

## 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.

## Occupational Sharps Injury Log Addendum (A Supplement to OSHA 300 and 301 Forms)

*Insert your organization's confidentiality statement, instructions for completing log and obtaining medical care here.*

Name of Employee \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Assigned Injury ID # \_\_\_\_\_ Employee Work Unit \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_  
(Employee health/ER staff)

<p style="text-align: center;"><b>Location of Injury</b> (Check all that apply)</p> <input type="checkbox"/> Finger <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Face or Head <input type="checkbox"/> Torso <input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Other: _____ _____	<p style="text-align: center;"><b>Sharp Involved</b> (If known)</p> Type: _____ Brand: _____ Model: _____  <p style="text-align: center;"><b>Body Fluid Involved:</b></p> _____ _____ _____	<p><b>Did the sharp being used have engineered injury protection(s)?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know  <p><b>Was the protective mechanism activated?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know  <p><b>When did the injury occur?</b></p> <input type="checkbox"/> Before activation <input type="checkbox"/> Don't Know <input type="checkbox"/> During activation <input type="checkbox"/> After activation
---	---	---

<p style="text-align: center;"><b>Job Classification</b></p> <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Intern/Resident <input type="checkbox"/> Patient Care Support Staff <input type="checkbox"/> Technologist: <input type="checkbox"/> OR <input type="checkbox"/> RT <input type="checkbox"/> RAD <input type="checkbox"/> Phlebotomist/Lab Tech <input type="checkbox"/> Housekeeper/Laundry Worker <input type="checkbox"/> Trainee, specify: _____ _____ <input type="checkbox"/> Other: _____	<p style="text-align: center;"><b>Location and Department</b></p> <input type="checkbox"/> Patient Room <input type="checkbox"/> ICU <input type="checkbox"/> Outside Patient Room <input type="checkbox"/> Emergency Department <input type="checkbox"/> Operating Room/PACU <input type="checkbox"/> Clinical Laboratory <input type="checkbox"/> Outpatient Clinic/Office <input type="checkbox"/> Utility Area <input type="checkbox"/> Other: _____ _____ _____	<p style="text-align: center;"><b>Procedure</b></p> <input type="checkbox"/> Draw venous blood <input type="checkbox"/> Draw arterial blood <input type="checkbox"/> Injection <input type="checkbox"/> Start IV/Central line <input type="checkbox"/> Heparin/Saline flush <input type="checkbox"/> Obtain body fluid/tissue sample <input type="checkbox"/> Cutting <input type="checkbox"/> Suturing <input type="checkbox"/> Other: _____ _____ _____
--	--	---

**Describe, in detail, how the exposure incident occurred (e.g., the procedure being performed, the device being used, the body part affected, objects or substances involved and how they were involved):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Developed by the American Hospital Association. This is not an official OSHA form but is based on sharps injury documentation requirements found in OSHA's revised Bloodborne Pathogens Standard. These new requirements are in addition to OSHA's employee injury and incident reporting requirements (OSHA 300 and 301 forms).