**Needlestick & Sharp Object Injury Report**

- **Email address:** ______________________________________________________________
- **Date of injury:** ____________  **Time of injury:** ____________
- **Department where incident occurred:** ____________________________
- **Home/Employing department:** ____________________________

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

- 1 Doctor (attending/staff); specify specialty
- 2 Doctor (intern/resident/fellow); specify specialty
- 3 Medical student
- 4 Nurse; specify
- 5 Nursing student
- 6 C.N.A./H.H.A.
- 7 Respiratory therapist
- 8 Surgery attendant
- 9 Other attendant
- 10 Phlebotomist/Venipuncture/IV team
- 11 Clinical laboratory worker
- 12 Dentist
- 13 Dental hygienist
- 14 Housekeeper
- 15 Laundry worker
- 16 Paramedic
- 17 Security
- 18 Blood bank
- 19 Bone marrow center
- 20 Other student
- 21 Other, specify

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

- 1 Patient room
- 2 Outside patient room (hallway, Nurses station, etc.)
- 3 Emergency department
- 4 Intensive/Critical care unit: specify type:
- 5 Operating room/Recovery
- 6 Outpatient clinic/Office
- 7 Blood bank
- 8 Venipuncture center
- 9 C.N.A./H.H.A.
- 10 Procedure room (x-ray, EKG, etc)
- 11 Clinical laboratories
- 12 Autopsy/Pathology
- 13 Service/Utility (laundry, central supply, loading dock, etc)
- 14 Labor and delivery room
- 15 Home-care
- 16 Labor and delivery room
- 17 Service/Utility (laundry, central supply, loading dock, etc)
- 18 Other, specify

### 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)

- 1 Contaminated (known exposure to patient or contaminated equipment)
- 2 Uncontaminated (no known exposure to patient or contaminated equipment)
- 3 Unknown
- 4 Not applicable

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

- 1 Unknown/Not applicable
- 2 Injection, intra-muscular/subcutaneous, or other injection through the skin (syringe)
- 3 Heparin or saline flush (syringe)
- 4 Other injection into (or aspiration from) IV injection site or IV port (syringe)
- 5 To connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection)
- 6 To start IV or set up heparin lock (IV catheter or winged set-type needle)
- 7 To draw venous blood sample
- 8 To draw arterial blood sample
- 9 Dialysis facility (hemodialysis and peritoneal dialysis)
- 10 Procedure room (x-ray, EKG, etc)
- 11 Clinical laboratories
- 12 Autopsy/Pathology
- 13 Service/Utility (laundry, central supply, loading dock, etc)
- 14 Labor and delivery room
- 15 Home-care
- 16 Labor and delivery room
- 17 Service/Utility (laundry, central supply, loading dock, etc)
- 18 Other, specify

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

- 1 Before use of item (item broke/slipped, assembling device, etc.)
- 2 During use of item (item slipped, patient jarred item, etc)
- 3 Restraining patient
- 4 Between steps of a multi-step procedure (between incremental injections, passing instruments, etc.)
- 5 Disassembling device or equipment
- 6 While recappping used needle
- 7 Withdraw a needle from rubber or other resistant material (rubber stopper, IV port, etc.)
- 8 Other after use-before disposal (in transit to trash, cleaning, sorting, etc.)
- 9 From item left on or near disposal container
- 10 While putting item into disposal container
- 11 After disposal, stuck by item protruding from opening of disposal container
- 12 Item pierced side of disposal container
- 13 After disposal, item protruded from trash bag or inappropriate waste container
- 14 Other, describe:

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**Last name: ____________________________  First name: ________________________**
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
   - 1. Insulin
   - 2. Tuberculin
   - 3. 24/25-gauge needle
   - 4. 23-gauge needle
   - 8. “Other”
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

**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)

**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)

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/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  ☐ 3 Unknown

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