



Division of Safety and Hygiene

13430 Yarmouth Drive
Pickerington, Ohio 43147
614-644-2246 or 800-671-6858
Fax: 614-644-3133

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:

- 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

- 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

- 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

- 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: _____



**Bureau of Workers'
Compensation**

Public Employment Risk Reduction Program

State of Ohio

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