Sharps injury log

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Office: Year: Log kept by (name and title):

Entry no.	Date and time of incident	Date reported	Type and brand of device *	Department or work area *	Job classification	Procedure being done	How the incident occurred *	Body part	Safety feature? Activated? Injury before, during or after activation	Employee's opinion: could a safety feature or other control have prevented it	Date entered

No employee names and no patient information on this log. Record it so the injured employee stays confidential (29 CFR 1910.1030(h)(5)(i)). * Federal OSHA minimum fields, required of employers who must keep the OSHA 300 log under 29 CFR part 1904 (most dental offices are partially exempt). California (8 CCR 5193(c)(2)): every column is required, if known or reasonably available; record each incident within 14 working days of the report; keep the log 5 years from the date of the incident.

After a sharps injury: office checklist

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Use one copy for each incident. Keep it with the sharps injury log. It records what the office did, not the employee's medical information. Test results, the source individual and the written opinion go in the employee's confidential medical record, which is kept separately for the duration of employment plus 30 years (29 CFR 1910.1030(h)(1)).

Log entry no.: _____ Date of incident: _____ Date reported to the office: _____

Steps (29 CFR 1910.1030 unless noted)

☐	Employee washed the area with soap and water, or flushed eyes, nose or mouth with water	First aid
☐	Employee reported the incident to the person named in the exposure control plan	ECP
☐	Confidential medical evaluation and follow-up made available immediately, at no cost to the employee	(f)(3)
☐	Route of exposure and how the incident happened documented (for the medical record, not this log)	(f)(3)(i)
☐	Source individual identified and documented, unless infeasible or prohibited by state or local law (in the medical record only)	(f)(3)(ii)
☐	Healthcare professional given a copy of 1910.1030, the employee's duties, the exposure details, source test results if available, and relevant medical records	(f)(4)
☐	Written opinion obtained and a copy given to the employee within 15 days of the completed evaluation	(f)(5)
☐	Incident entered on the sharps injury log (California: within 14 working days of the report)	(h)(5)
☐	Circumstances of the incident evaluated; exposure control plan updated if a control failed	(c)(1)(ii)(C)

Who to call

Report exposures to (name and phone): _____ Evaluation clinic (name, address): _____ Clinic phone: _____

After hours: _____

What changed after this incident

Control, device or task reviewed	Change made or reason for no change	Date

Completed by (name and title) _____ Date _____

Never write a patient's name, chart number or date of birth on this page or on the log. Where the source individual must be identified, that goes only in the employee's confidential medical record.