SHARPS INJURY LOG

Employee Name: _____ Clinical Supervisor _____

Job Title: I RN I LPN

Date & Time of Injury: _____

Employee should be seen by physician. Completed form, physician evaluation, and any financial reimbursements should accompany this form.

Location & Description of the Exposure Incident:	Physician Assessment, Conclusion & Follow-Up

Procedure Being Performed When Injury Occurred	Did the Exposure Incident Occur:	
Draw venous blood	During use of sharp	
Draw arterial blood	Between steps of a multistep procedure	
Injection, through skin	After use and before disposal of sharp	
Start IV/set up Saline Lock	While putting sharp into disposal container	
Unknown/not applicable	□ Sharp left in inappropriate place (table, bed, etc.)	
Heparin/Saline Flush	Disassembling	
Cutting	Other:	
Suturing	Was sharp contaminated	
D Other:	(known exposure to patient)?	
	If yes, was there blood on the device?	

Body Part Check all that apply	Identify Sharp Involved (If known)	Did the device being used have engineered sharps injury protection?
D Finger	Туре:	□ Yes □ No □ Don't Know
□ Hand □ R □ L	Brand:	Was the protective mechanism activated?
□Arm □R □L	Model:	Yes - Fully Yes - Partially
□ Face/Head	i.e., 18 ga needle/ABC	🗅 No
🖵 Torso	Medical/"No stick" syringe	Did the exposure incident occur:
Leg R L		Before During
		After activation

Exposed Employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?	Exposed Employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury?
🗆 Yes 🗳 No	□ Yes □ No
Explain:	Explain:

