

ALBANY TECHNICAL COLLEGE SHARPS EXPOSURE INCIDENT REPORT FORM

Name _____ Date of Incident _____ Time: _____

Job Classification of Exposed Employee: _____

Department of Work Area Where the Exposure Incident Occurred: _____

Procedure that the Exposure Employee was Performing at the Time of the Incident: _____

Body Part involved in the Exposure Incident: _____

Explain How the Incident Occurred: _____

Type and Brand of Sharp Involved in the Exposure Incident _____

Did the Sharp have Engineered Sharps Injury Protection? Yes _____ No _____

If Yes, Complete the Questions in Section A – If No, Complete the Questions in Section B

Section A

If Yes, was the Protective Mechanism Activated? Yes _____ No _____

When did the injury Occur?

Before the Protective Mechanism was Activated _____

During Activation of the Mechanism _____

After Activation of the Mechanism _____

Were you Trained in the Use of the Specific Type and Brand Sharp? Yes _____ No _____

Section B

If No, in Your Opinion Would the use of an Engineered Sharps Injury Protection Mechanism have Prevented the Injury? Yes _____ No _____

If Yes, Explain _____

In Your Opinion, Would Any Other Engineering, Administrative, or Other Engineering, Administrative or Work Practice Control have Prevented the Injury? Yes _____ No _____

Explain: _____

Signature

Date of Report

This report is to be completed for all sharps related incidents. A student/employee accident/incident form must also be completed.

A copy of both reports will be forwarded to the Infection Control Coordinator. The Exposure Control Compliance Committee will review the incident within 5 working days.