

Safety Engineered Sharps Devices: Utilization, and Variance Requests

1. Introduction

As sharps injuries and exposure to bloodborne pathogens pose a serious risk to health care workers, Providence Health Care (PHC) has introduced broad-scale standardized use of engineered sharps safety devices.

Use of safety engineered sharps devices, in conjunction with all Occupational Health & Safety Blood and Body Fluid Exposure Control Plan safety procedures, has been proven effective in reducing the risk of percutaneous exposures to blood and body fluids.

1.1. Purpose

To reduce the serious risk to healthcare workers from sharps injuries and resulting occupational exposure to bloodborne pathogens.

1.2. Scope

This policy applies to all sites and facilities within PHC and all [Staff](#) who use sharps.

1.3. Exceptions

Available safety engineered sharps will be used in all departments for all procedure(s) requiring sharps unless a documented clinical reason to use a non-safety device has been approved by PHC OHS representative(s).

Logistics, purchasing and inventory control will not purchase and/or release any non-safety device without an approved copy of a Safer Sharps: Request for Non-Safety Device Form that has been signed by each of:

1. Program or Technical Leader/ Coordinator;
2. Program or Service Director;
3. Director , Clinical Supplies and Equipment;
4. Professional Practice representative or Division Head
5. Director, Nursing Practice
6. OHS Representative

2. Policy

PHC will utilize Safer Sharps Devices in all areas and for all procedures requiring sharps.

Staff will be educated in use of Safer Sharps Devices and in all principles and processes related to the PHC Biological Exposure Control Plan and the PHC Blood and Body Fluid and Bloodborne Pathogen Exposure Control Plan. Accompanied by exposure reporting procedures.

Safer Sharps Devices may not be appropriate for certain procedures, (i.e. they interfere with safe and effective provision of patient/resident/client care) and in these situations a clinical variance **must be documented** in order for a non-safety device to be made available for use until a clinically appropriate safer product or technique is identified or resumed.

An approved "*Request for Non-Safety Device*" Form must be received by BCCSS Supply Chain before Purchasing or Inventory Control will purchase and/or release any non-safety device to areas where selected safety products are available and in use.

Where Safer Sharps Devices are available, comparable non-safety devices will not be accessible through inventory, shared logistics or E-PRO.

Prevention of exposure to sharps injuries and bloodborne pathogens will be a primary consideration whenever processes, programs and/or patient or resident care equipment are implemented or altered.

3. Responsibilities

3.1. All Staff

All PHC Staff will fully participate in activities and safe work procedures outlined in the PHC Occupational Health & Safety Blood and Body Fluid Exposure Control Plan (BBF ECP) to minimize the risk and consequences of exposure to sharps injuries and bloodborne pathogens.

4. Compliance

Failure by a staff member to use supplied Safer Sharps Devices where clinically appropriate, and to activate the associated safety feature, may result in disciplinary action.

Regular audits of inventory and procedures will monitor appropriate availability and use of Safer Sharps Devices.

5. Supporting Documents

5.1. Related Policies

There are no related policies to include.

5.2. Related Guidelines, Procedures, Forms

[PHC Biological Exposure Control Plan \(2021\)](#)

[PHC Blood and Body Fluid and Bloodborne Pathogen Exposure Control Plan](#)

[PHC BBF Exposure Reporting Flowsheet \(2017\)](#)

[PHC BBFE Early Notification Form](#)

[BBF Spill Cleanup Procedures](#)

Note: Above guidelines, procedures and forms are found on Connect under Occupational Health + Safety – Blood + Body Fluid Exposure/Sharps

[Safer Sharps: Request for Use of Non-Safety Device](#)

6. Definitions

“Staff” means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

“Blood or Body Fluid (BBF) Exposure” occurs when blood or other potentially infectious material comes into contact with skin, subcutaneous tissue (via percutaneous injury), or mucous membranes.

“Bloodborne Pathogen” are pathogens that can be transmitted from one person to another via blood. Such pathogens may also be transmissible by other body fluids, and this varies depending on the pathogen and the type of body fluid, e.g. human immunodeficiency virus (HIV) and the hepatitis B and C viruses.

“Contaminated” means the presence, or reasonably anticipated presence, of blood or other potentially infectious or bio-hazardous body fluids or materials on an item or surface.

“Education” means knowledge acquired by learning and instruction.

“Occupational Exposure Incident” is a specific situation in which a worker is reasonably anticipated to be at risk of harmful contact with blood or other potentially infectious materials as a result of performing regular or assigned job duties. This does not include risk of contracting common infections such as cold or flu that may be encountered outside the workplace.

“Percutaneous Exposure” occurs when blood or body fluid from one person is potentially introduced into the bloodstream of another person through the skin via needle stick or other sharps injury, tattooing, body piercing, electrolysis, or acupuncture.

“Procedure” means the individual steps taken to carry out a task, e.g. obtain available safer sharps device, use according to protocol, activate safety mechanism, discard into sharps container as soon as possible after use, etc.

“Risk” means the chance or likelihood that someone will be harmed by an identified hazard.

“Safer Sharps Devices” is a device that has been engineered with safety features to prevent or minimize risk of percutaneous injury and exposure to blood and body fluids.

“Sharp and Contaminated Sharp” is any object that might produce a puncture wound that would expose the worker to blood or other potentially infectious material, e.g. anything that can readily penetrate the skin, e.g. needles, scalpels, broken glass, broken capillary tubes. A “contaminated sharp” is contaminated or reasonably anticipated to be contaminated with blood or body fluids.

“Skin Exposure” (i) Non-intact skin exposure: Blood or body fluid comes into contact with a wound less than 3 days old, or with skin having compromised integrity (e.g. dermatitis, abrasions, scratches, burns). (ii) Skin exposure: A large amount of blood or body fluid comes in contact with skin for a prolonged period of time.

7. References

Worker’s Compensation Board of British Columbia (1999), Occupational Health and Safety Regulation, sections 6.33 – 6.41. Specifically, section 6.36 which states: “Engineering and work practice controls must be established to minimize or eliminate the potential for exposure to biohazardous material.”

8. Appendices

There are no appendixes to include with this policy.

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