

Please complete a log for each employee exposure incident involving a sharp.

Name of Claimant: _____ Social Security No. _____

Name of Supervisor: _____ Telephone: _____

Date of Birth: _____ Male Female

Department: _____ Building and area of injury: _____

Date of Injury: _____ Time of Injury: _____ a.m or p.m

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

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

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