

**UC Riverside, School of Medicine Policies and Procedures****Policy Title:** Sharps Incident Reporting**Policy Number:** 950-03-011

<b>Responsible Officer:</b>	CEO, UCR Health
<b>Responsible Office:</b>	UCR Health Clinics
<b>Origination Date:</b>	2/23/2016
<b>Date of Revision:</b>	01/24/2023; 03/16/2023
<b>Scope:</b>	All UCR Clinics

**I. Policy Summary**

Faculty, staff and students at UCR Health shall utilize a comprehensive and standardized procedure to guide in the prevention and handling of an injury and exposure to hazardous or infectious materials as a result of a sharps injury. A sharps injury is an incident, which causes a needle, blade (such as scalpel), or other sharp medical instrument to penetrate the skin. This is sometimes called a percutaneous injury.

The main risk from a sharps injury is the potential exposure to infections such as blood-borne viruses (BBV). This can occur where the injury involves a sharp that is contaminated with blood or bodily fluid from a patient. The blood-borne viruses of most concern are:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human immunodeficiency virus (HIV)
- Syphilis (RPR)

The transmission of infection depends on a number of factors, including the person's natural immune system. The number of injuries each year is high, but only a small number are known to have caused infections that led to serious illness. However, the effects of the injury and anxiety about its potential consequences, including the adverse side effects of post-exposure prophylaxis can have a significant personal impact on an injured employee.

**II. Definitions**

NA

**III. Policy Text**

After an exposure incident is reported, UCR Health will immediately initiate the procedure to make available to the exposed employee a confidential medical evaluation and follow-up. Evaluation and follow-up with occupational health services may include post-exposure prophylaxis (when medically indicated), counseling, and evaluation of a reported illness, if appropriate. UCR has made prearrangements for appropriate post-exposure evaluation and follow-up at local medical centers for all UCR Health employees involved in an exposure incident.

Health care workers should use extraordinary care to prevent injuries to hands caused by needles, scalpels, and other sharp instruments or devices during procedures, disposal of used needles, and handling of sharp instruments following procedures.

**IV. Responsibilities**

All UCR Health faculty, staff, and students.

**V. Procedures****A. Handling of Sharps and Needles**

1. Contaminated needles and other contaminated sharps are not bent, recapped, sheared, or removed unless there is no other feasible alternative or such action is required by medical procedure. Recapping or removing a needle is done through the use of a mechanical device or a one-handed technique.
2. Recapping is allowed in instances such as performing blood gas analysis, administering incremental doses of a medication such as anesthetic to the same patient, or when recapping a clean needle.
3. When the one-hand scoop method (in which the hand holding the sharp is used to scoop up the cap from a flat surface) for recapping is used, the scoop method must be performed in a safe manner and must be limited to situations in which recapping is necessary.
4. If needle removal from a syringe must be accomplished, the employee removing the needle must be trained in the correct procedure.
5. Contain all sharps and needles immediately after use in a leak-proof container that is appropriately labeled.
6. Use safety needles, syringes, and devices, when appropriate.
7. Do not pick up broken glassware with hands. Use a brush and dust pan or forceps.
8. Do not place hands into containers whose contents may include contaminated sharps, instruments, or waste.
9. If sharps containers contain residual liquids and cannot be sealed to prevent leakage, they are placed in a secondary container that will confine the solution.
10. Sharps which are too large to fit into sharps containers may be placed in contaminated waste containers (biohazard boxes).

**B. Handling of a Sharps Incident**

1. Exposed Employee will immediately:
  - a. Encourage the wound to gently bleed, ideally holding it under running water.
  - b. Wash the wound using running water and plenty of soap.
  - c. Refrain from scrubbing the wound while you are washing it.
  - d. Refrain from sucking on the wound.
  - e. Dry the wound and cover it with a waterproof plaster or dressing.
  - f. Report the injury to your supervisor or clinic manager.
2. Clinic Manager (or designee):
  - a. Complete the online "Employer's First Report of Injury (EFR)" via Rspace



Employer's First  
Report of Injury  
(EFR)

Or this link: <https://ehs.ucop.edu/efr/home>

- b. If unable to report the incident utilizing the electronic reporting application, complete the paper Incident and Investigation Report with the employee, if possible. (Attachment A) and the Supervisor Statement report (Attachment B).
- c. Paper reports must be forwarded to Workers' Compensation and Environmental Health

- and Safety (EH&S) within one (1) business day of the incident.
- d. Notify SOM Human Resources (HR) Department and SOM Compliance Office.
  - e. In coordination with HR, send desert-based employees to Eisenhower Medical Center Emergency Department and Riverside area employees to Parkview Hospital Emergency Department.
  - f. Identify Source Patient and, if possible, obtain authorization to perform a blood test, using the Request for Testing Source Patient Form (Attachment C).
  - g. As UCR Health is the attending provider for Source Patient, the clinic manager facilitates Source Patient testing with required consents, as needed:  
Schedule follow-up appointment with Source Patient to receive results of testing.
  - h. Offer medically appropriate pretest counseling to the Source Patient and refer to appropriate posttest counseling and follow-up, if necessary. The Source Patient shall be offered medically appropriate counseling whether or not he or she consents to testing.

**C. EH&S**

1. The Biosafety Officer (BSO) from the EH&S office will review the injury and enter the information into the Sharps Injury Log within 14 days of the exposure.
2. The BSO will maintain the Sharps Injury Log for five (5) years from the date the exposure occurred.

**VI. Forms/Instructions**

Attachment A – Incident and Investigation Report  
Attachment B – Supervisor Statement  
Attachment C – Request for Testing Source Patient

**VIII. Related Information**

The Health and Safety at Work etc Act 1974.  
The Control of Substances Hazardous to Health Regulations (COSHH) 2002  
The Management of Health and Safety Regulations 1999  
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)  
OSHA's Bloodborne Pathogens Standard, CFR 1910-1030

**Approvals:**

COMPLIANCE COMMITTEE (04/28/2023)

DocuSigned by:

*Paul Hackman*

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PAUL HACKMAN, J.D., L.L.M.  
CHIEF COMPLIANCE AND PRIVACY OFFICER,  
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4/28/2023 | 12:38 PM PDT

DATE

DocuSigned by:

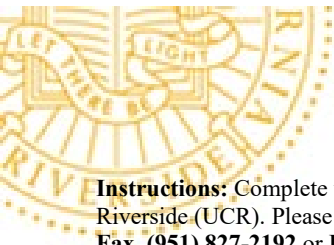
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DEBORAH DEAS, M.D., M.P.H  
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5/1/2023 | 9:40 AM PDT

DATE



## Incident and Investigation Report

FOR REPORTING WORK-RELATED INJURIES & ILLNESSES



**Instructions:** Complete this form when a work-related injury or illness occurs or develops as a result of employment at the University of California Riverside (UCR). Please submit this form within 24 hours of the date of incident to *HR Workplace Health & Wellness – Workers' Compensation* by Fax (951) 827-2192 or Email [workerscomp@ucr.edu](mailto:workerscomp@ucr.edu). If an employee is unable to complete the form, the supervisor must complete on his/her behalf.

**Note:** If an accident results in an employee to be hospitalized, other than for observation, for 24 hours or more, or a loss of a limb (amputation) or loss of life, notify Workers' Compensation Office and EH & S immediately. EH & S must report such accidents to OSHA within 8 hours of the event.

**Notice about Workers' Compensation:** Incident Reporting ensures there is a record on file with the employer. Filing of an incident report is not a filing of a workers' compensation claim. An employee retains his/her right to file a workers' compensation claim at a later date. Contact *HR Workplace Health & Wellness – Workers' Compensation* for more information.

### Employee Statement

(Please Print)

<b>EMPLOYEE</b>	EMPLOYEE NAME:	EMPLOYEE ID	PHONE (WORK)
	ADDRESS (HOME):	PHONE (HOME)	
	JOB TITLE:	WORK HOURS (SCHEDULE):	
	DEPARTMENT:	SUPERVISOR NAME:	SUPERVISOR PHONE (WORK):
	DO YOU HAVE OTHER EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE?	

<b>INCIDENT</b>	DATE OF INCIDENT:	<input type="checkbox"/> AM <input type="checkbox"/> PM	TIME WORK BEGAN:	TIME WORK STOPPED:
	_____/_____/_____ AT _____:_____			
	LOCATION OF INCIDENT (BUILDING NAME, ROOM NUMBER, ETC.)			
	<b>DESCRIPTION.</b> HOW DID THE INCIDENT OCCUR? WHAT WAS THE ACTIVITY AND ANY TOOLS, EQUIPMENT, OR MATERIALS YOU WERE USING? (Example: I was opening a box of paper using a razor blade. The razor blade slipped on the surface of the box, and cut my right index finger)			
	LIST THE BODY PART(S) INJURED AND TYPE OF INJURY. (Example: Right index finger skin cut)			
DID YOU REPORT THE INCIDENT? IF YES, TO WHOM? <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE REPORTED:	
WERE THERE WITNESSES? IF YES, WITNESS NAME(S): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IS THIS A NEW INJURY? IF NO, WHAT IS THE DATE OF ORIGINAL INJURY: <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>TREATMENT</b>	DID YOU RECEIVE MEDICAL TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (SKIP THIS SECTION)
	IF YES, LIST MEDICAL PROVIDER NAME AND ADDRESS

**Certification.** By signing this form the employee certifies that the information provided is true and correct to the best of the employee's knowledge.

EMPLOYEE SIGNATURE

DATE:





# Request for Testing of Source Patient Patient Authorization

It has been determined that another person has had a significant exposure to your blood or body fluids. In order to make appropriate medical decisions for this person, we are requesting that your blood be tested for the following bloodborne pathogens:

Hepatitis B

Hepatitis C

Human Immunodeficiency Virus (HIV)

Syphilis (RPR)

This testing will be provided free of charge and your healthcare provider will be provided the results.

Your cooperation is greatly appreciated.

**UCR Health has my permission to test my blood for evidence of the above mentioned bloodborne pathogens, and my permission to release the results to the following provider for the purpose of evaluating the potential exposure to another.**

I choose not to be informed of the blood test results

I decline pre-test counseling

I decline post-test counseling

Name of Provider \_\_\_\_\_

Address of Provider \_\_\_\_\_

Name printed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of witness printed \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_