SOP Title: Prohibition of Manual Manipulation of Needles

Number: 2010
Version Number: 0
Adoption Date: 01/27/2017
Author: Gilma Rodriguez
Applicable Department(s): All Sagis Departments
Replaces Document, of Date: N/A
Retired Date: N/A

Effective Date:

*The effective date is the date training of relevant personnel is completed.

Version Tracking*

Version Number: N/A
Adoption Date: N/A
Effective Date: N/A
Author: N/A

Sections of Protocol Affected: N/A

*Applies if this is a revision leading to a new version.
Purpose:
The purpose of this policy is to state the absolute prohibition of manual manipulation of needles.

Background:
N/A

Scope:
This policy applies to all technical laboratory staff at Sagis

Definitions:
N/A

Responsibilities:
N/A

Safety:
Treat all blood and body fluids with *Universal Precautions*.

Specimen Requirements:
N/A

Materials and Equipment:
N/A

Reagents:
N/A

Controls and Calibrations:
N/A

Validation:
N/A

Procedure:
1) There is absolute prohibition of any type of manipulation of the needles used in the laboratory. This includes but not limited to recapping, bending,
Form: 1000A

breaking, removing from disposable syringes, or other manual manipulations of needles.

2) Once a needle or a syringe containing needles is used, it must be disposed immediately in the appropriate sharp’s container without any further manipulation.

3) Sharps disposal containers must be puncture-proof/-resistant and must not be filled to capacity. When they are three-quarters full they should be placed in “infectious waste” containers.

4) All waste sharps are discarded in puncture-resistant containers that are easily accessible, located in areas where needles are commonly used, and properly labeled to warn handlers of the potential hazard.

Forms:
N/A

Quality Management:
N/A

Reference Intervals Defined:
N/A

Interpretation of Results:
N/A

Reporting:
N/A

Limitations of procedure/results:
N/A

Troubleshooting:
N/A

Manufacturer:
N/A

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Protocol Name/Number: Prohibition of Manual Manipulation of Needles 2010
Service:
N/A
Maintenance:
N/A

References:
College of American Pathologist Laboratory General Check List 2016.

Signature for original Adoption:

Signature of Laboratory Director:

Date: 1/27/17

Print name: [Signature]

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Protocol Name/Number: Prohibition of Manual Manipulation of Needles 2010
Signature for Adoption of Revision(s) if Applicable

Revision number: [Revision number]

Signature of Laboratory Director or by Technical Supervisor if appropriate:

_________________________________________ Date: __________________________

Print name:

Revision number: [Revision number]

Signature of Laboratory Director or by Technical Supervisor if appropriate:

_________________________________________ Date: __________________________

Print name:

Revision number: [Revision number]

Signature of Laboratory Director or by Technical Supervisor if appropriate:

_________________________________________ Date: __________________________

Print name:

Revision number: [Revision number]

Signature of Laboratory Director or by Technical Supervisor if appropriate:

_________________________________________ Date: __________________________

Print name:

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Protocol Name/Number: Prohibition of Manual Manipulation of Needles 2010
Signatures for/indicating Periodic Review

Signature of Laboratory Director or Technical Supervisor:

Date:

Print name:

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Date:

Print name:

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