

Needlestick & Sharp Object Injury Report



Last name: _____ First name: _____

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

Facility name: _____

Teaching/Regional hospital Polyclinic Health post Other, describe: _____

1) **Date of injury:** ____/____/____ 2) **Time of injury:** ____:____

3) **Department where injury occurred:** _____ 4) **Home department:** _____

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

- | | |
|--|--|
| <input type="checkbox"/> 1 Doctor (specialist/consultant); specialty _____ | <input type="checkbox"/> 10 Clinical laboratory worker |
| <input type="checkbox"/> 2 Doctor (resident/SMO/MO/House officer) specialty _____ | <input type="checkbox"/> 11 Technologist (non lab) |
| <input type="checkbox"/> 3 Medical student | <input type="checkbox"/> 12 Dentist |
| <input type="checkbox"/> 24 Midwife/Birth attendant | <input type="checkbox"/> 16 Paramedic |
| <input type="checkbox"/> 4 Nurse =====> <input type="checkbox"/> 1 Registered | <input type="checkbox"/> 14 Housekeeper |
| <input type="checkbox"/> 5 Nursing student <input type="checkbox"/> 2 Midwife | <input type="checkbox"/> 19 Laundry worker |
| <input type="checkbox"/> 17 Other student <input type="checkbox"/> 3 Enrolled | <input type="checkbox"/> 20 Security |
| <input type="checkbox"/> 18 Ward assistant <input type="checkbox"/> 4 Enrolled asst. | <input type="checkbox"/> 15 Other, describe: _____ |
| <input type="checkbox"/> 5 Agency staff | |

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

- | | |
|---|---|
| <input type="checkbox"/> 1 Patient bedside | <input type="checkbox"/> 9 Dialysis facility (hemodialysis and peritoneal dialysis) |
| <input type="checkbox"/> 2 Outside patient area (hallway, nurses station, etc.) | <input type="checkbox"/> 10 Procedure room (injection/suture/POP/x-ray/EKG/etc.) |
| <input type="checkbox"/> 3 Casualty/Emergency room | <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 Consulting room/OPD/Clinic | <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 user of the sharp item?** (check one box only)

- 1 Yes 2 No 3 Unknown 4 Not applicable

9) **Was this a re-used device or was this its first use?** (check one box only)

- 1 First use 2 Re-used 3 Unknown

10) **The sharp item was:** (check one box only)

- | | |
|--|--|
| <input type="checkbox"/> 1 Contaminated (known exposure to patient or contaminated equipment) ==> | Was 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 | |

11) **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 (syringe) | <input type="checkbox"/> 9 To obtain a body fluid/tissue sample/biopsy |
| <input type="checkbox"/> 3 Flush IV line or port (syringe) | <input type="checkbox"/> 10 Finger stick/Heel stick |
| <input type="checkbox"/> 4 Other injection or aspiration (syringe) | <input type="checkbox"/> 11 Suturing |
| <input type="checkbox"/> 5 To connect IV line (intermittent IV/piggyback) | <input type="checkbox"/> 12 Cutting |
| <input type="checkbox"/> 6 To start intravenous infusion | <input type="checkbox"/> 17 Drilling |
| <input type="checkbox"/> 18 To start an intra-osseous infusion | <input type="checkbox"/> 13 Electrocautery |
| <input type="checkbox"/> 19 To start a subcutaneous infusion | <input type="checkbox"/> 14 To contain a specimen or pharmaceutical (glass item) |
| <input type="checkbox"/> 7 To draw venous blood | <input type="checkbox"/> 15 Other; describe _____ |
| <input type="checkbox"/> 8 To draw arterial blood Was it? <input type="checkbox"/> Drawn from a vein or artery <input type="checkbox"/> Drawn from a venous or arterial line | |

12) **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: _____ |

13) **What device caused the injury?** (check one box only for question 13)

Hollow needle (for suture needle see "Surgical instrument")

- 1 Needle on disposable syringe
- 17 Needle on reusable glass syringe
- 2 Pre-filled syringe needle
- 3 Blood gas syringe needle (ABG)
- 4 Syringe needle, other type
- 5 Needle on IV line (includes piggybacks & IV line connectors)
- 6 Winged steel needle (butterfly)
- 7 IV catheter stylet
- 8 Vacuum tube blood collection holder/needle
- 9 Spinal or epidural needle
- 10 Unattached hypodermic needle
- 11 Arterial catheter introducer needle
- 12 Central line catheter needle (cardiac, etc.)
- 28 Needle, not sure what kind
- 29 Other needle, describe: _____

Surgical instrument or other sharp item (for glass item see "Glass")

- 30 Lancet (finger or heel sticks)
- 31 Suture needle
- 32 Scalpel, reusable
- 45 Scalpel, disposable
- 33 Razor
- 35 Scissors
- 36 Electro-cautery device
- 37 Bone cutter
- 39 Towel clip
- 40 Microtome blade
- 41 Trocar
- 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
- 38 Bone fragment
- 44 Fingernails/Teeth
- 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
- 79 Other glass item: describe: _____

14) **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?** (check one box only)

- 1 Yes
- 2 No
- 3 Unknown

14a) Was the protective mechanism activated? (check one box only if you answered "Yes" to question 14)

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

14b) Did exposure incident happen? (check one box only if you answered "Yes" to question 14)

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

15) **If the injury was from a disposable syringe, was it an "auto-disable" syringe with a blocking mechanism preventing its re-use?**

- 1 Yes
- 2 No
- 3 Unknown
- 4 Not applicable

16) **Where was the disposal container located?** (check one box only)

- 1 Within arm's reach
- 2 Out of reach, but in same room
- 3 In a different room
- 4 Not applicable

17) **If there was a disposal container, was it?** (check all that apply)

- 1 Cardboard container
- 2 Plastic container
- 3 Re-used container or box
- 4 Sharps container

18) **What was the location of the injury?** (check one box only)

- 1 Right hand
- 2 Left hand
- 3 Right foot
- 4 Left foot
- 5 Other, describe: _____

19) **Was the injury?** (check one box only)

- 1 Superficial (little or no bleeding)
- 2 Moderate (skin punctured, some bleeding)
- 3 Severe (deep stick/cut, or profuse bleeding)

20) **If injury was to the hand, did the sharp item penetrate?** (check one box only)

- 1 Single pair of gloves
- 2 Double pair of gloves
- 3 No gloves

21) **Have you been vaccinated for Hepatitis B?** (check one box only)

- 1 Yes, fully, 3 doses
- 2 Yes, partially, 1 or 2 doses
- 3 No
- 4 Not applicable

22) **Describe the circumstances leading to this injury:**

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 government reportable? 1 Yes 2 No 3 Unknown

If yes, days away from work? _____

Days of restricted work activity? _____

Does this incident meet the 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 2 No