Needlestick & Sharp Object Injury Report

Last	name:	First name:	. ,		•		T_4®
	il address:					H,PII	Vet
							100
Injur	y ID: (for office use only) S Facility ID: (for	r office use only)	Completed	d by:		FOR MICROSO	
1.	Date of injury:		Time of injury:	L	ШШ	EXPOSURE PREVE Informati	NIION► ON NETWORK►
3. 3a	Home/Employing department/Cost center: Department where injury occurred (option	:				2018 Access US	6/2019
4.	What is the job category of the exposed			lv)			
	1 Doctor (attending/staff); specify specialt	ty		21	IV team		
	2 Doctor (intern/resident/fellow) specify sp	pecialty		10	Clinical laborat	ory worker	
	22 Physician's assistant			11	Technologist (r	non-lab)	
		D.N.			Dentist		
					Dental hygienis EVS/Housekee		
					Laundry worke		
		C.R.N.A.			Security Works		
	7 Surgery tech/attendant 5 I	Midwife				ic/First Responder	
	8 Other attendant			17	Other student	•	
	9 Phlebotomist/Venipuncture			15	Other, describe	ə:	
5.	Where did the injury occur? (check one	box only)					
	1 Patient room			9	Dialysis facility	(hemodialysis and peritoneal	dialysis)
	2 Outside patient room (hallway, nurses state	tion, etc.)				m (x-ray, EKG,etc)	
					Clinical laborat		
	1 , 1	· 			Autopsy/Pathol		
	,				Labor and deliv	(laundry,central supply,sterile p	processing, waste)
	7 Blood bank				Home-care	very room	
	8 Venipuncture center					e:	
6.	Was the source patient identifiable? (ch	heck one box	only)				
	1 Yes				□ 4 Not ap	oplicable	
7.	Was the injured worker the original use						
	1 Yes \square 2 No	□ 3	Unknown		☐ 4 Not ap	oplicable	
8.	The sharp item was: (check one box only						
	1 Contaminated (known exposure to patie					e blood on the device?	□ 1 Yes
	2 Uncontaminated (no known exposure to	patient or co	ntaminated equi	ome	nt)		□ 2 No
_	3 Unknown						□ 3 Unknown
9	For what purpose was the sharp item or	riginally use				handal /a antual than	
	1 Unknown/Not applicable2 Injection, intra-muscular/subcutaneous,	or other injec	tion -	0	To place an an	terial /central line	
	through the skin	or other injec		9		otic fluid/other fluid, biopsy)	
	3 Heparin or saline flush			10	Finger stick/He		
	4 Other injection into or aspiration from IV	injection site	or \square		Suturing		
	IV port				Cutting		
	5 To connect IV line (intermittent IV/piggybac	ck/IV infusion/o			Drilling		
	IV line connection)				Electrocautery		(1
Ш	6 To start IV or set up heparin lock (IV cath type needle)	neter or wingea	set-		Other; describe	pecimen or pharmaceutical	(giass item)
	7 To draw venous blood sample =====	า			oo., accoc		
	8 To draw arterial blood sample =====	[⊥] ► if used t	o draw blood wa	as it	? 🗆 1 Di	rect stick?	vn from a line?
10.	When did the injury occur? (check one	box only)					
	1 Before use of item (item broke/slipped, ass		e, etc.)	16	After use, device	ce left on floor, table, bed o	or inappropriate place
	2 During use of item (item slipped, patient mo	oved, skin pinc		9		item left on or near dispos	
	15 While restraining patient			8		e-before disposal (in transit t	o trash, cleaning,
	3 Between steps of a multi-step procedure	e (between incr	_	4.0	sorting, etc.)	d sodella accessione because the Co.	
	injections, passing instruments, etc.)	r or other resi	otant -			al, while putting item into di	
	7 While withdrawing a needle from rubber material (rubber stopper, IV port, etc.)	or other resis	stant -	11	disposal contai	al, stuck by item protruding iner	nom opening of
		rument (sortin	g, disin-	12	•	item pierced side of dispos	sal container
_	fecting, sterilizing, etc.)	- (item protruded from trash	
	6 After use, while recapping used needle				inappropriate w	vaste container	=
	4 After use, while disassembling device or	r equipment		14	Other: describe	e:	

11.	What type of device caused the injury? (check one box only)			ollow-bore Needle			
				urgical and solid needle			
Whic	h device caused the injury? (check one box from one of the three s						
HOLI	.OW-bore Needles (for lancets and suture needles see "surgical ins	strun	neni	s ")			
	1 Disposable syringe			Spinal or epidural Nee	dle		
	☐ 1. Insulin ☐ 5. 22-gauge needle		10	Unattached hypoderm	ic need	dle	
	☐ 2. Tuberculin ☐ 6. 21-gauge needle		1	Arterial catheter introd	ucer n	eec	dle
	□ 3. 24/25-gauge needle □ 7. 20-gauge needle		12	Central line catheter n	eedle	(car	diac, etc.)
	☐ 4. 23-gauge needle ☐ 8. "Other"			3 Drum catheter needle			
	2 Pre-filled cartridge syringe (pen needles see #17)			Other vascular cathete			
	3 Blood gas syringe (ABG)			Other non-vascular ca	theter	nee	edle
	4 Syringe, other type			Huber-type needle			
	5 Needle on IV line (includes piggybacks & IV line connectors)		17	Pen needle			
	6 Winged steel needle (includes winged-set type devices)	_	~				
	7 IV catheter stylet			Needle, not sure what			
	8 Vacuum tube blood collection holder/needle		2	Other needle. describ	e		
Surg	cal instruments and other sharp items (for glass items see "glass"						
	30 Lancet (finger or heel sticks)			Trocar			
	31 Suture needle			2 Vacuum tube (plastic)			
	52 Jet injector			Specimen/Test tube (p	olastic)		
	32 Scalpel, reusable (scalpel, disposable code is 45)			Fingernails/Teeth			
	45 Scalpel, disposable			Retractors, skin/bone	nooks		
	33 Razor			Staples/Steel sutures			
	34 Pipette (plastic) 35 Scissors			Wire (suture/fixation/guid	ie wire)		
	36 Electro-cautery device			Pin <i>(fixation, guide pin)</i> Drill bit/bur			
	37 Bone cutter		_	Pickups/Forceps/Hem	octato	/CI^	amne
			5	Fickups/i orceps/i leiii	USIAIS/	Ola	imps
	39 Towel clip		59	Sharp item, not sure w	ıhat kir	hd	
	40 Microtome blade			Other sharp item: des			
			0.	Other sharp item. det			
Glass		_	0-				
	60 Medication ampule			' Glass slide			
	61 Medication vial (small volume with rubber stopper)		68	B Automobile glass/wind	isniela		
	64 Vacuum tube (glass)		7,	0 0 !!	de la factor	1	
	65 Specimen/Test tube (glass) 66 Capillary tube			Glass item, not sure w			
	oo Capillary tube		73	Other glass item. desi	clibe		
11a) 11b)	Brand/Manufacturer of product: (e.g. ABC Medical Company)Model:		Un	Known			
12.	If the item causing the injury was a needle or sharp medical de	wioo		e it a" eafaty daeign" y	vith a	chi	alded recessed retractable or
	ed needle or blade?		2				Unknown
Diuiii		ш	_	NO		J	GIRIOWII
12a)	Was the protective mechanism activated?						
	1 Yes, fully □ 2 Yes, partially		3	No		4	Unknown
12b)	Did the injury incident happen?						
	1 Before activation		3	After activation	П	4	Unknown
40.							
12c)	Safety mechanism type:			Discretion of Discrete of			
	1 Sliding sheath (hinged)		4	Blunting/Blunted			
	2 Sliding sheath (single barrel)		5	Hinged arm			
	3 Retracting		6	Other			
13.	Did the device have needles on two ends (e.g. phlebotomy, per	n ne	edle)?			
	1 Yes		3	Unknown			
13a.	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						
105	If you and it was a safety engineered device was the marks the		d	niom politicated are best	ا مامور	2	
13b.	If yes and it was a safety engineered device, was the protective	e ine	cna	ilisiii activated on both	enas	ſ	
	1 Yes, both patient end and 'back' end						
	No, only patient endNo, only 'back' end						
	No, only 'back' endNeither end had the protective mechanism activated						
	5 Was not a device with needles at both ends						
	5 Was not a device with needles at both ends						
14.	Did the incident result in an exposure to a hazardous drug (e.g			therapy, antineoplastic Unknown	:)?		

	1 15	That was the location of the injury Right hand Left hand Other, describe:	•						
16.	1 2	las the injury? Superficial (little or no bleeding) Moderate (skin punctured, some b Severe (deep stick/cut, or profuse	0,						
17. 	1 2	injury was to a hand, did the sha Single pair of gloves Double pair of gloves No gloves	rp item penetrate?						
18.		ominant hand of the injured work Right-handed	er: 2 Left-handed						
19.	1	' '	xer: 3 Student 4 Volunteer		□ 5 □ 6	Non-emplo	yee/	Practitioner	
20.	D	escribe the circumstances leadin	• • • • • • • • • • • • • • • • • • • •					nvolved):	
Is this	s inc	ident OSHA recordable on the shar	ps injury log? All injuries	s from conta	minate	ed needlestic	ks a	are required to be recorded	d on the OSHA log. <i>(fo</i>
office	use	e only)	2 No	□ 3		own			
office [use	e only) 1 Yes If yes: Days away from work:		□ 3 □ 2	Unkn	-	3	Unknown	
office	prop	e only) 1 Yes If yes: Days away from work: Days of restricted work activity: Dhylaxis provided? (for office use on incident meet the FDA medical deviations)	ly) □ 1 Yes	□ 2 Yes if a devi	Unkn No ce defe				dical or surgical
office	prop	e only) 1 Yes If yes: Days away from work: Days of restricted work activity: Days of restricted work activity:	ly) □ 1 Yes rice reporting criteria? (\ s days of incident.) (for	□ 2 Yes if a devi	Unkn No ce defe	□ ect caused s	erio		dical or surgical