

**Department of Health and Human Resources
Bureau for Public Health
Division of Surveillance and Disease Control
West Virginia State Needlestick Program
350 Capitol Street, Room 125
Charleston, West Virginia 25301-3715**

Needlestick & Sharp Object Injury Report

This form should be printed, completed, and mailed to the West Virginia Needlestick Program at the above address.

Facility Code:	Facility Phone:
Report Completed by:	Case Number:
Date of Exposure:	Time of Exposure ____:____AM <input type="checkbox"/> PM <input type="checkbox"/>
Date of Reporting:	Time of Reporting ____:____AM <input type="checkbox"/> PM <input type="checkbox"/>

1) What is the job classification of the injured worker: (Check one box only)

<input type="checkbox"/> Dentist	<input type="checkbox"/> Medical Student	<input type="checkbox"/> Clinical Laboratory Worker
<input type="checkbox"/> Technologist (non-lab)	<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Nursing Student
<input type="checkbox"/> Housekeeper	<input type="checkbox"/> Laundry Worker	<input type="checkbox"/> Security
<input type="checkbox"/> CNA/HHA	<input type="checkbox"/> Respiratory Therapist	<input type="checkbox"/> Surgery Attendant
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Other Student	<input type="checkbox"/> Other, Describe _____
<input type="checkbox"/> Other Attendant	<input type="checkbox"/> Phlebotomist/Venipuncture/IV Team	
<input type="checkbox"/> Doctor (attending staff); Specify Specialty _____		
<input type="checkbox"/> Doctor (intern/resident/fellow) Specify Specialty _____		
<input type="checkbox"/> Nurse: specify <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> Midwife		

2) What department or work area did the exposure incident occur? (Check one box only)

<input type="checkbox"/> Patient Room	<input type="checkbox"/> Outside Patient Room (<i>hallway, nurses station, etc</i>)
<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Intensive/Critical Care Unit: Specify Type: _____
<input type="checkbox"/> Operating Room/Recovery	<input type="checkbox"/> Outpatient Clinic/Office
<input type="checkbox"/> Blood Bank	<input type="checkbox"/> Venipuncture Center
<input type="checkbox"/> Procedure Room (x-ray, EKG, etc)	<input type="checkbox"/> Clinical Laboratories
<input type="checkbox"/> Autopsy/Pathology	<input type="checkbox"/> Service/utility (<i>laundry, central supply, loading dock, etc</i>)
<input type="checkbox"/> Labor and Delivery Room	<input type="checkbox"/> Home-Care
<input type="checkbox"/> Inside Ambulance	<input type="checkbox"/> Outside Ambulance
<input type="checkbox"/> Dialysis Facility (<i>hemodialysis and peritoneal dialysis</i>)	
<input type="checkbox"/> Other, Describe: _____	

3) How did the incident occur? (Check all boxes that apply)

3a) While manipulating patient or needle/sharp:

<input type="checkbox"/> Patient Moved and Jarred Device	<input type="checkbox"/> While inserting Needle in Patient	<input type="checkbox"/> While Inserting Needle in Line
<input type="checkbox"/> While Manipulating Needle in Patient	<input type="checkbox"/> While Manipulating Needle in Line	<input type="checkbox"/> While Withdrawing Needle from Patient
<input type="checkbox"/> While Withdrawing Needle from Line	<input type="checkbox"/> Passing or Transferring Equipment	<input type="checkbox"/> Passing or Transferring Equipment

3b) While in operative field or during suturing procedures or autopsy:

<input type="checkbox"/> Suturing	<input type="checkbox"/> Typing Sutures	<input type="checkbox"/> Manipulating Suture Needle in Holder
<input type="checkbox"/> Incising	<input type="checkbox"/> Palpating/Exploring	<input type="checkbox"/> Passing or Receiving Equipment

3c) Handling equipment or specimens:

<input type="checkbox"/> Processing Specimens	<input type="checkbox"/> Passing or Transferring Equipment	<input type="checkbox"/> Recapping (<i>missed or pierced cap</i>)
<input type="checkbox"/> Cap fell off After Recapping	<input type="checkbox"/> Activating Safety Device	<input type="checkbox"/> Disassembling Device or Equipment
<input type="checkbox"/> During Clean-up	<input type="checkbox"/> In Transit to Disposal	<input type="checkbox"/> Opening/Breaking Glass Containers
<input type="checkbox"/> Decontamination/Processing of used Equipment		<input type="checkbox"/> Handling Equipment on a Tray or Stand
<input type="checkbox"/> Transferring Blood/Body Fluids into Specimen Container		

3d) Collision/contact with sharp object:

<input type="checkbox"/> Collided with Co-worker or Other Person	<input type="checkbox"/> Collided with Sharp
<input type="checkbox"/> Sharp Object Dropped	<input type="checkbox"/> Stuck by Detached IV Line Needle

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3) How did the incident occur (continued)? (Check all boxes that apply)

3e) Disposal Related:

<input type="checkbox"/> While Placing Sharp in Container, Injured by Sharp being Disposed	<input type="checkbox"/> While Manipulating Container
<input type="checkbox"/> While Placing Sharp in Container, Injured by Sharp Already in Container	<input type="checkbox"/> Over-Filled Sharps Container
<input type="checkbox"/> Punctured Sharps Container	<input type="checkbox"/> Protruding from Opened Container

3f) Sharps in unusual locations:

<input type="checkbox"/> In Trash	<input type="checkbox"/> In Linen/Laundry	<input type="checkbox"/> Left on Table/Tray
<input type="checkbox"/> Left in Bed/Mattress	<input type="checkbox"/> On Floor	<input type="checkbox"/> In Pocket/Clothing
<input type="checkbox"/> Other Unusual Location: Please Describe:		

3g) Other Circumstances:

☐ Other: _____

☐ Unknown

4) which type of device caused the incident? Check one box from one of the three sections only

4a) Needles (for suture needles see "surgical instruments")

<input type="checkbox"/> Hypodermic Needle Attached to a Disposable Syringe	<input type="checkbox"/> IV Catheter Stylet
<input type="checkbox"/> Hypodermic Needle Attached to IV Tubing	<input type="checkbox"/> Spinal or Epidural Needle
<input type="checkbox"/> Huber Needle	<input type="checkbox"/> Unattached Hypodermic Needle
<input type="checkbox"/> Bone Marrow Needle	<input type="checkbox"/> Arterial Catheter Introducer Needle
<input type="checkbox"/> Biopsy Needle	<input type="checkbox"/> Central Line Catheter Needle (<i>cardiac, etc</i>)
<input type="checkbox"/> Drum Catheter Needle	<input type="checkbox"/> Pre-Filled Cartridge Syringe (<i>includes TubexTM, CarpujetTM-type syringes</i>)
<input type="checkbox"/> Needle, (<i>not sure what kind</i>)	<input type="checkbox"/> Syringe, Other Type: Describe:
<input type="checkbox"/> Needle on IV Line (<i>includes piggyback & IV line connectors</i>)	<input type="checkbox"/> Other Non-Vascular Catheter Needle (<i>ophthalmology, etc</i>)
<input type="checkbox"/> Vacuum Tube Blood Collection Holder/Needle (<i>includes VacutainerTM type device</i>)	
<input type="checkbox"/> Winged Steel Needle or Butterfly (<i>includes winged-set type device</i>)	
<input type="checkbox"/> Other Needles, Please Describe:	

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4b) Surgical Instrument or other items (for glass items see 4c Glass)

<input type="checkbox"/> Lancet (<i>finger or heel stick</i>)	<input type="checkbox"/> Specimen/Test tube (<i>plastic</i>)	<input type="checkbox"/> Explorer
<input type="checkbox"/> Finger Nails/Teeth	<input type="checkbox"/> Scalpel, Disposable	<input type="checkbox"/> Razor
<input type="checkbox"/> Retractors, Skin/Bone Hooks	<input type="checkbox"/> Pipette (<i>plastic</i>)	<input type="checkbox"/> Staples/Steel Sutures
<input type="checkbox"/> Scissors	<input type="checkbox"/> Wire (<i>suture/fixation/guide wire</i>)	<input type="checkbox"/> Electro-Cautery Device
<input type="checkbox"/> Pin (<i>fixation, guide pin</i>)	<input type="checkbox"/> Bone Cutter	<input type="checkbox"/> Drill Bit/Bur
<input type="checkbox"/> Bone chip	<input type="checkbox"/> Pickups/Forceps/Hemostats/Clamps	<input type="checkbox"/> Towel Clip
<input type="checkbox"/> Microtome Blade	<input type="checkbox"/> Trocar	<input type="checkbox"/> Histology Cutting Blade
<input type="checkbox"/> Tenaculum	<input type="checkbox"/> Vacuum Tube (<i>plastic</i>)	<input type="checkbox"/> Sharp Item, (<i>not sure what kind</i>)
<input type="checkbox"/> Other Sharp Item: Describe		
<input type="checkbox"/> Scalpel, reusable (<i>scalpel, disposable code is 45</i>)		<input type="checkbox"/> Suture Needle: Gauge <input type="checkbox"/> 1-0 <input type="checkbox"/> 2-0 <input type="checkbox"/> 3-0 <input type="checkbox"/> 4-0 <input type="checkbox"/> 5-0 <input type="checkbox"/> 6-0 <input type="checkbox"/> Other <input type="checkbox"/> Unknown

4c) Glass

<input type="checkbox"/> Medication Ampule	<input type="checkbox"/> Capillary Tube	<input type="checkbox"/> Glass Slide
<input type="checkbox"/> Vacuum Tube (<i>glass</i>)	<input type="checkbox"/> Specimen/Test Tube (<i>glass</i>)	<input type="checkbox"/> Glass Item, (<i>not sure what kind</i>)
<input type="checkbox"/> Pipette (<i>glass</i>)	<input type="checkbox"/> Medication/IV Bottle (<i>large volume</i>)	
<input type="checkbox"/> Medication Vial (<i>small volume with rubber stopper</i>)		
<input type="checkbox"/> Other Glass Item: Describe		

4d) Brand/manufacturer of product: (e.g. ABC Medical Company)

Model of produce

Please Specify: _____ ☐ Unknown

5) 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? ☐ Yes ☐ No ☐ Unknown

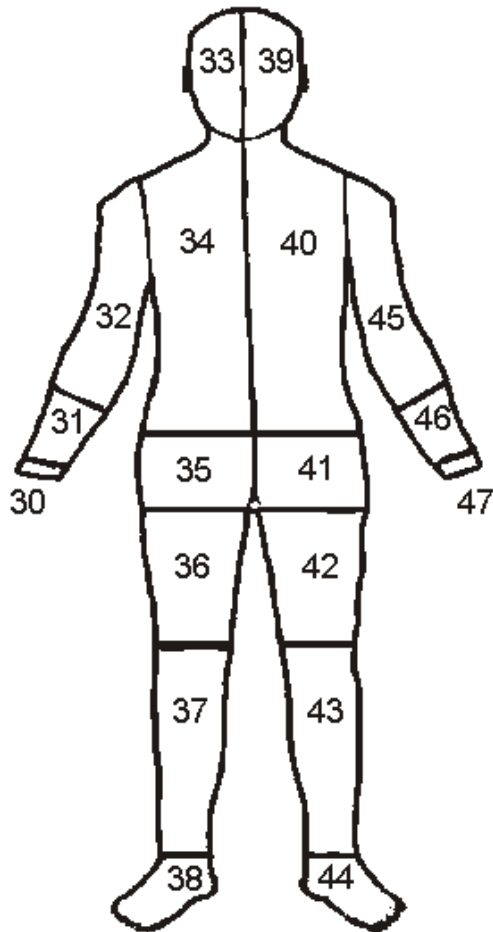
6) Enter the location/s of the Injury: (See attached chart for number)

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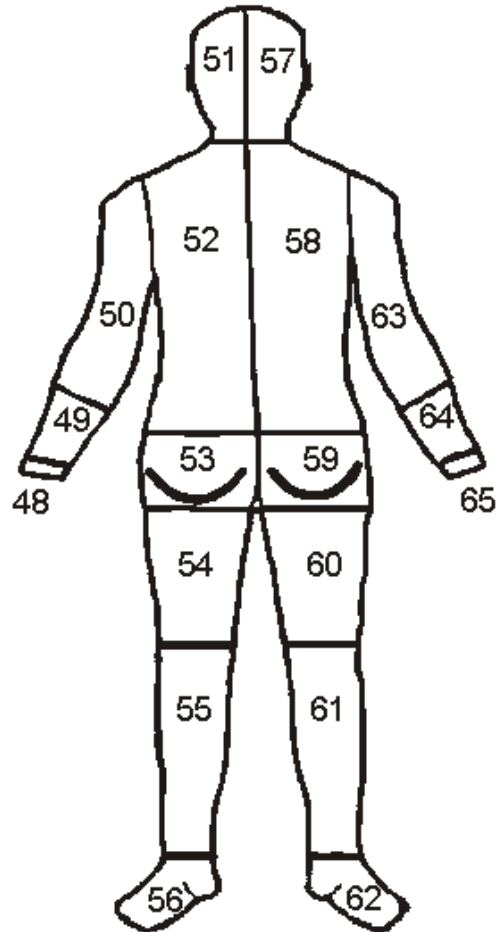
7) Comments: (Place on back or attach a separate page)

Body Chart for Identifying Area of Injury

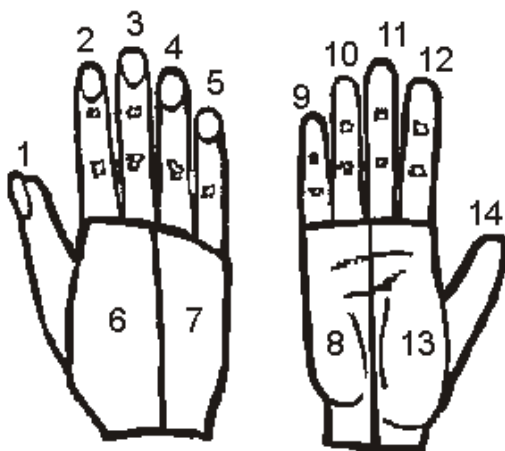
FRONT



BACK



RIGHT



LEFT

