

STUDENT INJURY/EXPOSURE INCIDENT REPORT FORM



HEALTH SCIENCE CENTER
TEXAS A & M UNIVERSITY

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Instructions: Complete this form within 48 hours of any incident involving injury to a student or exposure of a student to an infectious or contagious disease in conjunction with their coursework. **DO NOT LIST INFORMATION REGARDING A SOURCE PATIENT FOR A BBP EXPOSURE.**

STUDENT	Name		Email Address			Phone		
	Address						UIN	
STATUS	COM	COD	COP	CON	SPH	TAMU		
	1st Year	2nd Year	3rd Year	4th Year	Grad	Other		
TIME & PLACE	Date/Time of incident			Location: Street, City, Building, Room No. (Be specific)				
				AM	PM			
PREMISES/ CONDITION	Type of Premise					Conditions		
	Clinical Care Area		Stairway		Lobby/Entrance		Dry	
	Waiting Room		Patient's Residence		Parking Lot		Wet	
	Hallway		Community Health Event		Sidewalk		Icy	
	Office		Experiential Site		Street		Uneven surface	
Classroom		Other Location:				Other:		
INCIDENT DESCRIPTION	Describe What Happened (Use additional sheet if necessary):							
DESCRIPTION OF INJURY	Injury - Describe the type, severity, and body part involved							
DETAIL OF INJURY	Was First Aid Given?		Yes	No	Will seek treatment later?		Yes	No
MARK AFFECTED AREAS WITH X								
Body Part		L	R	Body Part		L	R	
Head				Arm				
Face				Wrist				
Neck				Thigh				
Chest				Knee				
Back				Calf				
Groin				Foot				
Buttock/Hip				Toe				
Hand Part		L	R	Finger		L	R	
Palm				Thumb				
Dorsum				Index/First				
Thumb base				Middle/Second				
Heel of Hand				Ring/Third				
Other				Pinky/Fourth				

MARK ALL THAT APPLY Item marked with an asterisk (*) require completion of a Contaminated Sharps Report Form			
DETAIL OF INCIDENT	Exposure to communicable disease Source known	Face/Head/Eye Injury	Slip/Trip/Fall
	Exposure to Communicable disease Source unknown	Rash/Allergic Reaction	Fracture
	Human blood/body fluid exposure (Splash/spray into eyes, nose, mouth skin)	Burn (chemical/thermal/radiation)	Sprain/Strain
	Human blood/body fluid exposure * (Needle stick/sharps exposure)	Abrasion/Contusion/Bruise	Crush injury
	Sharps Injury – uncontaminated sharp	Other:	
COURSE INSTRUCTOR OR SUPERVISOR FOR STUDENT	Name	Email Address	Phone No.
	Address		HAS THIS PERSON BEEN NOTIFIED?
		Yes	No
WITNESSES	Name	Email Address	Phone No.
	1.		
	2.		
	3.		
REPORTED BY	Name	Email Address	Phone No.
	Title	Department	Date

INSTRUCTIONS FOR COMPLETION OF INJURY/EXPOSURE INCIDENT REPORT

THIS FORM SHOULD BE COMPLETED BY INSTRUCTOR OR SUPERVISOR AND THE THE INJURED STUDENT.

BE OBSERVANT – DOCUMENT AS MUCH INFORMATION AS POSSIBLE ABOUT THE FACILITY, ENVIRONMENT AND CIRCUMSTANCE OF THE INCIDENT AT THE TIME OF THE REPORT, INCLUDING ANY WITNESSES' CONTACT INFORMATION

CONTAMINATED SHARPS INJURIES REQUIRE COMPLETION OF THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES CONTAMINATED SHARPS INJURY REPORT FORM FOUND HERE:

<https://www.dshs.texas.gov/idcu/investigation/forms/sharpsLongForm.pdf>

DO NOT LIST INFORMATION REGARDING A SOURCE PATIENT FOR A BBP EXPOSURE ON THIS FORM.

SUBMIT THIS FORM (AND SHARPS REPOTING FORM IF APPLICABLE) TO: HSC-IncidentReporting@tamhsc.edu

DO NOT DISCUSS THE ACCIDENT WITH ANYONE - EXCEPT A RESPONDING POLICE AUTHORITY OR HSC RISK MANAGEMENT.

HSC Compliance and Risk Management
Texas A&M University Health Science Center
Clinical Building 1, Suite 3200
8441 Riverside Parkway, Bryan, TX 77807
Email: HSC-IncidentReporting@tamhsc.edu



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

Facility (agency/institution) where injury occurred:			
Street address (no post office box):			
City:	County:	Zip code:	
Street address of reporter if different from facility where injury occurred:			
Date:	Reporter's Name:		Reporter's e-mail:
	Reporter's Telephone:		
1. Date of injury:	Time of injury:	<input type="checkbox"/> am <input type="checkbox"/> pm	Age of injured:
			Sex of injured: <input type="checkbox"/> M <input type="checkbox"/> 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
- Fingernails/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 (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
- Patient moved during the procedure
- Between steps of a multistep procedure (carrying, handling, passing/receiving syringe/instrument, etc.)
- Preparation for reuse of instrument (cleaning, sorting, disinfecting, sterilizing, etc.)
- Device malfunctioned
- Recapping
- Device pierced the side of the disposal container
- Suturing
- Disassembling device or equipment
- Use of sharps container
- Found in an inappropriate place (eg. Table, bed, linen, floor, trash)
- Unsafe practice
- Interaction with another person
- Use of IV/central line
- Laboratory procedure/process
- Other _____

5. Did the device being used have engineered sharps injury protection?

- 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)

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

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

- Employee Student Contractor/contract employee Volunteer Other _____

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Blood bank/center/mobile | <input type="checkbox"/> Home health | <input type="checkbox"/> Outpatient treatment (e.g. dialysis, infusion therapy) |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Hospital | <input type="checkbox"/> Residential facility (e.g. MHMR, shelter) |
| <input type="checkbox"/> Correctional facility | <input type="checkbox"/> Laboratory (freestanding) | <input type="checkbox"/> School/college |
| <input type="checkbox"/> Dental facility | <input type="checkbox"/> Medical examiner office/morgue | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> EMS/Fire/Police | | |

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

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

COMMENTS: