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.

Submit the form to BWC in one of the following ways.

Online: bwc.ohio.gov
Fax: 614-621-5754
Mail: BWC Mail Processing Center
   Attn: Public Employment Risk Reduction Program
   30 W. Spring St.
   Columbus, OH 43215-2256
Phone: 614-644-2246 or 800-671-6858

Public employer information

1. Employer: ____________________________ 2. Facility: ____________________________ Risk #: ____________________________
3. Address: ____________________________

Address of reporter if different from facility where injury occurred (no P.O. boxes): ____________________________

8. Date reported: __________ By: ____________________________ Phone: ____________________________

Injury information

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: ____________________________
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 where sharps injury occurred:
   ☐ Bloodbank/center/mobile ☐ Clinic ☐ Correctional facility ☐ EMS/fire/police
   ☐ Home health ☐ Hospital ☐ Laboratory (freenstanding) ☐ Other ☐ Outpatient treatment (e.g. dialysis -infusion therapy)
   ☐ Radiology ☐ Residential facility (e.g. MHMR-shelter) ☐ School
19. 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
### Injury information (continued)

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. 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: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________