

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) Department where incident occurred: _____

4) Home/Employing department: _____

5) What is the job category of the injured worker? (check one box only)

- | | |
|--|--|
| <input type="checkbox"/> 1 Doctor (attending/staff); specify specialty _____ | <input type="checkbox"/> 10 Clinical laboratory worker |
| <input type="checkbox"/> 2 Doctor (intern/resident/fellow) specify specialty _____ | <input type="checkbox"/> 11 Technologist (non-lab) |
| <input type="checkbox"/> 3 Medical student | <input type="checkbox"/> 12 Dentist |
| <input type="checkbox"/> 4 Nurse: specify <input checked="" 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 (hemodialysis and peritoneal dialysis) |
| <input type="checkbox"/> 2 Outside patient room (hallway, nurses station, etc.) | <input type="checkbox"/> 10 Procedure room (x-ray, EKG, etc.) |
| <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 (laundry, central supply, loading dock, etc.) |
| <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) <input checked="" type="checkbox"/> | 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 | | <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 (syringe) | <input type="checkbox"/> 9 To obtain a body fluid or tissue sample (urine/CSF/amniotic fluid/other fluid, biopsy) |
| <input type="checkbox"/> 3 Heparin or saline flush (syringe) | <input type="checkbox"/> 10 Finger stick/Heel stick |
| <input type="checkbox"/> 4 Other injection into (or aspiration from) IV injection site or IV port (syringe) | <input type="checkbox"/> 11 Suturing |
| <input type="checkbox"/> 5 To connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection) | <input type="checkbox"/> 12 Cutting |
| <input type="checkbox"/> 6 To start IV or set up heparin lock (IV catheter or winged set-type needle) | <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 checked="" type="checkbox"/> | <input type="checkbox"/> 14 To contain a specimen or pharmaceutical (glass item) |
| | <input type="checkbox"/> 15 Other; describe: _____ |
- 1 Direct stick? 2 Draw from a line?

11) Did the injury occur? (check one box only)

- | | |
|--|--|
| <input type="checkbox"/> 1 Before use of item (item broke/slipped, assembling device, etc.) | <input type="checkbox"/> 16 Device left on floor, table, bed or other inappropriate place |
| <input type="checkbox"/> 2 During use of item (item slipped, patient jarred item, etc.) | <input type="checkbox"/> 8 Other after use-before disposal (in transit to trash, cleaning, sorting, etc.) |
| <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 (between incremental injections, passing instruments, etc.) | <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 (sorting, disinfecting, sterilizing, etc.) | <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 (rubber stopper, IV port, etc.) | <input type="checkbox"/> 14 Other; describe: _____ |

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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
- 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

- 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ -type device)
- 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/Hemostats/Clamps

- 58 Sharp item, not sure what kind
- 59 Other sharp item: Describe: _____

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)

- 66 Capillary tube
- 67 Glass slide
- 78 Glass item, not sure what kind
- 79 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
- 2 No
- 3 Unknown

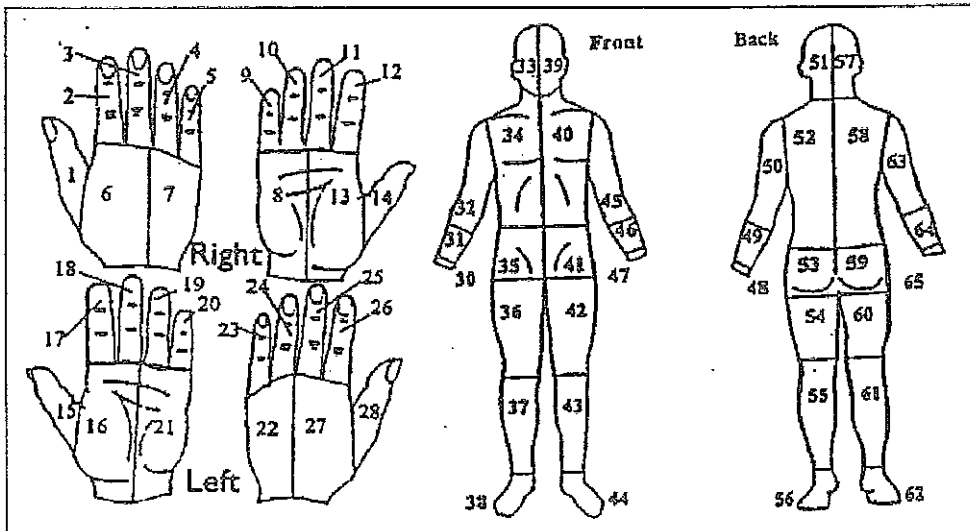
13a) Was the protective mechanism activated?

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

13b) Did injury 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/out, 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
- 3 Unknown

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