

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES EMPLOYEE / STUDENT INJURY AND INCIDENT REPORT

SECTION A (PLEASE PRINT- Completed by Employee/Student and Supervisor/Instructor) Student Employee (Date of Hire _____) (visitors use PtsafetyNet)

Name _____ SSN or SAPID _____ DOB _____ Race _____ Sex _____
Address _____ Dept. or School _____ Job Title _____

Check the category that best describes **this person's regular type of job or work:** office/professional, business or management staff
 construction healthcare repair/installation or service of machines/equipment cleaning, maintenance of building/grounds
 food service delivery/driving material handling (stocking/loading/unloading/moving) other _____

Date of Accident/Injury _____ Time of Accident/Injury _____ Time employee began work _____
Location - Building _____ Floor _____ Room No _____ Incident Occurred (circle one) *before / during / after* work shift

Accident Type: Exposure Fall from Elevation Fall on same level Struck against Struck by (includes needlesticks)
 Caught In, Under or Between Rubbed or Abraded Bodily Reaction Overexertion Motor Vehicle Accident
 Contact with temperature extremes Contact with electrical current Contact with radiations, caustics, toxic and noxious substances
 Other: _____

Name of Object or Substance which directly injured employee/student: _____

1. If needle stick or sharps injury, had the instrument involved been used on a patient? Yes No (If YES, complete SECTION C)
2. Was the needle or sharp medical device a "safety design" with a shielded, recessed, retractable or blunted needle or blade? Yes No
3. If injury involves mucous membrane exposure to blood or body fluids or skin exposure to large amount of blood or prolonged contact with blood, complete SECTION C.

Blood/Body Fluid Exposure Involved (indicate one at right): Skin Exposure Mucous Membrane Exposure Needle stick or sharps injury

What was the employee/student doing just before the incident occurred (describe activity as well as tools/equipment/materials the employee was using)?

What happened? (how the injury occurred) _____

What was the injury or illness? (what part of the body and how it was affected) _____

Type of Injury: Abrasion Amputation Burn - Chemical Burn - Heat
 Concussion Contusion / Bruise Crushing Injury Exposure Faint
 Fracture Laceration / Cut Object In Eye Puncture Strain / Sprain

Area(s) Affected: Eyes Head, Neck (not eyes) Back Trunk (except back or internal)
 Arm Hand and Wrist Fingers Leg
 Feet and ankles Toes Internal and other Other: _____

At this time I DID DID NOT (check one) see a doctor/nurse about this injury.

Employee/Student	Witness	Supervisor/Instructor
Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____

SECTION B (To be completed by certified medical personnel only)

(Employees/Students working in the Pulaski County area should seek medical attention at Student Employee Health, Family Medical Center or UAMS Emergency Department)

Medical Findings and Comments _____

Extent of Injury: Fatality Lost Workday Case Nonfatal case without lost workdays

Return to work on _____ (Date) Referral _____

Treatment Location E.R. FMC SEHS AHEC clinic

Physician/Nurse (print and sign) _____ Date _____

SECTION C (Completed by Physician or Nurse Attending the Source Patient - See Hospital Policy P-5)

For a needle stick / sharps injury or body fluid exposures

If source patient is known, list source patient's

Name _____ Unit Phone # _____

Physician _____ Physician's Beeper # _____

Record risk factors for HIV or Hepatitis B or C infection (i.e. IV drug abuse, recent incarceration, blood transfusion, previous history of positive serology for HIV or Hepatitis B or C, hemodialysis) **in patient medical record**, not on this form. SEHS nurse will contact physician or nurse for this data.

Date Drawn _____

Refused Testing _____

Obtain source Pt. Lab	Hepatitis Panel	_____	_____
	Rapid HIV	_____	_____

Nurse/Physician Signature