

Needlestick & Sharp Object Injury Report

Send completed form to the West Virginia Needlestick Injury Prevention Program,
350 Capitol Street, Room 125, Charleston, WV 25301 or fax to (304) 558-4744.
Phone: (304) 558-2195

Facility Code: _____ Submitted By: _____

Facility Name: _____

1) Date of Injury: 2) Time of Injury:
(24-hour format)

5) What is the Job Category of the Injured Worker: (check one box only)

- 1 Doctor (*attending/staff*); specify specialty _____
- 2 Doctor (*intern/resident/fellow*) specify specialty _____
- 3 Medical Student
- 4 Nurse: specify 1 RN
- 5 Nursing Student 2 LPN
- 18 CNA/HHA 3 NP
- 6 Respiratory Therapist 4 CRNA
- 7 Surgery Attendant 5 Midwife
- 8 Other Attendant
- 9 Phlebotomist/Venipuncture/IV Team
- 10 Clinical Laboratory Worker
- 11 Technologist (*non-lab*)
- 12 Dentist
- 13 Dental Hygienist
- 14 Housekeeper
- 19 Laundry Worker
- 20 Security
- 16 Paramedic
- 17 Other Student
- 15 Other, describe: _____

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 Venipuncture Center
- 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.*)
- 16 Labor and Delivery Room
- 17 Home-care
- 14 Other, describe: _____

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 Uncontaminated (no known exposure to patient or contaminated equipment) 2 No
- 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 (*syringe*)
- 3 Heparin or Saline Flush (*syringe*)
- 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 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 if used to draw blood was it? Direct stick? Draw from a Line?
- 16 To Place an Arterial /Central Line
- 9 To Obtain a Body Fluid or Tissue Sample (*urine/CSF/amniotic fluid/other fluid, biopsy*)
- 10 Finger stick/Heel Stick
- 11 Suturing
- 12 Cutting
- 17 Drilling
- 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.*)
- 15 Restraining patient
- 3 Between Steps of a Multi-step Procedure (*between incremental injections, passing instruments, etc.*)
- 4 Disassembling Device or Equipment
- 5 In Preparation for Reuse of Reusable Instrument (*sorting, disinfecting, sterilizing, etc.*)
- 6 While Recapping Used Needle
- 7 Withdrawing a Needle from Rubber or Other Resistant Material (*rubber stopper, IV port, etc.*)
- 16 Device Left on Floor, Table, Bed or Other Inappropriate Place
- 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, Stuck by Item Protruding from Opening of Disposal Container
- 12 Item Pierced Side of Disposal Container
- 13 After Disposal, Item Protruded from Trash Bag or Inappropriate Waste Container
- 14 Other: Describe: _____

- 12) What Type of Device Caused the Injury? (check one box only) Needle-Hollow Bore
 Surgical
 Glass

Which Device Caused the Injury? (check one box from one of the three sections only)

Needles (for suture needles see "surgical instruments")

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Disposable Syringe | <input type="checkbox"/> e 22-gauge needle | <input type="checkbox"/> 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ *-type device) |
| <input type="checkbox"/> a Insulin | <input type="checkbox"/> f 21-gauge needle | <input type="checkbox"/> 9 Spinal or Epidural Needle |
| <input type="checkbox"/> b Tuberculin | <input type="checkbox"/> g 20-gauge needle | <input type="checkbox"/> 10 Unattached hypodermic needle |
| <input type="checkbox"/> c 24/25-gauge needle | <input type="checkbox"/> h "Other" | <input type="checkbox"/> 11 Arterial catheter introducer needle |
| <input type="checkbox"/> d 23-gauge needle | | <input type="checkbox"/> 12 Central line catheter needle (cardiac, etc.) |
| <input type="checkbox"/> 2 Pre-filled cartridge syringe (includes Tubex™ *, Carpuject™ *-type syringes) | | <input type="checkbox"/> 13 Drum catheter needle |
| <input type="checkbox"/> 3 Blood gas syringe (ABG) | | <input type="checkbox"/> 14 Other vascular catheter needle (cardiac, etc.) |
| <input type="checkbox"/> 4 Syringe, other type | | <input type="checkbox"/> 15 Other non-vascular catheter needle (ophthalmology, etc.) |
| <input type="checkbox"/> 5 Needle on IV line (includes piggybacks & IV line connectors) | | |
| <input type="checkbox"/> 6 Winged steel needle (includes winged-set type devices) | <input type="checkbox"/> 28 Needle, not sure what kind | |
| <input type="checkbox"/> 7 IV catheter stylet | <input type="checkbox"/> 29 Other needle, please describe: _____ | |

Surgical Instrument or Other Sharp Items (for glass items see "glass")

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

Glass

- | | |
|--|---|
| <input type="checkbox"/> 60 Medication ampule | <input type="checkbox"/> 66 Capillary tube |
| <input type="checkbox"/> 61 Medication vial (small volume with rubber stopper) | <input type="checkbox"/> 67 Glass slide |
| <input type="checkbox"/> 62 Medication/IV bottle (large volume) | |
| <input type="checkbox"/> 63 Pipette (glass) | <input type="checkbox"/> 78 Glass item, not sure what kind |
| <input type="checkbox"/> 64 Vacuum tube (glass) | <input type="checkbox"/> 79 Other glass item: Describe: _____ |
| <input type="checkbox"/> 65 Specimen/Test tube (glass) | |
- Other: Describe: _____

12a) Brand/Manufacturer of Product:

- 12b) Model: 98 Please 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

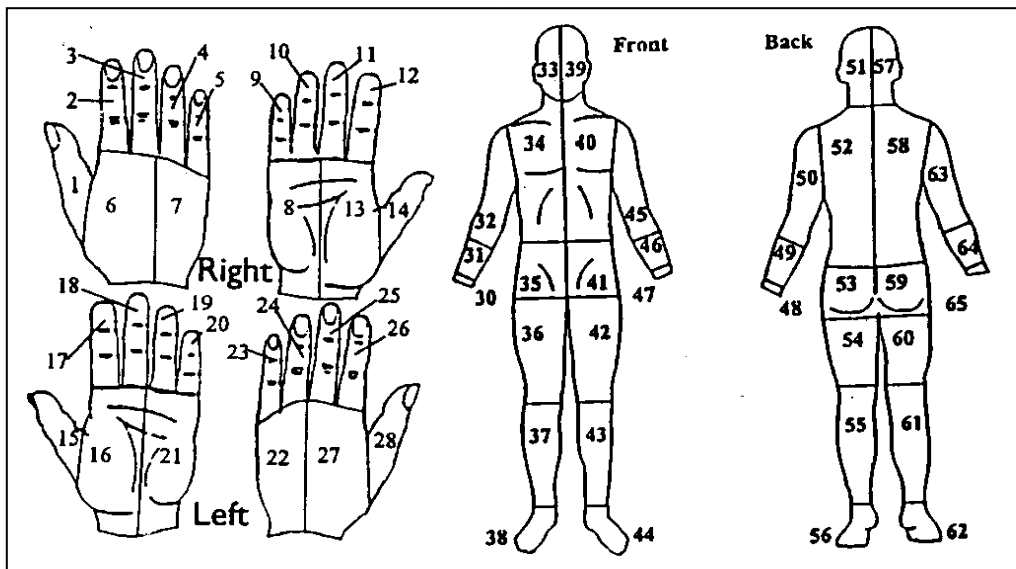
13a) Was the Protective Mechanism Activated?

- 1 Yes, fully 3 No
 2 Yes, partially 4 Unknown

13b) Did Exposure Incident Happen?

- 1 Before activation 3 After activation
 2 During 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

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:

* Tubex™ is a trademark of Wyeth Ayers; Carpuject™ is a trademark of Sanofi Winthrop; VACUTAINER™ is a trademark of Becton Dickinson. Identification of these products does not imply endorsement of these specific brands.