Needlestick & Sharp Object Injury Report

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<tr>
<th>Last Name: ____________________________</th>
<th>First Name: ________________________</th>
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**Injury ID:** (for office use only) [ ] S  **Facility ID:** (for office use only) [ ]  **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--TICK ONE [ ] 1 Staff/Enrolled
   - 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)
   - 10. 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. Intensive/Critical Care Unit: specify type: __________________________
   - 6. Operating Theatre/Recovery
   - 7. Outpatient Clinic/Osage
   - 8. Blood Bank
   - 9. Venepuncture Center

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

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)
    - 3. Subcutaneous Injection (fluid/medication)
    - 4. Heparin or Saline Intravenous Flush (bolus)
    - 5. Other Injection into (or aspiration from) IV injection site or IV Port (syringe)
    - 6. To Connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection)
    - 7. Cannulate IV or Set up Heparin Lock (IV catheter or winged set-type needle)
    - 8. To Draw Venous Blood Sample—TICK ONE [ ] Direct stick?
    - 9. To Draw Arterial Blood Sample—TICK ONE [ ] Direct stick?
    - 10. To Place an Arterial/Central Line
    - 11. To Obtain a Body Fluid or Tissue Sample (urine/CSF/aminotic fluid/other fluid, biopsy)
    - 12. Finger stick/Heel Stick
    - 13. Suturing
    - 14. Cutting
    - 15. Drilling
    - 16. Electrocautery
    - 17. To Contain a Specimen or Pharmaceutical (glass item)
    - 18. Other, Describe __________________________

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. Disassembling Device or Equipment
    - 6. In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilising, etc.)
    - 7. While Recapping Used Needle
    - 8. Withdrawing a Needle from Rubber or Other Resistant Material (rubber stopper, IV port, 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. **Device Left on Floor, Table, Bed or Other Inappropriate Place**

13. **Other After Use-Before Disposal** (in transit to waste, cleaning, sorting, etc.)

14. **After Disposal, Stuck by Item Protruding from Opening of Disposal Container**

15. **Item Pierced Side of Disposal Container**

16. **After Disposal, Item Protruded from Waste Bag or Inappropriate Waste Container**

17. **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™*)
- 3 Blood gas syringe *(ABG)*
- 4 Syringe, other type
- 5 Needle on IV line *(includes piggybacks & IV line connectors)*
- 6 Winged steel needle *(includes winged-set type devices)*
- 7 IV catheter stylet
- 8 Vacuum tube blood collection holder/needle *(includes Vactainer™ *)
- 9 Spinal or Epidural Needle
- 10 Unattached hypodermic needle
- 11 Arterial catheter introducer needle
- 12 Central line catheter needle *(cardiac, etc.)*
- 13 Drum catheter needle
- 14 Other vascular catheter needle *(cardiac, etc.)*
- 15 Other non-vascular catheter needle *(ophthalmology, etc.)*
- 28 Needle, not sure what kind
- 29 Other needle, please describe: ___________________

**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)*
- 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 Picks/Forceps/Haemostats/Clamps
- 58 Sharp item, not sure what kind
- 59 Other sharp item: Describe: ___________________

**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)*
- 66 Capillary tube
- 67 Glass slide
- 78 Glass item, not sure what kind
- 79 Other glass item: Describe: ___________________

12a) Brand/Manufacturer of Product: Specify: __________________________

12b) Model: Specify: __________________________

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*):

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

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 pound)

Is this Incident RIDDOR 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