City of Somerset

EXPOSURE / SHARPS INCIDENT REPORT

NOTE: Completely fill this report out for each employee incident in addition to the Incident Report.

Name: _____

Date of Incident (mm/dd/yy): _____

Gender: Male Female

Date Submitted (mm/dd/yy): _____

Department: _____

Time of Injury (24 hour: hh:mm):

Date of Birth (mm/dd/yy): _____

Supervisor: _____

Description of the exposure incident (include PPE in use at time of exposure):

FOR SHARPS INCIDENT, COMPLETE ALL SHADED AREAS.			
Procedure Being Performed at Time of Incident:		Incident Occurred: (Check All That Apply)	
(Check All That Apply)		During use of sharp	
Draw venous blood Cutting		Disassembling	
Heparin/saline flush Suturing		Between steps of a multistep procedure	
Draw arterial blood Injection through skin		After use and before disposal of	of sharp
Start IV/set up heparin lock		While putting sharp into disposal container	
Handle medical waste		Sharp left in inappropriate place (table, bed, trash,	
Provide First Aid/CPR		etc.)	
Other:		Other:	
Body Part: (Check All	Identify sharp involved (if	Did the device being used	Yes
That Apply)	known):	have engineered sharps	No
Finger	Туре:	injury protection?	Don't know
Face/Head	Brand:	Wee the protective	Yes, Fully
Hand	Model:	Was the protective mechanism activated?	Yes, Partially
Torso	Lot No.:	mechanism activated?	No
Arm	(EXAMPLE: "18ga. needle", "ABC	Did the exposure incident	Before Activation
Leg	Medical", "no stick syringe", "lot	occur?	During Activation
Other:	#101")		After Activation
Sharps Incident Employee Opinion: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the incident? Yes No Explain:			
Exposure Incident Employee Opinion: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the incident? Yes No Explain:			
Did employee: Seek medical attention?YesNoCall Co. Nurse?:YesNo			
Health Care Facility: Facility Phone No.:			
IMPORTANT: MAKE SURE "OUTLOOK" IS STILL OPEN. *** REVIEW YOUR FORM, THEN CLICK ON THE LARGE RED BUTTON AT RIGHT TO EMAIL TO THE H.R.MANAGER & SAFETY COORDINATOR. *** PLEASE COPY YOUR DEPARTMENT MANAGER IN YOUR EMAIL. EXPOSURE/SHARPS INCIDENT REPORT COS 2019-0201			