### Needlestick & Sharp Object Injury Report

**Last name:** ____________________________ **First name:** ____________________________

**Email address:** ______________________________________________________________

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

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

3. **Home/Employing department/Cost center:** ____________________________
3a. **Department where injury occurred (optional):** ____________________________

4. **What is the job category of the exposed worker?** (check one box only)
   - [ ] 1 Doctor (attending/staff); specify specialty ____________________________
   - [ ] 2 Doctor (intern/resident/fellow) specify specialty ____________________________
   - [ ] 22 Physician’s assistant
   - [ ] 3 Medical student
   - [ ] 4 Nurse: specify ____________________________
   - [ ] 5 Nursing student: ____________________________
   - [ ] 18 C.N.A./H.H.A. ____________________________
   - [ ] 6 Respiratory therapist ____________________________
   - [ ] 7 Surgery tech/attendant ____________________________
   - [ ] 8 Other attendant ____________________________
   - [ ] 9 Phlebotomist/Venipuncture ____________________________
   - [ ] 10 Clinical laboratory worker
   - [ ] 11 Technologist (non-lab)
   - [ ] 12 Dentist
   - [ ] 13 Dental hygienist
   - [ ] 14 EVS/Housekeeper
   - [ ] 19 Laundry worker
   - [ ] 20 Security
   - [ ] 17 Other student ____________________________
   - [ ] 15 Other, describe: ____________________________

5. **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 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, sterile processing, waste)
   - [ ] 16 Labor and delivery room
   - [ ] 17 Home-care
   - [ ] 14 Other, describe: ____________________________

6. **Was the source patient identifiable?** (check one box only)
   - [ ] 1 Yes
   - [ ] 2 No
   - [ ] 3 Unknown
   - [ ] 4 Not applicable

7. **Was the injured worker the original user of the sharp item?** (check one box only)
   - [ ] 1 Yes
   - [ ] 2 No
   - [ ] 3 Unknown
   - [ ] 4 Not applicable

8. **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

9. **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
   - [ ] 3 Heparin or saline flush
   - [ ] 4 Other injection into or aspiration from IV injection site or IV port
   - [ ] 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 To place an arterial /central line
   - [ ] 10 To obtain a body fluid or tissue sample (urine/CSF/arthrocentesis/other fluid, biopsy)
   - [ ] 11 To contain a specimen or pharmaceutical (glass item)
   - [ ] 12 Cutting
   - [ ] 13 Electrocautery
   - [ ] 14 Other; describe ____________________________

10. **When 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 moved, skin pinch-up, etc.)
    - [ ] 15 While restraining patient
    - [ ] 3 Between steps of a multi-step procedure (between incremental injections, passing instruments, etc.)
    - [ ] 7 While withdrawing a needle from rubber or other resistant material (rubber stopper, IV port, etc.)
    - [ ] 5 In preparation for reuse of reusable instrument (sorting, disinfecting, sterilizing, etc.)
    - [ ] 6 After use, while recapping used needle
    - [ ] 4 After use, while disassembling device or equipment
    - [ ] 16 After use, device left on floor, table, bed or inappropriate place
    - [ ] 9 After use, from item left on or near disposal container
    - [ ] 8 Other after use-before disposal (in transit to trash, cleaning, sorting, etc.)
    - [ ] 10 During disposal, while putting item into disposal container
    - [ ] 11 During disposal, stuck by item protruding from opening of disposal container
    - [ ] 12 After disposal, 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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11. What type of device caused the injury? (check one box only)
   - Hollow-bore Needle
   - Surgical and solid needle
   - Glass

Which device caused the injury? (check one box from one of the three sections only)

### HOLLOW-bore Needles (for lancets and suture needles see “surgical instruments”)

1. Disposable syringe
   - 1. Insulin
   - 2. Tuberculin
   - 3. 24/25-gauge needle
   - 4. 23-gauge needle
2. Blood gas syringe (AGB)
3. Syringe, other type
4. Needle on IV line (includes piggybacks & IV line connectors)
5. Winged steel needle (includes winged-set type devices)
6. IV catheter stylet
7. Vacuum tube blood collection holder/needle
8. Needle, not sure what kind

### Surgical instruments and other sharp items (for glass items see “glass”)

1. Trocar
2. Vacuum tube (plastic)
3. Specimen/Test tube (plastic)
4. Fingernails/Teeth
5. Wire (suture/fixation/guide wire)
6. Pin (fixation, guide pin)
7. Sharp item, not sure what kind

### Glass

1. Medication ampule
2. Medication vial (small volume with rubber stopper)
3. Vacuum tube (glass)
4. Specimen/Test tube (glass)
5. Capillary tube
6. Glass slide
7. Automobile glass/windshield
8. Glass item, not sure what kind
9. Other glass item: describe:

11a. Brand/Manufacturer of product: (e.g. ABC Medical Company) 
11b. Model: 

Unknown

12. 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?
   - Yes
   - No
   - Unknown

12a. Was the protective mechanism activated?
   - Yes, fully
   - Yes, partially
   - No
   - Unknown

12b. Did the injury incident happen?
   - Before activation
   - During activation
   - After activation
   - Unknown

12c. Safety mechanism type:
   - Sliding sheath (hinged)
   - Sliding sheath (single barrel)
   - Retracting
   - Blunting/Blunted
   - Hinged arm
   - Other

13. Did the device have needles on two ends (e.g. phlebotomy, pen needle)?
   - Yes
   - No
   - Unknown

13a. If yes, which end caused the injury?
   - Patient end
   - Non-patient or ‘back’ end
   - Both patient and ‘back’ ends
   - Unknown or N/A

13b. If yes and it was a safety engineered device, was the protective mechanism activated on both ends?
   - Yes, both patient end and ‘back’ end
   - No, only patient end
   - No, only ‘back’ end
   - Neither end had the protective mechanism activated
   - Was not a device with needles at both ends

14. Did the incident result in an exposure to a hazardous drug (e.g. chemotherapy, antineoplastic)?
   - Yes
   - No
   - Unknown
15. What was the location of the injury? (check one box only)
   □ 1 Right hand
   □ 15 Left hand
   □ 30 Other, describe: _______________________________________

16. Was the injury?
   □ 1 Superficial (little or no bleeding)
   □ 2 Moderate (skin punctured, some bleeding)
   □ 3 Severe (deep stick/cut, or profuse bleeding)

17. If injury was to a hand, did the sharp item penetrate?
   □ 1 Single pair of gloves
   □ 2 Double pair of gloves
   □ 3 No gloves

18. Dominant hand of the injured worker:
   □ 1 Right-handed
   □ 2 Left-handed

19. Employment status of injured worker:
   □ 1 Employee
   □ 2 Temp/Contract
   □ 3 Student
   □ 4 Volunteer
   □ 5 Non-employee/Practitioner
   □ 6 Other

20. Describe the circumstances leading to this injury (please note if a device malfunction was involved):
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

Is this incident OSHA recordable on the sharps injury log? All injuries from contaminated needlesticks are required to be recorded on the OSHA log. (for office use only)
   □ 1 Yes
   □ 2 No
   □ 3 Unknown
   If yes:
      Days away from work: _____
      Days of restricted work activity: _____

Was prophylaxis provided? (for office use only)  □ 1 Yes  □ 2 No  □ 3 Unknown

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.) (for office use only)
   □ 1 Yes (If yes, follow FDA reporting protocol.)  □ 2 No  □ 3 Unknown

Cost: (optional, for office use only)
   Lab charges (HBV HCV, HIV, other)
   Healthcare worker
   Source
   Treatment/prophylaxis (HBIG, HBV vaccine, tetanus, other)
   Healthcare worker
   Source
   Service charges (Emergency Dept, Employee Health, other)
   Other costs (Worker’s Comp, surgery, other)
   Paid Time Off
   TOTAL