

Sharps Injury Log

Policy: To gather information related to occupational exposure to blood or other potentially infectious materials that may assist in developing new/improved systems for reducing/eliminating the risk of hazardous exposure.

Purpose: Sharps Injury Log is to generate a record of exposure incidents in the employer's facility that will include enough information about the cause of the incidents to allow the employer to analyze them and take preventive action.

California Code of Regulations, Title 8, Section 5193. Bloodborne Pathogens. Pathogens hazard from the workplace.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported to the employer.

The information recorded shall include the following information, if known or reasonably available:

- (A) Date and time of the exposure incident;
- (B) Type and brand of sharp involved in the exposure incident;
- (C) By July 1, 1999, a description of the exposure incident which shall include:

1. Job classification of the exposed employee;
2. Department or work area where the exposure incident occurred;
3. The procedure that the exposed employee was performing at the time of the incident;
4. How the incident occurred;
5. The body part involved in the exposure incident;
6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
8. The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

Confidentiality. The employer shall ensure that employee medical records:

1. Kept confidential; and
2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying.

(B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

SHARPS INJURY LOG

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Injury ID (Please leave blank.)

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Facility ID (Please leave blank.)

Please complete a Log for each employee exposure incident involving a sharp.

Fill in the one circle corresponding to the most appropriate answer. Use block print and avoid touching lines.

Institution:		Department:	
Address:		Page #	of
City:	State:	Zip Code:	
Date filled out:	By:	Phone Number:	

Facility injury ID#	Date of injury	Time of injury	Optional Sex	Age																					
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Description of the exposure incident: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Job classification: <input type="radio"/> MD <input type="radio"/> Nurse <input type="radio"/> Medical assistant <input type="radio"/> Phlebotomist/Lab tech <input type="radio"/> Housekeeper/Laundry <input type="radio"/> CNA/HHA <input type="radio"/> Student, type _____ <input type="radio"/> Other _____	Department/Location: <input type="radio"/> Exam room <input type="radio"/> Emergency dept. <input type="radio"/> Operating room <input type="radio"/> Procedure room <input type="radio"/> Clinical laboratory <input type="radio"/> Medical/outpatient clinic <input type="radio"/> Service/Utility area (disp. rm./laundry) <input type="radio"/> Other _____
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Procedure: <input type="radio"/> Draw venous blood <input type="radio"/> Heparin/saline flush <input type="radio"/> Draw arterial blood <input type="radio"/> Cutting <input type="radio"/> Injection, through skin <input type="radio"/> Suturing <input type="radio"/> Start IV/set up heparin lock <input type="radio"/> Unknown/not applicable <input type="radio"/> Other _____	Did the exposure incident occur: <input type="radio"/> During use of sharp <input type="radio"/> Disassembling <input type="radio"/> Between steps of a multistep procedure <input type="radio"/> After use and before disposal of sharp <input type="radio"/> While putting sharp into disposal container <input type="radio"/> Sharp left, inappropriate place (table, bed, etc.) <input type="radio"/> Other _____
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Body part: (check all that apply) <input type="radio"/> Finger <input type="radio"/> Face/head <input type="radio"/> Hand <input type="radio"/> Torso <input type="radio"/> Arm <input type="radio"/> Leg <input type="radio"/> Other _____	Identify sharp involved: (if known) Type: _____ Brand: _____ Model: _____ e.g., 18g. needle/ABC Medical/"no stick" syringe	Did the device being used have engineered sharps injury protection? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know Was the protective mechanism activated? <input type="radio"/> Yes – fully <input type="radio"/> Yes – partially <input type="radio"/> No Did the exposure incident occur: <input type="radio"/> Before <input type="radio"/> During <input type="radio"/> After activation
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Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? <input type="radio"/> Yes <input type="radio"/> No Explain: _____ _____ _____	Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? <input type="radio"/> Yes <input type="radio"/> No Explain: _____ _____ _____
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