

WEST VIRGINIA NEEDLESTICK INJURY PREVENTION PROGRAM
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QUARTERLY NEEDLESTICK AND SHARP OBJECT INJURY REPORT

Hospitals, nursing homes, home health agencies, and local health departments are required to report needlestick and sharp object injuries to the Director of the Division of Health under West Virginia Code 16-36 and Legislative Rule 64CSR82. §64-82-5.3.c states that “Facilities shall supplement the annual report with quarterly reports to be submitted to the Director within thirty days of the close of each quarter. The quarterly reports shall contain the specific information of each exposure incident as set forth in section five of this rule and any patterns of needlestick and sharps injuries that the facility had identified.”

This form, along with a three-page “Needlestick & Sharp Object Injury Report” for each injury, is to be completed and returned to the West Virginia Needlestick Injury Prevention Program (WVNIPP) each quarter according to the following schedule:

- Quarter 1: January through March injuries – Report due by April 30
- Quarter 2: April through June injuries – Report due by July 30
- Quarter 3: July through September injuries – Report due by October 30
- Quarter 4: October through December injuries – Report due by January 30

WVNIPP 4-Digit Facility Code:	
Facility Name:	
Report is for Quarter Number:	
Report is for Year:	
Number of Injuries this Quarter:	

Please attach a three-page “Needlestick & Sharp Object Injury Report” for each injury.

Additional Information

Zero Injuries – If a facility had zero injuries during the quarter, only this form must be submitted.

Reporting as Injuries Occur – Some facilities prefer to submit a three-page “Needlestick & Sharp Object Injury Report” as injuries occur instead of sending all reports on a quarterly basis. If a facility prefers to report in this manner, this quarterly report must still be submitted so the WVNIPP will know if all injury reports were received.

WVNIPP Facility Code – This code is assigned by the WVNIPP and is not related to any other state program number. Contact the WVNIPP to obtain the facility code if it is unknown.

Form Completed By: _____ Date: _____