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) Department where Incident Occurred: ____________________________

4) Home 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 □ RN □ LPN/CNA/HHA □ NP
   □ 5 Nursing Student
   □ 6 Respiratory Therapist □ CRNA
   □ 7 Surgery Attendant
   □ 8 Other Attendant
   □ 9 Phlebotomist/Venipuncture/IV Team
   □ 10 Clinical Laboratory Worker
   □ 11 Technologist (non-lab)
   □ 12 Dentist
   □ 13 Dental Hygienist
   □ 14 Housekeeper
   □ 15 Other, describe: ____________________________

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 Phlebotomist/Venipuncture/IV Team
   □ 10 Clinical Laboratory Worker
   □ 11 Operating Room/Recovery
   □ 12 Autopsy/Pathology
   □ 13 Service/Utility (laundry, central supply, loading dock, etc)
   □ 14 Home-care
   □ 15 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)
   □ 1 Contaminated (known exposure to patient or contaminated equipment) □ was there blood on the device? □ 1 Yes
   □ 2 Uncontaminated (no known exposure to patient or contaminated equipment) □ 2 No
   □ 3 Unknown

10) For What Purpose was the Sharp Item Originally Used? (check one box only)
    □ 1 Injection/Intra-muscular/Subcutaneous, or Other Injection through the Skin (syringe) □ 15 Other: Describe: ____________________________
    □ 2 Injection, Intra-muscular/Subcutaneous, or Other Injection through the Skin (syringe) □ 16 To Place an Arterial /Central Line
    □ 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 □ if used to draw blood was it? □ 1 Direct stick? □ 2 Draw from a Line?
    □ 8 To Draw Arterial Blood Sample

11) Did the Injury Occur? (check one box only)
    □ 1 Before Use of Item (item broke/slipped, assembling device, etc.) □ 16 Device Left on Floor, Table, Bed or Other Inappropriate Place
    □ 2 During Use of Item (item slipped, patient jarred item, etc)
    □ 3 Restraining patient
    □ 4 Disassembling Device or Equipment
    □ 5 In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)
    □ 6 While Recapping Used Needle
    □ 7 Withdrawing a Needle from Rubber or Other Resistant Material (rubber stopper, IV port, etc.)
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")
- Disposable Syringe
- Insulin
- Tuberculin
- 24/25-gauge needle
- 23-gauge needle
- Pre-filled cartridge syringe (includes Tubex™ *, Carpuject™ * - type syringes)
- Blood gas syringe (ABG)
- Syringe, other type
- Needle on IV line (includes piggybacks & IV line connectors)
- Winged steel needle (includes winged-set type devices)
- IV catheter stylet
- 1 Disposable Syringe
- 2 Insulin
- 3 Tuberculin
- 4 24/25-gauge needle
- 5 23-gauge needle
- 6 Pre-filled cartridge syringe (includes Tubex™ *, Carpuject™ * - type syringes)
- 7 Blood gas syringe (ABG)
- 8 Syringe, other type
- 9 Needle on IV line (includes piggybacks & IV line connectors)
- 10 Winged steel needle (includes winged-set type devices)
- 11 IV catheter stylet

Surgical Instrument or Other Sharp Items (for glass items see "glass")
- Lancet (finger or heel sticks)
- Suture needle
- Scalpel, reusable (scalpel, disposable code is 45)
- Razor
- Pipette (plastic)
- Scissors
- Electro-cautery device
- Bone cutter
- Bone chip
- Towel clip
- Microtome blade
- Trocar
- Vacuum tube (plastic)
- Medication ampule
- Medication vial (small volume with rubber stopper)
- Medication/IV bottle (large volume)
- Pipette (glass)
- Vacuum tube (glass)
- Specimen/Test tube (glass)
- Specimen/Test tube (plastic)
- 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)
- 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)
- 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
- 52 Vacuum tube (plastic)
- 53 Specimen/Test tube (plastic)

Glass
- Medication ampule
- Medication vial (small volume with rubber stopper)
- Medication/IV bottle (large volume)
- Pipette (glass)
- Vacuum tube (glass)
- Specimen/Test tube (glass)
- Specimen/Test tube (plastic)
- 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:  □ Known, please specify: ____________________________________________  □ 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
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 WCB reportable?
   ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

   If Yes, Days Away from Work? _____
   Days of Restricted Work Activity? _____

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