Indiana University Health

Blood and Body Fluid Sharp/Splash Report

Methodist | Riley | University | IUHP
1633 N Capital Ave, Suite 760
Indianapolis, IN 46202
P: 317.962.8495 F: 317.962.8349
Email: eohs@iuhealth.org

Bloomington | Bedford | Morgan | Paoli
PO Box 1149
Bloomington, IN 47403
P: 812.353.9369 F: 812.353.5465
Email: Screhs@iuhelath.org

Arnett | Frankfort | White
5165 McCarty Lane
Lafayette, IN 47905
P: 765.838.5842
F: 765.838.4771

Tipton
100S. Main St
Tipton, IN 46072
P: 765.675.1757
F: 765.675.1787

West
1111 N Ronald Reagan Pkwy
Avon, IN 46123
P: 317.217.3478 F: 317.217.2028

North | Saxony
11725 N Illinois Street
Carmel, IN 46032
P: 317.688.2764 F: 317.688.2824
Email: northaohs@iuhealth.org

Ball | Blackford | Jay | Ft. Wayne
2401 W University Ave
Muncie, IN 47303
P: 765.747.3458 F: 765.751.1322

Name: _____ Employee ID #: _____

Date of Injury: _____ Time of Injury: _____

1. **Nature of BBF Exposure:** __ BBF Sharp __ BBF Splash/Contact

2. **Work Area: Where did the injury/exposure occur?** (check one)
   - __ Patient room
   - __ Outside patient room *(hallway, nurses' station)*
   - __ Emergency department
   - __ Intensive/Critical care unit
   - __ Operating room/Recovery
   - __ Outpatient Office
   - __ Blood bank
   - __ Outpatient Lab
   - __ Dialysis facility *(hemodialysis and peritoneal dialysis)*
   - __ Procedure room *(x-ray, EKG, etc.)*
   - __ Clinical Lab
   - __ Pathology
   - __ Service/Utility *(laundry, supply, sterile processing, waste)*
   - __ Labor and delivery room
   - __ Inside patient's home *(homecare)*
   - __ Other, describe: _____

3. **Protective Equipment: Which barrier garments and/or personal protective equipment were worn at the time of injury?** (check all that apply)
   - __ latex/vinyl/nitrile gloves
   - __ Gowns/Apron
   - __ Face shield
   - __ Surgical mask
   - __ Respirator Mask/ PAPR
   - __ Protective eyewear/Goggles
   - __ Other specialized garment worn as protection
   - __ Other, describe: _____

4. **Object/ Substance: Which of the patient's body fluids were involved in the exposure?** (check all that apply)
   - __ Blood or blood products
   - __ Vomit
   - __ Sputum
   - __ Saliva
   - __ CSF
   - __ Peritoneal fluid
   - __ Pleural fluid
   - __ Amniotic fluid
   - __ Urine
   - __ Other, describe: _____

5. **Body fluid visibly contaminated with blood?** __Yes __No __ Unknown

6. **Did the blood or body fluid?** (check all that apply)
   - __ Touch unprotected skin
   - __ Touch skin between gap in protective garments
   - __ Penetrate skin or other protective barrier
   - __ Soak through barrier garment or protective garment
   - __ Soak through clothing/uniform

7. **Reason/ Cause: Was the exposure the result of?** (check one box only)

__ Container full
__ Dropped item
__ Feeding/Ventilator/Other tube separated/leaked/splashed
__ Inattention of others
__ Infectious Patient *(Spiting/Biting/Vomit)*
__ Item on floor
__ Needle left on bed or table
__ Patient movement
__ Restraining Patient
__ Other, describe: _____
__ Container leaked/spilled/broke
__ Engaging Safety Device
__ Inattention of Self
__ Improper procedure
__ Item in trash
__ IV Tubing/Bag/Pump leaked/broke
__ Needle Rebound
__ Recapping
__ Touched contaminated equipment/surface

8. **Root Cause: Why did the injury occur?**

__ Angle of Action
__ Disregard of Safety Procedures
__ Inattention of Self
__ Item Broke/Slipped
__ Item left on or near disposal container
__ Team protruding from Opening of container
__ Lack of training
__ Unaware of Hazard
__ Combative Patient
__ Dropped item
__ Inattention of Others
__ Item left on floor/table/ bed
__ Item Protruding from inappropriate container
__ Item slipped, patient moved, skin pinched up
__ Leak/Spill
__ Other, describe: _____

9. **Work Activity: What work activity was being completed when injury occurred?**

__ Administering Meds to patient vein
__ Assisting Physician
__ Blood Draw Venous
__ Cutting
__ Dispose of Materials
__ Electrocautery
__ Finger/ Heel Stick
__ Injection of Meds SQ/IM/IS
__ IV/ Central Line Admin Meds
__ IV/Central Line Removal
__ Restraining Patient
__ Staple Removal
__ Transferring Patient
__ Transporting Patient
__ Assisting Patient
__ Blood Draw Arterial
__ Cleaning Work Are/Materials
__ Disassembling Device or Equipment
__ Drilling
__ Emptying Urinary Drainage Bag
__ Handling Lab Specimen
__ Instrument Passing
__ IV/ Central Line Start
__ Patient Lifting/ Puling
__ Resuscitation of Patient
__ Suturing
__ Transporting Needle Box
__ Trash Removal

10. **Did the incident result in an exposure to a hazardous drug (e.g. chemotherapy, antineoplastic)?**

__Yes __ No __ Unknown

11. **Was the injury a result of a sharp item?** (check one) __ Yes __ No

<u>If you answered yes, please proceed and answer all of the questions. If you answered no, please stop.</u>

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12. **Who was holding the device at the time of injury?** (check one)

__Self __Other __No One

13. Type of Device: Which device caused the injury? (check only one box)

Hollow-bore Needles

__ Insulin Syringe
__ 22-gauge needle
__ Tuberculin Syringe
__ Arterial catheter introducer needle
__ 20-gauge needle
__ 23-gauge needle
__ Pre-filled cartridge syringe
__ Blood gas syringe (ABG)
__ Syringe, other type
__ Needle on IV line *(includes piggybacks & IV line connectors)*
__ Winged steel needle *(includes winged-set type devices)*
__ Needle, not sure what kind
__ Spinal or epidural Needle
__ Unattached hypodermic needle
__ 21-gauge needle
__ 24/25-gauge needle
__ Central line catheter needle
__ Drum catheter needle
__ Other vascular catheter needle
__ Other non-vascular catheter needle
__ Huber-type needle
__ Pen needle
__ IV catheter stylet
__ Vacuum tube blood collection holder/needle

Surgical instruments and other sharp items

__ Lancet (finger or heel sticks)
__ Suture needle
__ Jet injector
__ Scalpel, reusable
__ Scalpel, disposable
__ Razor
__ Pipette *(plastic)*
__ Scissors
__ Electro-cautery device
__ Bone cutter
__ Bone chip/sliver
__ Towel clip
__ Trocar
__ Vacuum tube *(plastic)*
__ Specimen/Test tube *(plastic)*
__ Fingernails/Teeth
__ Retractors, skin/bone hooks
__ Staples/Steel sutures
__ Wire *(suture/fixation/guide wire)*
__ Pin *(fixation, guide pin)*
__ Drill bit/bur
__ Pickups/Forceps/Hemostats/Clamps
__ Sharp item, not sure what kind
__ Microtome blade

Glass

__ Medication ampule
__ Medication vial
__ Vacuum tube *(glass)*
__ Glass item, not sure what kind
__ Glass slide
__ Automobile glass/windshield
__ Specimen/Test tube *(glass)*
__ Capillary tube

14. Was the device part of a Pre-packaged Kit? __Yes __No __ Unknown

15. Sharps Manufacturer:_____ **Sharps Brand:**_____

Sharps Model: _____

16. Device Safety feature: What kind of safety mechanism did the device have?

__ Sliding sheath (hinged)
__ Sliding sheath (single barrel)
__ Retractable
__ Blunting/Blunted
__ Hinged arm
__ Not a safety device/ did not have safety feature

17. Did the injury incident happen?

__ Before Mechanism Activated __ While Activating Mechanism __ After Activating Mechanism __ Not Applicable

18. Severity: Was the injury?

__ Superficial *(little or no bleeding)*
__ Moderate *(skin punctured, some bleeding)*
__ Severe *(deep stick/cut, or profuse bleeding)*