

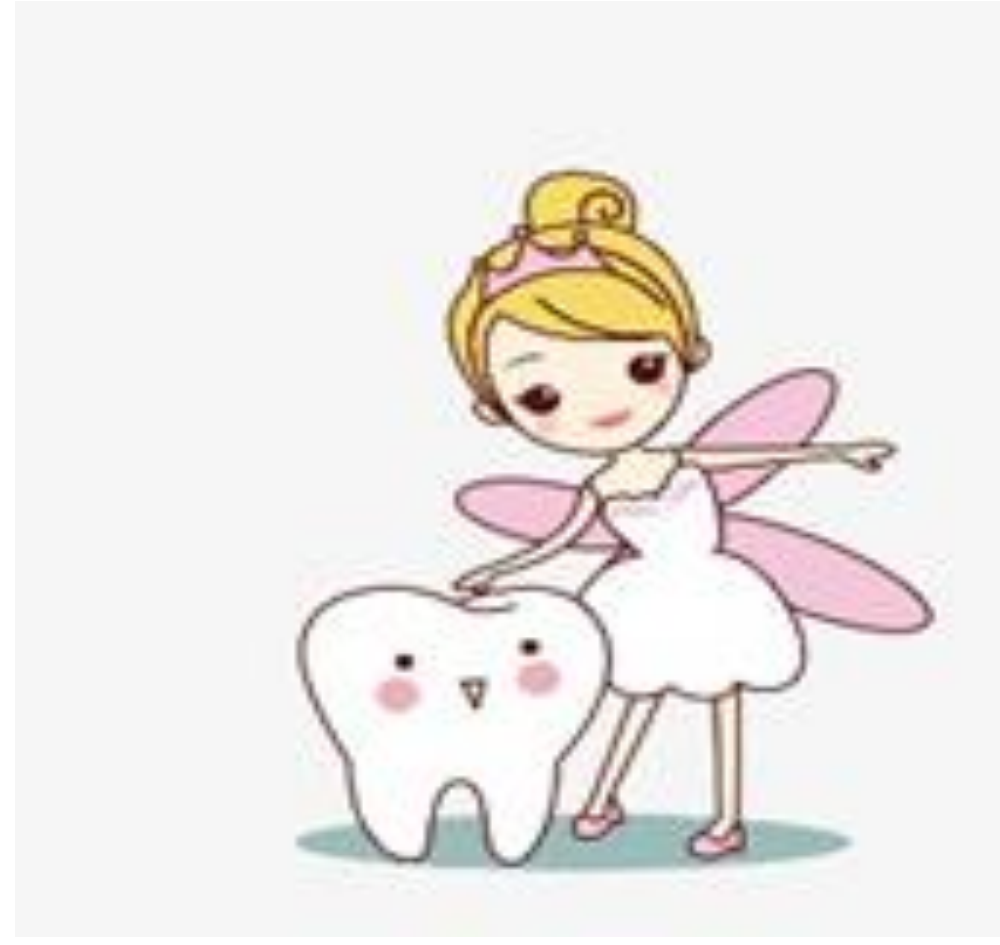


**Singapore Healthcare Management 2018**

# SHARPIES

## OUCH! THAT'S SHARP!

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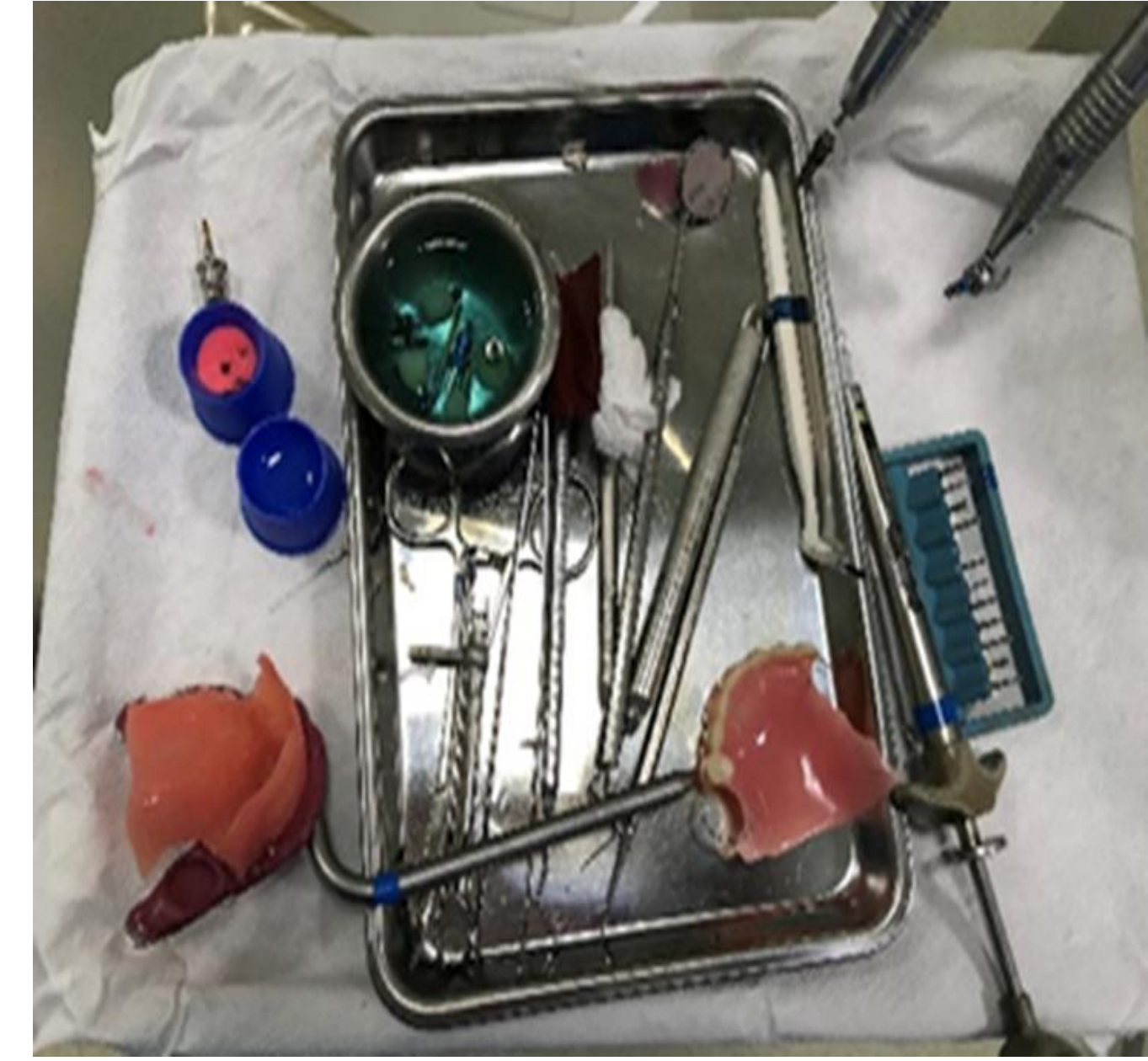
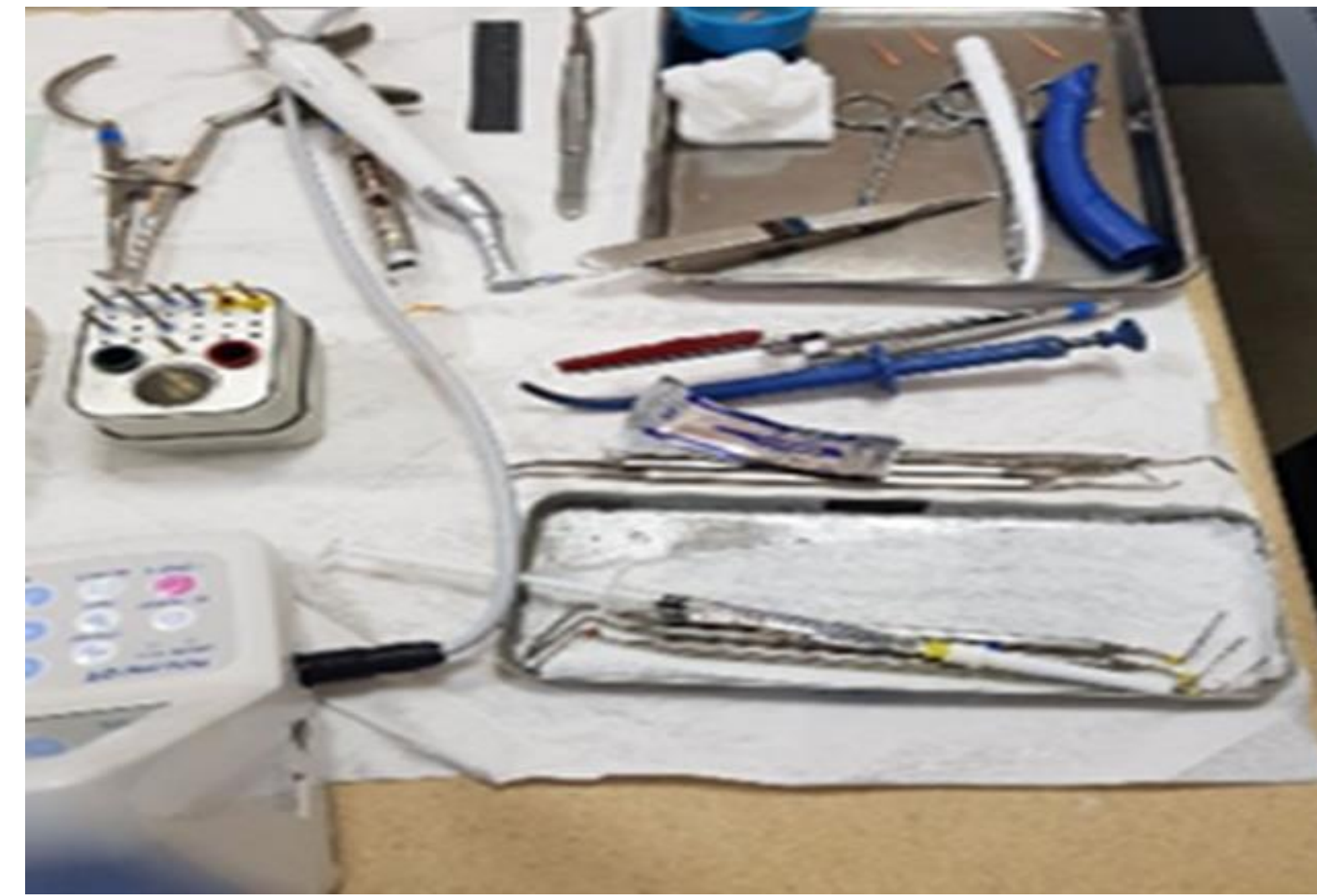
### INTRODUCTION(WHAT IS THE PROBLEM)

The team comprising of dental assisting staff from level 4 did an observation on the problem of sharps injury in the operatory and theatre during clinical hours

**Scenario 1**  
 -Patient was injured by the uncapped LA Needle when the doctor was pushing away the tray.

**Scenario 2**  
 -Due to the fast environment and time constrain, the staffs tend to overlook the sharp hazards in their surroundings.

**Scenario 3**  
 -Handling of sharps from hand to hand from operating theatres/ operatory



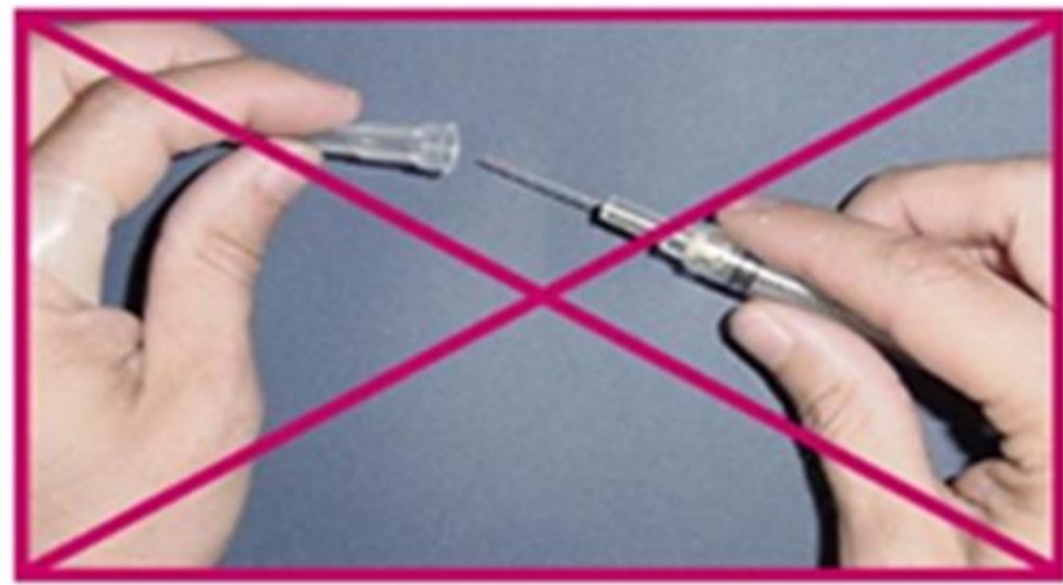
### OBJECTIVES

-Minimizing the risk of sharp hazards for patient and staff safety

### UNDERSTANDING THE ROOT CAUSES

#### Recapping the needle

**Incorrect method**



**Correct Method**



1. Recapping of needles after use
2. Overuse of injection needles and failing to dispose of it properly / immediately
3. Lack of hazard awareness

### INTERVENTIONS



First, place cap on a level horizontal surface; gently slide needle half-way into cap...

Then, slowly tip up needle end of the device and allow cap to slide over needle...

Finally, use the thumb of the hand holding the device to secure the cap on the syringe.



- To educate new staff on proper handling of sharps
- Educate staff to avoid recapping of LA Needle, bending needles or suturing needles
- Dispose of needles, blades, sutures immediately into the biohazard box
- Regular refresher course to reinforce staff on handling of instruments and sharps
- To practice putting sharps into kidney dish and put it aside next to the biohazard box

### SUSTAINABILITY AND SPREAD

-Trail period for 6 months using disposable kidney dish  
 -The past 6 months, there's no reports of sharp injuries  
 Therefore, with good safety practices, all future sharp injuries can be avoided!

### RESULTS (SHOW THE RESULTS BEFORE AND AFTER INTERVENTIONS)

