

This safety resource was written for the scrap industry by the scrap industry and was developed to assist you in making your scrap operation a safe place for employees, customers, and visitors. This resource covers OSHA requirements that may or may not be applicable to your operation.

## Sharps and Needle Protocol



### I. Scope

A. This document provides guidance to inform recycling facilities of issues to be considered in their Exposure Control Plan (BBP) should hypodermic needles or biologically contaminated sharps (sharps) be encountered in the workplace. NOTE: This document is not a substitute for an Exposure Control Plan

### II. Purpose

A. While the risk to an employee may be low, recycling facilities can be work environments in which employees might encounter needles or biological contaminated sharps. Facilities need to have procedures in place to respond to such events should one occur. This document is not an exhaustive treatment of the subject and therefore should be only used as a supplemental reference to help facilities develop their own site-specific Exposure Control Plan.

### III. Setting Proper Working Conditions

- A. Perform a hazard assessment to see if there is a significant threat of exposure to sharps or needle sticks.
- B. If a significant hazard assessment is made employers must offer the Hep B series at no cost to the employee.
1. If no significant hazard has been determined, a post exposure Hepatitis (“Hep”) series offering can be made.
  2. Before assigning an employee to a hazardous area, ask employee if they want to be given a Hep B series.
    - a) If employee declines and then an exposure occurs, employee must be given the option to take a Hep B series.
- C. Ensure impacted employees are issued proper safety equipment based on the level of exposure as determined by hazard assessment
1. Recommended equipment is:
    - a) *Puncture resistant Gloves*
    - b) *Pliers or magnet used only for picking up needles, even if gloves are worn*

- c) *Bio-Hazard container*
- d) *Other equipment deemed necessary based on hazard assessment*
- D. First line contacts should be acquainted with needles and infectious disease exposures. Such contacts should have expertise in subject area.
  - 1. Bloodborne pathogens/standard precautions training must be done on an annual basis by a qualified trainer. OSHA has information that must be distributed to high risk employees.
  - 2. Train employees in proper protocols if a needle is found and who should be notified.
  - 3. Develop procedures for supervisors and maintenance regarding PPE, tools, storage containers, disposal requirements and the correct way to safely pick up needles.
- E. Employers should have information available to them and their employees before an event occurs.
  - 1. Local hospital infectious disease departments can provide such information.

#### **IV. Immediately After Needle Stick Occurs**

- A. Maintain employee confidentiality for all needle stick incidents
- B. Treat the needle stick as an injury and report according to established company safety guidelines. Ensure designated personnel are notified of the event.
- C. Wash affected area with soap and copious amounts of comfortable temperature water.
  - 1. ***Please Note: Hot water will increase blood flow to the area, making it easier for organisms to enter the bloodstream.***
- D. Affected employee should be evaluated at a hospital emergency room or clinic that has expertise in needle stick exposure protocols immediately after exposure occurs.
  - 1. ***Please Note: There is a 2-hour window to initiate post exposure prophylaxis for HIV. The sooner the better. There is a 5-7 day window to initiate Hep B immunoglobulin in the event that the person does not have sufficient Hep B surface antibody.***
- E. Affected employee should be required to conduct follow up testing and treatment. Such treatment should begin six weeks after exposure and then subsequently three months and six months after exposure. If recommended by medical professionals, additional testing should be conducted thereafter on a periodic basis according to a schedule outlined by them.
- F. Document that treatment was offered. Document if such offer was accepted or declined.

#### **V. Post Exposure**

- A. Employer should make every attempt to try and identify where and from whom the needle/sharp was generated.
  - 1. ***This is a very confidential issue and should be handled as such.***



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## SAFETY OPERATIONS GUIDANCE

- B. If the generator of the needle is located, he/she should be asked if they are willing to submit to blood tests, offer testing results and medical history.
- C. Counseling should be immediately made available to the affected worker and family.

*This protocol is for facilities in the United States that fall under OSHA 29 CFR 1910.1030. It has provisions for exposure control plans, engineering and work practice controls, hepatitis B vaccinations, hazard communication and training, and recordkeeping. The standard imposes requirements on employers of workers who may be exposed to blood or other potentially infectious materials such as certain tissues and body fluids. <https://www.osha.gov/bloodborne-pathogens/standards>*