Guideline

Work Health and Safety - Blood and Body Substances Occupational Exposure Prevention

Summary Provides guidance in the prevention of risk to staff of occupational exposure to contaminated blood, body substances and needlestick/sharps injuries. It supports NSW Health Agencies in their primary duty of care obligations under the Work Health and Safety Act 2011 and Work Health and Safety Regulation 2017.

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Applies to Affiliated Health Organisations, Cancer Institute, Community Health Centres, Dental Schools and Clinics, Local Health Districts, NSW Ambulance Service, NSW Health Pathology, Public Health System Support Division, Public Health Units, Public Hospitals, Specialty Network Governed Statutory Health Corporations

Distributed to Divisions of General Practice, Government Medical Officers, Health Associations Unions, Ministry of Health, Private Hospitals and Day Procedure Centres, Public Health System

Audience Senior Managers, Staff, Work Health and Safety Practitioners, Staff Health, Healthcare Workers

Secretary, NSW Health

GUIDELINE SUMMARY

WORK HEALTH AND SAFETY – BLOOD AND BODY SUBSTANCES OCCUPATIONAL EXPOSURE PREVENTION

PURPOSE

The purpose of this Guideline is to support NSW Health Agencies in meeting their primary duty of care requirements under NSW Work Health and Safety legislation in the prevention of risks associated with occupational exposure to contaminated blood, body substances and needlestick/sharps injuries.

The Guideline applies to all NSW Health Agencies where there is risk of such exposure occurring.

KEY PRINCIPLES

NSW Health Agencies, through its officers and managers/supervisors, should:

- Have a Sharps Injury Prevention Program in place
- Encourage workers to identify and report any hazards associated with occupational exposure to contaminated blood and body substances
- Have evidence of vaccination in place for workers whose work places them at risk of direct contact with blood or body substances
- Systems are implemented to manage workers that are unable to seroconvert
- Education is provided to workers regarding the appropriate use of standard precautions
- Have systems in place for the management of occupational and non-occupational exposures to blood borne viruses
- Have a system in place to ensure mandatory reporting of sharps injuries and other blood and body substances exposures.

USE OF THE GUIDELINE

Chief Executives should ensure:

- This Guideline is implemented in facilities/services where there is a risk of exposure to contaminated blood and body substances
- Sharps Injury Prevention Programs are developed in accordance with this Guideline
- Workers have the appropriate Safety-engineered sharps devices, equipment and training to mitigate the risk of exposure.

REVISION HISTORY

Version	Approved by	Amendment notes
GL2018_013	Deputy Secretary People, Culture and Governance	Converted from a Policy Directive to a Guideline, expanded to include all workers, update to referenced legislation and policies and procedures.

PD2007_052	Deputy Director-General	New Policy Directive

ATTACHMENTS

1. Work Health and Safety – Blood and Body Substances Occupational Exposure Prevention: Guideline

Work Health and Safety – Blood and Body Substances Occupational Exposure Prevention

NSW GOVERNMENT Health

GUIDELINE

Issue date: June-2018

GL2018_013

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1 BACKGROUND

1.1 About this document

The purpose of this Guideline is to provide requirements for NSW Health Agencies in meeting their primary duty of care under the *Work Health and Safety Act 2011* (WHS Act) and *Work Health and Safety Regulation 2017* (WHS Regulation) in the prevention of risks associated with occupational exposure to contaminated blood, body substances and needlestick/sharps injuries. It should be read in conjunction with Policy Directive *Work Health and Safety: Better Practice Procedures*.

NSW Health Agencies who are co-located and have a shared duty of care for workers, e.g. Local Health Districts, NSW Health Pathology and HealthShare NSW should agree on a consistent approach to ensure compliance with this Guideline.

Occupational exposure to blood, body substances and needlestick/sharps injury in healthcare settings has the potential to transmit blood-borne viruses (BBVs) such as hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Blood or body substances exposures can occur through:

- Sharps injuries, such as a needle or scalpel (any object that can pierce the skin), and
- Contact of mucous membranes or non-intact skin with blood, tissue or other bodily substances that are potentially infectious.

Infection Prevention and Control Policy outlines the broad principles of infection control and *Clinical and Related Waste Management for Health Services* outlines the requirements for the disposal of waste.

1.2 Key definitions

Blood borne virus (BBV): For the purpose of this Guideline is hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Hazard: For the purpose of this Guideline is defined as a source or situation with potential for harm in terms of human injury or ill health.

NSW Health Agencies: For the purpose of this Guideline are:

- Local Health Districts
- Sydney Children's Hospitals Network
- Justice Health & Forensic Mental Health Network
- NSW Health Pathology
- Ambulance Service of NSW
- HealthShare NSW

Occupational Exposure: Is defined as an incident which occurs during a work activity and involves contact with blood and/or other body substances. Such exposures include:

- **Sharps Injury:** Needlestick (including hollow bore and suture needles), cut with a sharp object or device e.g. scalpel, glass slide, dental equipment, tooth (including bites) and bone
- **Mucous membrane exposure:** Mouth, eye, nose
- **Contact with non-intact skin:** Uncovered open wound/cut, dermatitis, eczema and acne.

It **does not** include contact of blood or body substances with intact skin.

Person conducting a business or undertaking (PCBU): NSW Health Agencies as PCBUs under the WHS Act are responsible for the primary duty of care for work health and safety, so far as is reasonably practicable.

Point of use: The placement of sharps disposal containers as close as is practical to the site where sharp devices are used to limit the distance between their use and their disposal.

Post exposure management: Assessment and treatment of workers who have sustained an occupational exposure to potentially contaminated blood or body substances.

Risk: The likelihood and consequence of a potential injury or harm occurring.

Risk assessment: The overall process of estimating the magnitude of a risk arising from a hazard, before deciding what actions will be taken.

Risk control: The phase of risk management that involves implementing policies, standards, procedures and physical changes to eliminate or minimise risks.

Safety-engineered sharps devices (SESD): Devices used in the delivery of patient / client care with engineering features designed to prevent the device from causing a fluid splash or a sharps injury to those involved in their use or disposal.

Sharps: Means those things that

- Have sharp points or protuberances or edges capable of cutting, piercing or penetrating the skin (such as needles, syringes with needles or surgical instruments) or the package in which the sharps are disposed
- Includes fragile items with the potential to break and form sharps during handling or transport e.g. Pasteur pipettes and safety engineered sharps devices, including retractable syringes
- Are designed for the purpose of cutting, piercing or penetrating the skin.

Sharps Waste: Means any waste collected from designated sharps waste containers for sharps that are used for the following purposes: skin penetration or the injection of drugs or other substances.

Worker: Is anyone who carries out work for NSW Health and includes: employees, contractors (including visiting practitioners), sub-contractors and employees of contractors, employees of a labour hire company, volunteers, apprentices or trainees and students on clinical work experience or other placements.

2 GENERAL REQUIREMENTS

NSW Health Agencies should ensure:

- Development of a Sharps Injury Prevention Program that protects workers, patients and members of the community
- Workers are encouraged to identify and report any hazards associated with occupational exposures and be actively involved in eliminating, and if not practicable, minimising the risk of exposure
- Processes are in place to ensure that workers whose work places them at risk of direct contact with blood or body substances provide evidence of vaccination
- Systems are implemented to manage workers that are unable to seroconvert and to provide them with information about their non-immune status
- All workers who may be directly affected by occupational exposure receive education regarding the appropriate use of standard precautions and at intervals appropriate to the level of risk
- A system is in place for the management of occupational and non-occupational exposures to BBVs
- A system is in place to ensure mandatory reporting of sharps injuries and other blood and body substances exposures via the facility's Incident Management System.

3 RISK MANAGEMENT

A risk management approach to work health and safety as required under the WHS Act and WHS Regulation needs to be undertaken in order to protect workers and others (eg patients and visitors) from exposure to blood and bodily substances and should be undertaken in consultation with workers who are, or are likely to be, directly affected.

Risk management includes:

3.1 Hazard Identification

Hazard identification is the first step in a risk management framework. Implementation of a standardised process for recognising and defining any hazards relevant to blood and body substances exposure is essential, including:

- Reviewing hazard reports and complaints
- Reviewing incident reports from the Incident Management System
- Reviewing clinical indicator data relating to sharps injuries to identify high risk areas, clinical settings, procedures and worker groups
- Inspecting areas with a high incidence of exposure
- Reviewing manufacturer's information on specific devices; and
- Safe work practices and controls.

Each NSW Health Agency needs to identify who is responsible for occupational exposure identification in their facility/service and that such identification is actively undertaken. Workers should also be encouraged to identify and report any hazards associated with occupational exposure.

3.2 Risk Assessment

Risk assessment is critical to determine the strategies required to achieve the elimination or minimisation of risks. A risk assessment needs to be performed for every identified hazardous procedure relating to occupational exposure where the risk is not known. Refer to *Work Health and Safety Better: Practice Procedures* on how to undertake the risk management process.

An effective assessment of risk should take into account:

- The type and frequency of exposure to blood or body substances and contaminated needlesticks/sharps
- Exposure and chance of recurrence
- Frequency of contact with discarded syringes and needles
- Risk from contamination due to work practices and work layout and design
- Availability of relevant medical treatment
- Level of knowledge and training of workers regarding Hepatitis and Human Immunodeficiency Viruses
- Level of knowledge and training of workers regarding safe work practices and PPE
- Availability of PPE
- Suitability of equipment being used for the task
- Individual risk factors for the individual, such as cuts to the skin, dermatitis, eczema and vaccination status
- Number of workers and other persons at risk of exposure
- Availability of vaccines; and

- Potential need to update existing risk control measures.

The risk assessment should also take into account occupational exposures in a range of settings including:

- Operating theatres
- Clinical care areas
- Mental health settings
- Laboratory settings
- Dental services
- Paediatric services
- Community settings
- General public areas where paramedics may be called to assist
- Vehicles such as Ambulance and Patient Transport Services
- Laundries
- Waste collection services.

Risk factors to take into consideration when identifying control measures are contained in *HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed*.

3.3 Identifying Control Measures Using the Hierarchy of Risk Control

WHS Regulation cl35 requires that the highest levels of practicable control measures appropriate to the level of risk are used. Where a facility/service determines it is unable to eliminate the risk, so far as reasonably practicable, then the risks must be minimised, so far as reasonably practicable, using the hierarchy of risk control as defined in cl36 of the WHS Regulation. The hierarchy of risk control examples are as follows:

3.3.1 Substitution

The replacement of a sharp drawing up needle with a blunt drawing up needle and needleless injection bungs for IV medication.

3.3.2 Isolation

The immediate placement of a sharp in a rigid sharps disposal container situated at the point of use. Each worker is responsible for the management and disposal of the sharps that they use and must not delegate or assign this responsibility to someone else.

Sharps disposal containers must be placed as close as practical to the point of use of sharp devices to limit the distance between their use and disposal. Rigid containers that are puncture resistant should be used to transport sharps for appropriate disposal where disposal containers are not available at point of use.

Standardised methods should be developed for securing and carrying sharps disposal containers during transportation by community based workers.

Refer to Australian Standard 3816: *Management of Clinical and Related Waste*.

3.3.3 Engineering Controls

SESDs contribute to the reduction or elimination of sharps injuries and should be considered where clinically appropriate.

Clinical indicator data relating to sharps injuries, audits and risk assessments should be utilised to ensure that SESDs are only considered for the purpose of improving safety at the point where the risk is greatest or where actual injuries have occurred, i.e. before use, during use, directly after use, upon disposal or after disposal.

Prior to the introduction of SESDs into a particular area, devices under consideration are to be trialled in that area under usual clinical circumstances. Results are to be evaluated in consultation with users of the device.

Where the use of SESDs is determined by risk assessment to be clinically appropriate a replacement strategy for the existing conventional sharps devices should be undertaken.

All SESDs that have been implemented should be re-evaluated at least annually to:

- Evaluate whether they have contributed to a reduced incidents of sharps injuries
- Determine the need for additional training
- Identify adverse effects on patient outcomes
- Identify adverse effects on worker safety
- Review contemporary technology trends.

Refer to Appendices 1 and 2 – *Safety-engineered sharps device pre-selection worksheet and Safety-engineered sharps device evaluation form.*

3.3.4 Administrative Controls

Safe work practices

All workers must take precautions to prevent occupational exposure from blood and body substances splashes and injuries such as those caused by needles, scalpels and other sharp instruments or devices during procedures, during disposal of used needles, when handling sharp instruments after procedures, when cleaning used instruments and handling linen soiled with blood and body substances.

Safe work practices must be developed, documented, communicated and monitored, and should include:

- Safe management of sharps to comply with the *Infection Prevention and Control Policy*
- Workers must not manually compress or hold rubbish bags close to their body
- Workers must not overfill or empty sharps containers
- Appropriate PPE must be worn during handling of soiled linen to prevent skin and mucous membrane exposure to blood and body substances
- Workers must wear the appropriate PPE and follow the proper procedural guidelines.

Refer to Australian Standard 3816: *Management of Clinical and Related Waste*.

Education and training

All new workers whose activities may expose them to contaminated blood and body substances must be provided with information and appropriate training. This should include:

- Safe Work Practices
- Personal Protective Equipment (PPE)
- Standard precautions
- Safe handling and disposal of sharps
- Routine use of sharps disposal containers at point of use
- Mandatory reporting of sharps injuries and other blood and body substances exposures
- Reporting of identified risks associated with sharps use and disposal
- The range of SESDs used throughout an organisation and how the specific safety features operate
- Risk for acquisition of blood borne viruses
- Occupational vaccination and screening
- Post exposure management processes.

All information and training should be provided in a manner appropriate to the workplace and take into account workers who may have a disability, language barriers and varying levels of literacy.

Refresher training should be provided to all workers whose activities may expose them to contaminated blood and body substances, including auxiliary workers such as cleaners, laundry and food services staff.

Information and training is provided when:

- Workers relocate to a different work area within NSW Health, either temporarily or permanently and are trained in occupational exposure specific to that area and any safe work practices and personal protective equipment with which they are unfamiliar

- In response to specific incidents
- New devices are introduced or safe work practices are changed.

3.3.5 Personal Protective Equipment

NSW Health Agencies are to provide suitable personal protective equipment for workers where there is a risk of occupational exposure; and the workers must use the PPE provided for example:

- Double gloving where appropriate
- Needlestick resistant gloves which can be used in the healthcare area as well as in other areas where risk is identified such as waste collection
- Protective eyewear (goggles, face visor/shields)
- Masks and protective clothing such as fluid-resistant gowns/aprons made of impervious material.

3.4 Review of Control Measures

Each NSW Health Agency should ensure that there is ongoing assessment and review of the effectiveness of control measures undertaken by people who have the knowledge, experience and training needed to competently identify whether the controls are effective or if they may have created other hazards and be able to provide suggested solutions to resolve any issues.

Control measures should also be reviewed as new information and technology becomes available.

4 SHARPS INJURY PREVENTION PROGRAM

A risk management approach to sharps injury is to implement a sharps injury prevention program. Contaminated needle sharps injuries are the main contributors to BBVE. To minimise/reduce the risk of these types of injuries NSW Health Agencies are to implement a sharps injury prevention program, refer to Appendix 3: *Baseline Sharps Injury Prevention Program Assessment Worksheet*.

The process for developing a sharps injury prevention program includes:

- Identification and documentation of relevant performance indicators (PIs)
- Measurement of PIs over time
- Undertaking baseline measurements prior to commencement of the program
- Planning and implementation of the program

- Monitoring of risk control measures
- Documentation at all stages of the process
- Evaluation of the program and identification of opportunities for continuous improvement.

An effective sharps injury prevention program includes:

- Timely, appropriate consultation with workers
- Identification of foreseeable workplace hazards associated with the use of sharps
- The risk assessment of sharps devises used in clinical areas
- The risk assessment of sharps devices used in other work areas, e.g. community setting, laundries, waste collection services
- The implementation of control strategies
- Appropriate supervision of workers
- Appropriate education and training programs for workers.

A sharps injury prevention program incorporates:

- Collection and analysis of clinical indicator data relating to sharps injuries (to assist with hazard identification and risk assessment and to evaluate the effectiveness of risk elimination and control strategies)
- The identification of situations where it may be practicable and clinically appropriate to introduce safety-engineered SESDs
- Clinical practice review and redesign strategies
- The formation of, and appropriate representation on, product evaluation committees.

5 NOTIFICATION TO SAFEWORK NSW

Each NSW Health Agency must have a process in place to notify SafeWork NSW immediately after becoming aware that a notifiable incident has occurred as required under the WHS Act Part 3 s36. Co-located NSW Health Agencies will need to have a notification arrangement in place, for example NSW Health Pathology and HealthShare NSW located within a hospital.

SafeWork NSW Fact Sheet *When to Notify Blood, Body Substances and Needlestick Injuries* provides information that notification must occur under the following circumstances:

1. A Worker has been exposed to blood or body substances and requires the following medical treatment:
    - Hepatitis B vaccination and hepatitis B immunoglobulin, and/or
    - Post-exposure prophylaxis against HIV infection.
2. An infection occurs as a result of the exposure, such as:
    - Hepatitis B
    - Hepatitis C
    - HIV.

6 POST EXPOSURE MANAGEMENT

Workers who are exposed through contact with contaminated blood, body substances and needlestick/sharps injuries require timely, considerate and knowledgeable post exposure management in accordance with *HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed*.

Exposure Management Packs should be developed in advance and made ready for use by appropriate exposure management personnel in the event of a sharps injury.

Exposure Management packs for Workers includes:

- Instructions for use
- Exposure report forms (either Needlestick Injury report or Blood and Body Substance report)
- Exposure Risk Assessment tables
- Exposure Management Flow Chart
- Pathology request form (de-identification of staff specific information)
- Pathology tubes (de-identification of staff specific information)
- Information sheet
- NSW Health fact sheets for Hepatitis B and C and HIV
- Information on who to contact or how blood test results will be obtained
- Needlestick Injury hotline number.

Exposure Management Packs for source patients includes:

- Instructions for use
- Pathology request form

- Source patient consent form for serology
- Pathology tubes
- Information sheet for source patient
- NSW Health fact sheets for Hepatitis B and C and HIV.
- Information on who to contact or how blood test results will be obtained.

7 LIST OF APPENDICES

The appendices provide sample documents that may support this Guideline. Use of these documents by NSW Health Agencies is optional.

The documents were adapted from the *Sharps Injury Prevention Workbook* – Centers for Disease Control and Prevention. Atlanta: Georgia. https://www.cdc.gov/sharpssafety/index.html

Appendix 1: Safety-engineered sharps device pre-selection worksheet

Appendix 2: Safety-engineered sharps device evaluation form

Appendix 3: Baseline Sharps Injury Prevention Program Assessment Worksheet (Adapted from the *Sharps Injury Prevention Workbook – centers for Disease Control and Prevention. Atlanta: Georgia*.

APPENDIX 1: PRE-SELECTION OF SAFETY-ENGINEERED SHARPS DEVICE WORKSHEET

Type of Device: **Name:** **Manufacturer:**

1. Clinical considerations	Does this consideration apply to this device?		If yes, what is the level of importance?		
	No	Yes	High	Med	Low
Device use will require a change in technique (compared to conventional product)					
Device permits needle changes					
Device is able to be used multiple times on the same patient during the same procedure (e.g. administration of local anaesthetic)					
Device allows easy visualisation of blood flashback					
Device allows easy visualisation of medication					
Device is latex free					
Device poses no additional risk of infection for the patient compared to conventional device					
Device does not cause increased pain or discomfort to patients					
Device can be used with adult and paediatric populations					
Specialty areas (e.g. operating theatres, anaesthetics, radiology) can use the device					
Device can be used for all the same purposes for which the conventional device is used					
The device is available in all sizes currently used in the organisation					
Comment:					

2. Safety considerations	Does this consideration apply to this device?		If yes, what is the level of importance?		
	No	Yes	High	Med	Low
The safety feature is integrated into the device (i.e. does not need to be added before use)					
The safety feature does not require activation by the user					
Activation of the safety feature (if required) can be performed with one hand					
The worker's hands can remain behind the sharp during activation of the safety feature					
The safety feature is easy to recognise and intuitive to use					
A visible or audible cue provides evidence of safety feature activation					
The safety feature permanently isolates the sharp					
Comment:					
Other considerations	**Does this consideration apply to this device?**		**If yes, what is the level of importance?**		
	No	**Yes**	**High**	**Med**	**Low**
The manufacturer can provide the device in required quantities					
The company representative will assist with training					
Product materials are available to assist with training					
The company will provide samples for trial and evaluation at a mutually agreed cost					
The company has a history of being responsive when problems arise					
The device will not increase the volume of sharps waste					
The device will not require changes in the size or shape of sharps containers					

The company can provide a contact list of references for this product					
The packaging clearly indicates that the device is either single use or requires reprocessing					
Comment:					

APPENDIX 2: SAFETY-ENGINEERED SHARPS DEVICE EVALUATION FORM

Device:	
Suppliers/Trade Name:	
Applications:	
Reviewer's name:	
Designation / occupation:	
Number of times the device was used before completing this form:	**1-5☐ 6-10☐ 11-25☐ 26-50☐ >50☐**
Date:	

Directions: Please circle the numbers in the table below that most closely reflect your agreement or disagreement with each of the statements

WORKER SAFETY	Not tested / not applicable	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Question 1. The device prevents needle stick injury during and after use	0	1	2	3	4	5
Question 2. Once activated, the safety feature provides protection to the user until after disposal of the device	0	1	2	3	4	5
Question 3. The device provides protection automatically i.e. a specific action by the user is not required to activate the safety mechanism	0	1	2	3	4	5
Question 4. The safety feature of the device is activated (if required) using only one hand	0	1	2	3	4	5
Question 5. The user's hands remain behind the needle/sharp at all times including during activation of the safety feature	0	1	2	3	4	5

Question 6. The device minimised the risk of exposure to blood borne pathogens during and after use	0	1	2	3	4	5
Question 7. During the trial, the device caused no needle stick injuries or "near miss" exposures	0	1	2	3	4	5
EASE OF USE & TRAINING	**Not tested / not applicable**	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**
Question 8. The device can be used by a left handed person as easily as by a right handed person	0	1	2	3	4	5
Question 9. There was no major change in technique required to use the safety device	0	1	2	3	4	5
Question 10. It is easy to identify the type and size of the product from the packaging	0	1	2	3	4	5
Question 11. The device provides a visible blood flashback during initial insertion of an intravenous (IV) catheter (or blood collection needle sets)	0	1	2	3	4	5
Question 12. The device was easy to use	0	1	2	3	4	5
Question 13. The training that accompanied the device trial was of value	0	1	2	3	4	5
COMPATIBILITY	**Not tested / not applicable**	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**
Question 14. The device is compatible with devices (e.g. blood collection tubes) from a variety of suppliers	0	1	2	3	4	5
FOR IV DEVICES	**Not tested / not applicable**	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**
Question 15. **A.** The device is compatible with lipid solutions	0	1	2	3	4	5
B. The device attaches securely at the catheter port	0	1	2	3	4	5
C. The device attaches securely or locks at a Y-site (e.g. for piggy-backing)	0	1	2	3	4	5

DISPOSAL	Not tested / not applicable	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Question 16. The device is easy to dispose of in the sharps containers available for use	0	1	2	3	4	5
Question 17. Use and disposal of the device will substantially increase the volume of sharps waste generated	0	1	2	3	4	5
OVERALL	**Not tested / not applicable**	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**
Question 18. I would recommend using this device	0	1	2	3	4	5

COMMENTS e.g. describe how this device will improve your safety at work

APPENDIX 3: BASELINE SHARPS INJURY PREVENTION PROGRAM ASSESSMENT WORKSHEET

1. **Safety Culture**			
Leadership Commitment		**Current Practice**	**Improvement Strategies (if needed)**
1.1	Do the organisation's policies/procedures reflect patient and healthcare worker safety as priorities?		
1.2	What strategies does management use to communicate the importance of a safe environment for patients and healthcare workers?		
1.3	How has management shown support for the introduction of safety interventions (e.g. devices with safety-engineered features, sharps disposal containers)?		
Identification and removal of sharps injury hazards			
1.4	What strategies are used by the organisation to identify sharps hazards in the work environment?		
1.5	How are frontline healthcare workers involved in identifying and removing sharps injury hazards?		
Feedback systems to improve safety awareness			
1.6	What strategies are used to document that sharps injury hazards have been corrected?		
1.7	How are workers who identify a hazard informed that corrective action has been taken?		
1.8	How has the subject of sharps injury prevention been incorporated into educational presentations or department/unit discussions?		
Promotion of individual accountability			
1.9	How is assessment of accountability for sharps		

	safety made and documented during annual performance evaluations?		
Safety culture data sources			
1.10	What data sources are used to measure improvements in the organisation's safety culture? (e.g. written or observational surveys, incident reports)		

2. Reporting of sharps injuries

Questions		Current Practice	Improvement Strategies (if needed)
2.1	Where are copies of the organisation's policies/procedures for reporting sharps injuries and blood and body fluid exposures located?		
2.2	Are copies accessible to all staff?		
2.3	On what date was the policy/procedure last reviewed?		
2.4	What items of information (e.g. name, date, device, procedure) are collected on the injury report form?		
2.5	How has worker compliance with the organisation's policy for reporting been assessed?		
2.6	What data sources are used for monitoring improvements in sharps injury reporting (e.g. reporting surveys, changes in injury reporting trends)?		

3. Analysis of clinical indicator data relating to sharps injuries

Questions		Current Practice	Improvement Strategies (if needed)
3.1	How is clinical indicator data relating to sharps injuries stored e.g. software database?		
3.2	Where is the information kept?		
3.3	Who compiles, analyses, and interprets the data?		
3.4	How often is this done?		

3.5	What denominator is used to calculate injury rates?		
3.6	How is this information obtained?		
3.7	How often are summary reports on injury trends prepared?		
3.8	Who receives copies of this information?		
3.9	Can managers access data for analysis?		
3.10	What committees review(s) the data?		
3.11	What data sources (e.g. committee reports) are used to monitor analysis improvement of the clinical indicator data relating to sharps injuries?		
3.12	What committee is responsible for decision making regarding the recommendations made from the data review?		

4. Identification, selection and implementation of prevention strategies

Questions		Current Practice	Improvement Strategies (if needed)
4.1	What committee or group is responsible for evaluating safety engineered sharps devices?		
4.2	How are front-line workers involved in this process?		
4.3	How is information on current and emerging safety devices obtained?		
4.4	How are priorities determined for devices which will be considered for implementation?		
4.5	Which devices currently have the highest priority?		
4.6	How are criteria for assessing the acceptability of a device determined?		
4.7	How are devices evaluated before implementation?		
4.8	How are healthcare workers trained in the use of new devices?		
4.9	Who is responsible for		

	ensuring that training is done, and how is it documented?		
4.10	How are other prevention interventions (e.g. work practices, policies and procedures) evaluated?		
4.11	What data sources (e.g. changes in procedure, committee reports) are used to monitor improvements in methods used to select and implement new interventions?		

5. Education and training for workers on sharps injury prevention

Questions		Current Practice	Improvement Strategies (if needed)
5.1	What system is in place to ensure that all workers who may use or be exposed to sharps receive training?		
5.2	How does the organisation ensure that students and contractors receive training on sharps safety devices used in the organisation?		
5.3	How is completion of training documented?		
5.4	Who is responsible for maintaining this information, and where is it located?		
5.5	What information on sharps injury prevention is provided at orientation?		
5.6	How and when are healthcare workers updated on this information?		
5.7	Are data on specific risks for injury used in the development of a training curriculum for the organisation?		
5.8	How do workers receive hands-on training to learn safe work practices in the handling of sharp devices?		
5.9	Who facilitates this training?		
5.10	What training tools are used?		
5.11	What data sources are used to measure improvement in the training of workers (e.g. development reports, training		

	evaluations, percentage of people trained)?		