

International Healthcare Worker Safety Center, University of Virginia

Preventing Sharps Injuries and Blood Pathogen Exposures in Surgical Environments

The list below can be used to help bring surgical environments into compliance with the requirements of the 2001 Bloodborne Pathogens Standard.

The standard was revised by OSHA in 2001, as mandated by the Needlestick Safety and Prevention Act, and became fully effective July 18, 2001. The revised standard requires that healthcare employers: (1) document annually in their exposure control plan that they have evaluated and implemented "safer medical devices designed to eliminate or minimize occupational exposure" to HIV, hepatitis C and other bloodborne diseases, AND review and update their exposure control plans at least annually to reflect changes in sharps safety technology; (2) solicit input from non-managerial (frontline) health care workers in identifying, evaluating and selecting safety-engineered sharp devices, and document this in the exposure control plan; (3) maintain a sharps injury log with detailed information on percutaneous injuries to employees. These requirements apply to all clinical settings, including the OR.

Additional sharps safety resources for surgical settings are available at:

<http://www.healthsystem.virginia.edu/internet/safetycenter/internetsafetycenterwebpages/SafetyinSurgery/SafetyinSurgery.cfm>.

Safety Checklist for the OR

- Are blunt suture needles, stapling devices, adhesive strips or tissue adhesives used whenever clinically feasible in order to reduce the use of sharp suture needles?
- Are scalpel blades with safety features used, such as round-tipped scalpel blades and retracting-blade and shielded-blade scalpels?
- Are alternative cutting methods used when appropriate, such as blunt electrocautery devices and laser devices?
- Is manual tissue retraction avoided by using mechanical retraction devices?
- Has all equipment that is unnecessarily sharp been eliminated? (Example: towel clips have been identified as a cause of injury in the operating room, yet blunt towel clips are available that do not cause injury and are adequate for securing surgical towels and drapes. Other examples of devices that do not always need to have sharp points include surgical scissors, surgical wire, and pick-ups.)
- Is double gloving employed in the surgical setting?
- Do circulating nurses, as well as personnel close to the surgical site, wear eye protection such as goggles or faceshields that have a seal above the eyes to prevent fluid from running down into the eyes?