

SHARPS INJURY LOG

Instructions: This regulatory required sharps injury log and the Employee Injury/Illness Report must be completed for any employee incident involving a contaminated sharp. **ALL information is required.** An employee shall go to Employee Health & Wellness for follow up (ED, during off hours) and **fax completed forms to 631-706-4230.** Make copies of completed forms for you and your supervisor. (Note: for Research Foundation staff, fax Employee Injury/Illness Report to RF Benefits 632-2417 and Sharps Injury Log to 631-706-4230.)

Employee Name: _____ Employee ID No.: _____ Phone: _____
 Department: _____ Supervisor: _____
 Date of Injury: _____ Time: _____ Unit/floor of injury: _____

Description of the incident: _____ _____ _____ _____ _____ _____ _____	Job Classification (check one): <input type="checkbox"/> MD Attending <input type="checkbox"/> MD Resident/Fellow <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CA/NA <input type="checkbox"/> Surg Tech <input type="checkbox"/> Med Tech <input type="checkbox"/> CSS Tech <input type="checkbox"/> Phlebotomist/Lab Staff <input type="checkbox"/> Housekeeper <input type="checkbox"/> Medical Student <input type="checkbox"/> Other (list): _____	Injury Location (check one): <input type="checkbox"/> Patient Room <input type="checkbox"/> Nurses' Station <input type="checkbox"/> Operating Room/PACU <input type="checkbox"/> Emergency Department <input type="checkbox"/> Clinical Laboratory <input type="checkbox"/> Offsite Clinic <input type="checkbox"/> Other (list): _____ _____
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Procedure (check one): <input type="checkbox"/> Drawing venous blood <input type="checkbox"/> Drawing arterial blood <input type="checkbox"/> Injecting through skin <input type="checkbox"/> Starting IV <input type="checkbox"/> Heparin/Saline Flush <input type="checkbox"/> Cutting/scalpel use <input type="checkbox"/> Suturing <input type="checkbox"/> Other (list): _____	Did the exposure incident occur: <input type="checkbox"/> Before using sharp <input type="checkbox"/> During use of sharp <input type="checkbox"/> During withdrawal of sharp from patient Between steps of a multi-step procedure: <input type="checkbox"/> Between incremental injections <input type="checkbox"/> Passing sharp <input type="checkbox"/> Stuck by another healthcare provider <input type="checkbox"/> Safety device did not fully activate <input type="checkbox"/> Activating safety device <input type="checkbox"/> Placing sharp into sharps disposal container <input type="checkbox"/> Sharp left in inappropriate place (table, bed, etc.) <input type="checkbox"/> Disassembling <input type="checkbox"/> Handling trash <input type="checkbox"/> Cleaning/decontaminating sharp <input type="checkbox"/> Other (list): _____
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Body part affected (check one): <input type="checkbox"/> Finger <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Arm <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Leg <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Other: _____	Were the sharp and your gloves clean or contaminated (check two): <input type="checkbox"/> Contaminated sharp <input type="checkbox"/> Clean sharp <input type="checkbox"/> Contaminated gloves <input type="checkbox"/> Clean gloves	Did the sharps have engineered sharps injury mechanism (safety)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Was protective mechanism (safety) activated? <input type="checkbox"/> Yes-Fully <input type="checkbox"/> Yes-Partially <input type="checkbox"/> No Did the exposure incident occur: <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After activation
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Identify sharp involved (Complete all information):

Type: <input type="checkbox"/> Angiocath <input type="checkbox"/> Blade/Scalpel <input type="checkbox"/> Butterfly <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Lancet <input type="checkbox"/> Needle <input type="checkbox"/> Portacath (Huber Needle) <input type="checkbox"/> Spinal Needle <input type="checkbox"/> Suture <input type="checkbox"/> Other (list): _____
Size (gauge): <input type="checkbox"/> 14g <input type="checkbox"/> 16g <input type="checkbox"/> 18g <input type="checkbox"/> 19g <input type="checkbox"/> 20g <input type="checkbox"/> 21g <input type="checkbox"/> 22g <input type="checkbox"/> 23g <input type="checkbox"/> 24g <input type="checkbox"/> 25g <input type="checkbox"/> 30g <input type="checkbox"/> Other (list): _____
Blade No.: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> Other (list): _____
Brand/Manufacturer: <input type="checkbox"/> Arrow/Teleflex <input type="checkbox"/> BD <input type="checkbox"/> BBraun <input type="checkbox"/> Cardinal <input type="checkbox"/> Covidien <input type="checkbox"/> Ethicon <input type="checkbox"/> Merit Medical <input type="checkbox"/> Smiths/Jelco <input type="checkbox"/> Other (list): _____
Other Sharp Information (i.e., suture size): _____

Injured Employee: If sharp had no engineered sharps injury mechanism, do you have an opinion that such a mechanism could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured Employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____ _____ _____	