

- 12) What Type of Device Caused the Injury? (check one box only) Needle-Hollow Bore
 Surgical
 Glass

Which Device Caused the Injury? (check one box from one of the three sections only)

Needles (for suture needles see "surgical instruments")

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 Disposable Syringe | <input type="checkbox"/> e 22-gauge needle | <input type="checkbox"/> 8 Vacuum tube blood collection holder/needle (includes Vacutainer™ *-type device) |
| <input type="checkbox"/> a Insulin | <input type="checkbox"/> f 21-gauge needle | <input type="checkbox"/> 9 Spinal or Epidural Needle |
| <input type="checkbox"/> b Tuberculin | <input type="checkbox"/> g 20-gauge needle | <input type="checkbox"/> 10 Unattached hypodermic needle |
| <input type="checkbox"/> c 24/25-gauge needle | <input type="checkbox"/> h "Other" | <input type="checkbox"/> 11 Arterial catheter introducer needle |
| <input type="checkbox"/> d 23-gauge needle | | <input type="checkbox"/> 12 Central line catheter needle (cardiac, etc.) |
| <input type="checkbox"/> 2 Pre-filled cartridge syringe (includes Tubex™ *, Carpuject™* - type syringes) | | <input type="checkbox"/> 13 Drum catheter needle |
| <input type="checkbox"/> 3 Blood gas syringe (ABG) | | <input type="checkbox"/> 14 Other vascular catheter needle (cardiac, etc.) |
| <input type="checkbox"/> 4 Syringe, other type | | <input type="checkbox"/> 15 Other non-vascular catheter needle (ophthalmology, etc.) |
| <input type="checkbox"/> 5 Needle on IV line (includes piggybacks & IV line connectors) | | |
| <input type="checkbox"/> 6 Winged steel needle (includes winged-set type devices) | <input type="checkbox"/> 28 Needle, not sure what kind | |
| <input type="checkbox"/> 7 IV catheter stylet | <input type="checkbox"/> 29 Other needle, please describe: _____ | |

Surgical Instrument or Other Sharp Items (for glass items see "glass")

- | | |
|--|---|
| <input type="checkbox"/> 30 Lancet (finger or heel sticks) | <input type="checkbox"/> 43 Specimen/Test tube (plastic) |
| <input type="checkbox"/> 31 Suture needle | <input type="checkbox"/> 44 Fingernails/Teeth |
| <input type="checkbox"/> 32 Scalpel, reusable (scalpel, disposable code is 45) | <input type="checkbox"/> 45 Scalpel, disposable |
| <input type="checkbox"/> 33 Razor | <input type="checkbox"/> 46 Retractors, skin/bone hooks |
| <input type="checkbox"/> 34 Pipette (plastic) | <input type="checkbox"/> 47 Staples/Steel sutures |
| <input type="checkbox"/> 35 Scissors | <input type="checkbox"/> 48 Wire (suture/fixation/guide wire) |
| <input type="checkbox"/> 36 Electro-cautery device | <input type="checkbox"/> 49 Pin (fixation, guide pin) |
| <input type="checkbox"/> 37 Bone cutter | <input type="checkbox"/> 50 Drill bit/bur |
| <input type="checkbox"/> 38 Bone chip | <input type="checkbox"/> 51 Pickups/Forceps/Hemostats/Clamps |
| <input type="checkbox"/> 39 Towel clip | |
| <input type="checkbox"/> 40 Microtome blade | <input type="checkbox"/> 58 Sharp item, not sure what kind |
| <input type="checkbox"/> 41 Trocar | <input type="checkbox"/> 59 Other sharp item: Describe: _____ |
| <input type="checkbox"/> 42 Vacuum tube (plastic) | |

Glass

- | | |
|--|---|
| <input type="checkbox"/> 60 Medication ampule | <input type="checkbox"/> 66 Capillary tube |
| <input type="checkbox"/> 61 Medication vial (small volume with rubber stopper) | <input type="checkbox"/> 67 Glass slide |
| <input type="checkbox"/> 62 Medication/IV bottle (large volume) | |
| <input type="checkbox"/> 63 Pipette (glass) | <input type="checkbox"/> 78 Glass item, not sure what kind |
| <input type="checkbox"/> 64 Vacuum tube (glass) | <input type="checkbox"/> 79 Other glass item: Describe: _____ |
| <input type="checkbox"/> 65 Specimen/Test tube (glass) | |

12a) Brand/Manufacturer of Product: (e.g. ABC Medical Company) _____

- 12b) Model: 98 Please Specify: _____ 99 Unknown

13) If the Item Causing the Injury was a Needle or Sharp Medical Device, Was it a "Safety Design" with a Shielded, Recessed, Retractable, or Blunted Needle or Blade?

- 1 Yes
 2 No
 3 Unknown

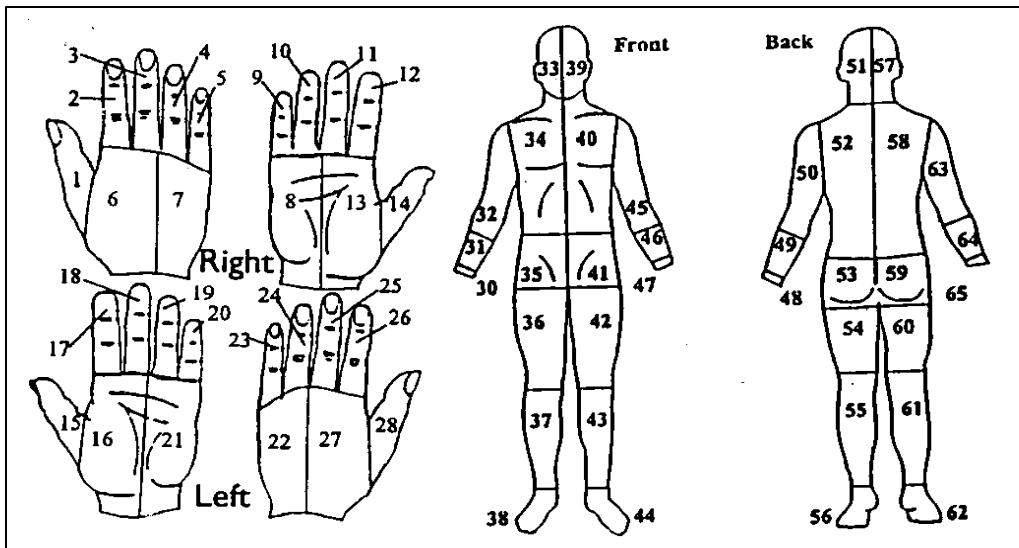
13a) Was the Protective Mechanism Activated?

- 1 Yes, fully 3 No
 2 Yes, partially 4 Unknown

13b) Did Exposure Incident Happen?

- 1 Before activation 3 After activation
 2 During activation 4 Unknown

14) Mark the Location of the Injury:



15) Was the Injury?

- 1 Superficial (*little or no bleeding*)
- 2 Moderate (*skin punctured, some bleeding*)
- 3 Severe (*deep stick/cut, or profuse bleeding*)

16) If Injury was to the hand, did the Sharp Item Penetrate?

- 1 Single pair of gloves
- 2 Double pair of gloves
- 3 No gloves

17) Dominant Hand of the Injured Worker:

- 1 Right-handed
- 2 Left-handed

18) Describe the Circumstances Leading to this Injury (*please note if a device malfunction was involved*):

19) For Injured Healthcare Worker: If the Sharp had no Integral Safety Feature, Do you have an Opinion that such a Feature could have prevented the Injury? 1 Yes 2 No 3 Unknown

Describe: _____

20) For Injured Healthcare Worker: Do you have an Opinion that any other Engineering Control, Administrative or Work Practice could have prevented the Injury? 1 Yes 2 No 3 Unknown

Describe: _____

Cost:

_____	Lab charges (Hb, HCV, HIV, other)
_____	Healthcare Worker
_____	Source
_____	Treatment Prophylaxis (HBIG, Hb vaccine, tetanus, other)
_____	Healthcare Worker
_____	Source
_____	Service Charges (Emergency Dept, Employee Health, other)
_____	Other Costs (Worker's Comp, surgery, other)
_____	TOTAL (round to nearest dollar)

Is this Incident OSHA reportable? 1 Yes 2 No 3 Unknown

If Yes, Days Away from Work? _____

Days of Restricted Work Activity? _____

Does this incident meet the FDA medical device reporting criteria? (Yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 works days of incident.)

- 1 Yes (*If Yes, follow FDA reporting protocol.*)
- 2 No

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