

# 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)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Doctor (Consultant/Registrar); specify specialty _____      | <input type="checkbox"/> 10 Clinical Laboratory Worker    |
| <input type="checkbox"/> 2 Doctor (SHO/HO) specify specialty _____                     | <input type="checkbox"/> 11 Technician (non-lab)          |
| <input type="checkbox"/> 3 Medical Student   | <input type="checkbox"/> 12 Dentist                       |
| <input type="checkbox"/> 4 Nurse-- <b>TICK ONE</b> <input checked="" type="checkbox"/> | <input type="checkbox"/> 13 Dental Hygienist/Dental Nurse |
| <input type="checkbox"/> 5 Nursing Student   | <input type="checkbox"/> 14 Domestic/Porter               |
| <input type="checkbox"/> 18 HCA/NA   | <input type="checkbox"/> 19 Laundry Worker                |
| <input type="checkbox"/> 7 ODA/ODP   | <input type="checkbox"/> 16 Ambulance/Paramedic           |
| <input type="checkbox"/> 8 Other Attendant   | <input type="checkbox"/> 21 Sterile Services              |
| <input type="checkbox"/> 9 Phlebotomist/IV Team  | <input type="checkbox"/> 15 Other, describe: _____        |
| <input type="checkbox"/> 22 Professions Allied to Medicine (PAMS)                      |   |

EXPOSURE PREVENTION ►  
INFORMATION NETWORK ►

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

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Patient Room   | <input type="checkbox"/> 9 Dialysis Facility (haemodialysis & peritoneal dialysis)          |
| <input type="checkbox"/> 2 Outside Patient Room (hallway, nurses station, etc.) | <input type="checkbox"/> 11 Clinical Laboratories   |
| <input type="checkbox"/> 10 Treatment/Procedure Room                            | <input type="checkbox"/> 12 Mortuary/Pathology  |
| <input type="checkbox"/> 3 Emergency Department (A and E)                       | <input type="checkbox"/> 13 Service/Utility (sluice, laundry, sterile supply, estates, etc) |
| <input type="checkbox"/> 4 Intensive/Critical Care unit: specify type: _____    | <input type="checkbox"/> 16 Labour and Delivery Room  |
| <input type="checkbox"/> 5 Operating Theatre/Recovery                           | <input type="checkbox"/> 17 Home Care   |
| <input type="checkbox"/> 6 Outpatient Clinic/Office                             | <input type="checkbox"/> 18 Day Centre  |
| <input type="checkbox"/> 7 Blood Bank   | <input type="checkbox"/> 14 Other, describe: _____  |
| <input type="checkbox"/> 8 Venepuncture Center                                  |   |

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)

- |  |   |
|--|---|
| <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"/> 18 Subcutaneous Infusion (fluid/medication)   | <input type="checkbox"/> 10 Finger stick/Heel Stick   |
| <input type="checkbox"/> 3 Heparin or Saline Intravenous Flush (bolus)   | <input type="checkbox"/> 11 Suturing  |
| <input type="checkbox"/> 4 Other Injection into (or aspiration from) IV injection site or IV Port (syringe)      | <input type="checkbox"/> 12 Cutting   |
| <input type="checkbox"/> 5 To Connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection)   | <input type="checkbox"/> 17 Drilling  |
| <input type="checkbox"/> 6 Cannulate IV or Set up Heparin Lock (IV catheter or winged set-type needle)           | <input type="checkbox"/> 13 Electrocautery  |
| <input type="checkbox"/> 7 To Draw Venous Blood Sample-- <b>TICK ONE</b> <input checked="" type="checkbox"/>     | <input type="checkbox"/> 14 To Contain a Specimen or Pharmaceutical (glass item)                                  |
| <input type="checkbox"/> 8 To Draw Arterial Blood Sample-- <b>TICK ONE</b> <input checked="" type="checkbox"/>   | <input type="checkbox"/> 15 Other; Describe _____   |
| <input type="checkbox"/> Direct stick?   | <input type="checkbox"/> Drawn from a Line?   |
| <input type="checkbox"/> Direct stick?   | <input type="checkbox"/> Drawn from a Line?   |

11) Did the Injury Occur? (tick 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 waste, 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, sterilising, 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 Waste 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: _____   |

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™\* -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 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

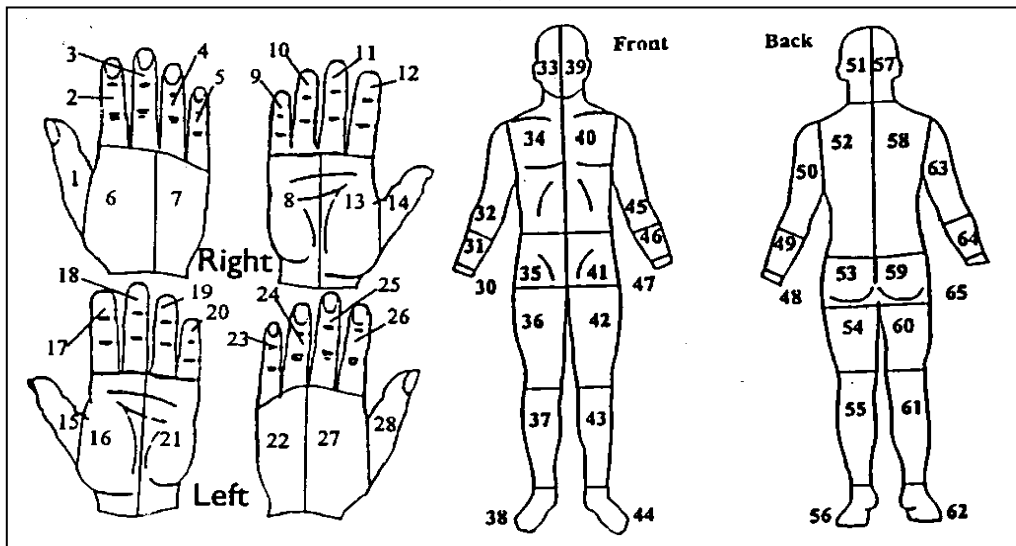
13a) Was the Protective Mechanism Activated?

- 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*):

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**Cost:**

_____	<b>Lab charges (Hb, HCV, HIV, other)</b>
_____	Healthcare Worker
_____	Source
_____	<b>Treatment Prophylaxis</b> (HBIG, Hb vaccine, tetanus, other)
_____	Healthcare Worker
_____	Source
_____	<b>Service Charges</b> (Emergency Dept, Employee Health, other)
_____	<b>Other Costs</b> (Worker's Comp, surgery, other)
_____	<b>TOTAL</b> (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?** \_\_\_\_\_

**Was medical or surgical intervention required, or did death occur, within 10 days?**  1 Yes  2 No  3 Unknown