

## Needlestick & Sharp Object Injury Report

Send completed form to the West Virginia Needlestick Injury Prevention Program,  
350 Capitol Street, Room 125, Charleston, WV 25301 or fax to (304) 558-6478.  
Phone: (304) 558-2195

Facility Code: \_\_\_\_\_ Submitted By: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Incident ID: (for WVNIIPP office use only) S \_\_\_\_\_

1) Date of Injury:

2) Time of Injury:      
(24-hour format)

5) What is the Job Category of the Injured Worker: (check one box only)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Doctor ( <i>attending/staff</i> ); specify specialty _____   | <input type="checkbox"/> 10 Clinical Laboratory Worker      |
| <input type="checkbox"/> 2 Doctor ( <i>intern/resident/fellow</i> ) specify specialty _____   | <input type="checkbox"/> 11 Technologist ( <i>non-lab</i> ) |
| <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"/> 13 Dental Hygienist                |
| <input type="checkbox"/> 5 Nursing Student <input type="checkbox"/> 2 LPN   | <input type="checkbox"/> 14 Housekeeper                     |
| <input type="checkbox"/> 18 CNA/HHA <input type="checkbox"/> 3 NP   | <input type="checkbox"/> 19 Laundry Worker                  |
| <input type="checkbox"/> 6 Respiratory Therapist <input type="checkbox"/> 4 CRNA  | <input type="checkbox"/> 20 Security                        |
| <input type="checkbox"/> 7 Surgery Attendant <input type="checkbox"/> 5 Midwife   | <input type="checkbox"/> 16 Paramedic                       |
| <input type="checkbox"/> 8 Other Attendant  | <input type="checkbox"/> 17 Other Student                   |
| <input type="checkbox"/> 9 Phlebotomist/Venipuncture/IV Team  | <input type="checkbox"/> 15 Other, describe: _____          |

6) Where Did the Injury Occur? (check one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Patient Room  | <input type="checkbox"/> 9 Dialysis Facility ( <i>hemodialysis and peritoneal dialysis</i> )       |
| <input type="checkbox"/> 2 Outside Patient Room ( <i>hallway, nurses station, etc.</i> ) | <input type="checkbox"/> 10 Procedure Room ( <i>x-ray, EKG, etc.</i> )                             |
| <input type="checkbox"/> 3 Emergency Department  | <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 ( <i>laundry, central supply, loading dock, etc.</i> ) |
| <input type="checkbox"/> 6 Outpatient Clinic/Office                                      | <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 |
|--------------------------------|-------------------------------|------------------------------------|---|

8) Was the Injured Worker the Original User of the Sharp Item? (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 |
|--------------------------------|-------------------------------|------------------------------------|---|

9) 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  |                                |                                |

10) 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, or Other Injection through the Skin ( <i>syringe</i> )                    | <input type="checkbox"/> 9 To Obtain a Body Fluid or Tissue Sample ( <i>urine/CSF/amniotic fluid/other fluid, biopsy</i> ) |
| <input type="checkbox"/> 3 Heparin or Saline Flush ( <i>syringe</i> )  | <input type="checkbox"/> 10 Finger stick/Heel Stick  |
| <input type="checkbox"/> 4 Other Injection into ( <i>or aspiration from</i> ) IV injection site or IV Port ( <i>syringe</i> )                | <input type="checkbox"/> 11 Suturing   |
| <input type="checkbox"/> 5 To Connect IV line ( <i>intermittent IV/piggyback/IV infusion/other IV line connection</i> )                      | <input type="checkbox"/> 12 Cutting  |
| <input type="checkbox"/> 6 To Start IV or Set up Heparin Lock ( <i>IV catheter or winged set-type needle</i> )                               | <input type="checkbox"/> 17 Drilling   |
| <input type="checkbox"/> 7 To Draw Venous Blood Sample    | <input type="checkbox"/> 13 Electrocautery   |
| <input type="checkbox"/> 8 To Draw Arterial Blood Sample  | <input type="checkbox"/> 14 To Contain a Specimen or Pharmaceutical ( <i>glass item</i> )                                  |
|  | <input type="checkbox"/> 15 Other; Describe _____  |
- if used to draw blood was it?  Direct stick?  Draw from a Line?

11) 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"/> 16 Device Left on Floor, Table, Bed or Other Inappropriate Place                          |
| <input type="checkbox"/> 2 During Use of Item ( <i>item slipped, patient jarred item, etc.</i> )  | <input type="checkbox"/> 8 Other After Use-Before Disposal ( <i>in transit to trash, cleaning, sorting, etc.</i> ) |
| <input type="checkbox"/> 15 Restraining patient   | <input type="checkbox"/> 9 From Item Left On or Near Disposal Container  |
| <input type="checkbox"/> 3 Between Steps of a Multi-step Procedure ( <i>between incremental injections, passing instruments, etc.</i> ) | <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 In Preparation for Reuse of Reusable Instrument ( <i>sorting, disinfecting, sterilizing, etc.</i> )          | <input type="checkbox"/> 12 Item Pierced Side of Disposal Container  |
| <input type="checkbox"/> 6 While Recapping Used Needle  | <input type="checkbox"/> 13 After Disposal, Item Protruded from Trash Bag or Inappropriate Waste Container         |
| <input type="checkbox"/> 7 Withdrawing a Needle from Rubber or Other Resistant Material ( <i>rubber stopper, IV port, etc.</i> )        | <input type="checkbox"/> 14 Other: Describe: _____   |

- 12) What Type of Device Caused the Injury? (check one box only)  Needle-Hollow Bore  
 Surgical  
 Glass

Which Device Caused the Injury? (check one box from one of the three sections only)

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 Disposable Syringe   | <input type="checkbox"/> e 22-gauge needle                       | <input type="checkbox"/> 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ *-type device) |
| <input type="checkbox"/> a Insulin  | <input type="checkbox"/> f 21-gauge needle                       | <input type="checkbox"/> 9 Spinal or Epidural Needle   |
| <input type="checkbox"/> b Tuberculin   | <input type="checkbox"/> g 20-gauge needle                       | <input type="checkbox"/> 10 Unattached hypodermic needle   |
| <input type="checkbox"/> c 24/25-gauge needle   | <input type="checkbox"/> h "Other"                               | <input type="checkbox"/> 11 Arterial catheter introducer needle  |
| <input type="checkbox"/> d 23-gauge needle  |  | <input type="checkbox"/> 12 Central line catheter needle (cardiac, etc.)                                   |
| <input type="checkbox"/> 2 Pre-filled cartridge syringe (includes Tubex™ *, Carpuject™ *-type syringes) |  | <input type="checkbox"/> 13 Drum catheter needle   |
| <input type="checkbox"/> 3 Blood gas syringe (ABG)  |  | <input type="checkbox"/> 14 Other vascular catheter needle (cardiac, etc.)                                 |
| <input type="checkbox"/> 4 Syringe, other type  |  | <input type="checkbox"/> 15 Other non-vascular catheter needle (ophthalmology, etc.)                       |
| <input type="checkbox"/> 5 Needle on IV line (includes piggybacks & IV line connectors)                 |  |  |
| <input type="checkbox"/> 6 Winged steel needle (includes winged-set type devices)                       | <input type="checkbox"/> 28 Needle, not sure what kind           |  |
| <input type="checkbox"/> 7 IV catheter stylet   | <input type="checkbox"/> 29 Other needle, please describe: _____ |  |

**Surgical Instrument or Other Sharp Items** (for glass items see "glass")

- |  |   |
|--|---|
| <input type="checkbox"/> 30 Lancet (finger or heel sticks)                     | <input type="checkbox"/> 43 Specimen/Test tube (plastic)      |
| <input type="checkbox"/> 31 Suture needle                                      | <input type="checkbox"/> 44 Fingernails/Teeth                 |
| <input type="checkbox"/> 32 Scalpel, reusable (scalpel, disposable code is 45) | <input type="checkbox"/> 45 Scalpel, disposable               |
| <input type="checkbox"/> 33 Razor  | <input type="checkbox"/> 46 Retractors, skin/bone hooks       |
| <input type="checkbox"/> 34 Pipette (plastic)                                  | <input type="checkbox"/> 47 Staples/Steel sutures             |
| <input type="checkbox"/> 35 Scissors   | <input type="checkbox"/> 48 Wire (suture/fixation/guide wire) |
| <input type="checkbox"/> 36 Electro-cautery device                             | <input type="checkbox"/> 49 Pin (fixation, guide pin)         |
| <input type="checkbox"/> 37 Bone cutter  | <input type="checkbox"/> 50 Drill bit/bur                     |
| <input type="checkbox"/> 38 Bone chip  | <input type="checkbox"/> 51 Pickups/Forceps/Hemostats/Clamps  |
| <input type="checkbox"/> 39 Towel clip   |   |
| <input type="checkbox"/> 40 Microtome blade                                    | <input type="checkbox"/> 58 Sharp item, not sure what kind    |
| <input type="checkbox"/> 41 Trocar   | <input type="checkbox"/> 59 Other sharp item: Describe: _____ |
| <input type="checkbox"/> 42 Vacuum tube (plastic)                              |   |

**Glass**

- |  |   |
|--|---|
| <input type="checkbox"/> 60 Medication ampule                                  | <input type="checkbox"/> 66 Capillary tube                    |
| <input type="checkbox"/> 61 Medication vial (small volume with rubber stopper) | <input type="checkbox"/> 67 Glass slide                       |
| <input type="checkbox"/> 62 Medication/IV bottle (large volume)                |   |
| <input type="checkbox"/> 63 Pipette (glass)                                    | <input type="checkbox"/> 78 Glass item, not sure what kind    |
| <input type="checkbox"/> 64 Vacuum tube (glass)                                | <input type="checkbox"/> 79 Other glass item: Describe: _____ |
| <input type="checkbox"/> 65 Specimen/Test tube (glass)                         |   |

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

12b) Model:  98 Please Specify: \_\_\_\_\_  99 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

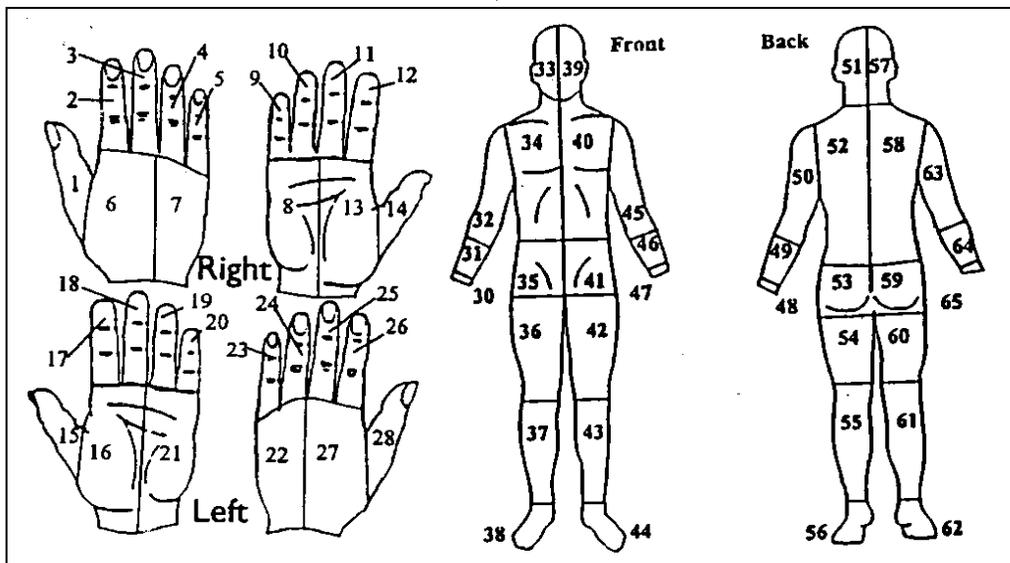
13a) Was the Protective Mechanism Activated?

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

13b) Did Exposure Incident Happen?

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

14) Mark the Location of the Injury: \_\_\_\_\_



**15) Was the Injury?**

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

**16) If Injury was to the hand, did the Sharp Item Penetrate?**

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

**17) Dominant Hand of the Injured Worker:**

- 1 Right-handed
- 2 Left-handed

**18) Describe the Circumstances Leading to this Injury** (*please note if a device malfunction was involved*):

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**19) 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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**20) 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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\* Tubex™ is a trademark of Wyeth Ayers; Carpuject™ is a trademark of Sanofi Winthrop; VACUTAINER™ is a trademark of Becton Dickinson. Identification of these products does not imply endorsement of these specific brands.