MODEL NEEDLESTICK INJURY REPORTING FORM

PROBLEM: The OSHA needlestick and sharps recording criteria standard (Sec. 1904.8) requires you to record all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material on the OSHA 300 Log as an injury.

HOW TOOL HELPS SOLVE THE PROBLEM: You can adapt this Model Reporting Form to ensure you capture the right information to properly report needlestick injuries in your OSHA 300. There’s also a Medical Evaluation and Follow-Up Procedure at the end of the Reporting Form.
Instructions: This form is to be used to report needle stick/sharps injuries/body fluid exposures to ABC Company workers. Complete this form and return it to the ABC Company Director of Environmental Health and Safety within 24 hours of the injury or exposure.

BASIC INFORMATION ABOUT INJURY

Name of person exposed/injured: ______________________________________________________
ABC Company ID#: Contact #: ________________________________
Email address: ________________________________
Today’s date: ________________________________

EXPOSURE

Date of exposure: ________________________________
Time of exposure: ________________________________
Brief description of exposure:
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TYPE OF INJURY/EXPOSURE

___ Needle
___ Lancet
___ Glass
___ Blood or other body fluid
___ Other (specify) ________________________________

LOCATION WHERE EXPOSURE OCCURRED

___ PPE-patient’s home/residence
___ Community health fair or other event
___ ABC Company site (specify) ________________________________
___ Other: ________________________________

THE EXPOSURE OCCURRED

___ Before use of the sharp
___ After use of the sharp
___ During use of the sharp
INVOLVED BODY PART (WORKER)

___ Arm (but not hand)  
___ Face/head/neck  
___ Hand  
___ Leg/foot  
___ Torso (front or back)

Worker’s Medical Provider: ______________________________________________
Date provider seen: ___________________________________________________

Patient/Source information:
Name: _______________________________________________________
Contact information: _______________________________________________
_______________________________________________
_______________________________________________
Source’s Medical Provider: ______________________

TO BE COMPLETED BY ABC COMPANY STAFF

Date of source testing: ______________________
Additional information/follow-up with worker if necessary:

PROCEDURE FOR POST-EXPOSURE MEDICAL EVALUATION & FOLLOW-UP

1. Immediately cleanse the wound or mucus membranes with soap and water or if contact is the eye(s), flush with water for several minutes

2. Contact the appropriate ABC Company personnel: [list]

3. Seek medical attention. **If the exposure involves a known HIV-positive source, seek immediate medical attention since, if indicated, post-exposure prophylaxis should begin within 2 hours of exposure.**

4. When you arrive for care post exposure, inform the provider of the exposure to potential bloodborne pathogen(s).

5. Source testing (testing of the patient) will be requested by a supervisor or member of the ABC Company EHS Department.