

## Recordkeeping 201: Part 5

### ***Needlestick and sharps injuries, contact with bodily fluids***

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*Editor's note: This is the fifth installment of an occasional series of more advanced topics about recording occupational injuries and illnesses using the OSHA Form 300 and maintaining those records. The previous series about recordkeeping, covering basic information about filling in the OSHA log and creating an annual summary, is available at [www.doli.state.mn.us/recordkeeping.html](http://www.doli.state.mn.us/recordkeeping.html).*



Perhaps no single subject covered by the OSHA recordkeeping requirements produces more misunderstanding than the regulations concerning when and how to record injuries involving needles, sharp objects and contact with bodily fluids. The work I conduct with the Minnesota OSHA Workplace Safety Consultation unit's nursing home project (see *Safety Lines*, Fall 2005) and the survey team's review of OSHA 300 log data for the annual *Survey of Occupational Injuries and Illnesses* uncover many misconceptions health care industry employers have about what types of cases are recordable and how to record those cases.

#### **What is a needlestick or sharps injury?**

A cut, laceration, puncture or scratch caused by a clean needle or sharp object, one that has not been used to inject a health care patient, is not a needlestick injury. To be treated as a needlestick case, the needle – or other sharp object – must have first been used in or on another person's body or in contact with potentially infectious material before the wounding of the health care worker occurred.



The recordkeeping rule language, in section 1904.8, identifies work-related needlestick and sharps injuries as resulting from contact from objects that are contaminated with another person's blood or other potentially infectious material. Potentially infectious materials are defined in the OSHA Bloodborne Pathogens standard to include human bodily fluids, tissues and organs, and other materials infected with the HIV or hepatitis B virus, such as laboratory cultures or tissues. Wounds caused by needles and other sharp objects contaminated by a material other than blood or other potentially infectious material are included in this requirement.

#### **How are needlestick and sharps injuries recorded?**

All wounds caused by contaminated or potentially contaminated sharp objects must initially be recorded on the OSHA log as injuries. If the worker did not miss any time from work or require job restrictions or a job transfer, then the "other recordable" category is used. To protect the employee's privacy, the employee's name is not entered on the OSHA 300 log (see Recordkeeping 201, part 1 at [www.doli.state.mn.us/pdf/safetylines-spring07-rcd21.pdf](http://www.doli.state.mn.us/pdf/safetylines-spring07-rcd21.pdf)).

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If a worker injured by a contaminated needlestick or sharp object is later diagnosed with a bloodborne illness, such as AIDS, hepatitis B or hepatitis C, then the classification of the incident should be changed to an illness. The type of case may also be changed to indicate the outcome of the case, such as death, days away from work, restricted work or job transfer. The case description should be updated to indicate the name of the bloodborne illness. The name of the employee must not be entered on the log.



#### What about other exposures?

Exposure to another person's blood or to other potentially infectious material does not, in itself, constitute an injury or illness. If the worker is splashed or exposed to blood or potentially infectious material without being cut or scratched, even a splash in the eyes or mucous membranes, then the incident is recorded on the OSHA 300 log only if it results in the diagnosis of a bloodborne illness or a positive blood test, or if it meets one of the other recording criteria, such as a job transfer, work restriction or days away from work.

#### More about needlestick and sharps injury recording requirements

In addition to the requirements of 1904.8, both 29 CFR 1910.1030 Bloodborne Pathogens and Minnesota Statutes §182.6555 Reducing Occupational Exposures to Bloodborne Pathogens Through Sharps Injuries require employers to document employee exposures due to contaminated sharps.

For more information, visit [www.doli.state.mn.us/oshainfo.html](http://www.doli.state.mn.us/oshainfo.html) to view *Enforcement procedures for the occupational exposure to bloodborne pathogens standard, 29 CFR 1910.1030*. The document includes a sample sharp injury log form in appendix G.

Next up in Recordkeeping 201: *What are "other recordable" cases?*

## Nominations for DLI safety award recipient due March 30



Arthur E. McCauley, Jr.

The Minnesota Department of Labor and Industry (DLI) seeks to honor a safety or health professional who is an example of safety excellence, with the annual Arthur E. McCauley Jr., Minnesota Occupational Safety and Health Leadership Award.

The award was named for former Minnesota Safety Council Member Arthur E. McCauley Jr., whose work as a safety professional encompassed the attributes of this award. McCauley was regarded for his work as a member of the Minnesota Safety Council and the Minnesota Occupational Safety and Health Advisory Council. He was known for his dedication and tireless efforts to improve the safety and health of Minnesota's workplaces.

Complete information and the nomination form are available at [www.doli.state.mn.us/mccauley.html](http://www.doli.state.mn.us/mccauley.html). Interested parties may also contact Julie Klejewski at (651) 284-5113 or at [julie.klejewski@state.mn.us](mailto:julie.klejewski@state.mn.us) for details.