

Needlestick & Sharp Object Injury Report

Last name: _____ First name: _____

Email address: _____


Injury ID: (for office use only) **S** _____ Facility ID: (for office use only) _____ Completed by: _____

1. Date of injury: 2. Time of injury:

3. Home/Employing department/Cost center: _____

3a. Department where injury occurred (optional): _____

4. What is the job category of the exposed worker? (check one box only)

- | | |
|---|---|
| <input type="checkbox"/> 1 Doctor (attending/staff); specify specialty _____ | <input type="checkbox"/> 21 IV team |
| <input type="checkbox"/> 2 Doctor (intern/resident/fellow) specify specialty _____ | <input type="checkbox"/> 10 Clinical laboratory worker |
| <input type="checkbox"/> 22 Physician's assistant | <input type="checkbox"/> 11 Technologist (non-lab) |
| <input type="checkbox"/> 3 Medical student | <input type="checkbox"/> 12 Dentist |
| <input type="checkbox"/> 4 Nurse: specify  | <input type="checkbox"/> 13 Dental hygienist |
| <input type="checkbox"/> 5 Nursing student | <input type="checkbox"/> 14 EVS/Housekeeper |
| <input type="checkbox"/> 18 C.N.A./H.H.A. | <input type="checkbox"/> 19 Laundry worker |
| <input type="checkbox"/> 6 Respiratory therapist | <input type="checkbox"/> 20 Security |
| <input type="checkbox"/> 7 Surgery tech/attendant | <input type="checkbox"/> 16 EMT/Paramedic/First Responder |
| <input type="checkbox"/> 8 Other attendant | <input type="checkbox"/> 17 Other student |
| <input type="checkbox"/> 9 Phlebotomist/Venipuncture | <input type="checkbox"/> 15 Other, describe: _____ |

5. Where did the injury occur? (check one box only)

- | | |
|---|--|
| <input type="checkbox"/> 1 Patient room | <input type="checkbox"/> 9 Dialysis facility (hemodialysis and peritoneal dialysis) |
| <input type="checkbox"/> 2 Outside patient room (hallway, nurses station, etc.) | <input type="checkbox"/> 10 Procedure room (x-ray, EKG, etc.) |
| <input type="checkbox"/> 3 Emergency department | <input type="checkbox"/> 11 Clinical laboratories |
| <input type="checkbox"/> 4 Intensive/Critical care unit: specify type: _____ | <input type="checkbox"/> 12 Autopsy/Pathology |
| <input type="checkbox"/> 5 Operating room/Recovery | <input type="checkbox"/> 13 Service/Utility (laundry, central supply, sterile processing, waste) |
| <input type="checkbox"/> 6 Outpatient clinic/Office | <input type="checkbox"/> 16 Labor and delivery room |
| <input type="checkbox"/> 7 Blood bank | <input type="checkbox"/> 17 Home-care |
| <input type="checkbox"/> 8 Venipuncture center | <input type="checkbox"/> 14 Other, describe: _____ |


6. Was the source patient identifiable? (check one box only)

- ☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not applicable



7. Was the injured worker the original user of the sharp item? (check one box only)

- ☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not applicable

8. The sharp item was: (check one box only)

- | | | |
|---|--------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Contaminated (known exposure to patient or contaminated equipment)  | was there blood on the device? | <input type="checkbox"/> 1 Yes |
| <input type="checkbox"/> 2 Uncontaminated (no known exposure to patient or contaminated equipment) | | <input type="checkbox"/> 2 No |
| <input type="checkbox"/> 3 Unknown | | <input type="checkbox"/> 3 Unknown |

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

- | | |
|--|---|
| <input type="checkbox"/> 1 Unknown/Not applicable | <input type="checkbox"/> 16 To place an arterial /central line |
| <input type="checkbox"/> 2 Injection, intra-muscular/subcutaneous, or other injection through the skin | <input type="checkbox"/> 9 To obtain a body fluid or tissue sample (urine/CSF/amniotic fluid/other fluid, biopsy) |
| <input type="checkbox"/> 3 Heparin or saline flush | <input type="checkbox"/> 10 Finger stick/Heel stick |
| <input type="checkbox"/> 4 Other injection into or aspiration from IV injection site or IV port | <input type="checkbox"/> 11 Suturing |
| <input type="checkbox"/> 5 To connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection) | <input type="checkbox"/> 12 Cutting |
| <input type="checkbox"/> 6 To start IV or set up heparin lock (IV catheter or winged set-type needle) | <input type="checkbox"/> 17 Drilling |
| <input type="checkbox"/> 7 To draw venous blood sample  | <input type="checkbox"/> 13 Electrocautery |
| <input type="checkbox"/> 8 To draw arterial blood sample  | <input type="checkbox"/> 14 To contain a specimen or pharmaceutical (glass item) |
| | <input type="checkbox"/> 15 Other; describe: _____ |

10. When did the injury occur? (check one box only)

- | | |
|--|--|
| <input type="checkbox"/> 1 Before use of item (item broke/slipped, assembling device, etc.) | <input type="checkbox"/> 16 After use, device left on floor, table, bed or inappropriate place |
| <input type="checkbox"/> 2 During use of item (item slipped, patient moved, skin pinch-up, etc.) | <input type="checkbox"/> 9 After use, from item left on or near disposal container |
| <input type="checkbox"/> 15 While restraining patient | <input type="checkbox"/> 8 Other after use-before disposal (in transit to trash, cleaning, sorting, etc.) |
| <input type="checkbox"/> 3 Between steps of a multi-step procedure (between incremental injections, passing instruments, etc.) | <input type="checkbox"/> 10 During disposal, while putting item into disposal container |
| <input type="checkbox"/> 7 While withdrawing a needle from rubber or other resistant material (rubber stopper, IV port, etc.) | <input type="checkbox"/> 11 During disposal, stuck by item protruding from opening of disposal container |
| <input type="checkbox"/> 5 In preparation for reuse of reusable instrument (sorting, disinfecting, sterilizing, etc.) | <input type="checkbox"/> 12 After disposal, item pierced side of disposal container |
| <input type="checkbox"/> 6 After use, while recapping used needle | <input type="checkbox"/> 13 After disposal, item protruded from trash bag or inappropriate waste container |
| <input type="checkbox"/> 4 After use, while disassembling device or equipment | <input type="checkbox"/> 14 Other: describe: _____ |



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6/2019

11. What type of device caused the injury? (check one box only)

- ☐ Hollow-bore Needle
- ☐ Surgical and solid needle
- ☐ Glass

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

HOLLOW-bore Needles (for *lancets and suture needles* see “surgical instruments”)

- | | |
|--|---|
| <input type="checkbox"/> 1 Disposable syringe | <input type="checkbox"/> 9 Spinal or epidural Needle |
| <input type="checkbox"/> 1. Insulin | <input type="checkbox"/> 10 Unattached hypodermic needle |
| <input type="checkbox"/> 2. Tuberculin | <input type="checkbox"/> 11 Arterial catheter introducer needle |
| <input type="checkbox"/> 3. 24/25-gauge needle | <input type="checkbox"/> 12 Central line catheter needle (<i>cardiac, etc.</i>) |
| <input type="checkbox"/> 4. 23-gauge needle | <input type="checkbox"/> 13 Drum catheter needle |
| <input type="checkbox"/> 8. “Other” | <input type="checkbox"/> 14 Other vascular catheter needle (<i>cardiac, etc.</i>) |
| <input type="checkbox"/> 2 Pre-filled cartridge syringe (<i>pen needles see #17</i>) | <input type="checkbox"/> 15 Other non-vascular catheter needle |
| <input type="checkbox"/> 3 Blood gas syringe (ABG) | <input type="checkbox"/> 16 Huber-type needle |
| <input type="checkbox"/> 4 Syringe, other type | <input type="checkbox"/> 17 Pen needle |
| <input type="checkbox"/> 5 Needle on IV line (<i>includes piggybacks & IV line connectors</i>) | |
| <input type="checkbox"/> 6 Winged steel needle (<i>includes winged-set type devices</i>) | |
| <input type="checkbox"/> 7 IV catheter stylet | <input type="checkbox"/> 28 Needle, not sure what kind |
| <input type="checkbox"/> 8 Vacuum tube blood collection holder/needle | <input type="checkbox"/> 29 Other needle: describe: _____ |

Surgical instruments and other sharp items (for *glass items* see “glass”)

- | | |
|---|--|
| <input type="checkbox"/> 30 Lancet (finger or heel sticks) | <input type="checkbox"/> 41 Trocar |
| <input type="checkbox"/> 31 Suture needle | <input type="checkbox"/> 42 Vacuum tube (<i>plastic</i>) |
| <input type="checkbox"/> 52 Jet injector | <input type="checkbox"/> 43 Specimen/Test tube (<i>plastic</i>) |
| <input type="checkbox"/> 32 Scalpel, reusable (<i>scalpel, disposable code is 45</i>) | <input type="checkbox"/> 44 Fingernails/Teeth |
| <input type="checkbox"/> 45 Scalpel, disposable | <input type="checkbox"/> 46 Retractors, skin/bone hooks |
| <input type="checkbox"/> 33 Razor | <input type="checkbox"/> 47 Staples/Steel sutures |
| <input type="checkbox"/> 34 Pipette (<i>plastic</i>) | <input type="checkbox"/> 48 Wire (<i>suture/fixation/guide wire</i>) |
| <input type="checkbox"/> 35 Scissors | <input type="checkbox"/> 49 Pin (<i>fixation, guide pin</i>) |
| <input type="checkbox"/> 36 Electro-cautery device | <input type="checkbox"/> 50 Drill bit/bur |
| <input type="checkbox"/> 37 Bone cutter | <input type="checkbox"/> 51 Pickups/Forceps/Hemostats/Clamps |
| <input type="checkbox"/> 38 Bone chip/sliver | |
| <input type="checkbox"/> 39 Towel clip | <input type="checkbox"/> 58 Sharp item, not sure what kind |
| <input type="checkbox"/> 40 Microtome blade | <input type="checkbox"/> 59 Other sharp item: describe: _____ |

Glass

- | | |
|---|---|
| <input type="checkbox"/> 60 Medication ampule | <input type="checkbox"/> 67 Glass slide |
| <input type="checkbox"/> 61 Medication vial (<i>small volume with rubber stopper</i>) | <input type="checkbox"/> 68 Automobile glass/windshield |
| <input type="checkbox"/> 64 Vacuum tube (<i>glass</i>) | |
| <input type="checkbox"/> 65 Specimen/Test tube (<i>glass</i>) | <input type="checkbox"/> 78 Glass item, not sure what kind |
| <input type="checkbox"/> 66 Capillary tube | <input type="checkbox"/> 79 Other glass item: describe: _____ |

11a) Brand/Manufacturer of product: (e.g. ABC Medical Company) _____

11b) Model: _____ ☐ 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

12a) Was the protective mechanism activated?

- | | | | |
|---------------------------------------|---|-------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Yes, fully | <input type="checkbox"/> 2 Yes, partially | <input type="checkbox"/> 3 No | <input type="checkbox"/> 4 Unknown |
|---------------------------------------|---|-------------------------------|------------------------------------|

12b) Did the injury incident happen?

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> 1 Before activation | <input type="checkbox"/> 2 During activation | <input type="checkbox"/> 3 After activation | <input type="checkbox"/> 4 Unknown |
|--|--|---|------------------------------------|

12c) Safety mechanism type:

- | | |
|---|---|
| <input type="checkbox"/> 1 Sliding sheath (hinged) | <input type="checkbox"/> 4 Blunting/Blunted |
| <input type="checkbox"/> 2 Sliding sheath (single barrel) | <input type="checkbox"/> 5 Hinged arm |
| <input type="checkbox"/> 3 Retracting | <input type="checkbox"/> 6 Other |

13. Did the device have needles on two ends (e.g. phlebotomy, pen needle)?

- | | | |
|--------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Unknown |
|--------------------------------|-------------------------------|------------------------------------|

13a. If yes, which end caused the injury?

- ☐ 1 Patient end
- ☐ 2 Non-patient or ‘back’ end
- ☐ 3 Both patient and ‘back’ ends
- ☐ 4 Unknown or N/A

13b. If yes and it was a safety engineered device, was the protective mechanism activated on both ends?

- ☐ 1 Yes, both patient end and ‘back’ end
- ☐ 2 No, only patient end
- ☐ 3 No, only ‘back’ end
- ☐ 4 Neither end had the protective mechanism activated
- ☐ 5 Was not a device with needles at both ends

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

- | | | |
|--------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Unknown |
|--------------------------------|-------------------------------|------------------------------------|

15. What was the location of the injury? (check one box only)

- ☐ 1 Right hand
☐ 15 Left hand
☐ 30 Other, describe: _____

16. Was the injury?

- ☐ 1 Superficial (*little or no bleeding*)
☐ 2 Moderate (*skin punctured, some bleeding*)
☐ 3 Severe (*deep stick/cut, or profuse bleeding*)

17. If injury was to a hand, did the sharp item penetrate?

- ☐ 1 Single pair of gloves
☐ 2 Double pair of gloves
☐ 3 No gloves

18. Dominant hand of the injured worker:

- ☐ 1 Right-handed ☐ 2 Left-handed

19. Employment status of injured worker:

- ☐ 1 Employee ☐ 3 Student ☐ 5 Non-employee/Practitioner
☐ 2 Temp/Contract ☐ 4 Volunteer ☐ 6 Other

20. Describe the circumstances leading to this injury (*please note if a device malfunction was involved*):

Is this incident OSHA recordable on the sharps injury log? All injuries from contaminated needlesticks are required to be recorded on the OSHA log. (*for office use only*)

- ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

If yes:

Days away from work: _____

Days of restricted work activity: _____

Was prophylaxis provided? (*for office use only*)

- ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

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 works days of incident.) (*for office use only*)

- ☐ 1 Yes (*If yes, follow FDA reporting protocol.*) ☐ 2 No ☐ 3 Unknown

Cost: (*optional, for office use only*)

_____	Lab charges (HBV HCV, HIV, other)
_____	Healthcare worker
_____	Source
_____	Treatment/prophylaxis (HBIG, HBV vaccine, tetanus, other)
_____	Healthcare worker
_____	Source
_____	Service charges (Emergency Dept, Employee Health, other)
_____	Other costs (Worker's Comp, surgery, other)
_____	Paid Time Off
_____	TOTAL