



Confidential Needlestick/Sharps Injury or Exposure to Body Fluid Report Form

Seek medical advice IMMEDIATELY.

Please complete this form and follow the instructions below for any needlestick/sharps injury or incident involving exposure to body fluid.

Report the incident to your supervisor IMMEDIATELY.

For specialist advice, contact either UWA Medical Centre on 08 6488 2118 or Dr Liam O'Connor on 0419 833 151.

1. Personal Details

Last name: _____ First Name: _____

Date of Birth: _____ Sex: M / F / Other

Are you (please tick): - Student UWA employee Visitor/Contractor

Student/Staff No: _____

Home Address _____

Email: _____ Student/Staff No: _____

Contact Phone No: w) _____ h) _____ m) _____

School/Section: _____ Job Title: _____

Name of Supervisor: _____ Ph No: _____

Has your Supervisor been advised? YES / NO Date advised: _____

If you are a UWA employee, have you advised the Safety and Health Representative (SHR)?
YES / NO Name of SHR: _____

If the SHR has not been advised, does the injured person give permission for this to occur?
YES / NO

2. Incident Details

When it occurred: Date: _____ Time: _____

Description of **how** the incident occurred and any injury received: (include information on protective garments worn; length of exposure; whether it was a sharps injury or body fluid exposure.)

Incident description(cont)

Was the exposure-

- Intact skin
- Non-intact skin
- Eyes (*conjunctiva*)
- Nose (*mucosa*)
- Mouth (*mucosa*)
- Other, describe _____

Contact details of a **witness** (if there was one)

Name: _____
 Address: _____
 Phone Nos: _____

Contact details of **source patient** (if relevant)

Name: _____
 Address: _____
 Phone Nos: _____

Is the source a known positive HIV, Hepatitis B or C?: YES / NO / UNKNOWN

3. Follow Up Action

Medical treatment (please tick): First aid Medical (Doctor) Nurse

What first aid treatment was provided and by whom?

Have you previously been vaccinated against Hepatitis B? YES / NO

Did you get antibodies as a result? YES / NO / DON'T KNOW

Do you have an opinion on whether any other engineering control, administrative or work practice could have prevented the injury? YES / NO

Describe:

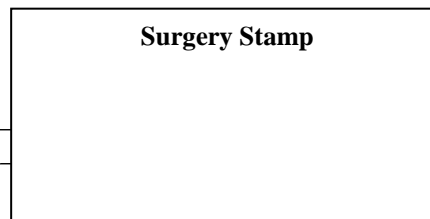
Signature (injured person): _____ Date: _____

Further information

- Can be found in the UWA Sharps Injury and Sharps Disposal policy at: <http://www.safety.uwa.edu.au/policies/sharps>
- UWA Employees may make a claim through workers' compensation to cover medical expenses see http://www.safety.uwa.edu.au/policies/workers_compensation_claim_procedure
- Students can only apply for non-Medicare costs (not including any gap) through the Student Injury Policy. <http://www.safety.uwa.edu.au/policies/student>

4. Doctor Follow Up

- No follow up required
- Follow up appointment. Date: _____
- Vaccination _____
- Prophylactic treatment commenced



Doctors signature: _____ Date: _____

Please fax completed form to the Safety & Health Office 6488 1179