Needlestick & Sharp Object Injury Report

Last Name: ____________________________ First Name: ________________________

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

1) Date of Injury: ___________ 2) Time of Injury: ___________
3) Ward/Department where Incident Occurred: _________________________

4) Employing Department: _________________________

5) What is the Job Category of the Injured Worker: (tick one box only)
   □ 1 Doctor (Consultant/Registrar); specify specialty ______________
   □ 2 Doctor (SHO/HO); specify specialty ______________
   □ 3 Medical Student
   □ 4 Nurse; ___________ Staff/Enrolled
   □ 5 Nursing Student; ___________ Sister/Charge
   □ 6 HCA/NA; ___________ Specialist
   □ 7 ODA/ODP; ___________ Consultant
   □ 8 Other Attendant; ___________ Midwife
   □ 9 Phlebotomist/IV Team; ___________ Agency (temporary staff only)
   □ 10 Clinical Laboratory Worker
   □ 11 Technician (NON-LAB)
   □ 12 Dentist
   □ 13 Dental Hygienist/Dental Nurse
   □ 14 Domestic/Porter
   □ 15 Laundry Worker
   □ 16 Ambulance/Paramedic
   □ 17 Sterile Services
   □ 18 Other, describe: ___________
   □ 19 Professions Allied to Medicine (PAMS)

6) Where Did the Injury Occur? (tick one box only)
   □ 1 Patient Room
   □ 2 Outside Patient Room (hallway, nurses station, etc.)
   □ 3 Treatment/Procedure Room
   □ 4 Emergency Department (A and E)
   □ 5 Intensive/Critical Care unit; specify type: ______________
   □ 6 Operating Theatre/Recovery
   □ 7 Outpatient Clinic/Office
   □ 8 Blood Bank
   □ 9 Venepuncture Center
   □ 10 Dialysis Facility (haemodialysis & peritoneal dialysis)
   □ 11 Clinical Laboratories
   □ 12 Mortuary/Pathology
   □ 13 Service/Utility (sluce, laundry, sterile supply, estates, etc.)
   □ 14 Labour and Delivery Room
   □ 15 Home Care
   □ 16 Day Centre
   □ 17 Other, describe: ___________

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

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

9) The Sharp Item was: (tick one box only)
   □ 1 Contaminated (known exposure to patient or contaminated equipment)
   □ 2 Uncontaminated (no known exposure to patient or contaminated equipment)
   □ 3 Unknown

9b) If Contaminated, Was There Blood on the Device? □ 1 Yes  □ 2 No

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

11) Did the Injury Occur? (tick 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, sterilising, etc.)
    □ 7 White Recapping Used Needle
    □ 8 Withdrawal of a Needle from Rubber or Other Resistant Material (rubber stopper, IV port, 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 After Disposal, Item Pierced Side of Disposal Container
    □ 13 Device Left on Floor, Table, Bed or Other Inappropriate Place
    □ 14 Other; Describe: ___________
12) What Type of Device Caused the Injury? (tick one box only)

- Needle-Hollow Bore
- Surgical
- Glass

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

**Needles** (for suture needles see “surgical instruments”)

- 1 Disposable Syringe with needle
- 2 Pre-filled cartridge syringe (includes Tubex™, Carpuject™)
- 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
- 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ type devices)
- 9 Spinal or Epidural Needle
- 10 Unattached hypodermic needle
- 11 Arterial catheter introducer needle
- 12 Central line catheter needle (cardiac, etc.)
- 13 Drum catheter needle
- 14 Other vascular catheter needle (cardiac, etc.)
- 15 Other non-vascular catheter needle (ophthalmology, etc.)
- 28 Needle, not sure what kind
- 29 Other needle, please describe: ___________________

**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)
- 43 Specimen/Test tube (plastic)
- 44 Fingernails/Teeth
- 45 Scalpel, disposable
- 46 Retractors, skin/bone hooks
- 47 Staples/Steel sutures
- 48 Wire (suture/fixation/guide wire
- 49 Pin (fixation, guide pin)
- 50 Drill bit/bur
- 51 Pickups/Forceps/Haemostats/Clamps
- 58 Sharp item, not sure what kind
- 59 Other sharp item: Describe: ___________________

**Glass**

- 60 Medication ampoule
- 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)
- 66 Capillary tube
- 67 Glass slide
- 78 Glass item, not sure what kind
- 79 Other glass item: Describe: ___________________

12a) Brand/Manufacturer of Product: Specify: __________________________  99 Unknown
12b) Model: 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):
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Number of Hours on Duty Prior to Being Injured:
   - a 0 – 4 hours
   - b 5 – 8 hours
   - c 9 – 12 hours
   - d 13 – 16 hours
   - e 17 – 20 hours
   - f 21 – 24 hours
   - g > 24 hours

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)
     - Source
   - Other Costs (Worker’s Comp, surgery, other)
     - Source
   - TOTAL (round to nearest pound)

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

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