

SHARPS INJURY LOG

Please complete this log and an Employee Injury/Illness Report for an employee exposure incident involving a contaminated sharp.

Employee Name: _____ Department: _____

Date of Injury: _____ Time: _____ Unit/floor of injury: _____

Form Completed by: _____

Instructions: Injured employee shall go to Employee Health & Wellness for follow up. Provide completed Sharps Injury Log and Employee Injury/Illness Report to: Employee Health & Wellness (z= 7409) and Environmental Health & Safety (z=8017). Make copies of completed reports for yourself and your supervisor.

Description of the exposure incident:	Job Classification (circle one):	Location of Injury (circle one):
_____	† MD NP PA	† Patient Room
_____	† Nurse RN LPN CA	† Nurses' Station
_____	† Tech: OR Med CSS	† Operating Room/PACU
_____	† Phlebotomist/Lab Staff	† Emergency Department
_____	† Housekeeper	† Clinical Laboratory
_____	† Medical Student	† Satellite Clinic: _____
_____	† Other: _____	† Other: _____

Procedure (circle one):	Did the exposure incident occur (circle one):
† Drawing venous blood	† During use of sharp
† Drawing arterial blood	† Between steps of a multi-step procedure
† Injecting through skin	† After use and before disposal of sharp
† Starting IV	† While activating safety device
† Heparin/Saline Flush	† While putting sharp into sharps disposal container
† Cutting/scalpel use	† Sharp left in inappropriate place (table, bed, etc.)
† Suturing	† Disassembling
† Unknown/not applicable	† Handling trash
† Other: _____	† Other: _____

Body part affected (circle all that apply):	Identify sharp involved (required info.):	Did the device being used have engineered sharps injury protection?
† Finger † R † L	Size & Type: _____	† Yes † No † Don't Know
† Hand † R † L	Brand/Manufacturer: _____	
† Arm † R † L	Model: _____	
† Face/Head	(Example: 18ga Needle/BD/Safety Glide)	Was the protective mechanism activated?
† Torso	Unknown? Explain _____	† Yes-Fully † Yes-Partially † No
† Leg † R † L	=====	
† Other: _____	<input type="checkbox"/> Contaminated sharp <input type="checkbox"/> Clean sharp	Did the exposure incident occur:
	<input type="checkbox"/> Contaminated glove <input type="checkbox"/> Clean glove	† Before † During † After activation

<p><u>Exposed Employee:</u> If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?</p> <p>† Yes † No</p> <p>Comments: _____</p>	<p><u>Exposed Employee:</u> Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury?</p> <p>† Yes † No</p>
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