Sharps injury report form

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Do first aid first: wash the area with soap and running water, and tell the practice manager. Then fill this in the same day.

Date of the injury *

_____

Time *

_____

What happened *

○ Needlestick ○ Cut from a sharp instrument ○ Splash to the eyes, nose or mouth ○ Other

Instrument or source *

For example, a local anaesthetic needle, a scaler or a bur.

How it happened *

What you were doing, and where in the practice.

Is the source patient known? *

☐ Yes ☐ No

Source patient's file number

Use the file number, not the name, so the report holds as little personal detail as it needs.

First aid done

☐ Washed with soap and water ☐ Encouraged bleeding gently ☐ Rinsed eyes or mouth with water

☐ Covered with a dressing

Referred for medical assessment or blood tests? *

☐ Yes ☐ No

Referred to

The clinic, hospital or doctor.

Witness

Signature *

This report is true to the best of my knowledge.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____