DEPARTMENT OF CORRECTIONS

Policy Number:	**105.118**
Title:	**Proper Management of Sharps and Sharp Containers**
Effective Date:	**11/15/19**

PURPOSE: To provide a systematic method of needle, syringe, or other sharp instruments disposal, in order to prevent potential exposure to human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

APPLICABILITY: All correctional facilities and field services

DEFINITIONS:

Acquired immune deficiency syndrome (AIDS) –the late stage of human immunodeficiency virus (HIV) infection when a person's immune system is severely damaged and has difficulty fighting off disease and certain cancers.

Bloodborne pathogens –microorganisms that live in the blood of an infected person. There are two main such pathogens, which are viruses: hepatitis and HIV/AIDS. These contagious viruses may be passed to another person who is not infected after being exposed to the blood, body fluids, or other potentially infectious material (OPIM) of an infected person.

Hepatitis B virus (HBV) – a serious liver infection causing acute illness, leading to chronic or lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HBV is transmitted through percutaneous or mucosal contact with infectious blood or body fluids that contain blood. HBV vaccine is an effective measure to prevent HBV infection.

Hepatitis C virus (HCV) – a liver disease that sometimes results in an acute illness, but most often becomes a silent, chronic infection that can lead to cirrhosis (scarring), liver failure, liver cancer, and death. Chronic HCV infection develops in a majority of HCV-infected persons, most of whom do not know they are infected since they have no symptoms. HCV is spread by contact with the blood of an infected person. There is no vaccine to prevent HCV infection.

Human immunodeficiency virus (HIV) – a virus that can lead to acquired immune deficiency syndrome (AIDS). There are two types of HIV: HIV-1 and HIV-2. Both types damage a person's body by destroying CD4+T cells in the blood, which are crucial to helping the body fight diseases.

Other potentially infectious materials (OPIM) – includes the following:

A. Human body fluids – semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluids in situations where it is difficult or impossible to differentiate between body fluids;
B. Any unfixed tissue or organ, other than intact skin, from a human, living or dead;
C. HIV-containing cells or tissue cultures, organ cultures, and HIV- or HBV-containing cultures medium or other solutions; and
D. Blood, organs, or other tissue from experimental animals infected with HIV, HBV or HCV.

Parenteral – piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal protective equipment (PPE) – specialized clothing or equipment worn for protection against a hazard. PPE includes such examples as: gloves, facial protection, gowns/aprons, shoe covers, lab coats, eye protection, mouth pieces, resuscitation bags, pocket masks, respirators, or other ventilation devices.

Sharps – any objects that can penetrate or cut the skin and produce an opening or a puncture wound that, if contaminated, could expose employees to blood, body fluids, or OPIMs.

Sharps with engineered sharps injury protections – a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism (e.g., self-sheathing needle) that effectively reduces the risk of an exposure incident.

Staff – includes all employees, contract employees, or volunteers.

Standard precautions – approach to infection control by which all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. (See also Policy 500.017, "Health Services Infection Control.")

PROCEDURES:

A. Handling of sharps

1. Whenever possible, staff must use safety syringes and lancets.

2. Staff must wear appropriate PPE. The minimum required PPE are gloves. (All PPE must be readily available to employees and is provided to them at no cost.)

3. Staff must never bend, break, or otherwise tamper with needles.

4. Staff must handle sharp objects with extreme caution, assuming that all sharp objects are infectious, and implement standard precautions to avoid being injured.

5. Immediately or as soon as possible, staff must place all sharp objects into a puncture-resistant container. Containers must be clearly labeled with a biohazard symbol.

6. Reusable sharps contaminated with blood/OPIM must not be stored or processed in a manner that requires staff to reach by hand into containers where sharps have been placed.

7. Staff must never place their hands into a container if its contents include sharps contaminated with potentially infectious materials.

8. Broken glass that may be contaminated must be swept up using mechanical means (e.g., broom and dustpan) or picked up with tongs/forceps and disposed of in a sharps disposal container. All reusable cleaning equipment must be properly decontaminated after being used to pick up broken glass.

9. Staff must place sharps that are to be preserved as evidence at a facility in appropriately labeled sharps containers. Once the appropriate due process retention period has passed, the sharps containers are disposed of through the facility contracted infectious waste service or other approved method.

B. Containment

1. Sharps containers:
   a) Are supplied by the facility safety administrator/designee and located on a case-by-case basis (considerations for locations are given to all areas in health services, laundry, discipline/investigation areas, living units, or anywhere that contaminated sharps are likely to be used or found);
   b) Must be sealed and replaced to prevent overflow. Contents must not exceed the fill line or 2/3 full;
   c) Must not be opened, emptied, or manually cleaned;
   d) Must be placed in a secondary container (if spillage is possible) that:
      (1) Is closable;
      (2) Contains all contents;
      (3) Prevents leakage; and
      (4) Is labeled with the biohazard symbol or be color coded;
   e) Must be puncture resistant and leak proof; and
   f) Must be maintained in a secure environment.

2. Transporting sharps containers
   When moved from one area to another, and during use, sharps containers must be:
   a) Labeled with the biohazard symbol;
   b) Puncture resistant, constructed to hold all contents, and maintained upright;
   c) Leak proof on the sides and bottom; and
   d) Totally enclosed so that employees cannot reach into the container (tape may be used to secure the lid, but cannot be used as a lid).

C. Sharps disposal

1. Staff must immediately, or as soon as feasible, discard contaminated sharps in provided containers. Offenders using any needle or sharp must properly dispose of these items in provided containers.

2. Shearing or breaking contaminated needles is prohibited.

3. Staff must not bend, recap, or retrieve contaminated needles and other contaminated sharps from the container unless the supervisor demonstrates that no alternative is feasible, or such action is required by a specific medical or dental procedure. If bending, recapping, or needle removal is necessary, the staff or the body fluid cleanup crew must use a mechanical device or a one-handed technique.

4. Sharps containers must immediately be replaced upon disposal.

5. Staff must remove their gloves after disposal of the sharps container and immediately wash their hands.

6. All sharps containers are disposed of through a contracted infection waste service or other approved method.

7. In the event of an accidental exposure to contaminated sharps through parenteral means or other method, the employee must be provided immediate first aid. The first responders must notify the facility safety administrator/designee. Additional post exposure steps

following a significant exposure are taken in accordance with Policy 105.170, “Bloodborne Pathogen Exposure Control Plan.”

D. Responsibility for engineering and work practice controls

1. The DOC infection control committee reviews engineering controls for sharps and needle handling and management. Reviews and recommendations of the infection control committee are documented in the committee meeting minutes.

2. The immediate supervisor must ensure the effectiveness of engineering and work practice controls by:
   a) Performing a documented inspection of the work area at least monthly, including the inspection of PPE, clean-up kits, and sharps containers;
   b) Establishing an ongoing surveillance of the work area to ensure that required work practices are being observed; protective clothing and equipment are being provided, and properly used; and labeling requirements are being met;
   c) Investigating known or suspected parenteral exposures to body fluids or tissues (including needle sticks) to identify the circumstances surrounding the exposures;
   d) Modifying, as appropriate, training, engineering and work practice controls, and protective equipment, to prevent exposure recurrence; and
   e) Reporting and documenting non-compliance to the facility or office safety administrator, who retains the incident reports and other documentation.

INTERNAL CONTROLS:

A. The reviews and recommendations of the infection control committee regarding engineering controls for sharps and needle handling and management are documented in the committee meeting minutes.

B. Incident reports and other reports documenting non-compliance are retained by the facility or office safety administrator according to the retention schedule.

ACA STANDARDS: 4-4427, 4-4421, and 4-4355

REFERENCES:
Minn. Stat. § 241.01
29 C.F.R. §1910.1030 (2012)
Policy 301.040, "Tool Control"
Policy 500.121, "Diabetic Lancet Control"
Policy 105.170, “Bloodborne Pathogens”
Policy 105.113, “Personal Protective Equipment (PPE)”
Policy 500.017, “Health Services Infection Control”
Policy 500.122, “Needle, Syringe, and Instrument Control”

REPLACES: Policy 500.120, "Proper Management of Sharps and Sharp Containers," 10/21/14. All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

APPROVALS:

Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Operations Support
Assistant Commissioner, Facility Services