



Department of State Health Services
Infectious Disease Control
Contaminated Sharps Injury Reporting Form

Please complete a form for each exposure incident involving a sharp.
NOTE: If injury occurred BEFORE the sharp was used for its original intended purpose, *do not* submit this form.

Facility where injury occurred:		
Street address (no PO Box):		
City:	County:	Zip Code:
Street address of reporter (if different from above):		Date filled out:
Reporter's Name:	Phone: - -	Reporter's e-mail:
INSTRUCTIONS FOR <u>DROP-DOWN LIST</u> : Choose (one) response from Drop-down list or enter answer in "Other" field.		
1. Date of injury:	/ /	Time of injury: <input type="checkbox"/> am <input type="checkbox"/> pm
Age of injured:		Sex of injured: <input type="checkbox"/> Male <input type="checkbox"/> Female
2. Type of Sharp Involved: (Choose only one response from Needles, Surgical Instruments, or Glass Drop-down Lists).	<u>Needles List</u>	or Other Non-suture needle _____
	<u>Surgical Instruments List</u>	or Other Surgical _____
	<u>Glass Items List</u>	or Other Glass _____
List Brand Name of Sharp:		
3. Original Intended Use of Sharp	A-I O-Z or Other	
4. When and How Injury Occurred... <input type="checkbox"/> before (DO NOT report to DSHS) <input type="checkbox"/> during <input type="checkbox"/> after the sharp was used for its intended purpose.	4. A If the exposure occurred during or after the sharp was used, was it... <u>How Exposed List</u> or Other _____	
5. Did the device being used have engineered sharps injury protection?		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know
A. Was the protective mechanism activated?	<input type="checkbox"/> yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> no <input type="checkbox"/> don't know	
B. Did the exposure incident occur...	<input type="checkbox"/> before <input type="checkbox"/> during <input type="checkbox"/> after activation of the protective mechanism?	
6. Was the injured person wearing gloves?	<input type="checkbox"/> yes <input type="checkbox"/> no	
7. Had the injured person completed a hepatitis B vaccination series?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	
8. Was there a sharps container readily available for disposal of the sharp?	<input type="checkbox"/> yes <input type="checkbox"/> no	
8.A Did the sharps container provide a clear view of the level of contaminated sharps?	<input type="checkbox"/> yes <input type="checkbox"/> no	
9. Had the injured person received training on the exposure control plan in the 12 months before the incident?	<input type="checkbox"/> yes <input type="checkbox"/> no	
10. Involved body part:	_____	
11. Job Classification of Injured Person	<u>A-L</u> <u>M-Z</u> or Other (specify) _____	
12. Employment Status of Injured Person	_____ or Other (specify) _____	
13. Location/Facility/Agency in Which Sharps Injury Occurred	_____ or Other (specify) _____	
14. Work Area Where Sharps Injury Occurred	<u>A-L</u> <u>M-Z</u> or Other _____	
COMMENTS (your notes, opinions, suggestions)		

INSTRUCTIONS: The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Department of State Health Services regional office in which the facility is located. Address information for regional directors can be obtained on the Internet at www.dshs.state.tx.us. The local health authority, acting as an agent for the Department of State Health Services will receive and review the report for completeness, and mail the report to: Infectious Disease Control (IDC), Department of State Health Services, PO Box 149347, Austin, Texas 78756-3199 or fax to 512 458 7616. Copies of the Contaminated Sharps Injury Reporting Form can be obtained on the Internet at www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting or from Department of State Health Services regional offices.