

ANNUAL TRAINING AND SAFER SHARPS EVALUATION RECORD

Must be used by all Licensed Funeral Directors and Registered Interns in lieu of or in addition to New Jersey Funeral Service Education Corporation (NJFSEC) Training Certificate. May be used in lieu of NJFSEC Training Certificate for all other staff.

Funeral Home Name:		
Employee Name (First, Middle, Last):		Trainer's Name (First, Middle, Last):
Date of Training:	Time Started:	Time Ended:
OSHA Subjects Covered:	<input type="checkbox"/> Hazard Communication <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Other Specified: _____	<input type="checkbox"/> HCHO (Respirator) <input type="checkbox"/> Workplace Safety

Annual Evaluation and Selection of Safer Sharps Devices

By all Licensed Funeral Directors and Registered Interns

The policy of this firm shall be that employees that use sharps must, at least annually, identify, evaluate, and select engineering and work practice controls, including safer devices.

1. The purpose of this annual evaluation is to identify and select any newly offered devices with engineered sharps injury protection features which will allow us to make worker practices safer during the preparation of dead human bodies.
2. This evaluation involves managerial and non-managerial Category I employees (funeral directors and interns) responsible for preparing and embalming dead human bodies.
3. This evaluation is performed on an "active" preparation room basis. If this funeral home has multiple worksites with active prep rooms, this evaluation involves employees from all worksites.
4. After a device is evaluated and selected, management will make a decision on implementing that device.
 - a. If a device is not purchased because of employer or employee concerns, those concerns will be documented on this form. However, if the employer does not purchase a device that had employee support, the employer must also document the employee support, as well as the justification for not purchasing that device.
 - b. If a device is purchased without the consent of the employees who evaluated it, the employer will document the employees' concerns, as well as the employer's justification for purchasing the device.
5. Management will ensure that:
 - a. All affected employees are informed on the process for selecting safer devices.
 - b. Employees are trained in the use of safer medical devices before using those devices.

Safer Sharps Selection Protocol (see 29 CFR 1910.1030)

This form serves to document changes in technology that eliminate or reduce exposure to bloodborne pathogens and other potentially infectious materials (OPIM); and documents this firm's annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

Confirmation of Annual Discussion

I, the OSHA Compliance Officer of this firm acknowledge that our annual discussion of Safer Sharps has taken place during this training and that the actions referenced above (and/or attached) will be completed in a timely fashion.

I acknowledge that I conducted the above-described employee training and demonstration of safer sharps devices.

X _____
Signature of OSHA Compliance Officer or Other Trainer

Employee Attendance Certification

I acknowledge that I participated in the above-described employee training, and that I have received a copy of all training materials provided during the training session. If I am a licensed funeral director or registered intern I also confirm that I took place in an employer/employee discussion on safer sharps.

X _____
Signature Employee



Safer Sharps Device(s) Considered—Evaluation

(Use as many forms as needed)

#1. TYPE <input type="checkbox"/> Scissor <input type="checkbox"/> Scalpel <input type="checkbox"/> Suture Needle <input type="checkbox"/> Hypo-Needle <input type="checkbox"/> Trocar <input type="checkbox"/> Other: _____ Manufacturer: _____	<table border="0"> <tr> <td style="width: 80%;">THE DEVICE</td> <td style="width: 5%; text-align: center;">Y</td> <td style="width: 5%; text-align: center;">N</td> <td style="width: 5%; text-align: center;">N/A</td> </tr> <tr> <td>Can be used with adult and child remains</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Can be used for same purposes the conventional device is used</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Requires special training by the manufacturer/supplier</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Does not interfere with procedures or techniques</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Requires activation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Remains activated during use</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Keeps user's hands behind the sharp during activation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Provides visible cue of activation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Does not increase the time to perform the procedure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is not affected by hand size</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is compatible with other instruments/equipment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	THE DEVICE	Y	N	N/A	Can be used with adult and child remains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can be used for same purposes the conventional device is used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires special training by the manufacturer/supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not interfere with procedures or techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires activation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remains activated during use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keeps user's hands behind the sharp during activation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides visible cue of activation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not increase the time to perform the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is not affected by hand size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is compatible with other instruments/equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Has a sharp been replaced with one of the evaluated sharps? Yes No

If no sharp has been replaced, why? _____