**Sharps Injury Form**

**Needlestick Report**

**Instructions:** This form is to be used to report needlestick or sharps injuries of any Health Carousel Network employee and completed by the employer’s agent representing the employee.

### Employer Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Reported</th>
<th>By (do not list affected employee’s name)</th>
<th>Case #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Injury Information

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>Time of Injury</th>
<th>Sex of Injured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male or Female</td>
</tr>
</tbody>
</table>

#### Type of Sharp: Needle

- [ ] Blood gas syringe
- [ ] Insulin syringe with needle
- [ ] IV catheter-loose
- [ ] Needle connected to IV line
- [ ] Other nonsuture needle
- [ ] Other syringe with needle
- [ ] Prefilled cartridge syringe
- [ ] Syringe-other
- [ ] Tuberculin syringe with needle
- [ ] Vacuum tube collection
- [ ] Winged steel needle

#### Type of Sharp: Surgical Instrument (non-glass)

- [ ] Lancet
- [ ] Other non-glass sharp
- [ ] Scalpel
- [ ] Staples
- [ ] Suture needle
- [ ] Trocar
- [ ] Wire

#### Type of Sharp: Glass

- [ ] Ampule
- [ ] Blood tube
- [ ] Other glass
- [ ] Other tube
- [ ] Slide

#### Job Classification of Injured Person

- [ ] Aide (CAN/HHA)
- [ ] CRNA/NP
- [ ] LPN
- [ ] Phlebotomist/lab tech
- [ ] RT
- [ ] RN
- [ ] OR Tech
- [ ] Other

**Brand of sharp (write brand name or “unknown”)**

#### Type of facility where injury occurred

- [ ] Home Health
- [ ] Hospital
- [ ] Lab
- [ ] Outpatient treatment
- [ ] Radiology
- [ ] Other

**Work area were sharps injury occurred (Enter unit description)**

**Describe original intended use of sharp**

**When did the injury occur?**

- [ ] Before
- [ ] During
- [ ] After

**If the exposure occurred “during” or “after” the sharp was used was it:**

- [ ] Because the injured was bumped during the procedure
- [ ] Because the item was placed in an inappropriate place
- [ ] During OR procedure reaching for or passing instrument
- [ ] While the sharp was being placed in a container
- [ ] While disassembling
- [ ] While recapping
- [ ] Other
<table>
<thead>
<tr>
<th>Involved Body Part</th>
<th>Did the device being used have any engineered sharps injury protection?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Was the protection mechanism activated?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Was the injured person wearing gloves?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Was there a sharps container readily available for disposal of the sharp?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Had the injured person completed a hep B vaccination series?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Had the injured person received training on the the exposure control plan of the facility within the last 12 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Exposed Employee**
If the sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?  ○ Yes  ○ No

**Explain:**


**Exposed Employee**
Do you have an opinion that any other engineering, administrative, or workpractice control could have prevented the injury?  ○ Yes  ○ No

**Explain:**