



Sharps Injury Log

The following information, if known or reasonably available, is documented within 14 working days of the date on which each exposure incident was reported.

1. Date and time of the exposure incident: _____
2. Date of exposure incident report: _____ Report written by: _____
3. Type and brand of sharp involved: _____
4. Description of exposure incident:
 - Job classification of exposed employee: _____
 - Department or work area where the incident occurred: _____
 - Procedure being performed by the exposed employee at the time of the incident: _____
 - How the incident occurred: _____
 - Body part(s) involved: _____
 - Did the device involved have engineered sharps injury protection? Yes (✓) _____ No (✓) _____
 - Was engineered sharps injury protection on the sharp involved? Yes (✓) _____ No (✓) _____

If Yes	If No
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A. Was the protective mechanism activated at the time of the exposure incident? Yes ____ No ____

A. Does the injured employee believe that a protective mechanism could have prevented the injury? Yes ____ No ____

B. Did the injury occur before, during, or after the mechanism was activated?

Comments: _____

- Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury? Yes (✓) _____ No (✓) _____

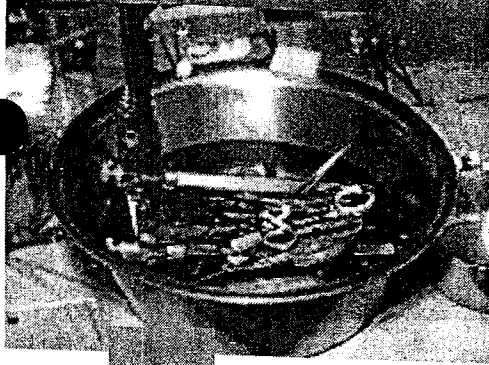
Employee's opinion: _____

5. Comments on the exposure incident (e.g., additional relevant factors involved):

6. Employee interview summary:

7. Picture(s) of the sharp(s) involved (please attach if available).

Effective Procedures



Gathering Sharps Injury Log Information

A *sharp* is any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, resulting in an exposure incident. Sharps include, but are not limited to, needle devices, scalpels, lancets, broken glass and capillary tubes, exposed ends of dental wires and knives, drills, and burs. An *exposure incident* means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

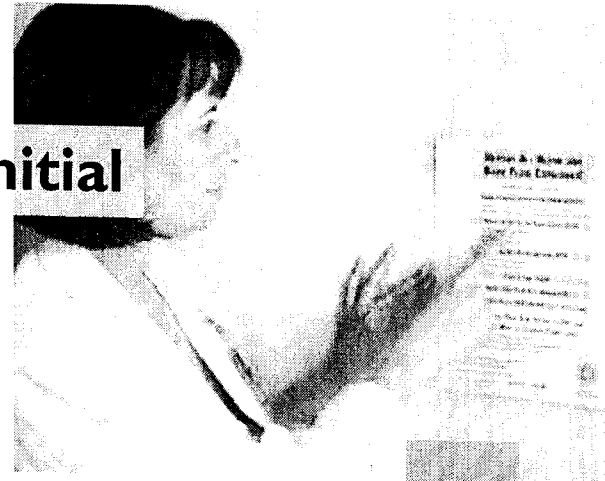
A *sharps injury* means any injury caused by a sharp, including but not limited to cuts, abrasions, or needlesticks. A Sharps Injury Log has been established and maintained as a record (in either written or electronic form) of *each* exposure incident involving a sharp. Our policy is to maximize the utility of the Sharps Injury Log by filling out the information as completely as possible in easy-to-understand language. The log documents our organization's sharps injury history in sufficient detail to support the development of effective exposure-control strategies.


If you marked "Yes" in the box titled "If No" located in the middle of the Sharps Injury Log, then you must record the employees opinion on **how** a protective mechanism could have prevented the injury.

The question at the eighth red bullet of Item No. 4 in the Sharps Injury Log asks whether the employee believes that "...any controls (e.g., engineering controls, administrative or work practice) could have prevented the injury." The question to be asked the employee is whether any control measure **other than** the protective mechanism referred to in the "If No" box could have prevented the injury.

5/04/01

Provisions for the Initial Reporting of Exposure Incidents



 Our organization reports all exposure incidents as soon as possible (and in no case later than the end of the work shift during which they occurred) regardless of whether first aid was rendered. An *exposure incident* means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties. *Parenteral* means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. All employees (including designated first-aid providers who provide first aid regularly and those who render first aid only as a collateral duty) receive training about our policy.

The following individual(s) are designated by our organization to receive reports of exposure incidents:

Contact person(s): _____ Telephone/pager number: _____

_____ Telephone/pager number: _____

After-hours contact person: _____ Telephone/pager number: _____

The exposure incident report includes at least the following:

The names of all employees involved in the exposure incident (including all first-aid providers who have rendered assistance regardless of whether personal protective equipment was used).

A description of the exposure or first-aid incident, including:

- The time and date
- A determination of whether an exposure incident occurred. This determination is necessary to ensure that the proper post-exposure evaluation is conducted and prophylaxis and follow-up are made available immediately if an exposure incident has occurred.

Person receiving the report: _____ Telephone/pager number: _____

The exposure incident report is recorded on a list of first-aid incidents (when the rendering of first aid is involved). If the exposure incident involves a sharp, the Sharps Injury Log (see page 15) will also be completed. The exposure incident report is provided to the Chief of Cal/OSHA upon request.

Note: The following forms are separate documents with their own requirements: (1) Provisions for the Initial Reporting of Exposure Incidents, (2) the Sharps Injury Log, (3) the Doctor's First Report of Injury and Illness (5021), and (4) the Federal OSHA Log 200.

 Make copies as needed

Post-Exposure Evaluation and Follow-up



For additional assistance with post-exposure evaluation and follow-up, obtain a copy of the booklet *A Best Practices Approach for Reducing Bloodborne Pathogens Exposure*.

Our organization has made prearrangements for appropriate post-exposure evaluation and follow-up for all employees involved in an exposure incident. An *exposure incident* means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM

that results from the performance of an employee's duties. After an exposure incident is reported, we make *immediately* available to the exposed employee a confidential medical evaluation and follow-up. Follow-up may include post-exposure prophylaxis (when medically indicated), counseling, and evaluation of a reported illness, if appropriate. For each exposure incident, we document the route(s) of exposure and the circumstances under which the exposure incident occurred.

Personnel Designated to Provide Post-Exposure Evaluation and Follow-up

Name of In-house Health Care Professional(s):

Telephone/Pager Number:

Name of Alternate Health Care Provider(s):

Telephone/Pager Number:

Description of Procedures

1. Appropriate Post-Exposure Evaluation _____

2. Post-Exposure Prophylaxis _____

3. Follow-up _____

4. Additional Services _____

