

# Safe Handling and Disposal of Syringes, Needles, and Sharps in the Clinics

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## Procedure Purpose and Scope:

Serious injury has occurred due to incorrect handling of sharps. The purpose of this document is to outline the Procedures for the Safe Handling and Disposal of Syringes, Needles, and Sharps when providing patient care to help prevent injuries to members of our community.

1. This procedure outlines methods for safe handling and disposal of all discarded syringes, needles, or sharps used by patient care operators.
2. Prevention and Disposal
3. Monitoring and enforcement

## Prevention and Disposal

“Sharps” as defined by the Occupational Safety and Health Act (OSHA) is, “any object that can puncture or penetrate skin”. The use of needles and syringes, scalpels, scissors, forceps, similar sharp items that may cause self-inoculation. The use of these items presents an opportunity for cuts, abrasions, and puncture wounds.

1. Two of the most common causes of needle sticks are re-capping needles and improper disposal of needles. All needle sticks, and other sharps injuries, carry the risk of secondary infections in addition to exposure to the needle’s content and/or contamination on the outside of the needle or other sharp instrument. Needle/syringe usage may also present a risk of exposure to infectious agents or other hazardous materials via sprays and aerosols – particularly from non-needle-locking syringes.

## Use of Biohazard Sharps Containers

Needles, syringes, sutures, burs and other sharp items shall be placed in an approved puncture resistant Biohazard Sharps Container specifically designed for the storage of used sharps. The Sharps containers must be **labeled as biohazardous waste with the biohazardous symbol and phrase.**

OSHA requires that sharps be discarded as soon as possible after use, meaning that in most cases, the sharps container should be in the treatment room to ensure that used needles, blades, wires, and other disposable sharps are not left until the end of the appointment to be discarded. Sharps containers should be capped when the contents reach the fill line and then discarded according to local regulations.

1. Whenever possible, place a Biohazard Sharps Container within an arm’s reach of the area where sharps are used. Position the biohazard sharps container low enough in the work area so that you can readily visualize the opening.
2. Work with only one uncapped hypodermic needle at a time. Keep uncapped needles and other sharps in view.
3. DO NOT place a needle cap in your mouth in order to remove the cap.
4. DO NOT leave sharps unattended.
5. Used needles must not be cut, bent, broken, or recapped by hand before disposal due to increased chance for injury when needles are manipulated. The recapping, purposeful bending, breaking, removing from disposable syringes, or other manual manipulations of needles is strictly prohibited.
6. Immediately dispose of a used hypodermic syringe and needle, as a unit, directly into a sharp’s container, without any further manipulations.

7. Avoid handling any broken, contaminated glassware directly by hand, even if wearing gloves. Biohazard Sharps Containers should be in all areas where needles and sharps are used.
8. Do not force a sharps item into a container or retrieve a discarded item. Containers should be always kept in the upright position.

In Oral and Periodontal surgery when performing procedures that result in waste products that are contaminated with blood or OPIM please remember these items will release fluid blood or OPIM during handling (or dried blood that would flake). They must be discarded as regulated medical waste. Soft regulated medical waste, such as saturated gauze, cannot be placed in a sharps container but must be collected in a medical waste container that is leak-proof on the sides and bottom, labeled, and closable. These containers are centrally located at dispensaries and may be stored only for limited times in the clinics before they are transported to a licensed waste facility for treatment.

### **Responsibilities**

1. Always wear gloves and other appropriate personal protective equipment when performing procedures using needles and syringes
2. Upon completion of a procedure involving use of a syringe and needle, discard entire needle and syringe system (carpule) into a clearly labeled puncture – resistant hazardous waste container located in the work area.

### **Procedures**

1. Always wear gloves and other appropriate personal protective equipment when performing procedures using needles and syringes.
2. **2. At the end of the procedure instruments are placed back in the slots in the cassette. By placing the instrument correctly into the cassette this prevents exposure to the sharp contaminated ends of the instruments, which avoids percutaneous injuries.**

### **Operatory Clean-Up/Waste Disposal**

Proper disposal and handling of all waste reduces the risk of cross contamination.

1. Place disinfected, extracted teeth containing amalgam into the labeled amalgam waste container located in each operatory. Note: these jars are routinely emptied. If you notice a full jar, please ask your dental assistant to notify the Environmental Health and Safety Officer (x6-3615).
2. Remove all sharps carefully into the hazardous sharp's container.

These include:

- Used disposable burs
- Needle
- Anesthetic carpule
- Wires
- All irrigating syringes
- Blades
- Endodontic files

3. Place infectious waste into head rest cover, tie into a second headrest cover and dispose of in the leak proof, metal, infectious waste container (lined with a red bag) located at the dispensary. Massachusetts regulations include blood-soaked items, extracted amalgam filled teeth and body tissue
4. Discard regular waste into the trash container in the operatory. This includes:
  - a. Blood-tinged items, such as gloves, masks, and gauze
  - b. Clear Plastic needle end caps
  - c. Evacuator tips and saliva ejectors
  - d. Barriers and paper towels
  - e. Remove all extraneous items.

5. Disinfect the operatory by using a Cavicide wipe and follow technique as outlined in the Infection Control Manual.

a. Wash protective eyewear and nametag with soap and water and disinfect.

b. During the three- minute, wait time:

1.

a. Remove your PPE.

b. **Wash** your hands.

c. Don a clean pair of nitrile gloves and return used cassettes and remove gloves at dispensary location.

### **Accountability/Responsibility**

It is part of one's personal obligation as a professional to accept the responsibility of minimizing the potential for disease transmission during clinical practice to patients, members of the dental team, oneself and everyone's families. This can be readily accomplished by:

- Learning the proper procedures
- Practicing them routinely

### **THE SHARPS ETIQUETE FOR TUSDM**

**Please view the following instructional video on the usage and disposal of the Pro-Tector Sheath Prop device prior to utilizing needles for anesthetic purposes by following the link below:**

<http://www.certol.com/landingpages/protector>

1. The Pro Tector Needle Sheath Prop is distributed with all local anesthesia supplies to ensure safe handling of needles by operators. Use a one-handed scoop technique to recap needles utilizing this device.

2. Be aware of who and what is around you when working with sharp items.

3. Remove burs from the handpiece when not in use to avoid sticking yourself.

a. A clean plastic cup can be placed on top of the handpiece until you are ready to use the handpiece.

4. Keep instruments neatly lined up in the grooves of the cassettes.

a. Do not leave instruments in disarray as this can cause injuries.

b. Do not leave instruments on the counter (they may roll off).

5. Do not "pass" needles or sharp items to an assistant or a clinician.

6. Discard sharps properly.

7. If a percutaneous injury should occur:

a. **Immediately** wash the area with soap and warm water. Please use the eyewash station, for splashes involving the eyes, face or mouth.

b. Do not squeeze any affected injured area to expel blood.

c. Notify your PC or floor faculty. The faculty will inform your patient of the exposure and the needle-stick protocol.

d. Follow the *Needlestick/Percutaneous Injury Protocol* (Reference Document #3 in the Infection Control Manual).

**\*\*\*\*Always recap the needle using the one-handed scoop technique whenever the syringe is not in use**

**When disposing of needles in the clinics, the Pro Tractor Needle Sheath Prop will already be in place.**

1. Wear PPE (gown, protective eyewear, mask, and nitrile gloves).

2. Disassemble syringe while keeping Pro -Tector device sheath in place.

3. Carefully move to sharps container located in the operatory.

4. Place sheath card over hole in the sharp's container and push cap out of card into sharps collection container.

5. Dispose of needle sheath card in the regular waste container.
  6. Remove the used glass anesthetic carpule from syringe; be aware of the sharp harpoon.
    - a. If the harpoon engages into the plunger, please use a hemostat to remove the rubber plunger.
  7. Discard the glass anesthetic carpule into the large hole at the top of the sharp's container.
  8. Return the syringe to the cassette.
  9. Deliver the cassette to the dispensary (wear a **clean** pair of nitrile gloves to transport cassette)
  10. NEVER open or try to remove anything from the sharp's container.
- \*\*\* Endodontic Syringes are a sharps material. The syringe must be carefully disposed of by placing the entire syringe into the large hole at the top of the sharp's container.

If you have any questions regarding this procedure, please contact the Infection Control Administrator at x6-3941. If the sharps container is full, ask the PA to contact EH&S (x6-3615)

**Monitoring and Enforcement of Infection Control regarding Sharps in the Clinical Setting.**

If a sharp, instrument or materials are left in a dental cassette on return to the dispensary

The Dispensary Assistant will notify the Dental Assistant in their group practice.

**1. For the first failure:**

1.

- a. Students will be required to return to the dispensary if in the building to remove the sharp from the cassette. If the student is not present, a picture will be taken of the cassette and the student will be notified by email.
- b. An Incident Report form is completed and sent to PC, Monique McClain, and Paula Callahan and Dr. Ragalis.
- c. The student is required to review IC Manual and will complete a remediation session with the Infection Control Administrator.
- d. Due to the potential serious consequences of the violation, the first violation warrants a temporary reprimand placed in the student file by the Ethics, Professionalism, and Citizenship Committee (EPC).

**2. For a second failure:**

1.

- a. Students will be required to return to the dispensary to remove the sharp from the cassette. If the student is not present, a picture will be taken of the cassette and the student will be notified by email.
- b. An Incident Report form is completed and sent to PC, Monique McClain, and Paula Callahan and Dr. Ragalis.
- c. For the second offense the student is referred to the EPC for review.