



## Contaminated Sharps Injury Reporting Form (continued)

4. Did the injury occur. . . . . the sharp was used for its original intended purpose? *(Fill in one circle.)*

F Before *(do not report to TDH)*      F During *(go to 4a)*      F After *(go to 4a)*

a. If the exposure occurred "During" or "After" the sharp was used, was it? *(Fill in one circle.)*

F Because the patient moved during the procedure      F While disassembling  
 F While recapping      F While putting sharp into container  
 F Found in an inappropriate place (eg, table, bed, trash)      F Other \_\_\_\_\_

5. Did the device being used have engineered sharps injury protection?

F Yes *(go to 5a)*      F No *(go to 6)*      F Don't know *(go to 6)*

a. Was the protective mechanism activated?

F Yes, fully *(go to 5b)*      F Yes, partially *(go to 5b)*      F No *(go to 6)*      F Don't know *(go to 6)*

b. Did the exposure incident occur. . . . . activation of the protective mechanism? *(Fill in one circle.)*

F Before      F During      F After

6. Was the injured person wearing gloves?      F Yes      F No

7. Had the injured person completed a hepatitis B vaccination series?      F Yes      F No

8. Was there a sharps container readily available for disposal of the sharp?      F Yes      F No

9. Had the injured person received training on the exposure control plan in the 12 months prior to the incident?      F Yes      F No

10. Involved body part *(Fill in one circle.)*

F Hand      F Arm (but not hand)      F Leg/foot      F Face/head/neck      F Torso (front or back)

11. Job classification of injured person *(Fill in one circle.)*

F MD/DO	F Respiratory therapist	F Dentist
F PA	F Phlebotomist/lab tech	F Dental hygienist
F CRNA/NP	F Aide (eg, CNA, HHA)	F School personnel (not nurse)
F RN	F EMT/Paramedic	F Housekeeper/laundry
F LVN	F Firefighter	F Chiropractor
F Surgery assistant/OR tech	F Police	F Other _____

**Employment status of injured person *(Fill in one circle.)***

F Employee      F Contractor/Contract employee      F Student      F Volunteer      F Other \_\_\_\_\_

12. If not directly employed by reporter, name of employer/service/agency/school *(Optional.)*

\_\_\_\_\_

13. Location/facility/agency in which sharps injury occurred *(Fill in one circle.)*

F Hospital	F Correctional facility
F Clinic	F Residential facility (eg, MHMR, shelter)
F Outpatient treatment (eg dialysis, infusion therapy)	F School
F Laboratory (freestanding)	F Home health
F Bloodbank/center/mobile	F Other _____
F EMS/fire/police	

14. Work area where sharps injury occurred *(Fill in one circle for best choice.)*

F Patient/resident room	F L&D	F Autopsy/pathology
F Floor, not patient room	F Procedure room	F Blood bank/center/mobile
F Critical care unit	F Dialysis room/center	F Infirmary
F Emergency dept	F Seclusion room	F Field (non EMS)
F Rescue setting (non ER)	F Medical/outpatient clinic	F Service/utility area (eg, laundry)
F Pre-op or PACU	F Laboratory	F Home
		F Other _____