



# Sharps Safety Audit

Use this audit sheet developed for veterinary practices to develop policies and procedures relevant to your practice. 'Yes' means that the matter is in order. 'No' means that the matter should be assessed and controlled.

Are approved sharps containers available in all areas of the practice where sharps are used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are sharp containers in all Practice Vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all employees trained in safe sharps handling, disposal and protocols in the event of an accidental needlestick injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a policy that needles should not be recapped?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there clear protocols for procedures where recapping cannot be avoided and how this it to be performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are syringes with needles disposed of in the sharps container when live vaccines are used? And when used, to aspirate body substances or tissue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When needles are removed from syringes is the removal device on the sharps container used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are sharps disposed of appropriately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a written protocol for dealing with needlestick injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there written procedures and protocols for handling and cleaning surgical instruments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are scalpels removed and disposed of appropriately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all employees required to wear closed toed shoes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Risk Control Action Plan

Use this form to prioritise and allocate responsibilities and resources to use of the sharps safety control measures.

<b>Activities/strategies</b>	<b>Person/s responsible</b>	<b>Completion date</b>	<b>Evaluation date</b>
<p>Complete risk identification and assessment before proceeding</p> <p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____ _____</p> <p>4. _____ _____</p> <p>5. _____ _____ _____ _____</p>			