



## VISHNU DENTAL COLLEGE

### Needlestick & Sharp Object Injury Reporting form

Identification Number:

Date of report:

Date of exposure occurrence:

Time of exposure: \_\_am / pm

1. How many uninterrupted hours had you been working when this exposure occurred?

2. Working Area:

A.Dental Laboratory

B.Dental clinics No. ....

C.Sterilization Area

D.Post-Graduate Clinics (specify department \_\_\_\_\_)

E. Other areas (specify \_\_\_\_\_)

3. Professional Category:

A.Dental Faculty Specialty if any

B.Dental Nurse

C.Dental Hygienist

D.Interns

E.Dental Student UG/ PG specify \_\_\_\_\_

F. CSSD Technician

I.Laboratory Technician

J.Attenders

K.Other (specify \_\_\_\_\_)

4. Have you had a previous exposure incident?: \_\_ Yes \_\_ No

5. If 'Yes', How many times have you been exposed?: \_\_

6. Was the previous exposure documented?: \_\_ Yes \_\_ No

7. Did the exposure involve:

- A. Blood
- B. Saliva only
- C. Blood and Saliva

8. Are you:

- A. Right-Handed
- B. Left-Handed

9. Were you:

- |    |                           |
|----|---------------------------|
| A. | Self-Exposed              |
| B. | Exposed by Another Person |

10. Type of exposure:

A. Needle Injury

- 1. Syringe Needle Gauge
- 2. Suture Needle

B. Cut, Puncture, or Scrape by Other Instruments

- 1. Bur
- 2. Scalpel Blade
- 3. Wire (specify \_\_\_\_\_)
- 4. Hand Instrument (specify \_\_\_\_\_)
- 5. Endodontic instruments (specify \_\_\_\_\_)
- 6. Scaler tips injury
- 6. Other (specify \_\_\_\_\_)

11. Describe the circumstances under which this exposure occurred. Be as specific as possible.

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12. Description of procedure in progress when exposure occurred:

- A. Oral Hygiene (e.g., prophylaxis, root planing, curettage)
- B. Restorative (e.g., amalgam, composite, crown)
- C. Root Canal
- D. Periodontal Surgery
- E. Oral Surgery (1. Simple extraction 2. Surgical extraction 3. Fracture reduction 4. Other (specify \_\_\_\_\_))
- F. Other than above mentioned procedures. (specify \_\_\_\_\_)

13. Where did the exposure occur?:

- A. Inside patient's mouth
- B. Outside patient's mouth
- C. Unknown
- D. Specify if any

14. When did the exposure occur?

- |    |                               |
|----|-------------------------------|
| A. | During use of the item        |
| B. | After use but before disposal |
| C. | During or after disposal      |
| D. | During cleaning               |
| E. | Unknown                       |

15. How did the exposure occur?

- A. While manipulating patient or instrument
  - 1. Patient moved and jostled instrument or sharp item
  - 2. While inserting needle in patient's mouth
  - 3. While withdrawing needle
  - 4. Other (specify \_\_\_\_\_)

- B. During surgical procedures
  - 1. Suturing
  - 2. Incising
  - 3. Other (specify \_\_\_\_\_)

- C. Handling equipment
  - 1. Passing or transferring equipment
  - 2. Recapping (missed or pierced cap)
  - 3. Removing needle from syringe
  - 4. Assembling or disassembling equipment
  - 5. During cleanup

6. During or after oral prophylaxis procedures

7. Other (specify\_\_\_\_\_)

D. Collision or contact with sharp object

E. Disposal-related

F. Other (specify\_\_\_\_\_)

16. Personal protective equipment being utilized at time of accident: (check all that apply)

- |                |                |    |     |
|----------------|----------------|----|-----|
| A.             | Single Gloves  |    |     |
| B.             | Double Gloves  |    |     |
| C.             | Utility Gloves |    |     |
| D.             | Mask           |    |     |
| E.             | Goggles        |    |     |
| F.             | Gown           |    |     |
| G.             | Other          | if | any |
| (specify_____) |                |    |     |

17. Circumstances contributing to this exposure: (Choose all that apply)

- |                |                               |
|----------------|-------------------------------|
| A.             | Difficulty with procedure     |
| B.             | Rushing Procedure             |
| C.             | Pressure from environment     |
| D.             | Location of equipment (e.g.   |
|                | handpieces, scaler tip etc.)  |
| E.             | Being distracted              |
| F.             | Poor visibility               |
| G.             | Poor positioning              |
| H.             | Not following procedure steps |
|                | correctly                     |
| I.             | Other                         |
| (specify_____) |                               |

18. Description of exposure

- |    |                            |
|----|----------------------------|
| A. | Needlestick                |
| B. | Puncture                   |
| C. | Laceration                 |
| D. | Scrape                     |
| E. | Splash to Mucous Membranes |
| F. | Other (specify_____)       |

19. Location of exposure

- A.Finger/Thumb
- B.Hand, dominant
- C.Hand, non-dominant
- D.Face/Part of Face
- E.Arm
- F.Other (specify\_\_\_\_\_)

20. Depth of puncture or laceration

- A.Superficial scratch or puncture, no blood appeared
- B.Superficial scratch or puncture, some blood appeared
- C.Deep laceration or puncture wound, blood appeared

21. Amount of blood/body fluid person was exposed to:

- A.None
- B.Minor, less than a droplet
- C. Minor, more than a droplet
- D.Large amount
- E.Unknown

22. How was the wound or exposed area cleaned?

- A.Washed with water only
- B.Soap and water
- C.Chemical cleanser (specify\_\_\_\_\_)
- D.Other (specify\_\_\_\_\_)

23. Has the DHCW ever had the Hepatitis B Vaccine (3 or more doses)?: \_\_\_\_Yes  
\_\_\_\_ No If incomplete: \_\_\_\_ 1 Dose \_\_\_\_ 2 Doses \_\_\_\_ No Doses \_\_\_\_ Already Immune

**Source Patient Information:**

Patient Name:

Patient Age:

Patient sex :

Patient phone no.:

24. Is person known to be HBSAg+ or a carrier of HBV? \_\_\_Yes \_\_\_No  
\_\_\_Unknown

25. Is this person known to have Hepatitis C? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

26. Has this person been diagnosed with AIDS? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

27. Has this person tested HIV Positive? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

28. Was Source Patient tested for HIV (Yes / No)

HBV (Yes / No)

HCV (Yes / No)

29. If patient is not tested for HIV, HBV and HCV then why not?:

A.Refused testing

B.Recently tested

C.Known to be HIV+, HBV+, HCV+ (please circle correct response)

30. Was the DHCW offered post-exposure prophylaxis? \_\_\_ Yes \_\_\_ No \_\_\_  
Unknown

31. Did the DHCW begin a treatment regimen? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

32. Additional Comments (regarding this exposure, problems, etc.):

Reporters Name n phone no: \_\_\_\_\_

Signature: \_\_\_\_\_.

Date\_\_\_\_\_

**Root cause analysis and remarks:**