# 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: 

Incident ID: (for WVNIPP office use only) S

1) Date of Injury: 

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

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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
- 5 Nursing Student
- 6 Respiratory Therapist
- 7 Surgery Attendant
- 8 Other Attendant
- 9 Phlebotomist/Venipuncture/IV Team

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

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)
- 2 Uncontaminated (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 (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

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 In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)
- 6 While Recapping Used Needle
- 7 Withdrawal of 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, Stuck by Item Protruding from Opening of Disposal Container
- 12 After Disposal, Item Protruded from Trash Bag or Inappropriate Waste Container
- 13 Other: Describe:

12) Other: Describe:

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12) What Type of Device Caused the Injury? (check one box only)

<table>
<thead>
<tr>
<th>Device</th>
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<tbody>
<tr>
<td>Needle-Hollow Bore</td>
</tr>
<tr>
<td>Surgical</td>
</tr>
<tr>
<td>Glass</td>
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</table>

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 24/25-gauge needle
  - d 23-gauge needle
  - e 22-gauge needle
  - f 21-gauge needle
  - g 20-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)

### Glass

- **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: ____________________________

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
- 2 Yes, partially
- 3 No
- 4 Unknown

13b) Did Exposure Incident Happen?

- 1 Before activation
- 2 During activation
- 3 After 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: ____________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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