

Needlestick & Sharp Object Injury Report



EXPOSURE PREVENTION ►
INFORMATION NETWORK ►

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Last name: _____ First name: _____

Email: _____

Injury ID: (for office use only) S _____ Completed by: _____

Facility ID/name: _____ Date reported: _____

1. **Date of incident:** ____/____/____ 2. **Time of incident:** ____:____
3. **Department where incident occurred:** _____ 4. **Home department:** _____
5. **What is the job category of the injured worker:** (check one box only)

<input type="checkbox"/> 1 Doctor (attending/staff); specify specialty _____	<input type="checkbox"/> 10 Clinical laboratory worker
<input type="checkbox"/> 2 Doctor (intern/resident/fellow) specify specialty _____	<input type="checkbox"/> 11 Technologist (non-lab)
<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
<input type="checkbox"/> 24 Midwife/Birth assistant <input type="checkbox"/> 2 Sister/Charge	<input type="checkbox"/> 14 Housekeeper
<input type="checkbox"/> 5 Nursing student <input type="checkbox"/> 3 Specialist	<input type="checkbox"/> 19 Laundry worker
<input type="checkbox"/> 18 Ward assistant <input type="checkbox"/> 4 Consultant	<input type="checkbox"/> 20 Security
<input type="checkbox"/> 6 Respiratory therapist <input type="checkbox"/> 5 Agency (temporary staff only)	<input type="checkbox"/> 16 Paramedic
<input type="checkbox"/> 7 Surgery attendant	<input type="checkbox"/> 17 Other student
<input type="checkbox"/> 8 Other attendant	<input type="checkbox"/> 17 Other, describe: _____
<input type="checkbox"/> 9 Phlebotomist/Venipuncture/IV team	
6. **Where did the injury occur?** (check one box only)

<input type="checkbox"/> 1 Patient bedside	<input type="checkbox"/> 9 Dialysis facility (hemodialysis and peritoneal dialysis)
<input type="checkbox"/> 2 Outside patient room (hallway, nurses station, etc.)	<input type="checkbox"/> 10 Procedure room (injection/suture/POP/x-ray/EKG/etc.)
<input type="checkbox"/> 3 Casualty/Emergency room	<input type="checkbox"/> 11 Clinical laboratories
<input type="checkbox"/> 4 Intensive/Critical care unit: specify type: _____	<input type="checkbox"/> 12 Autopsy/Pathology
<input type="checkbox"/> 5 Operating room/Recovery	<input type="checkbox"/> 13 Service/Utility (laundry, central supply, loading dock, etc.)
<input type="checkbox"/> 6 Consulting room/OPD/Clinic	<input type="checkbox"/> 16 Labor and delivery room
<input type="checkbox"/> 7 Blood bank	<input type="checkbox"/> 17 Home-care
<input type="checkbox"/> 8 Venipuncture center	<input type="checkbox"/> 14 Other, describe: _____
7. **Was the source patient identifiable?** (check one box only)

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 4 Not applicable
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8. **Was the injured worker the user of the device?**

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 4 Not applicable
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9. **Was this a re-used device or was this its first use?** (check one box only)

<input type="checkbox"/> 1 First use	<input type="checkbox"/> 2 Re-used	<input type="checkbox"/> 3 Unknown
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10. **The sharp item was:** (check one box only)

<input type="checkbox"/> 1 Contaminated (known exposure to patient or contaminated equipment) →	Was blood on the device? <input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 Uncontaminated (no known exposure to patient or contaminated equipment)	<input type="checkbox"/> 2 No
<input type="checkbox"/> 3 Unknown	<input type="checkbox"/> 3 Unknown
11. **For what purpose was the sharp item originally used?** (check 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 (syringe)	<input type="checkbox"/> 9 To obtain a body fluid/tissue sample/biopsy
<input type="checkbox"/> 3 Flush IV line or port (syringe)	<input type="checkbox"/> 10 Finger stick/Heel stick
<input type="checkbox"/> 4 Other injection into (or aspiration from) IV injection site/port (syringe)	<input type="checkbox"/> 11 Suturing
<input type="checkbox"/> 5 To connect IV line (intermittent IV/piggyback/IV infusion/other IV connect.)	<input type="checkbox"/> 12 Cutting
<input type="checkbox"/> 6 To start intravenous infusion/set up heparin lock	<input type="checkbox"/> 17 Drilling
<input type="checkbox"/> 18 To start an intra-osseous infusion	<input type="checkbox"/> 13 Electrocautery
<input type="checkbox"/> 19 To start a subcutaneous infusion	<input type="checkbox"/> 14 To contain a specimen or pharmaceutical (glass item)
<input type="checkbox"/> 7 To draw venous blood	<input type="checkbox"/> 15 Other; describe _____
<input type="checkbox"/> 8 To draw arterial blood → Was it? <input type="checkbox"/> Drawn from a vein or artery <input type="checkbox"/> Drawn from a venous or arterial line	
12. **Did the injury occur?** (check one box only)

<input type="checkbox"/> 1 Before use of item (item broke/slipped, assembling device, etc.)	<input type="checkbox"/> 8 Other after use-before disposal (in transit to trash, cleaning, sorting, etc.)
<input type="checkbox"/> 2 During use of item (item slipped, patient jarred item, etc.)	<input type="checkbox"/> 9 From item left on or near disposal container
<input type="checkbox"/> 15 Restraining patient	<input type="checkbox"/> 10 While putting item into disposal container
<input type="checkbox"/> 3 Between steps of a multi-step procedure (between incremental injections, passing instruments, etc.)	<input type="checkbox"/> 11 After disposal, stuck by item protruding from opening of disposal container
<input type="checkbox"/> 4 Disassembling device or equipment	<input type="checkbox"/> 12 Item pierced side of disposal container
<input type="checkbox"/> 5 In preparation for reuse of reusable instrument (sorting, disinfecting, sterilizing, etc.)	<input type="checkbox"/> 13 After disposal, item protruded from trash bag or inappropriate waste container
<input type="checkbox"/> 6 While recapping used needle	<input type="checkbox"/> 17 During needle destruction
<input type="checkbox"/> 7 Withdrawing a needle from rubber or other resistant material (rubber stopper, IV port, etc.)	<input type="checkbox"/> 14 Other: describe: _____
<input type="checkbox"/> 16 Device left on floor, table, bed or other inappropriate place	

13. **What type of device caused the injury?** (check one box only)

- Needle-Hollow Bore
- Surgical
- Glass

What device caused the injury? (check one box only for question 13)

Hollow needle (for suture needle see "Surgical instrument")

- 1 Needle on disposable syringe
- 17 Needle on reusable glass syringe
- 2 Pre-filled syringe needle
- 3 Blood gas syringe needle (ABG)
- 4 Syringe needle, other type
- 5 Needle on IV line (includes piggybacks & IV line connectors)
- 6 Winged steel needle (butterfly)
- 7 IV catheter stylet
- 8 Vacuum tube blood collection holder/needle

- 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, describe: _____

Surgical instrument or other sharp item (for glass item see "Glass")

- 30 Lancet (finger or heel sticks)
- 31 Suture needle
- 32 Scalpel, reusable
- 45 Scalpel, disposable
- 33 Razor
- 35 Scissors
- 36 Electro-cautery device
- 37 Bone cutter
- 38 Bone fragment
- 39 Towel clip
- 40 Microtome blade
- 41 Trocar
- 44 Fingernails/Teeth
- 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
- 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
- 79 Other glass item: describe: _____

14. **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?** (check one box only)

- 1 Yes
- 2 No
- 3 Unknown

14a) Was the protective mechanism activated? (check one box only if you answered "Yes" to question 14)

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

14b) Did exposure incident happen? (check one box only if you answered "Yes" to question 14)

- 1 Before activation
- 2 During activation
- 3 After activation
- 4 Unknown

15. **If the injury was from a disposable syringe, was it an "auto-disable" syringe with a blocking mechanism preventing its re-use?**

- 1 Yes
- 2 No
- 3 Unknown
- 4 Not applicable

16. **What was the location of the injury?** (check one box only)

- 1 Right hand
- 2 Left hand
- 3 Right foot
- 4 Left foot
- 5 Other, describe: _____

17. **Was the injury?** (check one box only)

- 1 Superficial (little or no bleeding)
- 2 Moderate (skin punctured, some bleeding)
- 3 Severe (deep stick/cut, or profuse bleeding)

18. **If injury was to the hand, did the sharp item penetrate?** (check one box only)

- 1 Single pair of gloves
- 2 Double pair of gloves
- 3 No gloves

19. **Have you been vaccinated for Hepatitis B?** (check one box only)

- 1 Yes, fully, 3 doses
- 2 Yes, partially, 1 or 2 doses
- 3 No
- 4 Not applicable

20. **Where was the disposal container located?** (check one box only)

- 1 Within arm's reach
- 2 Out of reach, but in same room
- 3 In a different room
- 4 Not applicable

21. **If there was a disposal container, was it?** (check all that apply)

- 1 Cardboard container
- 2 Plastic container
- 3 Re-used container or box
- 4 Sharps disposal container
- 5 Not applicable

22. **Describe the circumstances leading to this injury:**

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 dollar)

Is this incident government reportable? 1 Yes 2 No 3 Unknown
If yes, days away from work? _____
Days of restricted work activity? _____

Does this incident meet the medical device reporting criteria? (Yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 works days of incident.)
 1 Yes 2 No 3 Unknown