Annex A

CONFIDENTIAL

DATE: _____

SUBJECT: Sharps Injury Worksheet

*Note: This form will be used as a worksheet for all contaminated sharps injuries involving MEDDAC and DENTAC personnel. This form will not be placed in medical records. Handcarry this form to the Occupational Health Nurse when complete.

Name of Person Injured: _____
SSN: _____
Job Title: _____
Location: _____
Telephone Number: _____
Date of Injury:_____
Type of Injury: _____Contaminated syringe needle

_____Contaminated scalpel

_____Broken, contaminated glass

_____Other (explain):

Circumstances of Injury:

Requesting cooperation from source patient: Explain to patient that: "An employee was accidentally injured by a (needle, scalpel, etc.) after it was used in a procedure involving you. In order to protect the employee, Federal law requires us to ask you to let us test you for certain bloodborne infections. Although you cannot be required to cooperate, we encourage you to do so for public health reasons. If you agree, we will test you for hepatitis, and the AIDS virus, HIV."

Note: Informed Consent Form must be completed for HIV unless the source patient is active duty.

Sharps Injury Work Sheet

Source Information (Person whose body fluid contaminated sharp):

Unknown:

Name: _____ Address:
Telephone_____
SSN:_____
Source Patient from Ward/Clinic:_____
Source Patient's diagnosis/medical problems: _____

Treating Provider: _____

LABS ORDERED (Check):
-all lab slips should be coded BHGA - Occ. Hlth Clinic.

	Injured Patient	Source Patient		Injured Patient	Source Patient
HBs Ag	___	___	Anti HCV	___	___
Hbs Ab	___	___	HIV	___	___

*____ Source patient refused to allow lab specimen to be drawn.

This form completed by:

DATE SIGNATURE

SHARPS INJURY
INTERVIEW & FOLLOW-UP
WORKSHEET

NAME_____ SSN_____

WORK LOCATION_____ WORK #_____

SUPERVISOR_____ HOME#_____

DATE OF INJURY_____ DATE OF BIRTH_____

DATE OF UCC ENCOUNTER_____

DATE OF INTERVIEW_____

	SGOT/AST	RPR	HIV	HbsAG	ANTI HCV	HbsAB
PATIENT: DATE:						
SOURCE: DATE:						

HEP B SERIES #1_____ #2_____ #3_____

HEP A SERIES #1_____ #2_____

Letter (OSHA) to Employee_____ RTC 6 wks _____
date date

1 mo _____
date

6 mo _____
date