

**APPENDIX E**



**Texas Department of State Health Services  
Infectious Disease Control  
Contaminated Sharps Injury Reporting Form**      Pub No EF59-10666 (04/04)

The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Texas Department of State Health Services (DSHS) regional office in which the facility is located. Address information for regional directors can be obtained on the Internet at <http://www.tdh.state.tx.us/brlho/regions.htm>. The local health authority, acting as an agent for the Texas Department of State Health Services will receive and review the report for completeness, and submit the report to: IDEAS, Texas DSHS, 1100 West 49<sup>th</sup> Street, T-801, Austin, Texas 78756-3199. Copies of the Contaminated Sharps Injury Reporting Form can be obtained on the Internet at [http://www.tdh.state.tx.us/ideas/bloodborne\\_pathogens/reporting](http://www.tdh.state.tx.us/ideas/bloodborne_pathogens/reporting) or from Texas Department of State Health Services regional offices.

Please complete a form for each exposure incident involving a sharp.

NOTE: If injury occurred BEFORE the sharp was used for its original intended purpose, *do not* submit this form.

|  |  |  |  |
|--|--|--|--|
| <b>Facility (agency/institution) where injury occurred:</b>  |  |  |  |
| <b>Street address (no Post Office Box):</b>  |  |  |  |
| <b>City:</b>   | <b>County:</b>   | <b>Zip Code:</b>   |  |
| <b>Street address of reporter if different from facility where injury occurred (no Post Office Box):</b>   |  |  |  |
| <b>Date filled out (mm/dd/yy):</b>   | <b>Reporter's Name:</b>  |  | <b>Phone:</b>  |
| <b>Reporter's Email:</b>   |  |  |  |
| <b>1. Date of injury(mm/dd/yy):</b>  | <b>Time of injury:</b> <input type="checkbox"/> am <input type="checkbox"/> pm   | <b>Age of injured:</b>   | <b>Sex of injured:</b> <input type="checkbox"/> M <input type="checkbox"/> F |
| <b>2. Type and Brand of Sharp Involved (Check one box)</b>   |  |  |  |
| <b>List Brand Name of Sharp:</b>   |  |  |  |
| <p><b>Needles</b></p> <input type="checkbox"/> Arterial Catheter Introducer Needle<br><input type="checkbox"/> Blood Gas Syringe<br><input type="checkbox"/> Central Line Catheter Needle (cardiac, etc.)<br><i>Disposable Syringe</i><br><input type="checkbox"/> Insulin<br><input type="checkbox"/> 20-gauge needle<br><input type="checkbox"/> 21-gauge needle<br><input type="checkbox"/> 22-gauge needle<br><input type="checkbox"/> 23-gauge needle<br><input type="checkbox"/> 24/25-gauge needle<br><input type="checkbox"/> Tuberculin<br><input type="checkbox"/> Drum Catheter Needle<br><input type="checkbox"/> IV Catheter Stylet<br><input type="checkbox"/> Needle on IV Line (includes piggybacks & IV line connectors)<br><input type="checkbox"/> Needle, not sure what kind<br><input type="checkbox"/> Pre-filled Cartridge Syringe<br><input type="checkbox"/> Spinal or Epidural Needle<br><input type="checkbox"/> Suture Needle<br><input type="checkbox"/> Syringe, other type<br><input type="checkbox"/> Unattached Hypodermic Needle<br><input type="checkbox"/> Vacuum Tube Blood Collection Holder/Needle<br><input type="checkbox"/> Winged Steel Needle<br>(includes butterfly, winged-set type devices)<br><i>Other</i><br><input type="checkbox"/> Other Vascular Catheter Needle (cardiac, etc.)<br><input type="checkbox"/> Other Non-vascular Catheter Needle (ophthalmology, etc.)<br><input type="checkbox"/> Other Nonsuture | <p><b>Surgical Instruments</b><br/>(or other sharp items)</p> <input type="checkbox"/> Bone Chip/Chipped Tooth<br><input type="checkbox"/> Bone Cutter<br><input type="checkbox"/> Drill Bit/Bur<br><input type="checkbox"/> Electro-cautery Device<br><input type="checkbox"/> Fingernails/Teeth<br><input type="checkbox"/> Huber Needle<br><input type="checkbox"/> Lancet (finger or heel stick)<br><input type="checkbox"/> Microtome Blade<br><input type="checkbox"/> Pickups/Forceps/<br>Hemostats/Clamps<br><input type="checkbox"/> Pin (fixation, guide pin)<br><input type="checkbox"/> Pipette (plastic)<br><input type="checkbox"/> Razor<br><input type="checkbox"/> Retractors, Skin/Bone Hooks<br><input type="checkbox"/> Scalpel, disposable<br><input type="checkbox"/> Scalpel, reusable<br><input type="checkbox"/> Scissors<br><input type="checkbox"/> Sharp Item, not sure what kind<br><input type="checkbox"/> Specimen/Test Tube (plastic)<br><input type="checkbox"/> Staples/Steel Sutures<br><input type="checkbox"/> Towel Clip<br><input type="checkbox"/> Trocar<br><input type="checkbox"/> Vacuum Tube (plastic)<br><input type="checkbox"/> Wire (suture/fixation/guide wire)<br><input type="checkbox"/> Other Sharp | <p><b>Glass</b></p> <input type="checkbox"/> Capillary Tube<br><input type="checkbox"/> Glass Slide<br><input type="checkbox"/> Glass Item, not sure what kind<br><input type="checkbox"/> Medication Ampule/<br>Vial/IV Bottle<br><input type="checkbox"/> Pipette<br><input type="checkbox"/> Specimen/Test Tube<br><input type="checkbox"/> Vacuum Tube<br><input type="checkbox"/> Other Glass Item: |  |



## Contaminated Sharps Injury Reporting Form, continued

### 3. Original Intended Use of Sharp (*check one box*)

- Connect IV Line (intermittent IV/piggyback/IV infusion/other IV line connection)
- Contain a Specimen or Pharmaceutical (glass item)
- Cutting
- Dental  Extraction  Hygiene  Orthodontic  Periodontal  Restorative  Root Canal
- Dialysis
- Draw Arterial Blood Sample...if used to draw blood was it  direct stick or  drawn from a line
- Draw Venous Blood Sample
- Drilling
- Electrocautery
- Finger Stick/Heel Stick
- Heparin or Saline Flush
- Injection, Intra-Muscular/Subcutaneous/Intra-dermal, or other injection through the skin (syringe)
- Obtain a Body Fluid or Tissue Sample (urine/CSF/amniotic fluid/other fluid, biopsy)
- Other Injection into (or aspiration from) IV Injection Site or IV Port (syringe)
- Remove Central Line/Porta Catheter
- Start IV or Set Up Heparin Lock (IV catheter or winged set-type needle)
- Suturing  Deep  Skin
- Tattoo
- Unknown/Not Applicable
- Wiring
- Other \_\_\_\_\_

### 4. When and How Injury Occurred...

- before (DO NOT report to DSHS)       during       after the sharp was used for its intended purpose.

If the exposure occurred during or after the sharp was used, was it (*check one box*)

- Activating Safety Device
- Between Steps of a Multistep Procedure (carrying, handling, passing/receiving syringe/instrument, etc.)
- Device Malfunctioned
- Device Pierced the Side of the Disposal Container
- Disassembling Device or Equipment
- Found in an Inappropriate Place (eg. table, bed, linen, floor, trash)
- Interaction with Another Person
- Laboratory Procedure/Process
- Patient Moved During the Procedure
- Preparation for Reuse of Instrument (cleaning, sorting, disinfecting, sterilizing, etc.)
- Recapping
- Suturing
- Use of Sharps Container
- Unsafe Practice
- Use of IV/Central Line
- Other



5. Did the device being used have engineered sharps injury protection?  yes  no  don't know

A. Was the protective mechanism activated?  yes  no  don't know

B. Did the exposure incident occur...  before  during  after activation of the protective mechanism?

6. Was the injured person wearing gloves?  yes  no

7. Had the injured person completed a hepatitis B vaccination series?  yes  no  don't know

8. Was there a sharps container readily available for disposal of the sharp?  yes  no

Did the sharps container provide a clear view of the level of contaminated sharps?  yes  no

9. Had the injured person received training on the exposure control plan in the 12 months prior to the incident?  yes  no

10. Involved body part (*check one box*)  Hand  Arm  Leg/Foot  Face/Head/Neck  Torso (front or back)

11. Job Classification of Injured Person (*check one box*)

- Aide (eg. CAN, HHA, orderly)
- Attending Physician (MD/DO)
- Central Supply
- Chiropractor
- Clerical/Administrative
- Clinical Lab Technician
- Counselor/Social Worker
- CRNA/NP
- Dentist
- Dental Assistant/Technician
- Dental Hygienist
- Dental Student
- Dietician
- EMT/Paramedic
- Fellow
- Firefighter
- Food Service
- Hemodialysis Technician
- Housekeeper/Laundry
- Intern/Resident
- Law Enforcement Officer
- Licensed Vocational Nurse

- Maintenance Staff
- Morgue Tech/Autopsy Technician
- Medical Student
- Nurse Midwife
- Nursing Student
- OR/Surgical Technician
- Pharmacist
- Phlebotomist/Venipuncture/IV Team
- Physician Assistant
- Physical Therapist
- Psychiatric Technician
- Public Health Worker
- Radiologic Technician
- Registered Nurse
- Researcher
- Respiratory Therapist/Technician
- Safety/Security
- School Personnel (not nurse)
- Transport/Messenger
- Volunteer
- Other



## Contaminated Sharps Injury Reporting Form, continued

12. Employment Status of Injured Person (*check one box*)

|   |  |
|---|--|
| <input type="checkbox"/> Employee<br><input type="checkbox"/> Student<br><input type="checkbox"/> Contractor/Contract Employee<br><input type="checkbox"/> Volunteer<br><input type="checkbox"/> Other  | If not directly employed by reporter, name of employer/service/agency/school:  |
| <b>13. Location/Facility/Agency in Which Sharps Injury Occurred (check one box)</b>   |  |
| <input type="checkbox"/> Blood Bank/Center/Mobile<br><input type="checkbox"/> Clinic<br><input type="checkbox"/> Correctional Facility<br><input type="checkbox"/> Dental Facility<br><input type="checkbox"/> EMS/Fire/Police<br><input type="checkbox"/> Home Health  | <input type="checkbox"/> Hospital<br><input type="checkbox"/> Laboratory (freestanding)<br><input type="checkbox"/> Medical Examiner Office/Morgue<br><input type="checkbox"/> Outpatient treatment (eg. dialysis, infusion therapy)<br><input type="checkbox"/> Residential Facility (eg. MHMR, shelter)<br><input type="checkbox"/> School/College<br><input type="checkbox"/> Other   |
| <b>14. Work Area Where Sharps Injury Occurred (check one box)</b>   |  |
| <input type="checkbox"/> Ambulance<br><input type="checkbox"/> Autopsy/Pathology<br><input type="checkbox"/> Blood Bank Center/Mobile<br><input type="checkbox"/> Central Supply<br><input type="checkbox"/> Critical Care Unit<br><input type="checkbox"/> Dental Clinic<br><input type="checkbox"/> Dialysis Room/Center<br><input type="checkbox"/> Emergency Department<br><input type="checkbox"/> Endoscopy/Bronchoscopy/Cystoscopy<br><input type="checkbox"/> Field (non EMS)<br><input type="checkbox"/> Floor, not Patient Room<br><input type="checkbox"/> Home<br><input type="checkbox"/> Infirmary<br><input type="checkbox"/> Jail Unit<br><input type="checkbox"/> Laboratory | <input type="checkbox"/> L & D/Gynecology Unit<br><input type="checkbox"/> Medical/Outpatient Clinic<br><input type="checkbox"/> Medical/Surgical Unit<br><input type="checkbox"/> Nursery<br><input type="checkbox"/> Patient/Resident Room<br><input type="checkbox"/> Pediatrics<br><input type="checkbox"/> Pre-op or PACU<br><input type="checkbox"/> Procedure Room<br><input type="checkbox"/> Rescue Setting (non ER)<br><input type="checkbox"/> Radiology Department<br><input type="checkbox"/> Seclusion Room/Psychiatric Unit<br><input type="checkbox"/> Service/Utility Area (eg. laundry)<br><input type="checkbox"/> Surgery/Operating Room<br><input type="checkbox"/> Other |

COMMENTS:

**Return completed form to Environmental Health & Safety, Room 1.343T DTL**