

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:

3) Ward/Department where Incident Occurred: _____

4) Employing Department: _____

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

- | | |
|--|---|
| <input type="checkbox"/> 1 Doctor (Consultant/Registrar); specify speciality _____ | <input type="checkbox"/> 10 Clinical Laborat |
| <input type="checkbox"/> 2 Doctor (SHO/HO) specify speciality _____ | <input type="checkbox"/> 11 Technician (nor |
| <input type="checkbox"/> 3 Medical Student | <input type="checkbox"/> 12 Dentist |
| <input type="checkbox"/> 4 Nurse-- TICK ONE → <input type="checkbox"/> 1 Staff/Enrolled | <input type="checkbox"/> 13 Dental Hygienist/Dental Nurse |
| <input type="checkbox"/> 5 Nursing Student | <input type="checkbox"/> 14 Domestic/Porter |
| <input type="checkbox"/> 18 HCA/NA | <input type="checkbox"/> 19 Laundry Worker |
| <input type="checkbox"/> 7 ODA/ODP | <input type="checkbox"/> 16 Ambulance/Paramedic |
| <input type="checkbox"/> 8 Other Attendant | <input type="checkbox"/> 21 Sterile Services |
| <input type="checkbox"/> 9 Phlebotomist/IV Team | <input type="checkbox"/> 15 Other, describe: _____ |
| <input type="checkbox"/> 22 Professions Allied to Medicine (PAMS) | |

6) Where Did the Injury Occur? (tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> 1 Patient Room | <input type="checkbox"/> 9 Dialysis Facility (haemodialysis & peritoneal dialysis) |
| <input type="checkbox"/> 2 Outside Patient Room (hallway, nurses station, etc.) | <input type="checkbox"/> 11 Clinical Laboratories |
| <input type="checkbox"/> 10 Treatment/Procedure Room | <input type="checkbox"/> 12 Mortuary/Pathology |
| <input type="checkbox"/> 3 Emergency Department (A and E) | <input type="checkbox"/> 13 Service/Utility (sluice, laundry, sterile supply, estates, etc) |
| <input type="checkbox"/> 4 Intensive/Critical Care unit: specify type: _____ | <input type="checkbox"/> 16 Labour and Delivery Room |
| <input type="checkbox"/> 5 Operating Theatre/Recovery | <input type="checkbox"/> 17 Home Care |
| <input type="checkbox"/> 6 Outpatient Clinic/Office | <input type="checkbox"/> 18 Day Centre |
| <input type="checkbox"/> 7 Blood Bank | <input type="checkbox"/> 14 Other, describe: _____ |
| <input type="checkbox"/> 8 Venepuncture Center | |

7) Was the Source Patient Identifiable? (tick one box only)

- 1 Yes 2 No 3 Unknown 4 Not Applicable

8) Was the Injured Worker the Original User of the Sharp Item? (tick one box only)

- 1 Yes 2 No 3 Unknown 4 Not Applicable

9) The Sharp Item was: (tick one box only)

- 1 Contaminated (known exposure to patient or contaminated equipment)
 2 Uncontaminated (no known exposure to patient or contaminated equipment)
 3 Unknown

9b) If Contaminated, Was There Blood on the Device? 1 Yes 2 No

10) For What Purpose was the Sharp Item Originally Used? (tick 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 (syringe) | <input type="checkbox"/> 9 To Obtain a Body Fluid or Tissue Sample (urine/CSF/amniotic fluid/other fluid, biopsy) |
| <input type="checkbox"/> 18 Subcutaneous Infusion (fluid/medication) | <input type="checkbox"/> 10 Finger stick/Heel Stick |
| <input type="checkbox"/> 3 Heparin or Saline Intravenous Flush (bolus) | <input type="checkbox"/> 11 Suturing |
| <input type="checkbox"/> 4 Other Injection into (or aspiration from) IV injection site or IV Port (syringe) | <input type="checkbox"/> 12 Cutting |
| <input type="checkbox"/> 5 To Connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection) | <input type="checkbox"/> 17 Drilling |
| <input type="checkbox"/> 6 Cannulate IV or Set up Heparin Lock (IV catheter or winged set-type needle) | <input type="checkbox"/> 13 Electrocautery |
| <input type="checkbox"/> 7 To Draw Venous Blood Sample-- TICK ONE → <input type="checkbox"/> Direct stick? | <input type="checkbox"/> 14 To Contain a Specimen or Pharmaceutical (glass item) |
| <input type="checkbox"/> 8 To Draw Arterial Blood Sample-- TICK ONE → <input type="checkbox"/> Direct stick? | <input type="checkbox"/> 15 Other; Describe _____ |
| | <input type="checkbox"/> Drawn from a Line? |
| | <input type="checkbox"/> Drawn from a Line? |

11) Did the Injury Occur? (tick one box only)

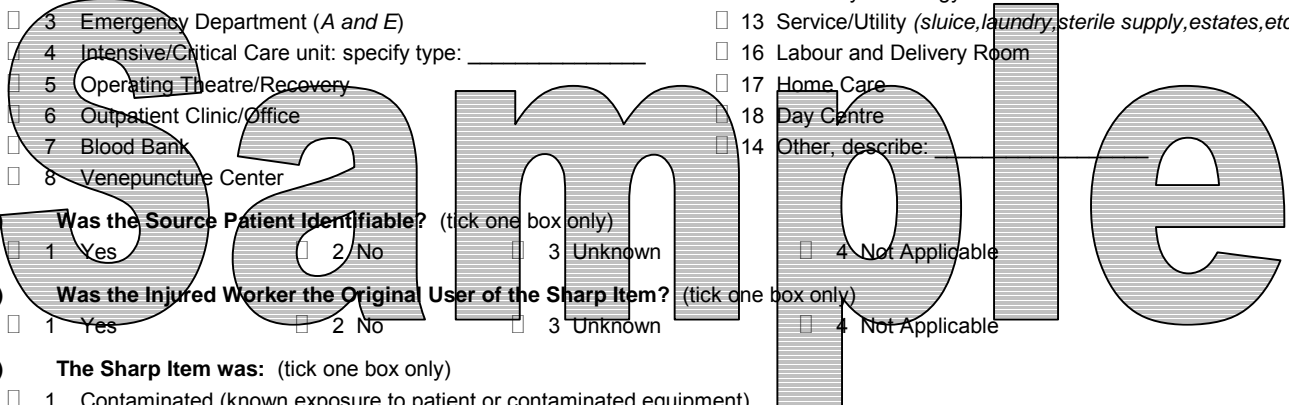
- | | |
|--|--|
| <input type="checkbox"/> 1 Before Use of Item (item broke/slipped, assembling device, etc.) | <input type="checkbox"/> 16 Device Left on Floor, Table, Bed or Other Inappropriate Place |
| <input type="checkbox"/> 2 During Use of Item (item slipped, patient jarred item, etc) | <input type="checkbox"/> 8 Other After Use-Before Disposal (in transit to waste, cleaning, sorting, etc.) |
| <input type="checkbox"/> 15 Restraining patient | <input type="checkbox"/> 9 From Item Left On or Near Disposal Container |
| <input type="checkbox"/> 3 Between Steps of a Multi-step Procedure (between incremental injections, passing instruments, etc.) | <input type="checkbox"/> 10 While putting Item into Disposal Container |
| <input type="checkbox"/> 4 Disassembling Device or Equipment | <input type="checkbox"/> 11 After Disposal, Stuck by Item Protruding from Opening of Disposal Container |
| <input type="checkbox"/> 5 In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilising, etc.) | <input type="checkbox"/> 12 Item Pierced Side of Disposal Container |
| <input type="checkbox"/> 6 While Recapping Used Needle | <input type="checkbox"/> 13 After Disposal, Item Protruded from Waste Bag or Inappropriate Waste Container |
| <input type="checkbox"/> 7 Withdrawing a Needle from Rubber or Other Resistant Material (rubber stopper, IV port, etc.) | <input type="checkbox"/> 14 Other: Describe: _____ |



EXPOSURE PREVENTION ►
INFORMATION NETWORK ►

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

- Needle-Hollow Bore
- Surgical
- Glass

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

Needles (for suture needles see "surgical instruments")

- 1 Disposable Syringe with 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
- 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ *-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: _____

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)
- 43 Specimen/Test tube (plastic)
- 44 Fingernails/Teeth
- 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/bur
- 51 Pickups/Forceps/Haemostats/Clamps
- 58 Sharp item, not sure what kind
- 59 Other sharp item: Describe: _____

Glass

- 60 Medication ampoule
- 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)
- 66 Capillary tube
- 67 Glass slide
- 78 Glass item, not sure what kind
- 79 Other glass item: Describe: _____

12a) Brand/Manufacturer of Product: Specify: _____

12b) Model: 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

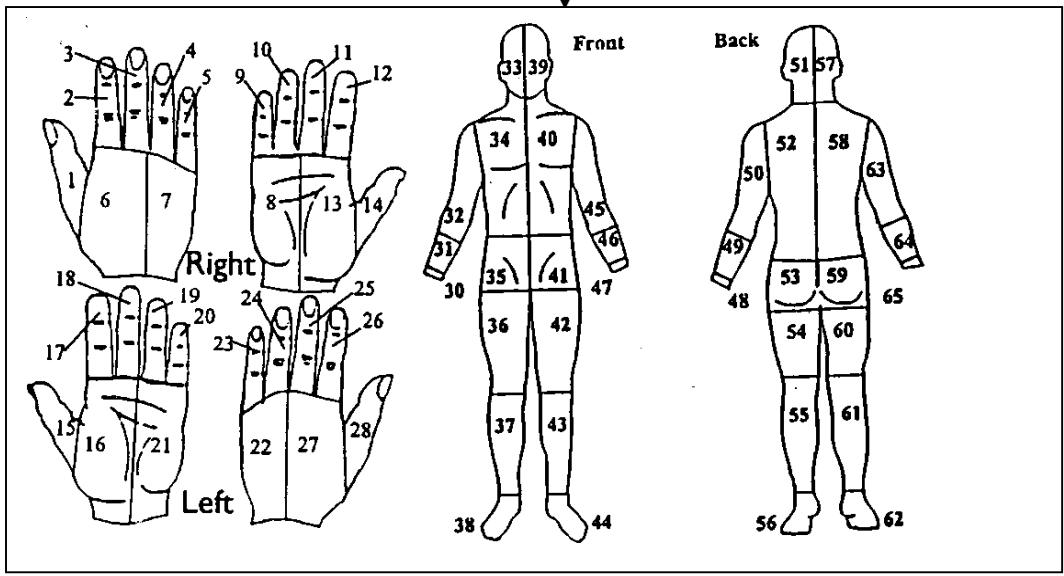
13a) Was the Protective Mechanism Activated?

- 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: _____

Number of Hours on Duty Prior to Being Injured:

- a 0 – 4 hours
- b 5 – 8 hours
- c 9 – 12 hours
- d 13 – 16 hours
- e 17 – 20 hours
- f 21 – 24 hours
- g > 24 hours

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 pound)

Is this Incident RIDDOR reportable?

- 1 Yes
- 2 No
- 3 Unknown

If Yes, Days Away from Work? _____

Days of Restricted Work Activity? _____