SHARPS/INSTRUMENT INJURY PROTOCOL

STEP 1

1. NOTIFY YOUR SUPERVISOR.

STEP 2

2. CONSULT YOUR OSHA MANUAL

In the OSHA manual's pocket, you will find a **purple** folder labeled **INJURY LOG**. Inside the folder you will find a complete stapled **INCIDENT PACKET**. Extra copies are also available behind the **MASTER FORMS** tab in your **OSHA** manual.

! All 7 forms MUST be fully completed.

- Source Testing Consent Form (For Patient)
- Employee Consent Form
- Sharps Injury Log
- Accident Report/Sharps Injury
- OSHA Form 300
- OSHA Form 300A
- OSHA Form 301

STEP 3

3. SOURCE TESTING CONSENT FORM

This form will be used ONLY when you can identify the patient that the sharp or instrument was used on. Inform the patient and explain that the law requires them to complete the Source Testing Consent Form even if the patient has already left the premises. If needed, this form may be emailed or sent with a courier to obtain the patient's signature.

Ask the patient's permission to test their blood (ONLY ONCE) for the presence of:

- HIV- Human Immunodeficiency Virus
- HBV- Hepatitis B Virus
- HCV- Hepatitis C Virus
- Other bloodborne pathogens

Please be aware that these tests do not have to be done the same day as the incident but at the patient's earliest convenience.

These tests will be at NO COST to the patient or their insurance. Your company is responsible for all costs.

This bloodwork is recommended even if you are aware that the patient is infected with any of the above-mentioned bloodborne pathogens.
If the patient AGREES to be tested and you do not do bloodwork at your facility, we recommend that you send the patient to a laboratory with long operating hours, low cost, and where NO lab orders are required.
For Example: ANY LAB TEST NOW https://www.anylabtestnow.com/

If you are a medical office that provides labs, you may proceed to do the lab work for the above-mentioned bloodborne pathogens.

If the patient DECLINES, they must check I DO NOT AGREE and sign the form.

If requested, the patient may receive a copy of this form and of their results.

All forms and records must be kept CONFIDENTIALLY for the duration of employment plus 30 years.

STEP 4

4. EMPLOYEE CONSENT FORM

This form MUST be completed with or without source knowledge.

Ask employee if they CONSENT or DECLINE collection of blood for the presence of:

- HIV- HUMAN IMMUNODEFICIENCY VIRUS
- HBV- HEPATITIS B VIRUS
- HCV- HEPATITIS C VIRUS
- OTHER BLOODBORNE DISEASE

If the employee consents and they are covered by Workers' Compensation (WC) Insurance, immediately file a WC claim, and send the employee to a WC clinic as soon as possible. Please check with your WC insurance provider for their Sharps Injury policy since most insurance claims must be filed within 3 to 5 calendar days from the date of the incident.

If the employee consents and your company is exempt from Workers' Compensation Insurance or that employee is NOT covered by WC, then the employer is liable and responsible for the following (AT NO COST TO THE EMPLOYEE).

- Test the employee for the presence of the above-mentioned bloodborne pathogens.
- Repeat the tests after 2 weeks from the initial tests.
- Repeat the tests after 30 days from the 2nd tests.
- Repeat the tests after 30 days from the 3rd tests.

The employee must be tested a minimum of 4 times. They may be tested more if deemed necessary. Employees must be sent for counseling and evaluation to a Health Care Professional.

If the employee DECLINES, they must complete the Declination For The Collection Of Blood.
The employee must also complete, in their own words, the explanation of how the incident occurred.
If requested, the employee may receive a copy of this form and of their results.
All forms and records must be kept CONFIDENTIALLY for the duration of employment plus 30 years.

STEP 5

5. EMPLOYER MUST COMPLETE THE FOLLOWING FORMS:

- SHARPS INJURY LOG
- ACCIDENT REPORT/SHARPS INJURY
- OSHA FORM 300
- OSHA FORM 300A
- OSHA FORM 301

These forms must be maintained in record for 5 years. They DO NOT need to be posted since the health industry is exempt from posting. Forms do not have to be sent to any governmental agency, unless requested by Occupational Safety Health Administration (OSHA).

! NOTE: In reference to the HIV PEP (Post-Exposure Prophylaxis), medicine taken to prevent HIV after possible exposure, please visit https://www.cdc.gov/hiv/basics/pep.html and or call the PEP line 1-888-448-4911 for the Centers for Disease Control (CDC) recommendation.

If it is decided that PEP is needed, it must be started within 72 hours of exposure.

Please refer to EXPOSURE CONTROL tab in the Bloodborne Pathogen Standard Page 14, Article 1910.1030(f)(3) from Page 14 through Page 16 Article 1910.1030 (f)(6) in your OSHA manual.

SOURCE TESTING CONSENT FORM

I understand that I have been involved in what is defined by Occupational Safety and Health Administration (OSHA) as an "Exposure Incident". An employee has been exposed to my blood or body fluids. If I am a carrier for pathogenic microorganism, such employee may become infected. These pathogens included, but are not limited to HIV, HBV, and HCV.

I understand that OSHA regulations require post-exposure evaluation follow-up of all employees who have an exposure incident, including testing of the source's blood; my cooperation is essential to the accomplishment of this mandate. Testing of my blood will help determine which treatment is necessary for the exposed employee.

_____ **I AGREE** to have my blood tested for the presence of HIV, HBV, and HCV on the condition that my results will be made available to me, maintained as confidential, and only be used for the purpose of determining treatment of the exposed employee.

_____ **I AGREE** to have my blood tested for the presence of pathogenic microorganisms by qualified medical personnel and that the testing be completed at no cost to me.

_____ **I DO NOT AGREE** to have my blood tested for the presence of HIV, HBV, and HCV. I understand that not having my blood tested will leave uncertainty about my health and bloodborne pathogen status.

_____ _____

Source (Patient) Name (Print) Date

_____

Source (Patient) Signature

_____ _____

Company Name Signature of Person Obtaining Release

MAINTAIN THIS RECORD FOR THE DURATION OF EMPLOYMENT PLUS 30 YEARS

EMPLOYEE CONSENT FORM

CONSENT FOR THE COLLECTION OF BLOOD

I have been advised of the need to collect my blood due to an exposure incident in which I may have been potentially exposed. Permission to have my blood drawn and tested for HVB, HIV and HCV, as well as other Bloodborne diseases, is hereby given.

_____ _____

Employee Name (Print) Incident Date

_____ _____

Employee Signature Date

DECLINATION FOR THE COLLECTION OF BLOOD

I have been trained on OSHA Safety Policies and Procedures. I understand that I could have contracted an infectious disease such as HVB, HIV, and HVC, as well as other Bloodborne diseases during the exposure incident described above. I also understand the consequences of contracting these diseases. I have been offered, free of charge, testing to determine whether or not I have contracted an infectious disease. I have also been offered a medical evaluation by a healthcare professional for counseling and treatment. Despite this, I freely decline this post-exposure evaluation and follow-up care.

_____ _____

Employee Name (Print) Incident Date

_____ _____

Employee Signature Date

In your own words, describe the exposure incident and the circumstances under which it occurred: _____

_____

_____

_____

MAINTAIN THIS RECORD FOR THE DURATION OF EMPLOYMENT PLUS 30 YEARS

SHARP INJURY LOG

The employer shall establish and maintain a Sharp Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the Sharp Injury Log shall be recorded and maintained in such manner as to protect the confidentiality of the injury employee. The Sharps Injury Log shall contain at minimum;

A. The Type and Brand of Device involved in the incident.
B. The Department or Work Area Where the Exposure Incident occurred.
C. An Explanation of How the Incident Occurred.

The requirement to establish and maintain a Sharp Injury Log shall apply to any employer who is required to maintain a Log of Occupational Injuries and Illnesses Under 29 CFR 1904.

The Sharps Injury Log shall be maintained for the period required by 29 CFR 1904.6 (FIVE YEARS)

Accident Report / Sharps Injury

Complete this report for incidents and accidents. Document employee injuries that require more than a simple first aid.

Employee Name: _____

Department or Work Area where the incident occurred

_____

Type of Incident: _____

(Fill out Exposure to sharps if the incident was considered a sharp injury)

Explanation of how the incident occurred

_____

_____

_____

_____

_____

Engineering controls / work practices / protective equipment / safety devices in use at the time of the incident ? _____ **Yes** _____ **No**

Any witness/ person familiar with the incident: _____

Resolution: _____

_____

_____

EXPOSURE TO SHARPS LOG

Type and Brand of the device involved:

_____

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name ______________________

City ______________________ State ______________

Identify the person			Describe the case			Classify the case: CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness: (M)					
								Remained at Work									
(A) Case no.	(B) Employee's name	(C) Job title (*e.g., Welder*)	(D) Date of injury or onset of illness	(E) Where the event occurred (*e.g., Loading dock north end*)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (*e.g., Second degree burns on right forearm from acetylene torch*)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
___	___	___	___/___ month/day	___	___	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
___	___	___	___/___ month/day	___	___	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
___	___	___	___/___ month/day	___	___	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
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___	___	___	___/___ month/day	___	___	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
					Page totals ➤	___	___	___	___	___	___	___	___	___	___	___	___
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . .

(M)

(1) Injuries _____

(2) Skin disorders _____

(3) Respiratory conditions _____

(4) Poisonings _____

(5) Hearing loss _____

(6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (*e.g., 3715*)

___ ___ ___ ___

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

___ ___ ___ ___ ___ ___

Employment information *(If you don't have these figures, see the Worksheet on the back of this page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____ _____
Company executive Title

( ) - / /
_____ _____
Phone Date

OSHA's Form 301
Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary,* these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (_____)_____--_____ **Date** ____/ ____/ ____

Information about the employee

1) **Full name** _____

2) **Street** _____

City _____ **State** _____ **ZIP** _____

3) **Date of birth** _____ / _____ / _____

4) **Date hired** _____ / _____ / _____

5) ❒ **Male**
❒ **Female**

Information about the physician or other health care professional

6) **Name of physician or other health care professional** _____

_____

7) **If treatment was given away from the worksite, where was it given?**

Facility _____

Street _____

City _____ **State** _____ **ZIP** _____

8) **Was employee treated in an emergency room?**
❒ **Yes**
❒ **No**

9) **Was employee hospitalized overnight as an in-patient?**
❒ **Yes**
❒ **No**

Information about the case

10) **Case number from the *Log*** _____ *(Transfer the case number from the Log after you record the case.)*

11) **Date of injury or illness** _____ / _____ / _____

12) **Time employee began work** _____ **AM / PM**

13) **Time of event** _____ **AM / PM** ☐ **Check if time cannot be determined**

14) ***What was the employee doing just before the incident occurred?*** **Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.** ***Examples:*** **"climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."**

15) ***What happened?*** **Tell us how the injury occurred.** ***Examples:*** **"When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."**

16) ***What was the injury or illness?*** **Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore."** ***Examples:*** **"strained back"; "chemical burn, hand"; "carpal tunnel syndrome."**

17) ***What object or substance directly harmed the employee?*** ***Examples:*** **"concrete floor"; "chlorine"; "radial arm saw."** ***If this question does not apply to the incident, leave it blank.***

18) ***If the employee died, when did death occur?*** **Date of death** _____ / _____ / _____