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
☐ 5 Nursing Student _______ 2 LPN
☐ 6 CNA/HHA _______ 3 NP
☐ 7 Respiratory Therapist _______ 4 CRNA
☐ 8 Surgery Attendant _______ 5 Midwife
☐ 9 Other Attendant _______ 6 Respiratory Therapist
☐ 10 Clinical Laboratory Worker _______ 7 Other Attendant
☐ 11 Technologist (non-lab) _______ 8 Phlebotomist/Venipuncture/IV Team
☐ 12 Dentist _______ 9 Phlebotomist/Venipuncture/IV Team
☐ 13 Dental Hygienist _______ 10 Phlebotomist/Venipuncture/IV Team
☐ 14 Housekeeper _______ 11 Other Student
☐ 15 Other; describe: ____________________________

6) Where Did the Injury Occur? (check one box only)

☐ 1 Patient Room _______ 9 Dialysis Facility (hemodialysis and peritoneal dialysis)
☐ 2 Outside Patient Room (hallway, nurses station, etc) _______ 10 Procedure Room (x-ray, EKG, etc)
☐ 3 Emergency Department _______ 11 Clinical Laboratories
☐ 4 Intensive/Critical Care unit; specify type: ______________________
☐ 5 Operating Room/Recovery _______ 12 Autopsy/Pathology
☐ 6 Outpatient Clinic/Office _______ 13 Service/Utility (laundry, central supply, loading dock, etc)
☐ 7 Blood Bank _______ 14 Labor and Delivery Room
☐ 8 Venipuncture Center _______ 15 Home-care
☐ 16 Labor and Delivery Room _______ 14 Other; describe: ____________________________
☐ 17 Home-care _______ 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 No
☐ 2 Uncontaminated (no known exposure to patient or contaminated equipment) _______
☐ 3 Unknown _______

10) For What Purpose was the Sharp Item Originally Used? (check one box only)

☐ 1 Unknown/Not Applicable _______ 16 To Place an Arterial/Central Line
☐ 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 _______
☐ 9 To Obtain a Body Fluid or Tissue Sample _______
☐ 10 Finger stick/Heel Stick _______
☐ 11 Suturing _______
☐ 12 Cutting _______
☐ 13 Electrocautery _______
☐ 14 To Contain a Specimen or Pharmaceutical (glass item) _______
☐ 15 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 Restraining patient _______
☐ 4 Between Steps of a Multi-step Procedure (between incremental injections, passing instruments, etc.) _______
☐ 5 Disassembling Device or Equipment _______
☐ 6 In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.) _______
☐ 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 Disposable Container _______
☐ 10 While putting item into Disposable Container _______
☐ 11 After Disposal, Stuck by Item Protruding from Opening of Disposable Container _______
☐ 12 Item Pierced Side of Disposable Container _______
☐ 13 After Disposal, Item Protruded from Trash Bag or Inappropriate Waste Container _______
☐ 14 Other; Describe: ____________________________

12) Exposing the Injured Worker to Disease: (check box only)

☐ 1 Infectious Disease: ____________________________

13) Injuries to Other Workers:

☐ 1 Yes _______ 2 No ________ 3 Unknown ________ 4 Not Applicable

14) Last Name: ____________________________ First Name: ________________________

15) Date of Injury: _______ _______ 2) Time of Injury: _______ _______

16) Where Did the Injury Occur? (check box only)

☐ 1 Patient Room _______ 9 Dialysis Facility (hemodialysis and peritoneal dialysis)
☐ 2 Outside Patient Room (hallway, nurses station, etc) _______ 10 Procedure Room (x-ray, EKG, etc)
☐ 3 Emergency Department _______ 11 Clinical Laboratories
☐ 4 Intensive/Critical Care unit; specify type: ______________________
☐ 5 Operating Room/Recovery _______ 12 Autopsy/Pathology
☐ 6 Outpatient Clinic/Office _______ 13 Service/Utility (laundry, central supply, loading dock, etc)
☐ 7 Blood Bank _______ 14 Labor and Delivery Room
☐ 8 Venipuncture Center _______ 15 Home-care
☐ 16 Labor and Delivery Room _______ 14 Other; describe: ____________________________
☐ 17 Home-care _______ 15 Other, describe: ____________________________

17) Was the Source Patient Identifiable? (check box only)

☐ 1 Yes _______ 2 No _______ 3 Unknown _______ 4 Not Applicable

18) Was the Injured Worker the Original User of the Sharp Item? (check box only)

☐ 1 Yes _______ 2 No _______ 3 Unknown _______ 4 Not Applicable

19) The Sharp Item was: (check box only)

☐ 1 Contaminated (known exposure to patient or contaminated equipment) _______ 2 No
☐ 2 Uncontaminated (no known exposure to patient or contaminated equipment) _______
☐ 3 Unknown _______

20) For What Purpose was the Sharp Item Originally Used? (check box only)

☐ 1 Unknown/Not Applicable _______ 16 To Place an Arterial/Central Line
☐ 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 _______
☐ 9 To Obtain a Body Fluid or Tissue Sample _______
☐ 10 Finger stick/Heel Stick _______
☐ 11 Suturing _______
☐ 12 Cutting _______
☐ 13 Electrocautery _______
☐ 14 To Contain a Specimen or Pharmaceutical (glass item) _______
☐ 15 Other; Describe: ____________________________

21) Did the Injury Occur? (check 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 Restraining patient _______
☐ 4 Between Steps of a Multi-step Procedure (between incremental injections, passing instruments, etc.) _______
☐ 5 Disassembling Device or Equipment _______
☐ 6 In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.) _______
☐ 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 Disposable Container _______
☐ 10 While putting item into Disposable Container _______
☐ 11 After Disposal, Stuck by Item Protruding from Opening of Disposable Container _______
☐ 12 Item Pierced Side of Disposable 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
  - a Insulin
  - b Tuberculin
  - c 24/25-gauge needle
  - d 23-gauge needle
  - e 22-gauge needle
  - f 21-gauge needle
  - g 20-gauge needle
  - h “Other”
- 2 Pre-filled cartridge syringe (includes Tubex™ *, Carpuject™ * - type syringes)
- 3 Blood gas syringe (ABG)
- 4 Syringe, other type
- 5 Needle on IV line (includes piggybacks & IV line connectors)
- 6 Winged steel needle (includes winged-set type devices)
- 7 IV catheter stylet

Surgical Instrument or Other Sharp Items (for glass items see “glass”)

- 30 Lancet (finger or heel sticks)
- 31 Suture needle
- 32 Scalpel, reusable (scalpel, disposable code is 45)
- 33 Razor
- 34 Pipette (plastic)
- 35 Scissors
- 36 Electro-cautery device
- 37 Bone cutter
- 38 Bone chip
- 39 Towel clip
- 40 Microtome blade
- 41 Trocar
- 42 Vacuum tube (plastic)

Glass

- 60 Medication ampule
- 61 Medication vial (small volume with rubber stopper)
- 62 Medication/IV bottle (large volume)
- 63 Pipette (glass)
- 64 Vacuum tube (glass)
- 65 Specimen/Test tube (glass)

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
- 2 No
- 3 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)
   ___ Healthcare Worker
   ___ Source
   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

* Tubex™ is a trademark of Wyeth Ayers; Carpuject™ is a trademark of Sanofi Winthrop; VACUTAINER™ is a trademark of Becton Dickinson. Identification of these products does not imply endorsement of these specific brands.