

# UNIFORM NEEDLESTICK AND SHARP OBJECT INJURY REPORT



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

1. Injury ID: *for office use only*  1a. Facility ID: *for office use only*

2. Date of Injury:  /  /  :  :   am  pm

3. Department where injury occurred: \_\_\_\_\_

4. Home Department: \_\_\_\_\_ 4a. Filled out by: \_\_\_\_\_

**5) Job Category: (check one)**

- |   |   |
|---|---|
| <input type="radio"/> 1 M.D. (attending/staff); specify specialty: _____        | <input type="radio"/> 10 clinical laboratory worker |
| <input type="radio"/> 2 M.D. (intern/resident/fellow); specify specialty: _____ | <input type="radio"/> 11 technologist (non-lab)     |
| <input type="radio"/> 3 medical student   | <input type="radio"/> 12 dentist                    |
| <input type="radio"/> 4 nurse: specify: _____                                   | <input type="radio"/> 13 dental hygienist           |
| <input type="radio"/> 5 nursing student   | <input type="radio"/> 14 housekeeper                |
| <input type="radio"/> 18 CNA/HHA  | <input type="radio"/> 19 laundry worker             |
| <input type="radio"/> 6 respiratory therapist                                   | <input type="radio"/> 20 security                   |
| <input type="radio"/> 7 surgery attendant                                       | <input type="radio"/> 16 paramedic                  |
| <input type="radio"/> 8 other attendant   | <input type="radio"/> 17 other student              |
| <input type="radio"/> 9 phlebotomist/venipuncture/I.V. team                     | <input type="radio"/> 15 other, describe: _____     |

**6) Where did the injury occur: (check one)**

- |   |   |
|---|---|
| <input type="radio"/> 1 patient room  | <input type="radio"/> 9 dialysis facility (hemodialysis and peritoneal dialysis)            |
| <input type="radio"/> 2 outside patient room (hallway, nurses' station, etc.) | <input type="radio"/> 10 procedure room (x-ray, EMG, etc.)                                  |
| <input type="radio"/> 3 emergency department                                  | <input type="radio"/> 11 clinical laboratories  |
| <input type="radio"/> 4 intensive/critical care unit: specify type: _____     | <input type="radio"/> 12 autopsy/pathology  |
| <input type="radio"/> 5 operating room  | <input type="radio"/> 13 service/utility area (laundry, central supply, loading dock, etc.) |
| <input type="radio"/> 6 outpatient clinic/office                              | <input type="radio"/> 16 labor and delivery room  |
| <input type="radio"/> 7 blood bank  | <input type="radio"/> 17 homecare   |
| <input type="radio"/> 8 venipuncture center                                   | <input type="radio"/> 14 other, describe: _____   |

**7) Was the source patient identifiable?: (check one)**

- 1 yes       2 no       3 unknown       4 not applicable

**8) Was the injured worker the original user of the sharp item: (check one)**

- 1 yes       2 no       3 unknown       4 not applicable

**9) The sharp item was: (check one)**

- 1 contaminated (known exposure to patient or contaminated equipment) ———→ was there visible 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)**

- |   |  |
|---|--|
| <input type="radio"/> 1 unknown/not applicable  | <input type="radio"/> 7 to draw a venous blood sample  |
| <input type="radio"/> 2 injection, intramuscular/subcutaneous, or other injection through the skin (syringe)          | <input type="radio"/> 8 to draw an arterial blood sample   |
| <input type="radio"/> 3 heparin or saline flush (syringe)   | <input type="radio"/> 9 to obtain a body fluid or tissue sample (urine/CSF/amniotic fluid/other fluid, biopsy) |
| <input type="radio"/> 4 other injection into (or aspiration from) I.V. injection site or I.V. port (syringe)          | <input type="radio"/> 10 fingerstick/heel stick  |
| <input type="radio"/> 5 to connect I.V. line (intermittent I.V./piggyback / I.V. infusion/other I.V. line connection) | <input type="radio"/> 11 suturing  |
| <input type="radio"/> 6 to start I.V. or set up heparin lock (I.V. catheter or winged set - type needle)              | <input type="radio"/> 12 cutting   |
| <input type="radio"/> 16 to place an arterial / central line  | <input type="radio"/> 17 drilling  |
|   | <input type="radio"/> 13 electrocautery  |
|   | <input type="radio"/> 14 to contain a specimen or pharmaceutical (glass items)                                 |
|   | <input type="radio"/> 15 other, describe: _____  |
- if used to draw blood was it a:  direct stick  draw from a line

**11) Did the injury occur: (check one)**

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

12) What type of device caused the injury?:  
 (refer to list of items on attached page) \_\_\_\_\_  
 If item is "other", then please describe:  
 \_\_\_\_\_

12a) Brand / Manufacturer of product: (e.g. ABC Medical Company) \_\_\_\_\_

12b) Model  
 (e.g. ABC No-Stick Syringe): \_\_\_\_\_

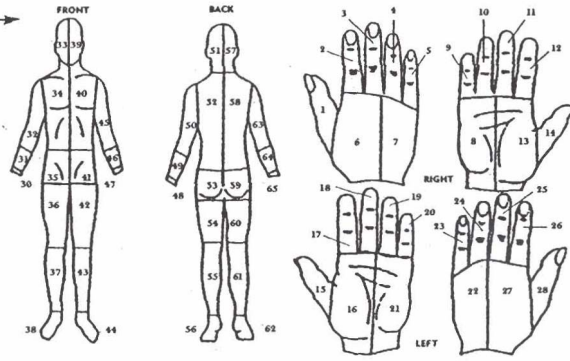
13) If the item causing the injury was a needle, or sharp medical device, was it a "safety design" with a shielded, recessed, retractable or blunted needle blade?  
 1 yes       2 no/not applicable

13a) Was protective mechanism activated?  
 1 yes, fully       2 yes, partially       3 no  
 13b) Did exposure incident happen:  
 1 before activation       2 during activation       3 after activation

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 the injury was to the hands, did the sharp item penetrate: (check one)  
 1 single pair gloves  
 2 double pair gloves  
 3 no gloves



17) Was the injured worker: (check one)  
 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 employee: If the sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?  
 yes       no

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20) For injured employee: Do you have an opinion that any other engineering administrative or work practice could have prevented the injury?  
 yes       no

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR OFFICE USE ONLY:**

			Job charges (Hb, HCV, HIV, other)
			- Employee
			- Source
			Treatment/prophylaxis (HBIG, Hb vaccine, tetanus, other)
			- Employee
			- Source
			Service charges (Emerg. Dept., Empl. Health, other)
			Other costs (Workers' Comp., surgery, other)
			Total (round to nearest dollar)

In this incident OSHA reportable?  
 • Medical treatment (HBIG, Hepatitis vaccine, gamma globulin, AZT, etc.; not first aid, not tetanus)  
 • Restricted/lost work time; job transfer  
 • Illness / death  
 Yes       No  
 If yes, enter:  
 [ ] [ ] [ ] days away from work  
 [ ] [ ] [ ] days restricted work activity

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 work days of incident.)  
 Yes       No  
 If yes, refer to EPINET manual for FDA reporting protocol.



**NEEDLE** (for suture needle see "surgical instruments")

Item Codes

- 1 disposable syringe
  - a Insulin
  - b Tuberculin
  - c 24/25 gage needle
  - d 23 gage needle
  - e 22 gage needle
  - f 21 gage needle
  - g 20 gage needle
  - h "other"
- 2 prefilled cartridge syringe (includes Tubex™ / Carpuject™ – type syringes)
- 3 blood gas syringe (ABG)
- 4 syringe, other type
- 5 needle on I.V. line (includes piggybacks and I.V. line connectors)
- 6 winged steel needle I.V. set (includes winged set – type devices)
- 7 I.V. 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 introducer needle
- 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 device on the report form)

**SURGICAL INSTRUMENT OR OTHER SHARP ITEM** (for glass items see "glass")

Item Codes

- 30 lancet (finger or heel sticks)
- 31 suture needle
- 32 scalpel, reusable (scalpel, disposable: code as 45)
- 33 razor
- 34 pipette (plastic)
- 35 scissors
- 36 electrocautery device
- 37 bone cutter
- 38 bone chip
- 39 towel chip
- 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/hemostats/clamps
- 58 sharp item, not sure what kind
- 59 other sharp item (please describe item on the report form)

**GLASS**

Item Codes

- 60 medication ampule
- 61 medication vial (small volume with rubber stopper)
- 62 medication/I.V. 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 (please describe item on the report form)