

Needlestick & Sharp Object Injury Report



EXPOSURE PREVENTION ►
INFORMATION NETWORK ►

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3/2014

Last name: _____ First name: _____

Email address: _____

Injury ID: (office use only) **S** _____ Facility ID: (office use only) _____ Birthdate: _____

1) Date of injury: _____ 2) Date reported: _____

3) Department where incident occurred: _____

4) Home/employing department: _____ Time of injury: _____

5) Healthcare worker job category: (tick one box only)

- | | |
|--|--|
| <input type="checkbox"/> 1 Doctor (VMO/HMO) specify specialty _____ | <input type="checkbox"/> 10 Laboratory/pathology staff |
| <input type="checkbox"/> 2 Doctor (MO/intern/resident) specify specialty _____ | <input type="checkbox"/> 11 Technologist (non-lab) |
| <input type="checkbox"/> 3 Medical student | <input type="checkbox"/> 12 Dentist |
| <input type="checkbox"/> 4 Nurse: specify \implies <input type="checkbox"/> 1 RN | <input type="checkbox"/> 13 Dental therapist/nurse |
| <input type="checkbox"/> 5 Nursing student <input type="checkbox"/> 2 EN | <input type="checkbox"/> 21 CSSD/TSSU staff |
| <input type="checkbox"/> 18 Nursing assistant | <input type="checkbox"/> 14 Housekeeping |
| <input type="checkbox"/> 24 Midwife | <input type="checkbox"/> 19 Laundry worker |
| <input type="checkbox"/> 22 Community health staff/allied health staff | <input type="checkbox"/> 16 Ambulance staff/paramedic |
| <input type="checkbox"/> 8 Orderly/ward/trolley person | <input type="checkbox"/> 17 Other Student |
| <input type="checkbox"/> 9 Blood collector | |
| <input type="checkbox"/> 23 Anaesthetic/perfusion tech | <input type="checkbox"/> 15 Other, specify: _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> 1 Ward/nursery/patient's room | <input type="checkbox"/> 9 Dialysis facility (haemodialysis and peritoneal dialysis) |
| <input type="checkbox"/> 19 Dental cubicle | <input type="checkbox"/> 10 Procedure areas (imaging, angiography, cardiac cath, etc) |
| <input type="checkbox"/> 2 Outside patient room (hallway, nurses station, etc.) | <input type="checkbox"/> 11 Pathology/clinical labs |
| <input type="checkbox"/> 3 Emergency department | <input type="checkbox"/> 12 Autopsy |
| <input type="checkbox"/> 4 Intensive/critical care: specify type: _____ | <input type="checkbox"/> 13 Nonclinical-service/utility (CSSD, laundry, supply, loading dock, etc) |
| <input type="checkbox"/> 5 Operating room/anaesthetic/cleanup/theatre/recovery | <input type="checkbox"/> 16 Delivery/labour ward |
| <input type="checkbox"/> 6 Community clinic/outpatient clinic: specify: _____ | <input type="checkbox"/> 17 Patient's home |
| <input type="checkbox"/> 8 Blood collection room | <input type="checkbox"/> 14 Other, specify: _____ |

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) Was the sharp that caused the injury contaminated? (tick one box only)

- 1 Yes (known exposure to patient or contaminated equipment) \implies was blood visible on the device? 1 Yes
- 2 No 2 No
- 3 Unknown

10) For what purpose was the sharp that caused the injury originally used? (tick one box only)

- | | |
|---|--|
| <input type="checkbox"/> 1 Unknown/not applicable | <input type="checkbox"/> 9 Obtain a specimen/body fluid/tissue sample |
| <input type="checkbox"/> 2 Injection, IM/SC or other injection through the skin (syringe) | <input type="checkbox"/> 10 Finger/heel stick |
| <input type="checkbox"/> 3 Heparin or Saline Flush (syringe) | <input type="checkbox"/> 11 Suturing |
| <input type="checkbox"/> 4 Inject into/aspirate from IV injection site or IV port (syringe) | <input type="checkbox"/> 12 Surgical cutting |
| <input type="checkbox"/> 5 Connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection) | <input type="checkbox"/> 12.1 Surgical procedure-not cutting (includes wound care) |
| <input type="checkbox"/> 6 Cannulate IV/heparin/saline lock (IV catheter or butterfly) | <input type="checkbox"/> 17 Drilling |
| <input type="checkbox"/> 16 Cannulate arterial/central line | <input type="checkbox"/> 13 Electrocautery |
| <input type="checkbox"/> 7 Draw venous blood  | <input type="checkbox"/> 14 To contain a specimen or pharmaceutical (glass item) |
| <input type="checkbox"/> 8 Draw arterial blood  if used to draw blood was it? <input type="checkbox"/> Direct stick? <input type="checkbox"/> Drawn from a Line? | <input type="checkbox"/> 15 Other: specify _____ |

11) When in the use of the sharp did the injury occur? (tick one box only)

- | | |
|--|--|
| <input type="checkbox"/> 1 Before use (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 (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 Assault/restraining patient | <input type="checkbox"/> 9 From item left on or near disposal container |
| <input type="checkbox"/> 3 Between steps of 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 Preparing reusable instrument for reuse (sorting, disinfecting, sterilizing, etc.) | <input type="checkbox"/> 12 Item pierced side of disposal container |
| <input type="checkbox"/> 6 While recapping a 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: specify: _____ |

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 needle
 - a Insulin
 - b Tuberculin
 - c 24/25-gauge needle
 - d 23-gauge needle
 - e 22-gauge needle
 - f 21-gauge needle
 - g 20-gauge needle
 - h "Other"
- 2 Pre-filled/cartridge syringe
- 3 Blood gas syringe
- 5 Needle on IV line (includes piggybacks & IV line connectors)
- 6 Butterfly/winged steel needle
- 4 Syringe, other type
- 7 Venous or arterial cannula/ stylet
- 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ *-type device)
- 9 Spinal/epidural needle
- 10 Unattached hypodermic needle
- 17 Biopsy needle
- 18 Bone marrow needle
- 28 Needle, not sure what kind
- 29 Other needle, specify: _____

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 Electrocautery device
- 37 Bone cutter
- 38 Bone chip
- 39 Towel clip
- 40 Microtome blade
- 41 Trocar
- 42 Vacuum tube (plastic)
- 43 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 bits/burr
- 51 Haemostat/artery forceps/clamps
- 58 Sharp item, not sure what kind
- 59 Other sharp item: specify: _____

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 Test tube (glass)
- 66 Capillary tube
- 67 Glass slide
- 78 Glass item, not sure what kind
- 79 Other glass item: specify: _____

12a) Brand/Manufacturer of product: (e.g. ABC Medical Company) _____

12b) Model: _____

- 98 Please specify: _____
- 99 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?

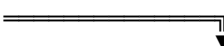
- 1 Yes
- 2 No
- 3 Unknown

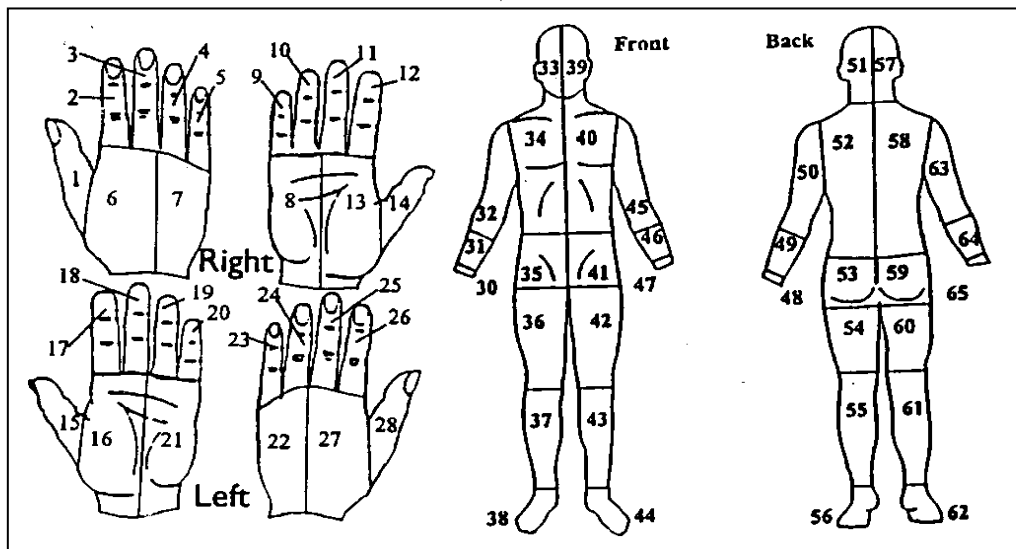
13a) Was the protective mechanism activated?

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

13b) Did exposure incident happen?

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

13) Mark the location of the injury: 



14) How deep was the injury?

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

15) If injury was to the hand, did the sharp item penetrate?

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

16) Dominant hand of the injured worker:

- 1 Right-handed
- 2 Left-handed

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

18) 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: _____

19) 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 (HBV, HCV, HIV, other)
_____	Healthcare worker
_____	Source
_____	Treatment prophylaxis (HBIG, Hepatitis vaccines, 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 relevant defective 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 reporting protocol.*)
- 2 No

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