

Needlestick & Sharp Object Injury Report



Last Name: _____ First Name: _____

Injury ID: (office use only) S _____ Facility ID: (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)

- | | |
|---|---|
| <input type="checkbox"/> 1 Doctor (<i>attending/staff</i>); specify specialty _____ | <input type="checkbox"/> 10 Clinical Laboratory Worker |
| <input type="checkbox"/> 2 Doctor (<i>intern/resident/fellow</i>) specify specialty _____ | <input type="checkbox"/> 11 Technologist (<i>non-lab</i>) |
| <input type="checkbox"/> 3 Medical Student | <input type="checkbox"/> 12 Dentist |
| <input type="checkbox"/> 4 Nurse: specify <input type="checkbox"/> 1 RN | <input type="checkbox"/> 13 Dental Hygienist |
| <input type="checkbox"/> 5 Nursing Student <input type="checkbox"/> 2 LPN | <input type="checkbox"/> 14 Housekeeper |
| <input type="checkbox"/> 18 CNA/HHA <input type="checkbox"/> 3 NP | <input type="checkbox"/> 19 Laundry Worker |
| <input type="checkbox"/> 6 Respiratory Therapist <input type="checkbox"/> 4 CRNA | <input type="checkbox"/> 20 Security |
| <input type="checkbox"/> 7 Surgery Attendant <input type="checkbox"/> 5 Midwife | <input type="checkbox"/> 16 Paramedic |
| <input type="checkbox"/> 8 Other Attendant | <input type="checkbox"/> 17 Other Student |
| <input type="checkbox"/> 9 Phlebotomist/Venipuncture/IV Team | <input type="checkbox"/> 15 Other, describe: _____ |

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

- | | |
|--|--|
| <input type="checkbox"/> 1 Patient Room | <input type="checkbox"/> 9 Dialysis Facility (<i>hemodialysis and peritoneal dialysis</i>) |
| <input type="checkbox"/> 2 Outside Patient Room (<i>hallway, nurses station, etc.</i>) | <input type="checkbox"/> 10 Procedure Room (<i>x-ray, EKG, etc.</i>) |
| <input type="checkbox"/> 3 Emergency Department | <input type="checkbox"/> 11 Clinical Laboratories |
| <input type="checkbox"/> 4 Intensive/Critical Care unit: specify type: _____ | <input type="checkbox"/> 12 Autopsy/Pathology |
| <input type="checkbox"/> 5 Operating Room/Recovery | <input type="checkbox"/> 13 Service/Utility (<i>laundry, central supply, loading dock, etc.</i>) |
| <input type="checkbox"/> 6 Outpatient Clinic/Office | <input type="checkbox"/> 16 Labor and Delivery Room |
| <input type="checkbox"/> 7 Blood Bank | <input type="checkbox"/> 17 Home-care |
| <input type="checkbox"/> 8 Venipuncture Center | <input type="checkbox"/> 14 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)

- | | |
|--|---|
| <input type="checkbox"/> 1 Contaminated (known exposure to patient or contaminated equipment) | was there blood on the device? <input type="checkbox"/> 1 Yes |
| <input type="checkbox"/> 2 Uncontaminated (no known exposure to patient or contaminated equipment) | <input type="checkbox"/> 2 No |
| <input type="checkbox"/> 3 Unknown | |

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

- | | |
|---|--|
| <input type="checkbox"/> 1 Unknown/Not Applicable | <input type="checkbox"/> 16 To Place an Arterial /Central Line |
| <input type="checkbox"/> 2 Injection, Intra-muscular/Subcutaneous, or Other Injection through the Skin (<i>syringe</i>) | <input type="checkbox"/> 9 To Obtain a Body Fluid or Tissue Sample (<i>urine/CSF/amniotic fluid/other fluid, biopsy</i>) |
| <input type="checkbox"/> 3 Heparin or Saline Flush (<i>syringe</i>) | <input type="checkbox"/> 10 Finger stick/Heel Stick |
| <input type="checkbox"/> 4 Other Injection into (<i>or aspiration from</i>) IV injection site or IV Port (<i>syringe</i>) | <input type="checkbox"/> 11 Suturing |
| <input type="checkbox"/> 5 To Connect IV line (<i>intermittent IV/piggyback/IV infusion/other IV line connection</i>) | <input type="checkbox"/> 12 Cutting |
| <input type="checkbox"/> 6 To Start IV or Set up Heparin Lock (<i>IV catheter or winged set-type needle</i>) | <input type="checkbox"/> 17 Drilling |
| <input type="checkbox"/> 7 To Draw Venous Blood Sample | <input type="checkbox"/> 13 Electrocautery |
| <input type="checkbox"/> 8 To Draw Arterial Blood Sample | <input type="checkbox"/> 14 To Contain a Specimen or Pharmaceutical (<i>glass item</i>) |
| | <input type="checkbox"/> 15 Other; Describe: _____ |

if used to draw blood was it? Direct stick? Draw from a Line?

11) Did the Injury Occur? (check one box only)

- | | |
|---|--|
| <input type="checkbox"/> 1 Before Use of Item (<i>item broke/slipped, assembling device, etc.</i>) | <input type="checkbox"/> 16 Device Left on Floor, Table, Bed or Other Inappropriate Place |
| <input type="checkbox"/> 2 During Use of Item (<i>item slipped, patient jarred item, etc.</i>) | <input type="checkbox"/> 8 Other After Use-Before Disposal (<i>in transit to trash, cleaning, sorting, etc.</i>) |
| <input type="checkbox"/> 15 Restraining patient | <input type="checkbox"/> 9 From Item Left On or Near Disposal Container |
| <input type="checkbox"/> 3 Between Steps of a Multi-step Procedure (<i>between incremental injections, passing instruments, etc.</i>) | <input type="checkbox"/> 10 While putting Item into Disposal Container |
| <input type="checkbox"/> 4 Disassembling Device or Equipment | <input type="checkbox"/> 11 After Disposal, Stuck by Item Protruding from Opening of Disposal Container |
| <input type="checkbox"/> 5 In Preparation for Reuse of Reusable Instrument (<i>sorting, disinfecting, sterilizing, etc.</i>) | <input type="checkbox"/> 12 Item Pierced Side of Disposal Container |
| <input type="checkbox"/> 6 While Recapping Used Needle | <input type="checkbox"/> 13 After Disposal, Item Protruded from Trash Bag or Inappropriate Waste Container |
| <input type="checkbox"/> 7 Withdrawing a Needle from Rubber or Other Resistant Material (<i>rubber stopper, IV port, etc.</i>) | <input type="checkbox"/> 14 Other: Describe: _____ |

**EXPOSURE PREVENTION
INFORMATION NETWORK**

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- 12) What Type of Device Caused the Injury? (check one box only) Needles-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")

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

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

- | | |
|--|---|
| <input type="checkbox"/> 30 Lancet (finger or heel sticks) | <input type="checkbox"/> 43 Specimen/Test tube (plastic) |
| <input type="checkbox"/> 31 Suture needle | <input type="checkbox"/> 44 Fingernails/Teeth |
| <input type="checkbox"/> 32 Scalpel, reusable (scalpel, disposable code is 45) | <input type="checkbox"/> 45 Scalpel, disposable |
| <input type="checkbox"/> 33 Razor | <input type="checkbox"/> 46 Retractors, skin/bone hooks |
| <input type="checkbox"/> 34 Pipette (plastic) | <input type="checkbox"/> 47 Staples/Steel sutures |
| <input type="checkbox"/> 35 Scissors | <input type="checkbox"/> 48 Wire (suture/fixation/guide wire) |
| <input type="checkbox"/> 36 Electro-cautery device | <input type="checkbox"/> 49 Pin (fixation, guide pin) |
| <input type="checkbox"/> 37 Bone cutter | <input type="checkbox"/> 50 Drill bit/bur |
| <input type="checkbox"/> 38 Bone chip | <input type="checkbox"/> 51 Pickups/Forceps/Hemostats/Clamps |
| <input type="checkbox"/> 39 Towel clip | |
| <input type="checkbox"/> 40 Microtome blade | <input type="checkbox"/> 58 Sharp item, not sure what kind |
| <input type="checkbox"/> 41 Trocar | <input type="checkbox"/> 59 Other sharp item: Describe: _____ |
| <input type="checkbox"/> 42 Vacuum tube (plastic) | |

Glass

- | | |
|--|---|
| <input type="checkbox"/> 60 Medication ampule | <input type="checkbox"/> 66 Capillary tube |
| <input type="checkbox"/> 61 Medication vial (small volume with rubber stopper) | <input type="checkbox"/> 67 Glass slide |
| <input type="checkbox"/> 62 Medication/IV bottle (large volume) | |
| <input type="checkbox"/> 63 Pipette (glass) | <input type="checkbox"/> 78 Glass item, not sure what kind |
| <input type="checkbox"/> 64 Vacuum tube (glass) | <input type="checkbox"/> 79 Other glass item: Describe: _____ |
| <input type="checkbox"/> 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

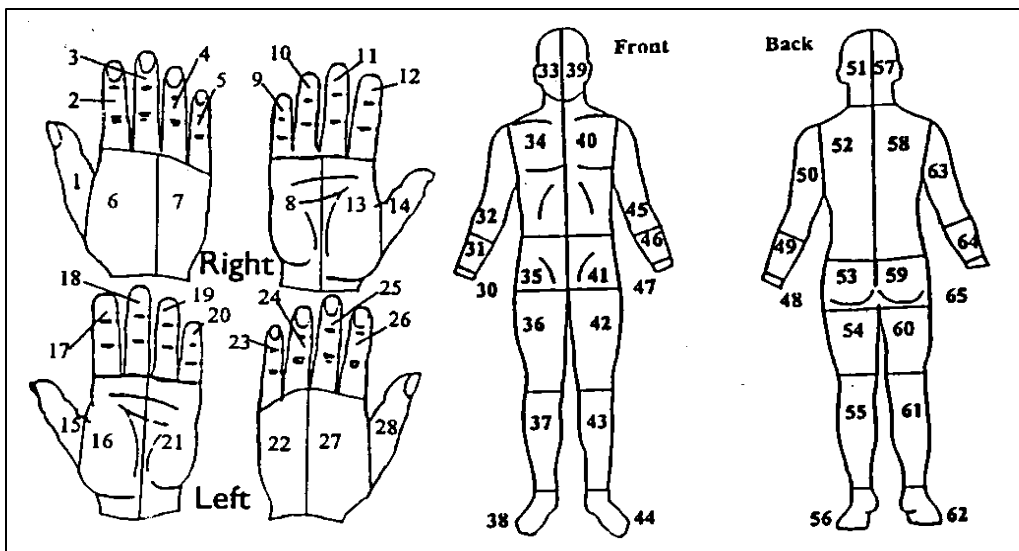
13a) Was the Protective Mechanism Activated?

- 1 Yes, fully 3 No
 2 Yes, partially 4 Unknown

13b) Did Exposure Incident Happen?

- 1 Before activation 3 After activation
 2 During activation 4 Unknown

14) Mark the Location of the Injury in the box below:



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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