



**Public Employment Risk Reduction Program**  
State of Ohio  
**Division of Safety and Hygiene**  
13430 Yarmouth Drive  
Pickerington, Ohio 43147  
**(614) 644-2246 or (800) 671-6858**  
**Fax: (614) 644-3133**

# Sharps Injury Form Needlestick Report

**Instructions:** This form is to be used to report needlestick or sharps injuries by personnel in your organization responsible for reporting such incidents to the Public Employment Risk Reduction Program. It is preferred that the public employer submit all forms via the Internet.

## Public employer information

1) Employer: \_\_\_\_\_ 2) Facility: \_\_\_\_\_ Risk #: \_\_\_\_\_

3) Address: \_\_\_\_\_

4) City: \_\_\_\_\_ 5) State: OH 6) ZIP code: \_\_\_\_\_ 7) County: \_\_\_\_\_

Address of reporter if different from facility where injury occurred (no P.O. boxes): \_\_\_\_\_

8) Date reported: \_\_\_\_\_ By: \_\_\_\_\_ Phone: \_\_\_\_\_

## Injury information

9) Date of injury: \_\_\_\_\_ 10) Time of injury: \_\_\_\_\_ 11) Age of injured: \_\_\_\_\_ 12) Sex of injured:  Male  Female

### 13) Type of Sharp: Needle

- Blood gas syringe  Insulin syringe with needle  IV catheter- loose  Needle connected to IV line
- Needle factory-attached to syringe  Other nonsuture needle  Other syringe with needle
- Prefilled cartridge syringe (i.e. Tubex-type)  Syringe- other  Tuberculin syringe with needle  Vacuum tube collection
- Winged steel needle

### Surgical instrument (non glass)

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

### Glass

- Ampule  Blood tube  Other glass  Other tube  Slide

14) Brand (write brand name or "unknown"): \_\_\_\_\_ 15) Model number: \_\_\_\_\_

- 16) Job classification of injured person:  Aide (e.g. CNA/HHA)  Chiropractor  CRNA/NP  EMT/paramedic  Firefighter
- Housekeeper/laundry  LPN  Maintenance  MD/DO  Other  PA  Phlebotomist/lab tech
- Respiratory therapist  RN  Road crew  School personnel (not nurse)  Sewer & Sanitation  Surgery assistant/OR tech

17) Employment status of injured person:  Contractor/contract employee  Employee  Other  Student  Volunteer

- 18) Type of location/facility/agency where sharps injury occurred:  Bloodbank/center/mobile  Clinic  Correctional facility  EMS/fire/police
- Home health  Hospital  Laboratory (freestanding)  Other  Outpatient treatment (e.g. dialysis -infusion therapy)
- Radiology  Residential facility (e.g. MHMR-shelter)  School

- 19) Work area where sharps injury occurred (select best choice):  Autopsy/pathology  Blood bank/center/mobile  Central sterile
- Critical care unit  Dialysis room/center  Emergency dept.  EMS/fire response  Field (non EMS)
- Floor - not patient room  Home  Infirmary  Laboratory  L&D  Medical/outpatient clinic  OR
- Patient/resident room  Pre-op or PACU  Procedure room  Radiology  Roadside park  Seclusion room
- Service/utility area (e.g. laundry)  Sewage treatment facility  Other

- 20) Original intended use of sharp:  Contain specimen/pharmaceutical  Cutting (surgery)  Draw arterial sample  Draw venous sample
- Drilling  Electrocautery  Finger stick/heel stick  Heparin or saline flush  Injection - IM  Injection - SC/ID
- Obtain body fluid/tissue sample  Other injection/aspiration IV  Start IV or set up heparin lock  Suturing - deep
- Suturing - skin  Unknown/NA  Wiring  Other

**Injury information - continued**

21) When did injury occur?  Before  After  During ...the sharp was used for its intended purpose.

22) 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 (e.g. table/bed/trash)

During OR procedure reaching for or passing instrument  While disassembling

While the sharp was being placed in a container  While recapping  Other

23) Involved body part:  Arm (but not hand)  Face/head/neck  Hand  Leg/foot  Torso (front or back)

24) Did the device being used have any engineered sharps injury protection?  Yes  No  Don't Know

25) Was the protective mechanism activated?  Yes  No  Don't Know

26) Was the injured person wearing gloves?  Yes  No  Don't Know

27) Had the injured person completed a hepatitis B vaccination series?  Yes  No  Don't Know

28) Was there a sharps container readily available for disposal of the sharp?  Yes  No  Don't Know

29) Had the injured person received training on the exposure control plan in the 12 months prior to the incident?  Yes  No  Don't Know

30) Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

Yes  No

Explain: \_\_\_\_\_

31) Exposed employee: Do you have an opinion that any other engineering, administrative, or workpractice control could have prevented the injury?

Yes  No

Explain: \_\_\_\_\_



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