

# 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 “9” 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 “9” 631-706-4230.)

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

<b>Description of the incident:</b> _____ _____ _____ _____ _____ _____ _____	<b>Job Classification (check one):</b> <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): _____	<b>Injury Location (check one):</b> <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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<b>Procedure (check one):</b> <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): _____	<b>Did the exposure incident occur:</b> <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"/> 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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<b>Body part affected (check one):</b> <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: _____	<b>Were the sharp and your gloves clean or contaminated (check two):</b> <input type="checkbox"/> Contaminated sharp <input type="checkbox"/> Clean sharp <input type="checkbox"/> Contaminated gloves <input type="checkbox"/> Clean gloves	<b>Did the sharps have engineered sharps injury mechanism (safety)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <b>Was protective mechanism (safety) activated?</b> <input type="checkbox"/> Yes-Fully <input type="checkbox"/> Yes-Partially <input type="checkbox"/> No <b>Did the exposure incident occur:</b> <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After activation
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**Identify sharp involved (Complete all information):**

**Type:**  Angiocath    Blade/Scalpel    Butterfly    Insulin Pen    Lancet    Needle    Portacath (Huber Needle)  
 Spinal Needle    Suture    Other (list): \_\_\_\_\_

**Size (gauge):**  14g    16g    18g    19g    20g    21g    22g    23g    24g    25g    30g    Other (list): \_\_\_\_\_

**Blade No.:**  10    11    12    15    20    Other (list): \_\_\_\_\_

**Brand/Manufacturer:**  Arrow/Teleflex    BD    Cardinal    Covidien    Ethicon    Merit Medical  
 Smiths/Jelco    Other (list): \_\_\_\_\_

**Other Sharp Information (i.e., suture size):**  
 \_\_\_\_\_

<b>Injured Employee:</b> 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	<b>Injured Employee:</b> 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
<b>Comments:</b> _____ _____ _____	