Needlestick & Sharp Object Injury Report

Last Name: ____________________________ First Name: ____________________________

Injury ID: (for office use only) ______ Facility ID: (for office use only) ______ Completed By: ______

1) Date of Injury: [ ] [ ] [ ] [ ] [ ] [ ] 2) Time of Injury: [ ] [ ]

3) Department where Incident Occurred: ____________________________

4) Home Department: ____________________________

5) What is the Job Category of the Injured Worker? (check one box only)
   □ 1 Doctor (attending/staff); specify specialty ____________________________
   □ 2 Doctor (intern/resident/fellow) specify specialty ____________________________
   □ 3 Medical Student
   □ 4 Nurse: specify □ 1 RN □ 2 LPN □ 3 NP □ 4 CRNA
   □ 5 Nursing Student □ 2 LPN □ 3 NP □ 4 CRNA
   □ 18 CNA/HHA □ 3 NP □ 4 CRNA
   □ 6 Respiratory Therapist □ 10 Medical Technologist
   □ 20 Paramedic
   □ 7 Surgery Attendant □ 5 Midwife
   □ 6 Other Attendant □ 5 Midwife
   □ 9 Phlebotomist/Venipuncture/IV Team □ 12 Dentist
   □ 13 Dental Hygienist □ 14 Housekeeper
   □ 15 Other, describe: ____________________________

6) Where Did the Injury Occur? (check one box only)
   □ 1 Patient Room
   □ 2 Outside Patient Room (hallway, nurses station, etc.)
   □ 3 Emergency Department
   □ 4 Intensive/Critical Care unit: specify type: ____________________________
   □ 5 Operating Room/Recovery
   □ 6 Outpatient Clinic/Office
   □ 7 Blood Bank
   □ 8 Venipuncture Center
   □ 9 Phlebotomist/Venipuncture/IV Team
   □ 10 Clinical Laboratory Worker
   □ 11 Technologist (non-lab)
   □ 12 Dentist
   □ 13 Dental Hygienist
   □ 14 Housekeeper
   □ 15 Other, describe: ____________________________

7) Was the Source Patient Identifiable? (check one box only)
   □ 1 Yes □ 2 No □ 3 Unknown □ 4 Not Applicable

8) Was the Injured Worker the Original User of the Sharp Item? (check one box only)
   □ 1 Yes □ 2 No □ 3 Unknown □ 4 Not Applicable

9) The Sharp Item was: (check one box only)
   □ 1 Contaminated (known exposure to patient or contaminated equipment)
   □ 2 Uncontaminated (no known exposure to patient or contaminated equipment)
   □ 3 Unknown
   □ 4 Not Applicable

10) For What Purpose was the Sharp Item Originally Used? (check one box only)
    □ 1 Unknown/Not Applicable
    □ 2 Injection, Intra-muscular/Subcutaneous, or Other Injection through the Skin (syringe)
    □ 3 Heparin or Saline Flush (syringe)
    □ 4 Other Injection into (or aspiration from) IV injection site or IV Port (syringe)
    □ 5 To Connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection)
    □ 6 To Start IV or Set Up Heparin Lock (IV catheter or winged set-type needle)
    □ 7 To Draw Venous Blood Sample
    □ 8 To Draw Arterial Blood Sample if used to draw blood was it? □ Direct stick? □ Draw from a Line?
    □ 9 To Obtain a Body Fluid or Tissue Sample (urine/CSF/amniotic fluid/other fluid, biopsy)
    □ 10 To Place an Arterial /Central Line
    □ 11 To Contain a Specimen or Pharmaceutical (glass item)
    □ 12 Cutting
    □ 13 Electrocautery
    □ 14 Suturing
    □ 15 Other; Describe:__________________________________________________________
    □ 16 To Place an Arterial /Central Line
    □ 17 Drilling
    □ 18 To Contain a Specimen or Pharmaceutical (glass item)
    □ 19 Filling stick/Heel Stick
    □ 20 Electrocautery
    □ 21 Other; Describe:__________________________________________________________

11) Did the Injury Occur? (check one box only)
    □ 1 Before Use of Item (item broke/slipped, assembling device, etc.)
    □ 2 During Use of Item (item slipped, patient jarred item, etc)
    □ 3 Between Steps of a Multi-step Procedure (between incremental injections, passing instruments, etc.)
    □ 4 Disassembling Device or Equipment
    □ 5 In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)
    □ 6 While Recapping Used Needle
    □ 7 Withdrawing a Needle from Rubber or Other Resistant Material (rubber stopper, IV port, etc.)
    □ 8 Other After Use-Before Disposal (in transit to trash, cleaning, sorting, etc.)
    □ 9 From Item Left On or Near Disposal Container
    □ 10 While putting item into disposal container
    □ 11 After Disposal, Stuck by item protruding from opening of disposal container
    □ 12 Item Pierced Side of Disposal Container
    □ 13 After Disposal, item protruded from trash bag or inappropriate waste container
    □ 14 Other: Describe: ______________________________________________________________
12) What Type of Device Caused the Injury? (check one box only)  □ Needle-Hollow Bore  □ Surgical  □ Glass

Which Device Caused the Injury? (check one box from one of the three sections only)

Needles (for suture needles see "surgical instruments")
- □ 1 Disposable Syringe  e 22-gauge needle  □ 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ *-type device)
- □ a Insulin  □ f 21-gauge needle  □ 9 Spinal or Epidural Needle
- □ b Tuberculin  □ g 20-gauge needle  □ 10 Unattached hypodermic needle
- □ c 24/25-gauge needle  □ h "Other"  □ 11 Arterial catheter introducer needle
- □ d 23-gauge needle  □ 12 Central line catheter needle (cardiac, etc.)
- □ 2 Pre-filled cartridge syringe (includes Tubex™ *, Carpuject™ *-type syringes)  □ 13 Drum catheter needle
- □ 3 Blood gas syringe (ABG)  □ 14 Other vascular catheter needle (cardiac, etc.)
- □ 4 Syringe, other type  □ 15 Other non-vascular catheter needle (ophthalmology, etc.)
- □ 5 Needle on IV line (includes piggybacks & IV line connectors)  □ 16 Other needle, please describe: ______________________
- □ 6 Winged steel needle (includes winged-set type devices)  □ 28 Needle, not sure what kind
- □ 7 IV catheter stylet  □ 29 Other needle, please describe: ______________________

Surgical Instrument or Other Sharp Items (for glass items see "glass")
- □ 30 Lancet (finger or heel sticks)  □ 43 Specimen/Test tube (plastic)
- □ 31 Suture needle  □ 44 Fingernails/Teeth
- □ 32 Scalpel, reusable (scalpel, disposable code is 45)  □ 45 Scalpel, disposable
- □ 33 Razor  □ 46 Retractors, skin/bone hooks
- □ 34 Pipette (plastic)  □ 47 Staples/Steel sutures
- □ 35 Scissors  □ 48 Wire (suture/fixation/guide wire)
- □ 36 Electro-cautery device  □ 49 Pin (fixation, guide pin)
- □ 37 Bone cutter  □ 50 Drill bit/bur
- □ 38 Bone chip  □ 51 Pickups/Forceps/Hemostats/Clamps
- □ 39 Towel clip  □ 52 Other sharp item: Describe: ______________________
- □ 40 Microtome blade  □ 53 Sharp item, not sure what kind
- □ 41 Trocar  □ 54 Other sharp item: Describe: ______________________
- □ 42 Vacuum tube (plastic)  □ 55 Other glass item: Describe: ______________________

Glass
- □ 60 Medication ampule  □ 66 Capillary tube
- □ 61 Medication vial (small volume with rubber stopper)  □ 67 Glass slide
- □ 62 Medication/IV bottle (large volume)  □ 78 Glass item, not sure what kind
- □ 63 Pipette (glass)  □ 79 Other glass item: Describe: ______________________
- □ 64 Vacuum tube (glass)  □ 80 Other glass item: Describe: ______________________
- □ 65 Specimen/Test tube (glass)  □ 81 Other glass item: Describe: ______________________

12a) Brand/Manufacturer of Product: (e.g. ABC Medical Company) ______________________
12b) Model:
- □ 98 Please Specify: ______________________  □ 99 Unknown

13) If the Item Causing the Injury was a Needle or Sharp Medical Device, Was it a "Safety Design" with a Shielded, Recessed, Retractable, or Blunted Needle or Blade?
- □ 1 Yes, fully
- □ 2 Yes, partially
- □ 3 No
- □ 4 Unknown

13a) Was the Protective Mechanism Activated?
- □ 1 Yes, fully
- □ 2 Yes, partially
- □ 3 No
- □ 4 Unknown

13b) Did Exposure Incident Happen?
- □ 1 Before activation
- □ 2 During activation
- □ 3 After activation
- □ 4 Unknown

14) Mark the Location of the Injury: ▼
15) Was the Injury?
- 1 Superficial (little or no bleeding)
- 2 Moderate (skin punctured, some bleeding)
- 3 Severe (deep stick/cut, or profuse bleeding)

16) If Injury was to the hand, did the Sharp Item Penetrate?
- 1 Single pair of gloves
- 2 Double pair of gloves
- 3 No gloves

17) Dominant Hand of the Injured Worker:
- 1 Right-handed
- 2 Left-handed

18) Describe the Circumstances Leading to this Injury (please note if a device malfunction was involved):
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

19) For Injured Healthcare Worker: If the Sharp had no Integral Safety Feature, Do you have an Opinion that such a Feature could have prevented the Injury?
- 1 Yes
- 2 No
- 3 Unknown
Describe: _____________________________________________________________
___________________________________________________________________________________________________

20) For Injured Healthcare Worker: Do you have an Opinion that any other Engineering Control, Administrative or Work Practice could have prevented the Injury?
- 1 Yes
- 2 No
- 3 Unknown
Describe: _____________________________________________________________
___________________________________________________________________________________________________

Cost:
Lab charges (Hb, HCV, HIV, other)
- Healthcare Worker
- Source
Treatment Prophylaxis (HBIG, Hb vaccine, tetanus, other)
- Healthcare Worker
- Source
Service Charges (Emergency Dept, Employee Health, other)
- Other Costs (Worker’s Comp, surgery, other)
- TOTAL (round to nearest dollar)

Is this Incident OSHA reportable?
- 1 Yes
- 2 No
- 3 Unknown
If Yes, Days Away from Work? ______
Days of Restricted Work Activity? ______

Does this incident meet the FDA medical device reporting criteria? (Yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 works days of incident.)
- 1 Yes (If Yes, follow FDA reporting protocol.)
- 2 No

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