

Inyo County Injury Log

Please complete a Log for each employee exposure incident involving a sharp.

Fill in the one circle corresponding to the most appropriate answer. Use block print and avoid touching lines.

Institution:		Department:	
Address:		Page #	of
City:		State:	Zip Code:
Date filled out:		By:	Phone Number:

Facility injury ID#

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Date of injury

		/			/		
month	day		year				

Time of injury

		:		
<input type="checkbox"/> a.m.			<input type="checkbox"/> p.m.	

Optional

Sex	Male	Age	
	Female		

Description of the exposure incident:

Job classification:

MD Nurse

Medical assistant

Phlebotomist/Lab tech

Housekeeper/Laundry

CNA/HHA

Student, type _____

Other _____

Department/Location:

<input type="checkbox"/> Patient room	<input type="checkbox"/> Emergency dept.
<input type="checkbox"/> Operating room	<input type="checkbox"/> Procedure room
<input type="checkbox"/> CCU/ICU	<input type="checkbox"/> Home
<input type="checkbox"/> Clinical laboratory	
<input type="checkbox"/> Medical/outpatient clinic	
<input type="checkbox"/> Service/Utility area (disp. rm./laundry)	
<input type="checkbox"/> Other _____	

Procedure:

<input type="checkbox"/> Draw venous blood	<input type="checkbox"/> Heparin/saline flush
<input type="checkbox"/> Draw arterial blood	<input type="checkbox"/> Cutting
<input type="checkbox"/> Injection, through skin	<input type="checkbox"/> Suturing
<input type="checkbox"/> Start IV/set up heparin lock	
<input type="checkbox"/> Unknown/not applicable	
<input type="checkbox"/> Other _____	

Did the exposure incident occur:

<input type="checkbox"/> During use of sharp	<input type="checkbox"/> Disassembling
<input type="checkbox"/> Between steps of a multistep procedure	
<input type="checkbox"/> After use and before disposal of sharp	
<input type="checkbox"/> While putting sharp into disposal container	
<input type="checkbox"/> Sharp left, inappropriate place (table, bed, etc.)	
<input type="checkbox"/> Other _____	

Body Part:
(Check all that apply)

<input type="checkbox"/> Finger	<input type="checkbox"/> Face/head
<input type="checkbox"/> Hand	<input type="checkbox"/> Torso
<input type="checkbox"/> Arm	<input type="checkbox"/> Leg
<input type="checkbox"/> Other _____	

Identify sharp involved:
(if known)

Type: _____

Brand: _____

Model: _____

e.g., 18g. needle/ABC Medical™ "no stick" syringe

Did the device being used have engineered sharps injury protection?

Yes No Don't know

Was the protective mechanism activated?

Yes – fully Yes - partially No

Did the exposure incident occur:

Before During After activation

Exposed employee: If sharp had no engineered sharps injury protection, of you have an opinion that such a mechanism could have prevented the injury? Yes No

Explain: _____

Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? Yes No

Explain: _____
