers are stored in an upright position.	1
SHA 1.2.6	**H**	Sharps containers are never opened, emptied or reused.	1,4
SHA 1.2.7	**H**	Sharps containers are replaced when three-quarters full (below the fill line) and sealed securely (duct tape may be used to seal the lid closed if not secure).	1
SHA 1.3	**The clinical office has a process in place for the removal of filled sharps containers.**		
SHA 1.3.1	**H**	The clinical office has a designated waste area for the temporary storage of filled sharps containers.	1,4
SHA 1.3.2	**H**	Filled sharps containers are removed and transported to an appropriate facility for disposal by incineration.	1,2

References

1. WorkSafe BC. Occupational health and safety regulation. Part 6: Biological Agents.
2. WorkSafeBC. Controlling exposure: protecting workers from infectious disease.
3. Canadian Standards Association. Handling of health care waste materials – 4th ed. Toronto: Canadian Standards Association; 2014. 61 p. CSA Standard No.: Z317.10-15
4. Canadian Standards Association. Sharps injury protection - requirements and test methods - sharps containers (Adopted ISO 23907:2012, first edition, 2012-09-01, with Canadian deviations). Toronto: Canadian Standards Association; 2014. 34 p. CSA Standard No.: Z316.6-14.