

# Tip of the Month

## Sharps Safety Checkup

**W**hen it comes to phlebotomy, you're pretty sharp. But what about sharps safety? If you're not on the cutting edge of compliance, you could find yourself on the receiving end of a bloodborne pathogen. Use the checklist below to assess your risk and assure your equipment and work practices aren't creating a sticky situation.

### Sharps Safety Checklist

| Engineering Controls  | True | False | N/A* |
|---|------|-------|------|
| 1. When performing venipunctures, I always use needles equipped with a safety feature   |      |       |      |
| 2. I activate the needle's safety feature immediately after use   |      |       |      |
| 3. I never alter, disable or remove the needle's safety feature   |      |       |      |
| 4. When performing capillary collections, I always use lancets or incision devices that automatically retract                         |      |       |      |
| 5. The sharps containers I use are of appropriate size and design for the items discarded   |      |       |      |
| 6. The evacuated blood collection tubes I use are plastic, not glass  |      |       |      |
| 7. When filling tubes from a syringe, I always use a safety transfer device   |      |       |      |
| 8. The micro-capillary tubes I use are plastic or mylar-wrapped tubes   |      |       |      |
| Work Practice Controls  | True | False | N/A* |
| 9. When drawing blood, I make sure a sharps container is within my reach  |      |       |      |
| 10. I discard tube holders and needles as a single unit without disassembly   |      |       |      |
| 11. I never reach or force contaminated sharps through the opening of a sharps container  |      |       |      |
| 12. I always replace sharps containers when three-fourths full  |      |       |      |
| 13. I never manually recap needles  |      |       |      |
| 14. When drawing into evacuated tubes using a winged collection (butterfly) set, I always attach the back-end needle to a tube holder |      |       |      |
| 15. I perform syringe draws only when necessary due to the increased risk of needlestick  |      |       |      |
| 16. I anticipate fainting in my patients, and am prepared to react accordingly  |      |       |      |
| 17. I seek assistance when drawing from individuals who may not be fully cooperative (e.g. pediatric, cognitively impaired patients)  |      |       |      |
| 18. I always clean up broken glass by mechanical means (e.g. using forceps, etc.)   |      |       |      |

*\*Not Applicable*

If you answered "true" to all the statements, congratulations! For any "false" statements, reassess the activity to reduce your potential for contracting a bloodborne pathogen to its lowest degree. Sure, sharps injury prevention may grow old, but so do those who practice it.