

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 Health 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 Health will receive and review the report for completeness, and submit the report to:

IDEAS, Texas Department of Health, 1100 West 49th Street, 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/report/sharps/forms.pdf> or from the Texas Department of Health Public Health Regional Offices.

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

Facility (agency/institution) where injury occurred (Use block letters to fill in boxes.)

[illegible]**Street address (no P.O. Boxes)**[illegible]

City

[illegible]

County

[illegible]**Zip code**

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Street address of reporter if different from facility (agency/institution) where injury occurred (no P.O. Boxes)

[illegible]

Date filled out (mm/dd/yy) By (reporter)

[illegible]**Phone number**[illegible]

1. Date of injury (mm/dd/yy)

$$\begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array}$$

Time of injury

		:		
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[illegible]

PM

Age

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Sex of injured person

7

Male

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female

2. Type and brand of sharp involved (Fill in one circle and/or boxes as appropriate.)

Needle (*nonsuture*)

- o Insulin syringe with needle
- o Tuberculin syringe with needle
- o ☐ gauge needle factory-attached to syringe
- o Other syringe with needle
- o Prefilled cartridge syringe (ie, Tubex-type syringe)
- o Blood gas syringe
- o Syringe, other
- o Needle connected to IV line
- o Winged steel needle
- o IV catheter, loose

- o Vacuum tube collection
- o Other nonsuture needle _____

Surgical instrument or other sharp (no glass)

- o Lancet
- o Suture needle
- o Scalpel
- o Trocar
- o Staples
- o Wire
- o Other surgical instrument/nonglass sharp

Glass

- o Blood tube
- o Other tube
- o Slide
- o Ampule
- o Other glass:

Brand (*Fill in brand name or "unknown."*)

[illegible]

3. Original intended use of sharp (Fill in one circle.)

- | | | |
|------------------------|-----------------------------------|-----------------------------------|
| o Injection, IM | o Cutting (surgery) | o Drilling |
| o Injection, SC/ID | o Start IV or set up heparin lock | o Electrocautery |
| o Suturing, skin | o Other injection/aspiration IV | o Wiring |
| o Suturing, deep | o Heparin or saline flush | o Contain specimen/pharmaceutical |
| o Draw venous sample | o Obtain body fluid/tissue sample | o Other _____ |
| o Draw arterial sample | o Finger stick/heel stick | o Unknown/NA |

Contaminated Sharps Injury Reporting Form (continued)

4. Did the injury occur. the sharp was used for its original intended purpose? *(Fill in one circle.)*
o Before (*do not report to TDH*) o During (*go to 4a*) o After (*go to 4a*)
- a. If the exposure occurred "During" or "After" the sharp was used, was it? *(Fill in one circle.)*
o Because the patient moved during the procedure o While disassembling
o While recapping o While putting sharp into container
o Found in an inappropriate place (eg, table, bed, trash) o Other _____
5. Did the device being used have engineered sharps injury protection?
o Yes (*go to 5a*) o No (*go to 6*) o Don't know (*go to 6*)
- a. Was the protective mechanism activated?
o Yes, fully (*go to 5b*) o Yes, partially (*go to 5b*) o No (*go to 6*) o Don't know (*go to 6*)
- b. Did the exposure incident occur. activation of the protective mechanism? *(Fill in one circle.)*
o Before o During o After
6. Was the injured person wearing gloves? o Yes o No
7. Had the injured person completed a hepatitis B vaccination series? o Yes o No
8. Was there a sharps container readily available for disposal of the sharp? o Yes o No
9. Had the injured person received training on the exposure control plan in the 12 months prior to the incident? o Yes o No
10. Involved body part *(Fill in one circle.)*
o Hand o Arm (but not hand) o Leg/Foot o Face/head/neck o Torso (Front or back)
11. Job classification of injured person *(Fill in one circle.)*
o MD/DO o Respiratory therapist o Dentist
o PA o Phlebotomist/lab tech o Dental hygienist
o CRNA/NP o Aide (eg, CNA, HHA) o School personnel (not nurse)
o RN o EMT/Paramedic o Housekeeper/laundry
o LVN o Firefighter o Chiropractor
o Surgery assistant/OR tech o Police o Other _____
- Employment status of injured person *(Fill in one circle.)*
o Employee o Contractor/Contract employee o Student o Volunteer o Other _____
12. If not directly employed by reporter, name of employer/service/agency/school *(Optional.)*

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13. Location/facility/agency in which sharps injury occurred *(Fill in one circle.)*
o Hospital o Correctional facility
o Clinic o Residential facility (eg, MHMR, shelter)
o Outpatient treatment (eg dialysis, infusion therapy) o School
o Laboratory (freestanding) o Home health
o Bloodbank/center/mobile o Other _____
o EMS/fire/police
14. Work area where sharps injury occurred *(Fill in one circle for best choice.)*
o Patient/resident room o L&D o Autopsy/pathology
o Floor, not patient room o Procedure room o Blood bank/center/mobile
o Critical care unit o Dialysis room/center o Infirmary
o Emergency dept o Seclusion room o Field (non EMS)
o Rescue setting (non ER) o Medical/outpatient clinic o Service/utility area (eg, laundry)
o Pre-op or PACU o Laboratory o Home
o Other _____