

Safer Work Practices For Emergency Departments (ER)

ER's are generally exposed to a higher risk of bloodborne pathogens given the patient population, emergent nature of access into the system and variety of interventions performed.

Invasive procedures are done on an emergent basis often with limited time for preparation. There is more exposure to blood than on regular nursing units. Patients may be combative or poorly anesthetized due to the emergency situation.

- All staff should follow general or common BBF precautions and general sharps container practices.
- Personal Protective Equipment (PPE) such as gloves, masks, gowns and face shields must be worn when ever there is a potential for a BBF exposure.
 - PPE must be readily available to staff.
 - Staff are expected to use the appropriate PPE and should remind co-workers to wear PPE when appropriate.
- Handle all patient clothing, personal items and linen with great care as they may contain hidden or unprotected sharps.
- Do not pass contaminated sharps from one person to another.
 - Single use sharps must be immediately disposed of (e.g. needle) at point of use.
 - Multi use items such a scalpel blades, forceps must be handled using established procedures and devices to prevent a sharps injury.
- Be aware that a wide variety of things, even a sneeze or cough, can result in an unexpected movement.
- When ever possible, get a "feel" for the patient before you perform any procedure that requires a sharp by introducing yourself and observing the patient behaviours.
- Uncooperative or psychologically disturbed patients might be sedated or given pain medicine, if ordered and indicated, prior to invasive or painful procedures.
- When ever possible, obtain assistance when starting an IV, giving an injection or drawing blood or performing an invasive procedure involving an uncooperative, combative or confused patient.
- During codes or high stress situations try to keep calm. Communicate your actions to each other and properly dispose of sharps immediately after use rather than holding them in your hand or setting them on a table or bed
- Consider safer alternatives of delivering care that are equally as effective without using sharps, when appropriate. For example, when appropriate, can the medication be given by mouth, trans-dermal patch or through a needleless IV system rather than an injection?
- Before you begin a procedure with a sharp device, assure that a stable work surface and a needle disposal container are available.
- Butterfly needles are higher risk devices for needlesticks therefore:
 - limit the use of conventional devices;
 - always use a safety engineered butterfly where appropriate;
 - stretch out the butterfly tubing when removed from the package to reduce recoil;
 - use care when putting the needle in the disposal container as it can flip out of the container.
- Avoid handling needles manually. Contaminated needles should be removed from trays or the floor using forceps, brush and dust pan, or clamps.
- Injections use hollow-bore needles and therefore create a risk for infection following a needlestick.

General Blood and Body Fluid Safe Work Practices

The purpose of safe work practices are to provide a safer work environment for health care workers who may be exposed to Blood and Body Fluids (BBF) by handling:

- Sharps
- Initiating intravenous or subcutaneous access
- Administering medication via IM, SC routes

Workers may also be exposed to other Blood and Body Fluids such as:

- Splashes
- Soiled laundry
- Bio-hazardous waste or
- Other body fluids.

By following appropriate procedures and practices you will have taken steps to improve the safety of co-workers, patients and your self.

Sharps Containers

- Only approved sharps / biohazard containers should be used.
- Portable sharps containers should be used when a fixed container is not within close proximity.
- Ensure that the correct type of sharps container is being used for the devices. Containers must be replaced when they are $\frac{3}{4}$ full or the fill line is reached.

Physicians / Treatment Safer Work Practices

- Do not pass contaminated sharps from one person to another.
- Emergency departments often have a problem with needles being left on trays or the floor. All Sharps and Contaminated materials should be disposed of immediately.
- Before you begin a procedure with a sharp device, assure that a stable work surface and a needle disposal container are available.
- Minor surgical procedures performed outside the surgical suite should utilize the neutral or safe zone concept that has been recommended for operating rooms;
 - Sharps are placed in a designated “safe” area to be retrieved by the user. This avoids hand-to-hand transfer of sharps between personnel which should be avoided.
- There are both disposable and reusable safety scalpels available. These devices should be introduced into the ER along with the appropriate training for those using the devices.
- In many cases, staples can replace sutures for closure of the outer layer of the skin.
- One-handed suturing is recommended. Avoid contact with the suture needle.

Sharps CARE

***Emergency
Department***

**Safe Work
Practices**

