



Sharps Injuries and OSHA: Don't Get Stuck!

Additional Resources

- **Bloodborne Pathogen Standard (Summarized):**
<https://www.mass.edu/mcncps/orientation/m2Osha.asp>
- **Bloodborne Pathogens and Needlestick Prevention Standards:**
<https://www.osha.gov/SLTC/bloodbornepathogens/standards.html>
- **Sample Blood and Body Fluid Exposure Report Form:**
<https://www.cdc.gov/sharpssafety/pdf/AppendixA-7.pdf>
- **Employer Obligations After Exposure Incidents OSHA (Needlestick Flow Chart):**
<https://www.ada.org/en/science-research/osha-standard-of-occupational-exposure-to-bloodbor>
- **OSHA form 300, 300A, and 301 for logging and reporting injuries:**
<https://www.osha.gov/recordkeeping/new-osha300form1-1-04-FormsOnly.pdf>

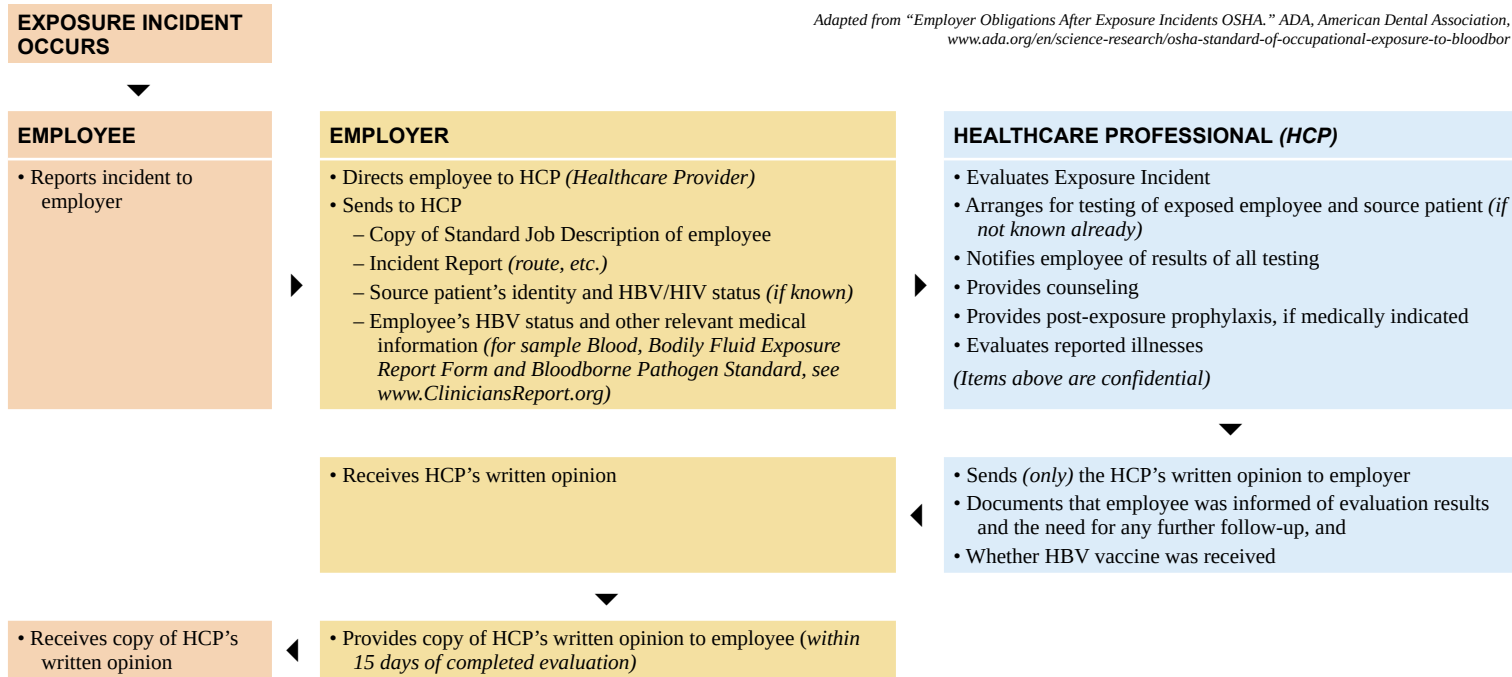
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Current forms as of September 2019. Check website links for current/updated information and forms.

Needlestick Flow Chart Post-exposure evaluation and follow-up

Adapted from "Employer Obligations After Exposure Incidents OSHA." ADA, American Dental Association, www.ada.org/en/science-research/osha-standard-of-occupational-exposure-to-bloodbor



(Prepared by the American Dental Association in cooperation with the Occupational Safety and Health Administration (December 1997). This document is not considered a substitute for any provisions of the Occupational Safety and Health Act of 1970 or for any standards issued by OSHA, Copyright ©1997.)



OSHA Bloodborne Pathogens Standard

From *Centralized Clinical Placement Online Orientation, Massachusetts Department of Higher Education*, <https://www.mass.edu/mcncps/orientation/m2Osha.asp>

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, incorporating the Needlestick Safety and Prevention Act of 2000, is designed to protect at-risk employees from exposure to blood and other potentially infectious materials. Employees and healthcare workers covered by this standard include those who:

- Have direct patient/resident contact.
- Draw blood.
- Work with blood and other bodily fluid specimens.
- Handle contaminated equipment.

BLOODBORNE PATHOGENS are viruses, bacteria, and other microorganisms in human blood or other potentially infectious materials that can cause disease in persons who are exposed to blood or other potentially infectious materials containing the pathogens. These microorganisms can cause diseases such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and many others.

OSHA STANDARDS for reducing risks of bloodborne pathogens include:

- Implementation of a written Exposure Control Plan (ECP), designed to eliminate or minimize employee exposure, and ensures that employees with occupational exposure to bloodborne pathogens receive appropriate training. The training shall be provided to the employee free of charge and during work hours.
- Use of standard precautions during care of all patients/residents and all tasks that involve a reasonable likelihood for exposure to blood or body fluids.
- Use of personal protective equipment (PPE) whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials.
- Hand washing after the removal of PPE; following contact with blood or other potentially infectious material; and/or prior to, or following, patient/resident care.
- Hand washing prior to or after patient/resident care.
- Use of safer needle devices and needleless devices to decrease needlestick or other sharps exposures.
- Implementation of engineering and work practice controls for proper handling and disposal of needles and other sharps to help prevent exposures.
- Avoid splashing, spraying, spattering, or creating droplets of blood or other fluids.
- Use of containers for transfer or disposal of anything contaminated with blood or infectious materials. The containers should display the biohazard label, be leak-proof and able to close.
- Discarding blood and other potentially infectious body substances in amounts sufficient to cause infection in red bags or containers labeled *Infectious Waste* or marked with the biohazard label.
- Use of health care organization-approved disinfectant on all contaminated items before use on another patient/resident.
- Appropriate use of Personal Protective Equipment, a health-care organization-approved disinfectant, and a blood spill kit for containing and cleaning spills of blood or body substances.
- A plan that ensures a Post-Exposure Evaluation and Follow up is in place to address exposure to blood or body fluids via needlestick, sharps injury, splash to mouth, nose or eyes, or to non-intact skin for all employees.

- A plan that ensures Hepatitis B vaccination has been given or is offered to all employees and health care workers who have the potential for occupational exposure to blood and other potential infectious materials.
- Prohibition of eating, drinking, applying cosmetics or lip balm, and/or handling contact lenses in work areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials.

STANDARD PRECAUTIONS

Standard precautions require that all human blood and other potentially infectious materials be treated as if known to be infectious for HIV, HBV, HCV, or other bloodborne pathogens, regardless of the perceived "low risk" status of a source individual. These precautions are "standard" because they are used for all patients/residents, regardless of whether or not they have a diagnosis of infectious disease. OSHA's Bloodborne Pathogens Standard recommends that employers and all health care workers, including students implement standard precautions when dealing with blood and other potentially infectious materials, which have the capability of transmitting a bloodborne pathogen. Standard Precautions are used in the health care organizations to:

- Prevent the transmission of infectious agent among patients/residents and healthcare providers.

The OSHA Bloodborne Pathogens Standards apply to blood or **Other Potentially Infectious Material (OPIM)**, which includes:

- cerebrospinal fluid
- synovial fluid
- pleural fluid
- amniotic fluid
- pericardial fluid
- peritoneal fluid
- unfixated tissue or body organs other than intact skin
- semen
- vaginal secretions
- any body fluid contaminated with blood
- saliva in dental procedures
- body fluids in emergency situations that cannot be recognized
- blood, organs, and tissue from experimental animals infected with HIV or HBV

Respiratory Hygiene/Cough Etiquette is a new component of Standard Precautions and is targeted at patients/residents and accompanying family members and friends with undiagnosed transmissible respiratory infections. They apply to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering a healthcare facility. The concepts of respiratory hygiene and cough etiquette involve using control measures to prevent patients/residents with respiratory infections from transmitting their infection to others. These measures include asking coughing or sneezing persons to:

1. Cover their mouth and nose with tissues and dispose of used tissues in waste containers.
2. Use a mask if coughing (when a mask can be tolerated).
3. Perform hand hygiene (wash with soap and warm water for 15 seconds or clean hands with alcohol-based hand product if hands are not visibly soiled) after contact with respiratory secretions.
4. To stand or sit at least 3 feet from other persons, if possible.

EXPOSURE

An exposure is contact with blood or other potentially infectious material with eyes, nose, mouth, nonintact skin, or parenteral contact, which is an injury that results in a piercing of the skin or mucous membranes, such as needlestick, bite, cut, or abrasion.

Steps for Exposure to Blood or Other Potentially Infectious Material

Immediately:

- Wash needlestick and cuts with soap and water.
- Flush splashes to the nose, mouth or skin with water.
- Irrigate eyes with clean water, saline, or sterile irrigates.
- Report exposure to your instructor, preceptor or supervisor.
- Seek medical evaluation because treatments are most likely to be effective if administered as soon as possible after the exposure.

REFERENCES

- Department of Health and Human Services Center for Disease Control and Prevention. (2007). 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Retrieved from www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html.
- U.S. Department of Labor Occupational Safety & Health Administration. (n.d.). Bloodborne Pathogens and Needlestick Prevention. Retrieved from www.osha.gov/SLTC/bloodbornepathogens/index.html.
- U.S. Department of Labor Occupational Safety & Health Administration. (n.d.). Regulations (Standards - 29 CFR) Bloodborne pathogens. - 1910.1030. Retrieved from www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051.

Sample Blood and Body Fluid Exposure Report Form

Facility name: _____

Name of exposed worker: Last _____ First : _____ ID #: _____

Date of exposure: _____ / _____ / _____ Time of exposure: _____ : _____ AM PM (Circle)

Job title/occupation: _____ Department/work unit: _____

Location where exposure occurred: _____

Name of person completing form: _____

Section I. Type of Exposure *(Check all that apply.)*

Percutaneous (Needle or sharp object that was in contact with blood or body fluids)
(Complete Sections II, III, IV, and V.)

Mucocutaneous *(Check below and complete Sections III, IV, and VI.)*
 Mucous Membrane Skin

Bite *(Complete Sections III, IV, and VI.)*

Section II. Needle/Sharp Device Information

(If exposure was percutaneous, provide the following information about the device involved.)

Name of device: _____ Unknown/Unable to determine

Brand/manufacturer: _____ Unknown/Unable to determine

Did the device have a sharps injury prevention feature, i.e., a "safety device"?

Yes No Unknown/Unable to determine

If yes, when did the injury occur?

<input type="checkbox"/> Before activation of safety feature was appropriate	<input type="checkbox"/> Safety feature failed after activation
<input type="checkbox"/> During activation of the safety feature	<input type="checkbox"/> Safety feature not activated
<input type="checkbox"/> Safety feature improperly activated	<input type="checkbox"/> Other: _____

Describe what happened with the safety feature, e.g., why it failed or why it was not activated: _____

Section III. Employee Narrative *(Optional)*

Describe how the exposure occurred and how it might have been prevented:

NOTE: This is not a CDC or OSHA form. This form was developed by CDC to help healthcare facilities collect detailed exposure information that is specifically useful for the facilities' prevention planning. Information on this page (#1) may meet OSHA sharps injury documentation requirements and can be copied and filed for purposes of maintaining a separate sharps injury log. Procedures for maintaining employee confidentiality must be followed.

Section IV. Exposure and Source Information

A. Exposure Details: (Check all that apply.)

1. Type of fluid or material (For body fluid exposures only, check which fluid in adjacent box.)

- Blood/blood products
- Visibly bloody body fluid*
- Non-visibly bloody body fluid*
- Visibly bloody solution (e.g., water used to clean a blood spill)

***Identify which body fluid**

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Cerebrospinal | <input type="checkbox"/> Urine | <input type="checkbox"/> Synovial |
| <input type="checkbox"/> Amniotic | <input type="checkbox"/> Sputum | <input type="checkbox"/> Peritoneal |
| <input type="checkbox"/> Pericardial | <input type="checkbox"/> Saliva | <input type="checkbox"/> Semen/vaginal |
| <input type="checkbox"/> Pleural | <input type="checkbox"/> Feces/stool | <input type="checkbox"/> Other/Unknown |

2. Body site of exposure. (Check all that apply.)

- | | | | |
|--------------------------------------|------------------------------|--|-------------------------------|
| <input type="checkbox"/> Hand/finger | <input type="checkbox"/> Eye | <input type="checkbox"/> Mouth/nose | <input type="checkbox"/> Face |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Leg | <input type="checkbox"/> Other (Describe: _____) | |

3. If percutaneous exposure:

Depth of injury (Check only one.)

- Superficial (e.g., scratch, no or little blood)
- Moderate (e.g., penetrated through skin, wound bled)
- Deep (e.g., intramuscular penetration)
- Unsure/Unknown

Was blood visible on device before exposure? Yes No Unsure/Unknown

4. If mucous membrane or skin exposure: (Check only one.)

Approximate volume of material

- Small (e.g., few drops)
- Large (e.g., major blood splash)

If skin exposure, was skin intact? Yes No Unsure/Unknown

B. Source Information

1. Was the source individual identified? Yes No Unsure/Unknown

2. Provide the serostatus of the source patient for the following pathogens.

	Positive	Negative	Refused	Unknown
HIV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If known, when was the serostatus of the source determined?

- Known at the time of exposure
- Determined through testing at the time of or soon after the exposure

Section V. Percutaneous Injury Circumstances

A. What device or item caused the injury?

Hollow-bore needle

- Hypodermic needle
 ___ Attached to syringe ___ Attached to IV tubing
 ___ Unattached
- Prefilled cartridge syringe needle
- Winged steel needle (i.e., butterfly^R type devices)
 ___ Attached to syringe, tube holder, or IV tubing
 ___ Unattached
- IV stylet
- Phlebotomy needle
- Spinal or epidural needle
- Bone marrow needle
- Biopsy needle
- Huber needle
- Other type of hollow-bore needle (type: _____)
- Hollow-bore needle, type unknown

Suture needle

- Suture needle

Glass

- Capillary tube
- Pipette (glass)
- Slide
- Specimen/test/vacuum
- Other: _____

Other sharp objects

- Bone chip/chipped tooth
- Bone cutter
- Bovie electrocautery device
- Bur
- Explorer
- Extraction forceps
- Elevator
- Histology cutting blade
- Lancet
- Pin
- Razor
- Retractor
- Rod (orthopaedic applications)
- Root canal file
- Scaler/curette
- Scalpel blade
- Scissors
- Tenaculum
- Trocar
- Wire
- Other type of sharp object
- Sharp object, type unknown

Other device or item

- Other: _____

B. Purpose or procedure for which sharp item was used or intended.

(Check one procedure type and complete information in corresponding box as applicable.)

<input type="checkbox"/> Establish intravenous or arterial access (Indicate type of line.)	<p style="text-align: center;">Type of Line</p> <p>___ Peripheral ___ Arterial ___ Central ___ Other</p>
<input type="checkbox"/> Access established intravenous or arterial line (Indicate type of line <u>and</u> reason for line access.)	<p style="text-align: center;">Reason for Access</p> <p>___ Connect IV infusion/piggyback ___ Flush with heparin/saline ___ Obtain blood specimen ___ Inject medication ___ Other: _____</p>
<input type="checkbox"/> Injection through skin or mucous membrane (Indicate type of injection.)	<p style="text-align: center;">Type of Injection</p> <p>___ IM injection ___ Epidural/spinal anesthesia ___ Skin test placement ___ Other injection ___ Other ID/SQ injection</p>
<input type="checkbox"/> Obtain blood specimen (through skin) (Indicate method of specimen collection.)	<p style="text-align: center;">Type of Blood Sampling</p> <p>___ Venipuncture ___ Umbilical vessel ___ Arterial puncture ___ Finger/heelstick ___ Dialysis/AV fistula site ___ Other blood sampling</p>
<input type="checkbox"/> Other specimen collection <input type="checkbox"/> Suturing <input type="checkbox"/> Cutting <input type="checkbox"/> Other procedure <input type="checkbox"/> Unknown	

C. When and how did the injury occur? (From the left hand side of page, select the point during or after use that most closely represents when the injury occurred. In the corresponding right hand box, select *one or two* circumstances that reflect how the injury happened.)

During use of the item →

- Select one or two choices:**
- Patient moved and jarred device
 - While inserting needle/sharp
 - While manipulating needle/sharp
 - While withdrawing needle/sharp
 - Passing or receiving equipment
 - Suturing
 - Tying sutures
 - Manipulating suture needle in holder
 - Incising
 - Palpating/Exploring
 - Collided with co-worker or other during procedure
 - Collided with sharp during procedure
 - Sharp object dropped during procedure

After use, before disposal of item →

- Select one or two choices:**
- Handling equipment on a tray or stand
 - Transferring specimen into specimen container
 - Processing specimens
 - Passing or transferring equipment
 - Recapping (missed or pierced cap)
 - Cap fell off after recapping
 - Disassembling device or equipment
 - Decontamination/processing of used equipment
 - During clean-up
 - In transit to disposal
 - Opening/breaking glass containers
 - Collided with co-worker/other person
 - Collided with sharp after procedure
 - Sharp object dropped after procedure
 - Struck by detached IV line needle

During or after disposal of item →

- Select one or two choices:**
- Placing sharp in container:
 - Injured by sharp being disposed
 - Injured by sharp already in container
 - While manipulating container
 - Over-filled sharps container
 - Punctured sharps container
 - Sharp protruding from open container
 - Sharp in unusual location:
 - In trash
 - In linen/laundry
 - Left on table/tray
 - Left in bed/mattress
 - On floor
 - In pocket/clothing
 - Other unusual location
 - Collided with co-worker or other person
 - Collided with sharp
 - Sharp object dropped
 - Struck by detached IV line needle

Other (Describe): _____

Unknown

Section VI. Mucous Membrane Exposures Circumstances

A. What barriers were used by worker at the time of the exposure? (Check all that apply.)

- Gloves Goggles Eyeglasses Face Shield Mask Gown

B. Activity/Event when exposure occurred (Check one.)

- Patient spit/coughed/vomited
- Airway manipulation (e.g., suctioning airway, inducing sputum)
- Endoscopic procedure
- Dental procedure
- Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter)
- Phlebotomy
- IV or arterial line insertion/removal/manipulation
- Irrigation procedure
- Vaginal delivery
- Surgical procedure (e.g., all surgical procedures including C-section)
- Bleeding vessel
- Changing dressing/wound care
- Manipulating blood tube/bottle/specimen container
- Cleaning/transporting contaminated equipment
- Other: _____
- Unknown

Comments: _____

Summary of Work-Related Injuries and Illnesses



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 _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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 ____/____/____