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
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
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
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<tbody>
<tr>
<td>21) When did injury occur?</td>
<td>☐ Before ☐ After ☐ During the sharp was used for its intended purpose.</td>
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<tr>
<td>22) If the exposure occurred “during” or “after” the sharp was used, was it:</td>
<td>☐ Because the injured was bumped during the procedure ☐ During OR procedure reaching for or passing instrument ☐ While disassembling ☐ While the sharp was being placed in a container ☐ While recapping ☐ Other</td>
</tr>
<tr>
<td>23) Involved body part:</td>
<td>☐ Arm (but not hand) ☐ Face/head/neck ☐ Hand ☐ Leg/foot ☐ Torso (front or back)</td>
</tr>
<tr>
<td>24) Did the device being used have any engineered sharps injury protection?</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
</tr>
<tr>
<td>25) Was the protective mechanism activated?</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
</tr>
<tr>
<td>26) Was the injured person wearing gloves?</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
</tr>
<tr>
<td>27) Had the injured person completed a hepatitis B vaccination series?</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
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<td>28) Was there a sharps container readily available for disposal of the sharp?</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
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<td>29) Had the injured person received training on the exposure control plan in the 12 months prior to the incident?</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
</tr>
<tr>
<td>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?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>31) Exposed employee: Do you have an opinion that any other engineering, administrative, or workpractice control could have prevented the injury?</td>
<td>☐ Yes ☐ No</td>
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</tbody>
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