

# Needlestick & Sharp Object Injury Report

# EPINet™

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Injury ID: (office use only) \_\_\_\_\_ Facility ID: (office use only) \_\_\_\_\_ Birthdate: \_\_\_\_\_

1) Date of injury: \_\_\_\_\_ 2) Date reported: \_\_\_\_\_

3) Department where incident occurred: \_\_\_\_\_

4) Home/employing department: \_\_\_\_\_ Time of injury: \_\_\_\_\_

5) Healthcare worker job category: (tick one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Doctor (VMO/HMO) specify specialty _____  | <input type="checkbox"/> 10 Laboratory/pathology staff |
| <input type="checkbox"/> 2 Doctor (MO/intern/resident) 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: specify <input type="checkbox"/> 1 RN <input type="checkbox"/> 4 APN           | <input type="checkbox"/> 13 Dental therapist/nurse     |
| <input type="checkbox"/> 5 Nursing student <input type="checkbox"/> 2 EN <input type="checkbox"/> 5 APN(N+M)     | <input type="checkbox"/> 21 CSSD/TSSU staff            |
| <input type="checkbox"/> 18 Nursing assistant <input type="checkbox"/> 3 Officer <input type="checkbox"/> 6 LVCN | <input type="checkbox"/> 14 Housekeeping               |
| <input type="checkbox"/> 22 Community health staff/allied health staff   | <input type="checkbox"/> 16 Ambulance staff/paramedic  |
| <input type="checkbox"/> 8 Orderly/ward/trolley person   | <input type="checkbox"/> 17 Other Student              |
| <input type="checkbox"/> 9 Blood collector   |  |
| <input type="checkbox"/> 23 Anaesthetic/perfusion tech   | <input type="checkbox"/> 15 Other, specify: _____      |

6) Where did the injury occur? (tick one box only)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Ward/nursery/patient's room                          | <input type="checkbox"/> 9 Dialysis facility (haemodialysis and peritoneal dialysis)               |
| <input type="checkbox"/> 19 Dental cubicle                                      | <input type="checkbox"/> 10 Procedure areas (imaging, angiography, cardiac cath, etc)              |
| <input type="checkbox"/> 2 Outside patient room (hallway, nurses station, etc.) | <input type="checkbox"/> 11 Pathology/clinical labs  |
| <input type="checkbox"/> 3 Emergency department                                 | <input type="checkbox"/> 12 Autopsy  |
| <input type="checkbox"/> 4 Intensive/critical care: specify type: _____         | <input type="checkbox"/> 13 Nonclinical-service/utility (CSSD, laundry, supply, loading dock, etc) |
| <input type="checkbox"/> 5 Operating room/anaesthetic/cleanup/theatre/recovery  | <input type="checkbox"/> 16 Delivery/labour ward   |
| <input type="checkbox"/> 6 Community clinic/outpatient clinic: specify: _____   | <input type="checkbox"/> 17 Patient's home   |
| <input type="checkbox"/> 8 Blood collection room                                | <input type="checkbox"/> 14 Other, specify: _____  |

7) Was the source patient identifiable? (tick one box only)

- ☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not Applicable



8) Was the injured worker the original user of the sharp item? (tick one box only)

- ☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not Applicable

9) Was the sharp that caused the injury contaminated? (tick one box only)

- ☐ 1 Yes (known exposure to patient or contaminated equipment) ☐ was blood visible on the device? ☐ 1 Yes
- ☐ 2 No ☐ 2 No
- ☐ 3 Unknown

10) For what purpose was the sharp that caused the injury originally used? (tick one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Unknown/not applicable  | <input type="checkbox"/> 9 Obtain a specimen/body fluid/tissue sample              |
| <input type="checkbox"/> 2 Injection, IM/SC or other injection through the skin (syringe)  | <input type="checkbox"/> 10 Finger/heel stick                                      |
| <input type="checkbox"/> 3 Heparin or Saline Flush (syringe)   | <input type="checkbox"/> 11 Suturing   |
| <input type="checkbox"/> 4 Inject into/aspirate from IV injection site or IV port (syringe)  | <input type="checkbox"/> 12 Surgical cutting                                       |
| <input type="checkbox"/> 5 Connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection)                        | <input type="checkbox"/> 12.1 Surgical procedure-not cutting (includes wound care) |
| <input type="checkbox"/> 6 Cannulate IV/heparin/saline lock (IV catheter or butterfly)   | <input type="checkbox"/> 17 Drilling   |
| <input type="checkbox"/> 16 Cannulate arterial/central line  | <input type="checkbox"/> 13 Electrocautery   |
| <input type="checkbox"/> 7 Draw venous blood    | <input type="checkbox"/> 14 To contain a specimen or pharmaceutical (glass item)   |
| <input type="checkbox"/> 8 Draw arterial blood  | <input type="checkbox"/> 15 Other: specify _____                                   |

☐ if used to draw blood was it? ☐ Direct stick? ☐ Drawn from a Line?

11) When in the use of the sharp did the injury occur? (tick one box only)

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

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**EXPOSURE PREVENTION**  
**INFORMATION NETWORK**

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6/2005

What type of device caused the injury? (tick one box only)

- ☐ Needle-hollow bore
- ☐ Surgical
- ☐ Glass

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

**Needles** (for suture needles see "surgical instruments")

- ☐ 1 Disposable syringe needle
  - ☐ a Insulin
  - ☐ b Tuberculin
  - ☐ c 24/25-gauge needle
  - ☐ d 23-gauge needle
- ☐ 2 Pre-filled/cartridge syringe
- ☐ 3 Blood gas syringe
- ☐ 5 Needle on IV line (includes piggybacks & IV line connectors)
- ☐ 6 Butterfly/winged steel needle
- ☐ 4 Syringe, other type

- ☐ 7 Venous or arterial cannula/ stylet
- ☐ 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ \*-type device)
- ☐ 9 Spinal/epidural needle
- ☐ 10 Unattached hypodermic needle
- ☐ 17 Biopsy needle
- ☐ 18 Bone marrow needle

- ☐ 28 Needle, not sure what kind
- ☐ 29 Other needle, specify: \_\_\_\_\_

**Surgical instrument or other sharp items** (for glass items see "glass")

- ☐ 30 Lancet (finger or heel sticks)
- ☐ 31 Suture needle
- ☐ 32 Scalpel, reusable (scalpel, disposable code is 45)
- ☐ 33 Razor
- ☐ 34 Pipette (plastic)
- ☐ 35 Scissors
- ☐ 36 Electrocautery device
- ☐ 37 Bone cutter
- ☐ 38 Bone chip
- ☐ 39 Towel clip
- ☐ 40 Microtome blade
- ☐ 41 Trocar
- ☐ 42 Vacuum tube (plastic)

- ☐ 43 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 bits/burr
- ☐ 51 Haemostat/artery forceps/clamps

- ☐ 58 Sharp item, not sure what kind
- ☐ 59 Other sharp item: specify: \_\_\_\_\_

**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 Test tube (glass)

- ☐ 66 Capillary tube
- ☐ 67 Glass slide

- ☐ 78 Glass item, not sure what kind
- ☐ 79 Other glass item: specify: \_\_\_\_\_

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

12b) Model: \_\_\_\_\_

- ☐ 98 Please specify: \_\_\_\_\_
- ☐ 99 Unknown

12) 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

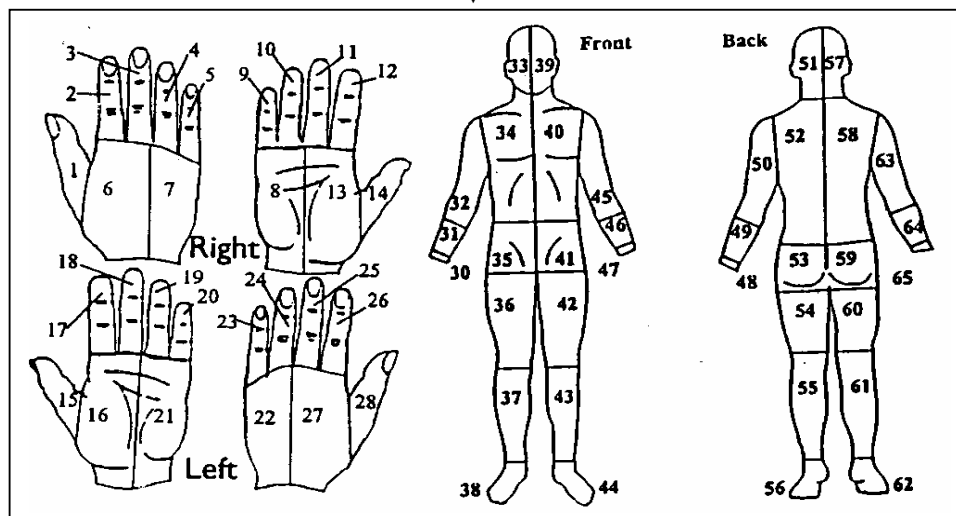
13a) Was the protective mechanism activated?

- ☐ 1 Yes, fully
- ☐ 2 Yes, partially
- ☐ 3 No

13b) Did exposure incident happen?

- ☐ 1 Before activation
- ☐ 2 During activation
- ☐ 3 After activation

13) Mark the location of the injury: \_\_\_\_\_



**14) How deep was the injury?**

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

**15) If injury was to the hand, did the sharp item penetrate?**

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

**16) Dominant hand of the injured worker:**

- ☐ 1 Right-handed  
☐ 2 Left-handed

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

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**18) For injured healthcare worker: If the sharp had no integral safety feature, do you have an opinion that such a feature could have prevented the injury?** ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

Describe: 

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**19) For injured healthcare worker: Do you have an opinion that any other engineering control, administrative or work practice could have prevented the injury?** ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

Describe: 

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**Cost:**

<hr/>	<b>Lab charges (HBV, HCV, HIV, other)</b>
<hr/>	Healthcare worker
<hr/>	Source
<hr/>	<b>Treatment prophylaxis (HBIG, Hepatitis vaccines, tetanus, other)</b>
<hr/>	Healthcare worker
<hr/>	Source
<hr/>	<b>Service charges (Emergency Dept, Employee Health, other)</b>
<hr/>	<b>Other costs (Worker's Comp, surgery, other)</b>
<hr/>	<b>TOTAL (round to nearest dollar)</b>

**Is this injury government reportable?** ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

**Is defective medical device reporting required?** ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

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