

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF ANESTHESIOLOGY
POLICY & PROCEDURE**

NUMBER: 1129

VERSION: 2

SUBJECT/TITLE: 119- PROCEDURE FOR NEEDLESTICK INJURIES AND BLOOD OR BODY FLUID EXPOSURES

POLICY: Needlestick Injuries and Blood or Body Fluid Exposures

PURPOSE:

1. To ensure that Department staff comply with hospital efforts, and OSHA regulations, to decrease needlesticks. This includes use of safe needle devices and needleless systems.
2. To review the Olive View – UCLA Medical Center process for reporting needlesticks and other injuries hazardous to personnel (as related to the Anesthesiology Department).

DEPARTMENTS: ANESTHESIOLOGY

DEFINITIONS: Body fluids may contain visible traces of blood. Body fluids will include (but are not limited to) saliva, nasal contents, semen, vaginal fluids and will also apply to tissues and other body fluids, such as from around the brain or spinal cord (cerebrospinal fluid), around a joint space (synovial fluid), in the lungs (pleural fluid), in the lining of the abdomen and pelvis (peritoneal fluid), around the heart (pericardial fluid), and amniotic fluid that surrounds a fetus.

PROCEDURE:

A) **Avoidance of Needlesticks:** Preventing needle stick and “sharps” injuries is the best defense.

1. All sharp items must be disposed in a sharps container immediately after use, using care not to stick nearby personnel while on the way to the sharps container.
2. Use extreme care when handling needles and syringes and when cleaning up after procedures.
3. Place used needles, syringes, and sharps immediately after use into rigid, plastic, puncture-proof sharps container located in working areas.
4. Do NOT break, clip, or recap needles.
5. Fill sharps container only $\frac{3}{4}$ full.

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6. A sharps container is mounted near every anesthesia work cart.
7. Sharps containers will be checked daily by the anesthesia techs and replaced promptly when $\frac{3}{4}$ full.
8. New Sharps containers will be obtained from Environmental Services. Environmental Services will remove full ones from the work area.
9. Needleless IV systems should be used. A variety of needleless systems will be stocked and readily available in anesthesia workroom and on every cart. As a result, conventional use of needles to injection ports should be minimized.

B) Procedure for Needlestick Injuries and Blood or Body Fluid Exposures

1. Obtain name and medical record number of source patient.
2. Persons, both county employed and agency staff, who receive a needlestick or exposure to contaminated body fluids, should proceed to Employee Health between 8 a.m. - 4 p.m. Monday-Friday. After hours, weekends & holidays, employee goes to the Emergency Department. The Anesthesiologist in charge of running the schedule has the responsibility to immediately free-up the person getting the needlestick for this care. The 1st hour after a needlestick is critical. In situations when there is no one available to free-up the staff who received the Needlestick (e.g. staff is on call alone), the back-up person must come in from home to relieve this person.

It is extremely important that the injured person goes immediately to Employee Health or the Emergency Room, because prophylaxis, available to staff possibly exposed to HIV positive patients, must be given promptly.

3. The employee must fill out an Industrial Accident Report. Obtain copy of the Industrial Accident Report from department secretary.
4. FOLLOW Olive View - UCLA Medical Center Policy:
Infection Control Manual: BLOOD/BODY FLUID EXPOSURE
PROTOCOL

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References: Infection Control Manual: BLOOD/BODY FLUID EXPOSURE PROTOCOL	
Note: This policy 1129 now incorporates policy 1128 (formerly 118 - Avoidance of Needlesticks)	
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