

SHARPS INJURY LOG

Please complete a Log for each employee exposure incident involving a sharp

School Site: _____ Department: _____

Address: _____ Page # _____ of _____

City: _____ State: _____ Zip Code: _____

Date Filled Out: _____ By: _____ Phone No.: _____

<u>Date of Injury</u>	<u>Time of Injury</u>	<u>Sex</u>	<u>Age</u>
___/___/___	_____:_____ ○ a.m. ○ p.m.	○ M ○ F	_____

Description of the exposure incident:

Job Classification:

- Staff
- School Nurse
- Teacher
- Teacher / Student Aid
- Student
- Custodial / Housekeeping
- Other _____

Department/Location

- Classroom
- Nurse Office
- Gym
- Playground
- Service / Utility Area
- Other _____

Procedure:

- Draw venous blood
- Draw arterial blood
- Injection, through skin
- Start IV/set up heparin lock
- Unknown / not applicable
- Other _____
- Heparin/saline flush
- Cutting
- Suturing

Did the Exposure Incident Occur:

- During use of sharp
- Between steps of a multi-step procedure
- After use and before disposal of sharp
- While putting sharp into disposal container
- Sharp left, inappropriate place (table, chair, etc.)
- Other _____
- Disassembling

Body Part: (check all that apply)

- Finger
- Hand
- Arm
- Face / Head
- Torso
- Leg

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?

- Yes
- No
- Don't Know
- Was protective mechanism activated?
 Yes-fully
- Yes-partially
- No
- Did the exposure incident occur:
 Before
- During
- After activation

Exposed employee: If the sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? Yes No Please explain below:

Exposed employee: Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury? Yes No Please explain below: