**Instructions:**

1. Complete a log for each employee exposure incident involving a sharp

2. Make a photocopy for your own record; and

3. Ensure that the form is received by your Supervisor for Worker’s Compensation purposes.

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| Employee exposed: | Social Security Number: | Phone number/email: |
| Department: | Supervisor: | Phone number/email: |

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| Date and time of stick or contact with sharp: | Location of incident: | Job classification of employee: |
| Nature of exposure: | Body part stuck: | Procedure being performed at time of exposure: |

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| Describe how the incident occurred:  □ Patient agitated/hostile □ Emptying or handling a sharps container  □ During disposal □ Resheathing  □ Other |
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| Sharps information if known (Type, Brand, Model) eg, 18g needle/ABC Medical/”no stick” syringe:  a. Was the sharp/needle contaminated?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  b. If yes, what was the contamination?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. Did the device used have a retractable or self-sheathing needle?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  d. If yes, was training provided on its proper use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For the employee: What do you think could have been done to prevent this injury? |
| For the employer: What do you think could have been done to prevent this injury? |

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| Employee’s Signature: | Date: |