Needlestick & Sharp Object Injury Report

Email address: ______________________________________________________________

Injury ID: __________________________ Facility ID: __________________________ Completed By: __________________________

1) Date of Injury: ________ 2) Time of Injury: ________ 3) Ward/Department where Incident Occurred: __________________________

4) Employing Department: __________________________

5) What is the Job Category of the Injured Worker? (tick one box only)

- 1 Doctor (Consultant/Registrar): specify specialty __________________
- 2 Doctor (SHO/HO): specify specialty __________________
- 3 Medical Student __________________
- 4 Nurse: specify __________________
- 5 Nursing Student: 2 Sister/Charge __________________
- 6 HCA/NA: 3 Specialist __________________
- 7 ODA/ODP: 4 Consultant __________________
- 8 Other Attendant: 5 Midwife __________________
- 9 Phlebotomist/IV Team: 6 Agency (temporary staff only) __________________
- 22 Professions Allied to Medicine (PAMS) __________________
- 15 Other, describe: __________________

6) Where Did the Injury Occur? (tick one box only)
- 1 Patient Room __________________
- 2 Outside Patient Room (hallway, nurses station, etc.) __________________
- 3 Treatment/Procedure Room __________________
- 4 Emergency Department (A and E) __________________
- 5 Operating Theatre/Recovery __________________
- 6 Outpatient Clinic/Office __________________
- 7 Blood Bank __________________
- 8 Venepuncture Centre __________________

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) The Sharp Item was: (tick one box only)

- 1 Contaminated (known exposure to patient or contaminated equipment) __________________
- 2 Uncontaminated (no known exposure to patient or contaminated equipment) __________________
- 3 Unknown __________________

9b) If Contaminated, Was There Blood on the Device? 1 Yes 2 No 3 Unknown

10) For What Purpose was the Sharp Item Originally Used? (tick one box only)

- 1 Unknown/Not Applicable __________________
- 2 Injection, Intramuscular/Subcutaneous, or Other Injection through the Skin (syringe) __________________
- 18 Subcutaneous Infusion (fluid/medication) __________________
- 3 Heparin or Saline Intravenous Flush (bolus) __________________
- 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 Cannulate IV or Set up Heparin Lock (IV catheter or winged set-type needle) __________________
- 7 To Withdraw Venous Blood Sample—TICK ONE Direct stick? __________________
- 8 To Withdraw Arterial Blood Sample—TICK ONE Direct stick? __________________

11) Did the Injury Occur? (tick one box only)

- 1 Before Use of Item (item broke/slipped, assembling device, etc.) __________________
- 2 During Use of Item (item slipped, patient jarred item, etc) __________________
- 3 Restraining patient __________________
- 4 Between Steps of a Multi-step Procedure (between incremental injections, passing instruments, etc.) __________________
- 5 In Preparation for Reuse of Reusable Instrument (sorting, disinflecting, sterilising, etc.) __________________
- 6 While Recapping Used Needle __________________
- 7 Withdrawing a Needle from Rubber or Other Resistant Material (rubber stopper, IV port, etc.) __________________

- 16 To Place an Arterial/Central Line __________________
- 9 To Obtain a Body Fluid or Tissue Sample (urine/CSF/amnionic fluid/other fluid, biopsy) __________________
- 10 Finger stick/Heel Stick __________________
- 11 Suturing __________________
- 12 Cutting __________________
- 13 Drilling __________________
- 14 Electrocautery __________________
- 15 Other; Describe: __________________
- 16 Device Left on Floor, Table, Bed or Other Inappropriate Place __________________
- 8 Other After Use-Before Disposal (in transit to waste, cleaning, sorting, etc.) __________________
- 9 From Item Left On or Near Disposal Container __________________
- 10 While putting Item into Disposal Container __________________
- 11 After Disposal, Stuck by Item Protruding from Opening of Disposal Container __________________
- 12 Item Pierced Side of Disposal Container __________________
- 13 After Disposal, Item Protruded from Waste Bag or Inappropriate Waste Container __________________
- 14 Other; Describe: __________________
12) 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 with 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 (butterfly)
7  IV catheter cannula (stylet)
8  Vacuum tube blood collection holder/needle (includes Vacutainer™*—type devices)

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)

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  Specimen/Test tube (glass)

12a) Brand/Manufacturer of Product: Specify: ___________________ □ 99 Unknown
12b) Model: 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 Exposure 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

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

Cost:
- Lab charges (Hb, HCV, HIV, other)  
  Healthcare Worker __________________________
  Source __________________________
- Treatment prophylaxis (HBIG, Hb vaccine, tetanus, other)  
  Healthcare Worker __________________________
  Source __________________________
- Service charges (EmergencyDept, Employee Health, other)  
  Other costs (Worker's Comp, surgery, other) __________________________
  TOTAL (round to nearest euro) __________________________

Is this incident HSA reportable?
- 1 Yes
- 2 No
- 3 Unknown

If Yes, Days away from work? _____
Days of restricted work activity? _____

Was medical or surgical intervention required, or did death occur, within 10 days?
- 1 Yes
- 2 No
- 3 Unknown

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