

Needlestick Prevention #3204

An accidental needlestick should never be accepted as “just part of the profession.” An accidental needlestick can change your life. It could even take your life. Even if you never contract any of the 40 or so diseases that can be passed on through exposure to a bloodborne pathogen, the waiting game endured while post-exposure lab tests are pending is excruciating. Because of the nature of phlebotomy, the risk exists every time the procedure is performed. Safe equipment alone will not reduce the risk to its lowest possible level. It is critical that a combination of safe devices and safe practices are in place every time the procedure is performed. Safety devices must be used correctly and activated immediately upon removal from the patient. Don't think it can't happen to you. It can and it will if you are not using safety devices or using them improperly. Because of the seriousness of exposure to bloodborne pathogens, facilities should base their policies on OSHA Bloodborne Pathogen Standard guidelines and insist that all employees follow them.

Are you guilty of any of these risky behaviors?



Failure to use a tube holder. A tube holder or syringe must be attached to the end of winged collection devices. When filling tubes directly, the purpose of a tube holder, besides holding the tube in place, is to keep the stopper-piercing needle away from your fingers. Inside the rubber sheath is a needle that fills with blood during a specimen collection. The rubber sheath offers little protection to the phlebotomist in the event it slips off the tube or the patient jumps. Failure to use a tube holder during a phlebotomy procedure when filling tubes directly is a highly risky behavior and an OSHA violation. Tube holders cost only pennies per unit and employers are required to provide them to their staff.



Failure to use a safety transfer device. Safety transfer devices safely evacuate blood from a syringe into a tube. The transfer device attaches to the luer-lock end of the syringe, which is then placed over the tube. A needle within the transfer device keeps fingers out of harm's way. The tube fills from the syringe through the transfer device. These devices protect the user from accidental needlesticks.



Recapping a needle. Used needles must never be recapped. It is better to not get in the habit of recapping clean needles, either. If you do, sooner or later you will recap a used one. Make it a habit to activate the safety device and discard any needle you will not use immediately. Then start again with a new one. Needles cost very little in comparison to the cost and stress of an exposure.



Putting your fingers in front of the needle. The two-finger spread was common in the days before HIV and universal precautions. It is not acceptable now. The procedure puts the healthcare worker at risk for a needlestick should someone bump into them or the patient jump. The vein can be anchored from below the intended puncture site with a firm but gentle downward pull with the thumb. Never place your finger in front of the needle.



Failure to activate the safety device immediately after use. The moment a needle is removed from a patient, the window of opportunity opens for a needlestick to occur. The faster the exposed needle is concealed, the quicker that window of opportunity closes. Once the safety has been properly activated, the needle must immediately be disposed of in a sharps container. Do not delay in activating the safety device.



Overfilled sharps containers. There are a couple of problems with the sharps container shown to the left. Not only is the sharps container overfilled, but it contains exposed sharps. Safety devices must be activated before disposal. Sharps containers are puncture-resistant but not puncture-proof. Forcibly closing an overfilled sharps container could result in a needlestick. OSHA regulations require tube holders be left on the needle and the entire assembly, with safety device activated, be disposed of as one unit. Removing the tube holder exposes the phlebotomist to the back-end of a contaminated needle, so tube holders may not be reused. Sharps containers should not be filled greater than 75%.

Needlestick prevention is not optional. It is a requirement. OSHA requires healthcare facilities enforce safety regulations. Every facility has policies in place to protect healthcare workers. Sometimes those policies have to protect healthcare workers from themselves. Changing work habits can be difficult, but you put yourself and your facility at unnecessary risk if you don't use proper equipment and procedure. Always use safety devices, use them correctly, and follow proper procedure and facility policy.



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Test your knowledge:

1. What diseases can be contracted through accidental exposure to bloodborne pathogens?
 - a) only HIV and Hepatitis B
 - b) at least 40 including HIV and Hepatitis B
 - c) none if you have been vaccinated

2. What is the OSHA regulation regarding disposal of a needle attached to a tube holder?
 - a) needle and tube holder must be disposed of in a sharps container as one unit after activation of the safety device
 - b) the safety device should be activated and removed from the tube holder before placing it in a sharps container
 - c) the tube holder can be reused as long as it is not visibly soiled

3. What is the proper way to move blood from a syringe into a tube?
 - a) put a clean needle on the syringe and puncture the tube stoppers
 - b) remove the tube stopper, place the needle into the tube and push the plunger to fill the tube
 - c) attach a safety transfer device to the syringe to evacuate the blood from the syringe into the tube

4. What is the maximum fill for a sharps container?
 - a) 75%
 - b) 90%
 - c) 50%

5. How are tubes to be filled when using a winged collection device to fill tubes directly?
 - a) a tube holder must be attached over the back-end needle
 - b) tubes may be filled directly via the back-end needle
 - c) either a or b are acceptable

6. What is the safest method to anchor the vein in preparation for venipuncture?
 - a) the "C" or "window" method with one finger above the puncture site and one below to stretch the skin and anchor the vein
 - b) anchor the vein below the intended puncture site using a firm downward pull with the thumb
 - c) any method that will stretch the skin and prevent the vein from rolling

Name: _____

Date: _____

Facility/Supervisor _____

Dept: _____