

Needlestick & Sharp Object Injury Report/OR

EPINet™

FOR MICROSOFT® ACCESS

EXPOSURE PREVENTION ►
INFORMATION NETWORK ►

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9/2014

Last name: _____ First name: _____

Email _____

Injury ID: (for office use only) **S** _____ Facility ID: (for office use only) _____ Completed by: _____

1. **Date of injury:** 2. **Time of injury:**

3. **Surgical service:**
- | | | |
|---|---|--|
| <input type="checkbox"/> 1 General | <input type="checkbox"/> 6 ENT | <input type="checkbox"/> 11 Transplants |
| <input type="checkbox"/> 2 Cardiovascular | <input type="checkbox"/> 7 Neurosurgery | <input type="checkbox"/> 12 Ophthalmology |
| <input type="checkbox"/> 3 OB/C-section | <input type="checkbox"/> 8 Plastic | <input type="checkbox"/> 13 Thoracic |
| <input type="checkbox"/> 4 Gynecology | <input type="checkbox"/> 9 Urology | |
| <input type="checkbox"/> 5 Orthopedic | <input type="checkbox"/> 10 Oral/Dental | <input type="checkbox"/> 99 Other service, describe: _____ |

4. **Surgical procedure being performed:** _____

4a. **Was it an endoscopic/laparoscopic procedure?**

- 1 Yes 2 No 3 Unknown 4 Not applicable

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

- | | |
|---|--|
| <input type="checkbox"/> 1 Surgeon (<i>attending</i>) specify specialty _____ | <input type="checkbox"/> 9 Circulating nurse at time of incident → <input type="checkbox"/> 1 RN <input type="checkbox"/> 2 ORT <input type="checkbox"/> 3 UAP |
| <input type="checkbox"/> 2 Surgeon (<i>resident</i>) specify specialty _____ | <input type="checkbox"/> 10 Scrub nurse at time of incident → <input type="checkbox"/> 1 RN <input type="checkbox"/> 2 ORT <input type="checkbox"/> 3 UAP |
| <input type="checkbox"/> 3 Ob/Gyn (<i>attending</i>) | <input type="checkbox"/> 11 Other Nurse |
| <input type="checkbox"/> 4 Ob/Gyn (<i>resident</i>) | <input type="checkbox"/> 12 Nursing student |
| <input type="checkbox"/> 5 Anesthesiologist (<i>attending</i>) | <input type="checkbox"/> 13 OR attendant |
| <input type="checkbox"/> 6 Anesthesiologist (<i>resident</i>) | <input type="checkbox"/> 14 Housekeeper |
| <input type="checkbox"/> 7 Nurse anesthetist | |
| <input type="checkbox"/> 8 Med student, mark rotation → <input type="checkbox"/> surg <input type="checkbox"/> anesth <input type="checkbox"/> ob-gyn | <input type="checkbox"/> 99 Other, describe: _____ |

5a. **If the injury was sustained by an anesthesia team member, what anesthesia task was being performed at the time of exposure?**

describe: _____



6. **Where did the injury occur?** (check one box only)

- | | |
|---|--|
| <input type="checkbox"/> 1 Pre-operative area | <input type="checkbox"/> 8 At patient's puncture site (<i>intro of vascular cath/injection, etc</i>) |
| <input type="checkbox"/> 2 At the mayo (<i>instrument</i>) stand | <input type="checkbox"/> 9 At site of injection into IV equipment |
| <input type="checkbox"/> 3 At the back table | <input type="checkbox"/> 10 on OR floor |
| <input type="checkbox"/> 4 In the operative site/wound | <input type="checkbox"/> 11 in the OR utility room |
| <input type="checkbox"/> 5 On the surgical field (<i>near operative site</i>) | <input type="checkbox"/> 12 Post anesthesia care unit (<i>recovery room</i>) |
| <input type="checkbox"/> 6 On anesthesia machine | |
| <input type="checkbox"/> 7 On anesthesia cart | <input type="checkbox"/> 99 Other, describe: _____ |

7. **Was the source patient's identity known?** (check one box only)

- 1 Yes 2 No 3 Unknown 4 Not applicable

8. **For what purpose was the sharp item originally used?** (check one box only)

- | | |
|---|--|
| <input type="checkbox"/> 1 Unknown/not applicable | <input type="checkbox"/> 12 Cutting (<i>surgery</i>) |
| <input type="checkbox"/> 2 Injection, intra-muscular/subcutaneous, or other injection through the skin (<i>syringe</i>) | <input type="checkbox"/> 13 Suturing muscle/fascia |
| <input type="checkbox"/> 3 To start IV or set up heparin lock (<i>IV catheter or winged set-type needle</i>) | <input type="checkbox"/> 14 Suturing skin |
| <input type="checkbox"/> 4 To connect IV line (<i>intermittent IV/piggyback/IV infusion/other IV line connection</i>) | <input type="checkbox"/> 21 Suturing tissue not listed above, describe: _____ |
| <input type="checkbox"/> 5 Injection into (or aspiration from) IV injection site or IV port | <input type="checkbox"/> 15 Electrocautery |
| <input type="checkbox"/> 6 To place an arterial line/catheter | <input type="checkbox"/> 16 Drilling/sawing |
| <input type="checkbox"/> 7 To place a central line/catheter | <input type="checkbox"/> 17 Retracting tissue/bone |
| <input type="checkbox"/> 8 To place other non-vascular line/catheter | <input type="checkbox"/> 18 Wiring/fixing |
| <input type="checkbox"/> 9 To draw venous blood sample  | <input type="checkbox"/> 19 Using as a tool, not on patient |
| <input type="checkbox"/> 10 To draw arterial blood sample  | <input type="checkbox"/> 20 To contain a specimen or pharmaceutical (<i>glass items</i>) |
| <input type="checkbox"/> 11 To obtain a body fluid or tissue sample (<i>urine/CSF/amniotic fluid/other fluid, biopsy</i>) | <input type="checkbox"/> 99 Other; describe _____ |

if used to draw blood was it? 1 Direct stick? 2 Drawn from a line?

9. **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"/> 12 Withdrawing needle from rubber or resistant material |
| <input type="checkbox"/> 2 During use of item (<i>item slipped, patient/colleague jarred item, etc</i>) | <input type="checkbox"/> 13 Other after use-before disposal (<i>in transit to trash, cleaning, left on bed, table, floor, or other inappropriate place, etc.</i>) |
| <input type="checkbox"/> 3 While manually retracting tissue in operative site | <input type="checkbox"/> 14 From item left on or near disposal container |
| <input type="checkbox"/> 4 While retracting tissue using retractor or other instrument | <input type="checkbox"/> 15 While putting item into disposal container |
| <input type="checkbox"/> 5 Passing instruments, hand-to-hand | <input type="checkbox"/> 16 After disposal, stuck by item protruding from opening of disposal container |
| <input type="checkbox"/> 6 Passing instruments, hand-free transfer | <input type="checkbox"/> 17 Item pierced side of disposal container |
| <input type="checkbox"/> 7 Between incremental injections | <input type="checkbox"/> 18 After disposal, item protruded from trash bag or inappropriate waste container |
| <input type="checkbox"/> 8 In between uses of devices | <input type="checkbox"/> 99 Other, describe: _____ |
| <input type="checkbox"/> 9 Disassembling device or equipment | |
| <input type="checkbox"/> 10 Sorting, disinfecting, and/or sterilizing instruments | |
| <input type="checkbox"/> 11 While recapping a used needle | |

10. At the time of the injury, was the sharp instrument/item? (check one box only)

- 1 Held by another person 2 Held by injured person 3 Not held by anyone

11. The sharp item was: (check one box only)

- 1 Contaminated (known exposure to patient or contaminated equipment) **was there blood on the device?** 1 Yes
 2 Uncontaminated (no known exposure to patient or contaminated equipment) 2 No
 3 Unknown

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")

- | | |
|---|--|
| <input type="checkbox"/> 1 Disposable Syringe (includes standard, insulin, tuberculin, etc) | <input type="checkbox"/> 9 Spinal or epidural needle |
| <input type="checkbox"/> 2 Pre-filled cartridge syringe (includes Tubex™, Carpuject™ - type syringes) | <input type="checkbox"/> 10 Unattached hypodermic needle |
| <input type="checkbox"/> 3 Blood gas syringe (ABG) | <input type="checkbox"/> 11 Arterial catheter introducer needle |
| <input type="checkbox"/> 4 Syringe, other type | <input type="checkbox"/> 12 Central line catheter introducer needle |
| <input type="checkbox"/> 5 Needle on IV line (includes piggybacks & IV line connectors) | <input type="checkbox"/> 13 Drum catheter needle |
| <input type="checkbox"/> 6 Winged steel needle (includes winged-set type devices) | <input type="checkbox"/> 14 Other vascular catheter needle (cardiac etc.) |
| <input type="checkbox"/> 7 IV catheter stylet | <input type="checkbox"/> 15 Other non-vascular catheter needle (ophthalmology, etc.) |
| <input type="checkbox"/> 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ -type device) | <input type="checkbox"/> 16 Huber-type needle |
| | <input type="checkbox"/> 28 Needle, not sure what kind |
| | <input type="checkbox"/> 29 Other needle: describe: _____ |

Surgical instrument or other sharp items (for glass items see "glass")

- | | |
|---|---|
| <input type="checkbox"/> 30 Lancet (finger or heel sticks) | <input type="checkbox"/> 40 Microtome blade |
| <input type="checkbox"/> 31 Suture needle | <input type="checkbox"/> 41 Trocar |
| <input type="checkbox"/> 32 Scalpel blade, reusable handle | <input type="checkbox"/> 42 Vacuum tube (plastic) |
| <input type="checkbox"/> 45 Scalpel blade, disposable handle | <input type="checkbox"/> 43 Specimen/Test tube (plastic) |
| <input type="checkbox"/> 33 Razor | <input type="checkbox"/> 44 Fingernails/Teeth |
| <input type="checkbox"/> 34 Pipette (plastic) | <input type="checkbox"/> 46 Retractors, skin/bone hooks |
| <input type="checkbox"/> 35 Scissors | <input type="checkbox"/> 47 Staples/Steel sutures |
| <input type="checkbox"/> 360 Electro-cautery device, needle tip | <input type="checkbox"/> 48 Wire (suture/fixation/guide wire) |
| <input type="checkbox"/> 361 Electro-cautery device, blade tip | <input type="checkbox"/> 49 Pin (fixation, guide pin) |
| <input type="checkbox"/> 362 Electro-cautery device, loop tip | <input type="checkbox"/> 50 Drill bit/burr |
| <input type="checkbox"/> 37 Bone cutter | <input type="checkbox"/> 51 Pickups/Forceps/Hemostats/Clamps |
| <input type="checkbox"/> 38 Bone chip | <input type="checkbox"/> 58 Sharp item, not sure what kind |
| <input type="checkbox"/> 39 Perforating towel clip | <input type="checkbox"/> 59 Other sharp item: describe: _____ |

Glass

- | | |
|--|---|
| <input type="checkbox"/> 60 Medication ampule | <input type="checkbox"/> 65 Specimen/Test tube (glass) |
| <input type="checkbox"/> 61 Medication vial (small volume with rubber stopper) | <input type="checkbox"/> 66 Capillary tube |
| <input type="checkbox"/> 62 Medication/IV bottle (large volume) | <input type="checkbox"/> 67 Glass slide |
| <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: _____ |

12a. Brand/Manufacturer of product: (e.g. ABC Medical Company) _____

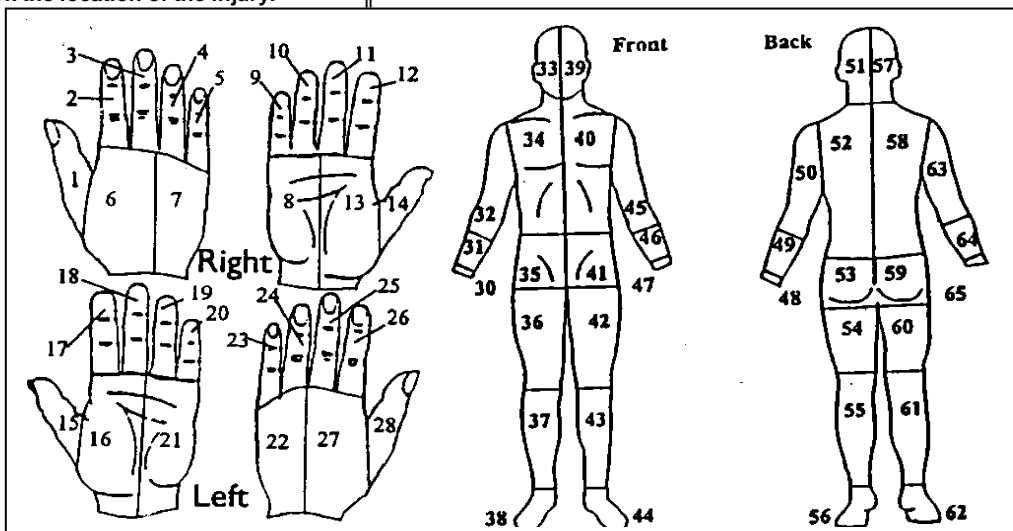
12b. Model: 98 Known: Please specify: _____ 99 Unknown

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 the injury 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 this 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 this 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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