

OR Needlestick & Sharp Object Injury Report



INTERNATIONAL
SAFETY CENTER

EPINet®

FOR MICROSOFT® ACCESS

EXPOSURE PREVENTION ►
INFORMATION NETWORK ►

2018 Access US

11/2018

Last name: _____ First name: _____

Email address: _____

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

1. Date of injury: 2. Time of injury:

3. Surgical service:

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 General | <input type="checkbox"/> 6 ENT | <input type="checkbox"/> 11 Transplants |
| <input type="checkbox"/> 2 Cardiovascular | <input type="checkbox"/> 7 Neurosurgery | <input type="checkbox"/> 12 Ophthalmology |
| <input type="checkbox"/> 3 OB/C-section | <input type="checkbox"/> 8 Plastic | <input type="checkbox"/> 13 Thoracic |
| <input type="checkbox"/> 4 Gynecology | <input type="checkbox"/> 9 Urology | |
| <input type="checkbox"/> 5 Orthopedic | <input type="checkbox"/> 10 Oral/Dental | <input type="checkbox"/> 99 Other service, describe: _____ |

3a. Surgical procedure being performed: _____

3b. Was it an endoscopic/laparoscopic/robotic/minimally invasive procedure?

- 1 Yes 2 No 3 Unknown 4 Not applicable

4. What is the job category of the injured worker? (check one box only)

- | | | | | |
|---|--|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 1 Surgeon (attending) specify specialty _____ | <input type="checkbox"/> 9 Circulating nurse at time of incident → | <input type="checkbox"/> 1 RN | <input type="checkbox"/> 2 ORT | <input type="checkbox"/> 3 UAP |
| <input type="checkbox"/> 2 Surgeon (resident) specify specialty _____ | <input type="checkbox"/> 10 Scrub nurse at time of incident → | <input type="checkbox"/> 1 RN | <input type="checkbox"/> 2 ORT | <input type="checkbox"/> 3 UAP |
| <input type="checkbox"/> 16 Surgeon (fellow) specify specialty _____ | <input type="checkbox"/> 11 Other Nurse | | | |
| <input type="checkbox"/> 3 Ob/Gyn (attending) | <input type="checkbox"/> 12 Nursing student | | | |
| <input type="checkbox"/> 4 Ob/Gyn (resident) | <input type="checkbox"/> 13 OR assistant/attendant | | | |
| <input type="checkbox"/> 5 Anesthesiologist (attending) | <input type="checkbox"/> 14 Housekeeper | | | |
| <input type="checkbox"/> 6 Anesthesiologist (resident) | <input type="checkbox"/> 15 Physician assistant | | | |
| <input type="checkbox"/> 7 Nurse anesthetist | | | | |
| <input type="checkbox"/> 8 Med student, mark rotation → <input type="checkbox"/> surg <input type="checkbox"/> anesth <input type="checkbox"/> ob-gyn | <input type="checkbox"/> 99 Other, describe: _____ | | | |

4a. If the injury was sustained by an anesthesia team member, what anesthesia task was being performed at the time of exposure? describe: _____

5. Where did the injury occur? (check one box only)

- | | |
|---|--|
| <input type="checkbox"/> 1 Pre-operative area | <input type="checkbox"/> 9 At site of injection into IV equipment |
| <input type="checkbox"/> 2 At the mayo (instrument) stand | <input type="checkbox"/> 10 On OR floor |
| <input type="checkbox"/> 3 At the back table | <input type="checkbox"/> 11 In the OR utility room |
| <input type="checkbox"/> 4 In the operative site/wound | <input type="checkbox"/> 12 Post anesthesia care unit (PACU/recovery room) |
| <input type="checkbox"/> 5 On the surgical field (near operative site) | <input type="checkbox"/> 13 In trash |
| <input type="checkbox"/> 6 On anesthesia machine | <input type="checkbox"/> 14 Accessing airway |
| <input type="checkbox"/> 7 On anesthesia cart | |
| <input type="checkbox"/> 8 At patient's puncture site (intro of vascular cath/injection, etc) | <input type="checkbox"/> 99 Other, describe: _____ |

6. Was the source patient's identity known? (check one box only)

- 1 Yes 2 No 3 Unknown 4 Not applicable

7. At the time of the injury, was the sharp instrument/item? (check one box only)

- 1 Held by another person 2 Held by injured person 3 Not held by anyone

8. The sharp item was: (check one box only)

- | | | |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Contaminated (known exposure to patient or contaminated equipment) ➡ | was there 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 |

9. For what purpose was the sharp item originally used? (check one box only)

- | | |
|--|---|
| <input type="checkbox"/> 1 Unknown/not applicable | <input type="checkbox"/> 12 Cutting (surgery) |
| <input type="checkbox"/> 2 Injection, intra-muscular/subcutaneous, or other injection through the skin (syringe) | <input type="checkbox"/> 13 Suturing muscle/fascia tech/ |
| <input type="checkbox"/> 3 To start IV or set up heparin lock (IV catheter or winged set-type needle) | <input type="checkbox"/> 14 Suturing skin |
| <input type="checkbox"/> 4 To connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection) | <input type="checkbox"/> 21 Suturing tissue not listed above, |
| <input type="checkbox"/> 5 Injection into (or aspiration from) IV injection site or IV port | <input type="checkbox"/> 15 Electrosurgery |
| <input type="checkbox"/> 6 To place an arterial line/catheter | <input type="checkbox"/> 16 Drilling/sawing |
| <input type="checkbox"/> 7 To place a central line/catheter | <input type="checkbox"/> 17 Retracting tissue/bone |
| <input type="checkbox"/> 8 To place other non-vascular line/catheter | <input type="checkbox"/> 18 Wiring/fixing |
| <input type="checkbox"/> 9 To draw venous blood sample | <input type="checkbox"/> 19 Using as a tool, not on patient |
| <input type="checkbox"/> 10 To draw arterial blood sample ➡ if used to draw blood was it? <input type="checkbox"/> 1 Direct stick? <input type="checkbox"/> 2 Drawn from a line? | <input type="checkbox"/> 20 To contain a specimen or pharmaceutical (glass items) |
| <input type="checkbox"/> 11 To obtain a body fluid or tissue sample (urine/CSF/amniotic fluid/other fluid, biopsy) | <input type="checkbox"/> 99 Other; describe _____ |

10. 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/colleague jarred item, etc.*)
- 3 While manually retracting tissue in operative site
- 4 While retracting tissue using retractor or other instrument
- 5 Passing instruments, hand-to-hand
- 6 Passing instruments, hand-free transfer
- 7 Between incremental injections
- 8 In between uses of devices
- 9 Disassembling device or equipment
- 10 Sorting, disinfecting, cleaning and/or sterilizing instruments
- 11 While recapping a used needle
- 12 Withdrawing needle from rubber or resistant material
- 13 Other after use-before disposal (*in transit to trash, cleaning, left on bed, table, floor, or other inappropriate place, etc.*)
- 14 From item left on or near disposal container
- 15 While putting item into disposal container
- 16 After disposal, stuck by item protruding from opening of disposal container
- 17 Item pierced side of disposal container
- 18 After disposal, item protruded from **trash bag or inappropriate** waste container
- 99 Other, describe: _____

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

- Hollow-bore Needle
- Surgical and solid needle
- Glass

Which device caused the injury? (check one box from one of the three sections only)

HOLLOW-bore Needles (*for lancets and suture needles see "surgical instruments"*)

- 1 Disposable syringe
 - 1. Insulin
 - 2. Tuberculin
 - 3. 24/25-gauge needle
 - 4. 23-gauge needle
- 2 Pre-filled cartridge syringe (*pen needles see #17*)
- 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
- 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
- 16 Huber-type needle
- 17 Pen needle
- 28 Needle, not sure what kind
- 29 Other needle: describe: _____

Surgical instruments and other sharp items (*for glass items see "glass"*)

- 30 Lancet (finger or heel sticks)
- 31 Suture needle
- 52 Jet injector
- 32 Scalpel, reusable (*scalpel, disposable code is 45*)
- 45 Scalpel, disposable
- 33 Razor
- 34 Pipette (*plastic*)
- 35 Scissors
- 360 Electrosurgery device, needle tip
- 361 Electrosurgery device, blade tip
- 362 Electrosurgery device, loop tip
- 37 Bone cutter
- 38 Bone fragment/shard/chip/sliver
- 39 Towel clip
- 40 Microtome blade
- 41 Trocar /trocar obturator
- 42 Vacuum tube (*plastic*)
- 43 Specimen/Test tube (*plastic*)
- 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
- 52 Surgical saw
- 53 Surgical implant/explant
- 58 Sharp item, not sure what kind
- 59 Other sharp item: describe: _____

Glass

- 60 Medication ampule
- 61 Medication vial (*small volume with rubber stopper*)
- 64 Vacuum tube (*glass*)
- 65 Specimen/Test tube (*glass*)
- 66 Capillary tube
- 67 Glass slide
- 68 Automobile glass/windshield
- 78 Glass item, not sure what kind
- 79 Other glass item: describe: _____

11a. Brand/Manufacturer of product: (e.g. ABC Medical Company) _____

11b. Model/serial/lot number: _____ Unknown

12. Was this a re-usable device? 1 Yes 2 No 3 Unknown

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 the injury incident happen?

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

13c. Safety mechanism type:

- 1 Sliding sheath (hinged)
- 2 Sliding sheath (single barrel)
- 3 Retracting
- 4 Blunting/Blunted
- 5 Hinged arm
- 6 Other

14. Did the device have needles on two ends (e.g. phlebotomy, pen needle)?
 1 Yes 1 No 1 Unknown

14a. If yes, which end caused the injury?

- 1 Patient end
- 2 Non-patient or 'back' end
- 3 Both patient and 'back' ends
- 4 Unknown or N/A

14b. If yes and it was a safety engineered device, was the protective mechanism activated on both ends?

- 1 Yes, both patient end and 'back' end
- 2 No, only patient end
- 3 No, only 'back' end
- 4 Neither end had the protective mechanism activated
- 5 Was not a device with needles at both ends

15. Did the incident result in an exposure to a hazardous drug (e.g. chemotherapy, antineoplastic)?

- 1 Yes 2 No 3 Unknown

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

- 1 Right hand
- 15 Left hand
- 30 Other, describe: _____

17. Was the injury?

- 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 a hand, did the sharp item penetrate?

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

19. Dominant hand of the injured worker:

- 1 Right-handed 2 Left-handed

20. Employment status of injured worker:

- 1 Employee 2 Temp/Contract 3 Student
- 4 Volunteer 5 Non-employee/Practitioner 6 Other

21. Describe the circumstances leading to this injury (please note if a device malfunction was involved):

Is this incident OSHA recordable on the sharps injury log? All injuries from contaminated needlesticks are required to be recorded on the OSHA log. (for office use only)

- 1 Yes 2 No 3 Unknown

If yes:

Days away from work: _____

Days of restricted work activity: _____

Was prophylaxis provided? (for office use only) 1 Yes 2 No 3 Unknown

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 works days of incident.) (for office use only)

- 1 Yes (If yes, follow FDA reporting protocol.) 2 No 3 Unknown

Cost: (optional, for office use only)

_____ Lab charges (HBV HCV, HIV, other)
_____ Healthcare worker
_____ Source
_____ Treatment/prophylaxis (HBIG, HBV vaccine, tetanus, other)
_____ Healthcare worker
_____ Source
_____ Service charges (Emergency Dept, Employee Health, other)
_____ Other costs (Worker's Comp, surgery, other)
_____ Paid Time Off
_____ TOTAL