



## How to Prevent Needlestick and Sharps Injuries<sup>1</sup>

Needlestick and other sharps injuries are serious occupational hazards in biomedical research and healthcare settings. Contact with contaminated needles, scalpels, broken glass, and other sharps may expose employees, students, and laboratory visitors to blood, bodily fluids, or other fluids that may contain disease-causing pathogens.

### Activities with potential for needlestick and other sharps injuries:

- Handling or manipulating needles after use.
- Handling, recapping, and/or disposing used needles.
- Using needles or glass equipment to transfer body fluid between containers.
- Disposing used needles in a container that is not puncture-resistant.
- Using workstations that are not appropriately designed for sharps procedures.
- Working quickly without paying attention to the used sharps.
- Bumping into a needle, a sharp, or another employee or student while either person is holding a sharp.

### The Icahn School of Medicine at Mount Sinai and the Mount Sinai Hospital

- Established complementary Bloodborne Pathogen (BBP) Exposure Control Plans (ECP) that address the requirements of the OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030).
- Encourages reducing the use of needle devices whenever safe and effective alternatives are available.
- Provide needle devices with safety features.
- Investigate all sharps-related injuries.
- Provide post-exposure medical evaluations and, as possible, post-exposure prophylaxis (PEP).

### MSHS employees and students should:

- Avoid using needles whenever safe and effective alternatives are available.
- Avoid recapping or bending needles that might be contaminated.
- Promptly dispose of used needle devices and sharps, which might be contaminated, in proper sharps containers.
- Plan for the safe handling and disposal of needles before use.
- Secure used sharps containers during transport to prevent spilling.
- Follow standard precautions, infection prevention, and general hygiene practices consistently.
- Comply with institutional Bloodborne Pathogens (BBP) Program requirements.
- Help Mount Sinai select and evaluate devices with safety features.
- Use devices with safety features provided by Mount Sinai.
- Report any needlestick and other sharps injury immediately to your Principal Investigator, supervisor, or nurse manager.

If you experience a needlestick or sharps injury or are exposed to patient blood or other body fluid or other fluids that may contain disease-causing pathogens during the course of your work, then immediately follow these steps:

- Administer First Aid:
  - Wash needlesticks and cuts with soap and water.
  - Flush splashes to the nose, mouth, or skin with water.
  - Irrigate eyes with clean water, saline, or sterile irrigants.
- Report the incident to your supervisor/nurse manager or Principal Investigator of your research lab.
- Follow the Mount Sinai exposure response protocol, *Needlestick/Blood or Body Fluid Exposure (BBFE)*.

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<sup>1</sup> Based on the DHHS (NIOSH) Publication No. 2012-123, NIOSH Fast Facts: *Home Healthcare Workers, How to Prevent Needlestick and Sharps Injuries*.



## Needlestick/Blood or Body Fluid Exposure (BBFE)<sup>2,3</sup>

Effective 9/8/23

### Response to Occupational Exposures by Mount Sinai Employees/Students/Visitors

1. **ADMINISTER** First Aid to Exposed Person:
  - a. Wash the area with soap and water.
  - b. Flush mucous membrane exposure (eyes, nose, or mouth) with water.
  - c. Irrigate eyes with clean water, saline, or sterile irrigants.
2. **REPORT** to supervisor/nurse manager or Principal Investigator of research lab.
3. **NOTIFY** Clinical Program Manager, Monday – Friday (8:30 am – 5:00 pm) at 646-951-7223 or 5-7691.
  - a. At other times, notify the Nursing Administrator on duty (dial “0” for page operator MSH).
  - b. Please send worksheet to #EHSMSHProviders with Subject “BBFE”
4. **Seek** care immediately.
5. **REFER** the Exposed Person for medical evaluation and care.
  - a. **Staff or volunteers:**
    - i. Employee Health Services (EHS) at 19 East 98th Street, 2nd floor, suite 2D, Monday – Friday (8:30am – 4:30pm),
    - ii. Annenberg 3rd floor (Monday-Friday, 8:00am – 4:00pm), or
    - iii. Emergency Department (at other times)
  - b. **Graduate or Medical Students:**
    - i. Jack Martin Fund Clinic, 17 East 102<sup>nd</sup> Street, 3<sup>rd</sup> floor, Monday – Friday (9:00 am – 4:00 pm) 212-824-7395 or 5-7395
    - ii. Emergency Department (at other times)
  - c. **Other Students<sup>4</sup>/Non-Employees/Agency or Travel Staff:**
    - i. Emergency Department, or
    - ii. Employer-designated provider for follow-up care.
6. The Exposed Person takes to the medical evaluation an Employee Accident/Injury Report signed by supervisor.
  - a. Remind employee to checkout with the registrar when visiting the Emergency Room and give a copy of report to registrar.
7. The PROVIDER, in conjunction with EHS or Nursing Administrator, completes a Source Assessment:
  - a. May include review of medical record and/or interview source patient about HIV, Hepatitis B and Hepatitis C status.
  - b. If known HIV positive, active Hepatitis B, or other high-risk source may alert Infectious Disease MD on call.
8. The PROVIDER, in conjunction with EHS or Nursing Administrator, orders Source Patient Laboratory tests:
  - a. Every patient needs one (1) Gold, one (1) Green, and one (1) Pearl Top Tube:
    - i. Hepatitis B surface antigen (HBsAg) \_\_\_\_\_ Gold Top Tube
    - ii. Hepatitis C antibody (anti-HCV or HCV Ab) \_\_\_\_\_ Gold and Pearl Top Tube
    - iii. HIV rapid antibody (HIV Ab) test<sup>2</sup> \_\_\_\_\_ Green Top Tube
      1. HIV verbal consent with chart documentation.
      2. Anonymous HIV test for source that is unable to consent.
    - iv. If known HCV positive, then HCV RNA Quant \_\_\_\_\_ Pearl Top Tube
    - v. **If known HIV positive, then HIV Viral Load \_\_\_\_\_ Lavender Top Tube Only**

<sup>2</sup> Potentially infectious body fluids include blood, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, synovial fluid, semen, vaginal secretions, any visibly bloody fluid, and unfixed tissues.

<sup>3</sup> Vomit, saliva, nasal secretions, sputum, tears, sweat, urine, and feces are not considered to be infectious unless visibly contaminated with blood.

<sup>4</sup> Includes physical therapy, pharmacy, or nursing students, student observers, etc.

## Employee's Report of Injury Form

**Instructions:** Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

## Supervisor's Accident Investigation Form

Name of Injured Person \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Circle one)    Male    Female

What part of the body was injured? Describe in detail. \_\_\_\_\_

\_\_\_\_\_

What was the nature of the injury? Describe in detail. \_\_\_\_\_

\_\_\_\_\_

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? \_\_\_\_\_

\_\_\_\_\_

Names of all witnesses:

\_\_\_\_\_

\_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Exact location of event: \_\_\_\_\_

What caused the event? \_\_\_\_\_

\_\_\_\_\_

Were safety regulations in place and used? If not, what was wrong? \_\_\_\_\_

\_\_\_\_\_

Employee went to doctor/hospital? Doctor's Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Recommended preventive action to take in the future to prevent reoccurrence.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

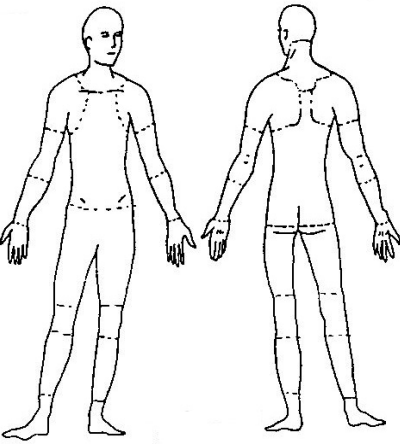
\_\_\_\_\_  
Date

# Incident Investigation Report

**Instructions:** Complete this form as soon as possible after an incident that results in serious injury or illness.  
 (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

## Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply)  	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
		Months with this employer
		Months doing this job:

## Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any):	

<b>Number of attachments:</b>	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: <input type="checkbox"/>			

<b>Step 3: Why did the incident happen?</b>	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Have there been similar incidents or near misses prior to this one? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

**Step 4: How can future incidents be prevented?**

**What changes do you suggest to prevent this incident/near miss from happening again?**

- Stop this activity       Guard the hazard       Train the employee(s)       Train the supervisor(s)
- Redesign task steps       Redesign work station       Write a new policy/rule       Enforce existing policy
- Routinely inspect for the hazard       Personal Protective Equipment       Other: \_\_\_\_\_

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

**Step 5: Who completed and reviewed this form? (Please Print)**

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date: