



Westchester Regional EMS Council

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R E M A C A D V I S O R Y

2014 – 03: Medical Sharps and Bloodborne Pathogen Exposures

Issued: September 30, 2014

Effective Date: Current

In 2013, the Westchester Regional Emergency Medical Advisory Committee (REMAC) voted to authorize use of glucometers by EMT level providers as outlined in the New York State Department of Health (NYSDOH) Policy 12-01: Blood Glucometry and Nebulized Albuterol.

As more BLS agencies have or are in the process of applying for the blood glucometry program, the REMAC wishes to reinforce to both ALS and BLS agencies and providers the need for maintaining vigilance when it comes to the handling of sharps in a patient care setting. Per the Occupational Safety and Health Administration (OSHA) and the New York State Public Employee Safety and Health (PESH), in order to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens, an employer must implement a written exposure control plan that details employee protection measures. The plan must use a combination of engineering and work practice controls, ensure the use of personal protective clothing and equipment, provide training, medical surveillance, hepatitis B vaccinations, and signs and labels, among other provisions.

Engineering controls are noted to be the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needleless devices, shielded needle devices, and plastic capillary tubes.

The goal of EMS services should be to use sharps, including syringes, IV catheters AND glucometer lancets, that are engineered with built-in safety features or mechanisms that will reduce the risk of a blood or body fluid exposure by a needlestick injury.

The Bloodborne Pathogen standard further requires that all EMS agencies using medical sharps:

- Implement a needleless/safety and needle stick prevention program;
- Solicit input from direct patient care employees (i.e. EMTs and Paramedics) in the identification, evaluation and selection of safer needle devices and work practices; and
- Establish and maintain a log of sharps related injuries.

It should be highlighted as well that a needlestick injury is considered a reportable incident. In addition to activating the agency's exposure protocol, a verbal report of the event must be submitted to the Regional NYSDOH Office within 24 hours and the NYSDOH BEMS Reportable Incident Form (DOH-4461) must be submitted within 5 days.



The Westchester REMAC strongly encourages all EMS agencies to follow not only the letter but the spirit of the law and regulations. Please maintain a culture of safety in all your operations. No EMT or Paramedic should suffer a preventable sharps exposure for the lack of proper equipment and training.

Please refer all questions regarding this advisory to the Regional EMS office. Thank you for your attention to this matter.

Issued by:

A handwritten signature in black ink, appearing to read 'EAL'.

Dr. Erik Larsen, MD, FACEP

Chair, Westchester Regional Emergency Medical Advisory Committee

For further information regarding the Bloodborne Pathogen Standards please refer to the following web sites:

- **NYS Department of Labor, Public Employees Health and Safety (PESH)**
www.labor.state.ny.us (Businesses in New York)
- **US Department of Labor, Occupational Health and Safety (OSHA)**
www.osha.gov (Bloodborne Pathogens)
- **NYSDOH BEMS Policies**
 - **Reporting Incidents, Injuries and Crashes -**
www.health.ny.gov/professionals/ems/policy/09-08.htm
 - **Needlestick and Sharps Injuries -**
www.health.ny.gov/professionals/ems/policy/02-09.htm

For information regarding the federal Ryan White Care Act and regulations established to protect emergency responders in the event of a bloodborne pathogen exposure, please refer to the following web site:

- **Centers for Disease Control and Prevention (CDC)**
www.cdc.gov/niosh/topics/ryanwhite/