

Needlestick & Sharp Object Injury Report

EPINet®

Last name: _____ First name: _____

Email address: _____

FOR MICROSOFT® ACCESS
EXPOSURE PREVENTION ▶
INFORMATION NETWORK ▶

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 (<i>attending/staff</i>); specify specialty _____ | <input type="checkbox"/> 10 Clinical laboratory worker |
| <input type="checkbox"/> 2 Doctor (<i>intern/resident/fellow</i>) specify specialty _____ | <input type="checkbox"/> 11 Technologist (<i>non-lab</i>) |
| <input type="checkbox"/> 3 Medical student | <input type="checkbox"/> 12 Dentist |
| <input type="checkbox"/> 4 Nurse: specify <input type="checkbox"/> 1 R.N. | <input type="checkbox"/> 13 Dental hygienist |
| <input type="checkbox"/> 5 Nursing student <input type="checkbox"/> 2 L.P.N. | <input type="checkbox"/> 14 Housekeeper |
| <input type="checkbox"/> 18 C.N.A./H.H.A. <input type="checkbox"/> 3 N.P. | <input type="checkbox"/> 19 Laundry worker |
| <input type="checkbox"/> 6 Respiratory therapist <input type="checkbox"/> 4 C.R.N.A. | <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 (<i>hemodialysis and peritoneal dialysis</i>) |
| <input type="checkbox"/> 2 Outside patient room (<i>hallway, nurses station, etc.</i>) | <input type="checkbox"/> 10 Procedure room (<i>x-ray, EKG, etc.</i>) |
| <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 (<i>laundry, central supply, loading dock, etc.</i>) |
| <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) | 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 (<i>syringe</i>) | <input type="checkbox"/> 9 To obtain a body fluid or tissue sample (<i>urine/CSF/amniotic fluid/other fluid, biopsy</i>) |
| <input type="checkbox"/> 3 Heparin or saline flush (<i>syringe</i>) | <input type="checkbox"/> 10 Finger stick/Heel stick |
| <input type="checkbox"/> 4 Other injection into (<i>or aspiration from</i>) IV injection site or IV port (<i>syringe</i>) | <input type="checkbox"/> 11 Suturing |
| <input type="checkbox"/> 5 To connect IV line (<i>intermittent IV/piggyback/IV infusion/other IV line connection</i>) | <input type="checkbox"/> 12 Cutting |
| <input type="checkbox"/> 6 To start IV or set up heparin lock (<i>IV catheter or winged set-type needle</i>) | <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 type="checkbox"/> 14 To contain a specimen or pharmaceutical (<i>glass item</i>) |

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

- 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
- 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

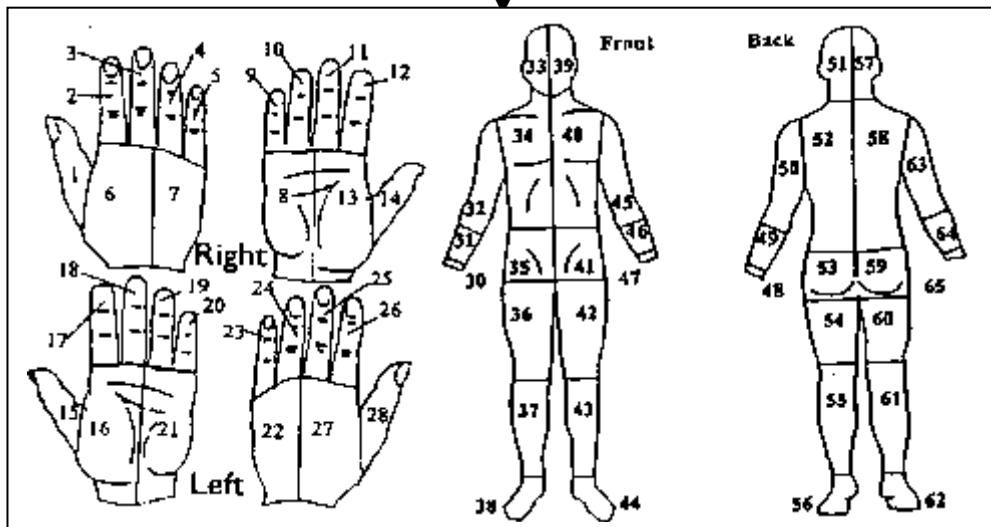
13a) Was the protective mechanism activated?

- 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/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

* Tubex™ is a trademark of Wyeth Ayers; Carpuject™ is a trademark of Sanofi Winthrop; VACUTAINER™ is a trademark of Becton Dickinson. Identification of these products does not imply endorsement of these specific brands.