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: [ ] ______ [ ] ______

2) Department where incident occurred: ___________________________________________

3) Home/Employing department: ________________________________________________

5) What is the job category of the injured worker? (check one box only)

☐ 1 Doctor (attending/staff); specify specialty __________________________
☐ 2 Doctor (intensivist/resident/fellow) specify specialty __________________
☐ 3 Medical student __________________________
☐ 4 Nurse/Phlebotomist/IV team specify specialty __________________________
☐ 5 Nursing student □ 1 RN __________________________
☐ 6 Respiratory therapist □ 2 LPN __________________________
☐ 7 Nurse/Phlebotomist/IV team □ 3 NP __________________________
☐ 8 Phlebotomist/IV team □ 4 CRNA __________________________
☐ 9 Other attendant □ 5 Midwife __________________________
☐ 10 Dialysis facility (hemodialysis and peritoneal dialysis) __________________________
☐ 11 Clinical laboratory worker __________________________
☐ 12 Dental __________________________
☐ 13 Dental hygienist __________________________
☐ 14 Housekeeper __________________________
☐ 15 Other, describe: __________________________________________________________
☐ 16 Laundry worker __________________________
☐ 17 Other student __________________________
☐ 18 Other, describe: __________________________________________________________
☐ 19 Medical laboratory worker __________________________
☐ 20 Security __________________________
☐ 21 Paramedic __________________________
☐ 22 Other, describe: __________________________________________________________
☐ 23 Other __________________________

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 Phlebotomist/IV team __________________________
☐ 9 Dialysis facility (hemodialysis and peritoneal dialysis) __________________________
☐ 10 Procedure room (x-ray, EKG, etc) __________________________
☐ 11 Clinical laboratories __________________________
☐ 12 Autopsy/Pathology __________________________
☐ 13 Service/Utility (laundry, central supply, loading dock, etc) __________________________
☐ 14 Labor and delivery room __________________________
☐ 15 Other, describe: __________________________________________________________
☐ 16 Home-care __________________________
☐ 17 Other, describe: __________________________________________________________
☐ 18 Other __________________________

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 Uncleaned (no known exposure to patient or contaminated equipment) __________________________
☐ 3 Unknown __________________________

10) For what purpose was the sharp item originally used? (check one box only)

☐ 1 Unknown/Not applicable __________________________
☐ 2 Injection, intra-muscular/subcutaneous, or other injection through the skin (fingering) __________________________
☐ 3 Heparin or saline flush (fingering) __________________________
☐ 4 Other injection into (or aspiration from) IV injection site or IV port (fingering) __________________________
☐ 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 __________________________
☐ 8 To draw arterial blood sample __________________________
☐ 9 To place an arterial/central line __________________________
☐ 10 Finger stick/Heel stick __________________________
☐ 11 Suturing __________________________
☐ 12 Cutting __________________________
☐ 13 Electrocautery __________________________
☐ 14 To contain a specimen or pharmaceutical (glass item) __________________________
☐ 15 Other, describe: __________________________________________________________

11) Did the injury occur? (check 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, sterilizing, etc) __________________________
☐ 7 Withdrawing a needle from rubber or other resistant material (rubber stopper, IV port, etc) __________________________
☐ 8 Other after use-before disposal (in transit to trash, cleaning, sorting, etc) __________________________
☐ 9 From item left on or near disposal container __________________________
☐ 10 While putting item into disposal container __________________________
☐ 11 After disposal, stick by item protruding from opening of disposal container __________________________
☐ 12 Item pierced side of disposal container __________________________
☐ 13 After disposal, item protruding from trash bag or inappropriate waste container __________________________
☐ 14 Other, describe: __________________________________________________________

E 5.1 Attachment B
Revised 05/22/2015
12) What type of device caused the injury? (check one box only)

Which device caused the injury? (check one box from one of the three sections only)

Needles (for suture needles see "surgical instruments")

- 1 Disposable syringe
  - a Insulin
  - b Tuberculin
  - c 24-gauge needle
  - d 26-gauge 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 (includes winged-set type devices)

- 7 IV catheter stylet

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)

- 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)

12a) Brand/Manufacturer of product: (e.g. ABC Medical Company)

12b) Model

- 98 Please specify: ____________________________

- 99 Unknown

13) If the item causing the injury was a needle or sharp medical device, was it an "safety design" with a shielded, retracted, retractable, or blunted needle or blade?

- 1 Yes

- 2 No

- 3 Unknown

14) Mark the location of the injury:

□ Needle-hollow-bore
□ Surgical
□ Glass

□ 8 Vacuum tube blood collection holder/needle (includes Vactuiner™-type devices)

□ 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: ____________________________

□ 43 Specimen/Test tube (plastic)

□ 44 Finger/Tooth

□ 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/burr

□ 61 Pincups/Forceps/Hemostats/Clamps

□ 58 Sharp item, not sure what kind

□ 59 Other sharp item: Describe: ____________________________

□ 66 Capillary tube

□ 67 Glass slide

□ 78 Glass item, not sure what kind

□ 79 Other glass item: Describe: ____________________________

□ 9a) Was the protective mechanism activated?

- 1 Yes, fully

- 2 Yes, partially

- 3 No

□ 4 Unknown

13b) Did injury incident happen?

- 1 Before activation

- 2 During activation

- 3 After activation

- 4 Unknown

□ 12 Right

□ 18 Left

□ 39 Front

□ 44 Back

2 of 3
15) Was the injury?
   □ 1 Superficial (little or no bleeding)
   □ 2 Moderate (skin punctured, some bleeding)
   □ 3 Severe (deep stab/wound, 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 OSHA reportable? □ 1 Yes □ 2 No □ 3 Unknown
   If yes, days away from work: ______
   Days of restricted work activity: ______

Does this incident meet the FDA medical device reporting criteria? (Yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 weeks days of incident.)
   □ 1 Yes (if yes, follow FDA reporting protocol) □ 2 No □ 3 Unknown

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