



Employee Bloodborne Pathogens Exposure Involving A Sharp

Name of Claimant: _____

Net ID: _____

Name of Supervisor: _____

Telephone: _____

Date of Birth: _____

Male Female

Department: _____

Building and area of injury: _____

Date of Injury: _____

Time of Injury: _____ a.m p.m

Fill in the one circle corresponding to the most appropriate answer.

Description of the exposure incident: _____ _____ _____ _____ _____ _____		Job classification: <input type="radio"/> MD <input type="radio"/> Nurse <input type="radio"/> Medical assistant <input type="radio"/> Phlebotomist/Medical Lab Tech <input type="radio"/> Housekeeper/Laundry <input type="radio"/> Research Lab Tech <input type="radio"/> Student, type _____ <input type="radio"/> Other _____		Department/Location: <input type="radio"/> Patient Room <input type="radio"/> Procedure room <input type="radio"/> Clinical laboratory <input type="radio"/> Research laboratory <input type="radio"/> Medical/outpatient clinic <input type="radio"/> Service/utility area <input type="radio"/> Other _____	
Procedure: <input type="radio"/> Draw venous blood <input type="radio"/> Heparin/saline flush <input type="radio"/> Draw arterial blood <input type="radio"/> Cutting <input type="radio"/> Injection, through skin <input type="radio"/> Suturing <input type="radio"/> Start IV/set up heparin lock <input type="radio"/> Unknown/not applicable <input type="radio"/> Other _____			Did the exposure incident occur: <input type="radio"/> During use of sharp <input type="radio"/> Disassembling <input type="radio"/> Between steps of a multistep procedure <input type="radio"/> After use and before disposal of sharp <input type="radio"/> While putting sharp into disposal container <input type="radio"/> Sharp left in an inappropriate place (table, bed, etc.) <input type="radio"/> Other _____		
Body Part: (check all that apply) <input type="radio"/> Finger <input type="radio"/> Face/head <input type="radio"/> Hand <input type="radio"/> Torso <input type="radio"/> Arm <input type="radio"/> Leg <input type="radio"/> Other _____		Identify sharp involved: (if known) Type: _____ Brand: _____ Model: _____ e.g. 18g needle/ABC Medical/"no stick" syringe		Did the device being used have engineered sharps injury protection? <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know Was the protective mechanism activated? <input type="radio"/> yes-fully <input type="radio"/> yes-partially <input type="radio"/> no Did the exposure incident occur: <input type="radio"/> before <input type="radio"/> during <input type="radio"/> after activation	
Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A Explain: _____			Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A Explain: _____		

This form will be completed by the Environmental Health & Safety (EHS) Office through interviews and maintained in the Human Resources department.