

# 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/G-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)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Before use of item ( <i>item broke/slipped, assembling device, etc.</i> )       | <input type="checkbox"/> 12 Withdrawing needle from rubber or resistant material  |
| <input type="checkbox"/> 2 During use of item ( <i>item slipped, patient/colleague jarred item, etc.</i> ) | <input type="checkbox"/> 13 Other after use-before disposal ( <i>in transit to trash, cleaning, left on bed, table, floor, or other inappropriate place, etc.</i> ) |
| <input type="checkbox"/> 3 While manually retracting tissue in operative site                              | <input type="checkbox"/> 14 From item left on or near disposal container  |
| <input type="checkbox"/> 4 While retracting tissue using retractor or other instrument                     | <input type="checkbox"/> 15 While putting item into disposal container  |
| <input type="checkbox"/> 5 Passing instruments, hand-to-hand   | <input type="checkbox"/> 16 After disposal, stuck by item protruding from opening of disposal container   |
| <input type="checkbox"/> 6 Passing instruments, hand-free transfer   | <input type="checkbox"/> 17 Item pierced side of disposal container   |
| <input type="checkbox"/> 7 Between incremental injections  | <input type="checkbox"/> 18 After disposal, item protruded from <b>trash bag</b> or <b>inappropriate</b> waste container  |
| <input type="checkbox"/> 8 In between uses of devices  | <input type="checkbox"/> 99 Other, describe: _____  |
| <input type="checkbox"/> 9 Disassembling device or equipment   |   |
| <input type="checkbox"/> 10 Sorting, disinfecting, cleaning and/or sterilizing instruments                 |   |
| <input type="checkbox"/> 11 While recapping a used needle  |   |

**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"*)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Disposable syringe  | <input type="checkbox"/> 9 Spinal or epidural Needle                                |
| <input type="checkbox"/> 1. Insulin  | <input type="checkbox"/> 10 Unattached hypodermic needle                            |
| <input type="checkbox"/> 2. Tuberculin   | <input type="checkbox"/> 11 Arterial catheter introducer needle                     |
| <input type="checkbox"/> 3. 24/25-gauge needle   | <input type="checkbox"/> 12 Central line catheter needle ( <i>cardiac, etc.</i> )   |
| <input type="checkbox"/> 4. 23-gauge needle  | <input type="checkbox"/> 13 Drum catheter needle                                    |
| <input type="checkbox"/> 8. "Other"  | <input type="checkbox"/> 14 Other vascular catheter needle ( <i>cardiac, etc.</i> ) |
| <input type="checkbox"/> 2 Pre-filled cartridge syringe ( <i>pen needles see #17</i> )               | <input type="checkbox"/> 15 Other non-vascular catheter needle                      |
| <input type="checkbox"/> 3 Blood gas syringe (ABG)   | <input type="checkbox"/> 16 Huber-type needle                                       |
| <input type="checkbox"/> 4 Syringe, other type   | <input type="checkbox"/> 17 Pen needle  |
| <input type="checkbox"/> 5 Needle on IV line ( <i>includes piggybacks &amp; IV line connectors</i> ) |   |
| <input type="checkbox"/> 6 Winged steel needle ( <i>includes winged-set type devices</i> )           | <input type="checkbox"/> 28 Needle, not sure what kind                              |
| <input type="checkbox"/> 7 IV catheter stylet  | <input type="checkbox"/> 29 Other needle: describe: _____                           |
| <input type="checkbox"/> 8 Vacuum tube blood collection holder/needle                                |   |

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

- |   |  |
|---|--|
| <input type="checkbox"/> 30 Lancet (finger or heel sticks)                              | <input type="checkbox"/> 41 Trocar /trocar obturator                   |
| <input type="checkbox"/> 31 Suture needle   | <input type="checkbox"/> 42 Vacuum tube ( <i>plastic</i> )             |
| <input type="checkbox"/> 52 Jet injector  | <input type="checkbox"/> 43 Specimen/Test tube ( <i>plastic</i> )      |
| <input type="checkbox"/> 32 Scalpel, reusable ( <i>scalpel, disposable code is 45</i> ) | <input type="checkbox"/> 44 Fingernails/Teeth                          |
| <input type="checkbox"/> 45 Scalpel, disposable   | <input type="checkbox"/> 46 Retractors, skin/bone hooks                |
| <input type="checkbox"/> 33 Razor   | <input type="checkbox"/> 47 Staples/Steel sutures                      |
| <input type="checkbox"/> 34 Pipette ( <i>plastic</i> )                                  | <input type="checkbox"/> 48 Wire ( <i>suture/fixation/guide wire</i> ) |
| <input type="checkbox"/> 35 Scissors  | <input type="checkbox"/> 49 Pin ( <i>fixation, guide pin</i> )         |
| <input type="checkbox"/> 360 Electrosurgery device, needle tip                          | <input type="checkbox"/> 50 Drill bit/bur                              |
| <input type="checkbox"/> 361 Electrosurgery device, blade tip                           | <input type="checkbox"/> 51 Pickups/Forceps/Hemostats/Clamps           |
| <input type="checkbox"/> 362 Electrosurgery device, loop tip                            | <input type="checkbox"/> 52 Surgical saw                               |
| <input type="checkbox"/> 37 Bone cutter   | <input type="checkbox"/> 53 Surgical implant/explant                   |
| <input type="checkbox"/> 38 Bone fragment/shard/chip/sliver                             | <input type="checkbox"/> 58 Sharp item, not sure what kind             |
| <input type="checkbox"/> 39 Towel clip  | <input type="checkbox"/> 59 Other sharp item: describe: _____          |
| <input type="checkbox"/> 40 Microtome blade   |  |

**Glass**

- |   |   |
|---|---|
| <input type="checkbox"/> 60 Medication ampule   | <input type="checkbox"/> 67 Glass slide                       |
| <input type="checkbox"/> 61 Medication vial ( <i>small volume with rubber stopper</i> ) | <input type="checkbox"/> 68 Automobile glass/windshield       |
| <input type="checkbox"/> 64 Vacuum tube ( <i>glass</i> )                                |   |
| <input type="checkbox"/> 65 Specimen/Test tube ( <i>glass</i> )                         | <input type="checkbox"/> 78 Glass item, not sure what kind    |
| <input type="checkbox"/> 66 Capillary tube  | <input type="checkbox"/> 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:**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Sliding sheath (hinged)        | <input type="checkbox"/> 4 Blunting/Blunted |
| <input type="checkbox"/> 2 Sliding sheath (single barrel) | <input type="checkbox"/> 5 Hinged arm       |
| <input type="checkbox"/> 3 Retracting                     | <input type="checkbox"/> 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):

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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