INFECTIOUS DISEASE CONTROL
CONTAMINATED SHARPS INJURY REPORTING FORM

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 DSHS webpage at http://www.dshs.state.tx.us/regions/default.shtm. 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 49th Street, T-801, Austin, Texas 78756-3199. Obtain copies at http://www.dshs.state.tx.us/idcu/health/infection_control/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 the injury occurred BEFORE the sharp was used for its original intended purpose, do not submit this form.

<table>
<thead>
<tr>
<th>Facility (agency/institution) where injury occurred:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address (no post office box):</td>
</tr>
<tr>
<td>City: County: Zip code:</td>
</tr>
</tbody>
</table>

Street address of reporter if different from facility where injury occurred:

Date: Reporter’s Name: Reporter’s Telephone: Reporter’s e-mail:

1. Date of injury: Time of injury: ☐ am ☐ pm Age of injured: ☐ Sex of injured: ☐ M ☐ F

2. Type and Brand of sharp involved (Check one box) List brand name of sharp:

Needles
☐ Arterial catheter introducer needle
☐ Blood gas syringe
☐ Central line catheter needle (cardiac, etc.)

Disposable Syringe
☐ Insulin
☐ 20-gauge needle
☐ 21-gauge needle
☐ 22-gauge needle
☐ 23-gauge needle
☐ 24/25-gauge needle
☐ Tuberculin
☐ Drum catheter needle
☐ IV catheter stylet
☐ Needle on IV line (includes piggybacks & IV line connectors
☐ Needle, not sure what kind
☐ Pre-filled cartridge syringe
☐ Spinal or epidural needle
☐ Suture needle
☐ Syringe, other type
☐ Unattached hypodermic needle
☐ Vacuum tube blood collection holder/needle
☐ Winged steel needle (includes butterfly, winged-set type devices)

Other
☐ Other vascular catheter needle (cardiac, etc.)
☐ Other non-vascular catheter needle (ophthalmology, etc.)
☐ Other nonsuture

Surgical Instruments (or other sharp items)
☐ Bone chip/chipped tooth
☐ Bone cutter
☐ Drill bit/bur
☐ Electro-cautery device
☐ Fingerpains/teeth
☐ Huber needle
☐ Lancet (finger or heel stick)
☐ Microtome blade
☐ Pickups/forceps/hemostats/clamps
☐ Pin (fixation, guide pin)
☐ Pipette (plastic)
☐ Razor
☐ Retractors, skin/bone hooks
☐ Scalpel, disposable
☐ Scalpel, reusable
☐ Scissors
☐ Sharp item, not sure what kind
☐ Specimen/test tube (plastic)
☐ Staples/steel sutures
☐ Towel clip
☐ Trocar
☐ Vacuum tube (plastic)
☐ Wire (suture/fixation/guide wire)
☐ Other sharp

Glass
☐ Capillary tube
☐ Glass slide
☐ Glass item, not sure what kind
☐ Medication ampule/vial/IV bottle
☐ Pipette
☐ Specimen/test tube
☐ Vacuum tube
☐ Other glass item: __________________________
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  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

5. Did the device being used have engineered sharps injury protection?  yes  no  do not know
   A. Was the protective mechanism activated?  yes  no  do not know
   B. Did the exposure incident occur  before  during  after activation of the protective mechanism

6. Was the injured person wearing gloves?  yes  no  do not know

7. Had the injured person completed a hepatitis B vaccination series?  yes  no  do not 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 only one box)*

<table>
<thead>
<tr>
<th>Option</th>
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<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aide (e.g. CAN, HHA, orderly)</td>
<td>Firefighter</td>
<td>Physical therapist</td>
</tr>
<tr>
<td>Attending physician (MD, DO)</td>
<td>Food service</td>
<td>Phlebotomist/venipuncture/IV team</td>
</tr>
<tr>
<td>Central supply</td>
<td>Hemodialysis technician</td>
<td>Psychiatric technician</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>Housekeeper/laundry</td>
<td>Public health worker</td>
</tr>
<tr>
<td>Clerical/administrative</td>
<td>Intern/resident</td>
<td>Radiologic technician</td>
</tr>
<tr>
<td>Clinical lab technician</td>
<td>Law enforcement officer</td>
<td>Registered nurse</td>
</tr>
<tr>
<td>Counselor/social worker</td>
<td>Licensed vocational nurse</td>
<td>Researcher</td>
</tr>
<tr>
<td>CRNA/NP</td>
<td>Maintenance staff</td>
<td>Respiratory therapist/technician</td>
</tr>
<tr>
<td>Dentist</td>
<td>Medical student</td>
<td>Safety/security</td>
</tr>
<tr>
<td>Dental assistant/technician</td>
<td>Morgue tech/autopsy tech</td>
<td>School personnel (not nurse)</td>
</tr>
<tr>
<td>Dental hygienist</td>
<td>Nurse midwife</td>
<td>Transport/messenger</td>
</tr>
<tr>
<td>Dental student</td>
<td>Nursing student</td>
<td>Volunteer</td>
</tr>
<tr>
<td>Dietician</td>
<td>OR/surgical technician</td>
<td>Other</td>
</tr>
<tr>
<td>EMT/ paramedic</td>
<td>Pharmacist</td>
<td></td>
</tr>
<tr>
<td>Fellow</td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Student</td>
<td>Contractor/contract employee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Volunteer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

If not directly employed by reporter, name the employer/service/agency/school: ________________________________

13. **Location/ Facility/ Agency in which sharps injury occurred** *(check one box)*

<table>
<thead>
<tr>
<th>Option</th>
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<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood bank/center/mobile</td>
<td>Home health</td>
<td>Outpatient treatment (e.g. dialysis, infusion therapy)</td>
</tr>
<tr>
<td>Clinic</td>
<td>Hospital</td>
<td>Residential facility (e.g. MHMR, shelter)</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>Laboratory (freestanding)</td>
<td>School/college</td>
</tr>
<tr>
<td>Dental facility</td>
<td>Medical examiner office/morgue</td>
<td>Other</td>
</tr>
<tr>
<td>EMS/Fire/Police</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. **Work Area where Sharps Injury Occurred** *(check one box)*

<table>
<thead>
<tr>
<th>Option</th>
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<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>Emergency department</td>
<td>Laboratory</td>
</tr>
<tr>
<td>Autopsy/pathology</td>
<td>Endoscopy/bronchoscopy/cystoscopy</td>
<td>L &amp; D/Gynecology unit</td>
</tr>
<tr>
<td>Blood bank center/mobile</td>
<td>Field (non EMS)</td>
<td>Medical/Outpatient clinic</td>
</tr>
<tr>
<td>Central supply</td>
<td>Floor (not patient room)</td>
<td>Medical/surgical unit</td>
</tr>
<tr>
<td>Critical care unit</td>
<td>Home</td>
<td>Nursery</td>
</tr>
<tr>
<td>Dental clinic</td>
<td>Infirmary</td>
<td>Patient/resident room</td>
</tr>
<tr>
<td>Dialysis room/center</td>
<td>Jail unit</td>
<td>Pediatrics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre-op or PACU</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rescue setting (non ER)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radiology department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seclusion room/psychiatric unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Service/Utility area (e.g. laundry)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgery/operating room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

**COMMENTS:**

8/26/2009