Needlestick & Sharp Object Injury Report

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)
   □ 1 Doctor (VMO/HMO) specify specialty ___________  □ 10 Laboratory/pathology staff
   □ 2 Doctor (MO/intern/resident) specify specialty ___________  □ 11 Technologist (non-lab)
   □ 3 Medical student  □ 12 Dentist
   □ 4 Nurse: specify  □ 1 RN □ 4 APN  □ 13 Dental therapist/nurse
   □ 5 Nursing student  □ 2 EN □ 5 APN(N+M)  □ 21 CSSD/TSSU staff
   □ 18 Nursing assistant □ 3 Officer □ 6 LVCN □ 14 Housekeeping
   □ 22 Community health staff/allied health staff
   □ 8 Orderly/ward/trolley person  □ 17 Other Student
   □ 9 Blood collector
   □ 23 Anaesthetic/perfusion tech □ 15 Other, specify: ____________

6) Where did the injury occur? (tick one box only)
   □ 1 Ward/nursery/patient’s room  □ 9 Dialysis facility (haemodialysis and peritoneal dialysis)
   □ 19 Dental cubicle  □ 10 Procedure areas (imaging, angiography, cardiac cath, etc)
   □ 2 Outside patient room (hallway, nurses station, etc.)  □ 11 Pathology/clinical labs
   □ 3 Emergency department  □ 12 Autopsy
   □ 4 Intensive/critical care: specify type: ________________________
   □ 5 Operating room/anaesthetic/cleanup/theatre/recovery  □ 13 Nonclinical-service/utility(CSSD, laundry, supply, loading dock, etc)
   □ 6 Community clinic/outpatient clinic: specify: _____________
   □ 8 Blood collection room  □ 14 Delivery/labour ward
   □ 15 Patient’s home  □ 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) □ 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)
    □ 1 Unknown/not applicable  □ 9 Obtain a specimen/body fluid/tissue sample
    □ 2 Injection, IM/SC or other injection through the skin (syringe)  □ 10 Finger/heel stick
    □ 3 Heparin or Saline Flush (syringe)  □ 11 Suturing
    □ 4 Inject into/aspirate from IV injection site or IV port (syringe)  □ 12 Surgical cutting
    □ 5 Connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection)  □ 12.1 Surgical procedure-not cutting (includes wound care)
    □ 6 Cannulate IV/heparin/saline lock (IV catheter or butterfly)  □ 17 Drilling
    □ 16 Cannulate arterial/central line  □ 13 Electrocautery
    □ 7 Draw venous blood □ was used to draw blood was it? □ Direct stick? □ Drawn from a Line?
    □ 8 Draw arterial blood □ if used to draw blood was it? □ Direct stick? □ Drawn from a Line?

11) When in the use of the sharp did the injury occur? (tick one box only)
    □ 1 Before use (item broke/slipped, assembling device, etc.)  □ 16 Device left on floor, table, bed or other inappropriate place
    □ 2 During use (item slipped, patient jarred item, etc)  □ 8 Other after use-before disposal (in transit to waste, cleaning, sorting, etc.)
    □ 15 Assault/restraining patient  □ 9 From item left on or near disposal container
    □ 5 Disassembling device or equipment  □ 10 While putting item into disposal container
    □ 5 Preparing reusable instrument for reuse (sorting, disinfecting, sterilizing, etc.)  □ 11 After disposal, stuck by item protruding from opening of disposal container
    □ 6 While recapping a used needle  □ 12 Item pierced side of disposal container
    □ 7 Withdrawing a needle from rubber or other resistant material (rubber stopper, IV port, etc.)  □ 13 After disposal, item protruded from waste bag or inappropriate waste container
    □ 8 Device broken, improper method of disposal, improper method of placement in container,
    □ 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
- 4 Syringe, other type

**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)

**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)

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)

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**Is this injury government reportable?**
   - 1 Yes
   - 2 No
   - 3 Unknown

**Is defective medical device reporting required?**
   - 1 Yes
   - 2 No
   - 3 Unknown

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