

* This form is required by state law and must be attached to your OU Incident Report (Accident) Report Form when sent to EHS at Hudson Health Center.

* DO NOT log into the state web-based reporting system. This will be done by EHS.



State of Ohio
Department of Commerce
Division of Labor & Worker Safety
PUBLIC EMPLOYMENT RISK REDUCTION PROGRAM

Sharps Injury Form Needlestick Report

Instructions: This form is to be used to report needlestick or sharps injuries to the personnel in your organization responsible for reporting such incidents to the Public Employment Risk Reduction Program. It is preferred that your public employer report all incidents via the Internet. Numbered items match the website's reporting form thereby assisting your public employers designated personnel in the collection of data prior to reporting. Please fill out the form as completely as possible and forward to: EHS, Hudson Health Cntr, along with OU Incident Report

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: _____

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 nonglass sharp Scalpel Staples Suture needle Trocar Wire
- Glass**
- Ampule Blood tube Other glass Other tube Slide

14) Brand (Fill in 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 in which 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 (pick 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

- 21) 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 you were bumped during the procedure
 Found in an inappropriate place (e.g. table-bed-trash) OR procedure -reaching for or passing instrument while disassembling
 While putting sharp into 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: _____



State of Ohio
 Department of Commerce
 Division of Labor & Worker Safety

Bob Taft
 Governor

Gary C. Suhadolnik
 Director

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