This form meets the requirements of recording sharps injuries under M.G	G.L. 105 CMR 130.1001 et seq.
Please complete this form with the exposed health care worker.	<b>*REQUIRED DATA ELEMENTS FOR RECORDING</b>

Massachusetts Department of Public Health
Bloodborne Pathogen Exposure Incident Recording Form

						UNIQUE EXPO			
						INCIDENT NU			
EXP	OSED WORKER'S NAM	E:				OSHA RECOR	RDABLE	:	
	unique ID number)						) 🗆 UN	IKOWN	
STA	TUS OF EXPOSED WOR	RKE	R: 🗆 Employee	ΠV	OLUNTEER	R 🗌 OTHER		WORK ar	n
	ON EMPLOYEE PRACTITIONE	R		RACT 🗆 S	TUDENT		SHIFT	<b>BEGAN:</b> * : pi	m
DAT	TE OF		TIME of INCIDENT	•*	DATE F	REPORTED:	TIME	REPORTED:	
INC	IDENT:* / /		: an	n pm		' /	:	1	m
TYP	'E OF EXPOSURE:*		TYPE OF FLUID:		FOR PI	ERCUTANEOUS	<b>INJUR</b>	IES:	
	Percutaneous		Blood / blood proc	lucts	DEPTH	OF INJURY:	BLOO	D VISIBLE ON DEVICE	
	Mucous membrane		□ Visibly bloody bod	ly fluid			BEFO	<b>RE EXPOSURE?</b>	
	Skin		□ Non-visibly blood	y body fluid	🗆 Sup	erficial	🗆 Yes	6	
	Was skin intact?: 🛛 YES		□ Visibly bloody solu	ution	□ Mod	lerate	🗆 No		
			(iv fluid, etc.)		🗆 Dee	р	🗆 Unl	known	
	Bite		Non-visibly bloody	solution	🗌 Unk	nown			
			Other						
			(specify)						
			Unknown						
BO	DY PART INJURED:	•	PERS	ONAL PR	OTECTIV	<b>E EQUIPMENT</b>	WORN	BY WORKER AT TIME	
			OF EX	POSURE	:				
	Arm 🗌 Mouth / n	nose	🗆 Gle	oves (single	pair) 🛛	Eye protection	□ Oti	her	
	Hand 🗌 Leg		🗆 Gle	oves (double	pair) 🛛	Face shield		(specify)	
	Finger 🗌 Other		Glo	oves (triple p	air) 🗌	Gown/Garment	□ No	one of the above	
	(s	spec	ify)			Mask			
000	CUPATION:*								
	Anesthesiologist [		Fireperson / First respo	onder 🗌	Nurse Mi	dwife		Registered Nurse	
	Attendant / orderly		Food service		Nurse Pra	actitioner		Researcher	
	Attending physician		Hemodialysis technicia	n 🗆	Nursing A	Assistant		Resident	
	Central supply		Home health aide		Nursing s	student		D PGY-1	
			Housekeeper		OR / surg	pical technician		D PGY-2	
			Intern		Patient ca	are technician		D PGY-3	
			Laundry staff		Pharmac	ist		Respiratory Therapist / tech	
			Law enforcement office		Phleboto			Safety / security	
			Licensed Practical Nurs		Physiciar	n assistant		Surgeon	
			Maintenance		Physical	therapist		Transport / messenger	
			Medical assistant		-	ic technician		Volunteer	
	-		Medical student			alth worker		Other	-
	•		Morgue technician		-	ic technician		(specify)	
	Fellow		Nurse Anesthetist		Radiologi	ist			
<b>D</b> =-									
	PARTMENT OR WORK A				DENT OC	CURRED:* Se	elect all th	nat apply	
_	ify specific location (room numbe	_			······				
	-		Emergency Departmen		Labor and	•		Phlebotomy room	
	,		Employee health / Infec		Laundry r			Post anesthesia care unit	
	Anesthesia	_	control		Long tern			Psychiatry ward	
			Endoscopy / bronchoso			surgical ward		Radiology department room	
	Cardiac cath laboratory	_	/cytoscopy		Microbiol			Rehabilitation unit	
	,		Exam room		-	autopsy room		Procedure room	-
	_		Hematology / Oncology		Nursery				-
			Histology / pathology			s / gynecology ward	_	(specify)	
	-		Home health visit (hom		Operating			Other location	
	_		Hospital grounds		Pain clini				-
	•.		Intensive care unit		Pediatrics			(specify)	
	Detox unit		Jail unit		Pharmac	у			

	l hea	alth care worker. *REQUIF	RED DA	ATA ELEMENTS FOR RECORD
THIS THE DEPARTMENT TO WHICH IF NO, TO WHICH DEPARTMENT IS				? 🗆 YES 🗆 NO 🗆 N/A
,	_			
HAT DEVICE OR ITEM WAS INVOLVE	D IN			
Hollow bore needle	_	Suture needle	_	Other sharp object
Biopsy needle		Curved suture needle		Bone chip / chipped tooth
IV stylet		Straight suture needle		Bone cutter
Hollow-bore needle, type unknown				Bovie electrocautery device
Huber needle	_	Glass		Bur
Hypodermic needle attached to a disposable		Capillary tube		Explorer
syringe		Medication ampule / vial / IV bottle		Histology cutting blade
Hypodermic needle attached to IV tubing		Pipette		Lancet
Phlebotomy needle (other than butterfly)		Slide		Laser
Prefilled cartridge syringe		Specimen / test / vacuum tube		Pin
Spinal or epidural needle		Other glass item		Razor
Unattached hypodermic needle		(specify)		Retractor
Winged steel needle		Additional dental / surgical devices		Scaler / curette
Winged steel needle attached to a vacuum		Dental bur		Scalpel blade
tube collection holder		Dental pick		Scissors
Winged steel needle attached to IV tubing		Drill bit		Tenaculum
Vacuum tube collection holder / needle		Hypodermic needle attached to non-		Trocar
Other type of hollow bore needle		disposable syringe		Wire
		Elevator		Other type of sharp object
(specify)		Extraction forceps		
		Root canal file		(specify)
		Rod (orthopaedic)		Sharp object, type unknown
		Other dental / surgical device or item		
		(specify)		
ANUFACTURER OF DEVICE:*	CKA		known	
ANUFACTURER OF DEVICE:*	CKA		known	
ANUFACTURER OF DEVICE:*  RAND OF DEVICE:  DDEL OF DEVICE:		GED KIT?   Yes  No  Un		
ANUFACTURER OF DEVICE:* RAND OF DEVICE: DDEL OF DEVICE:		GED KIT?   Yes  No  Un		
ANUFACTURER OF DEVICE:* AND OF DEVICE: DDEL OF DEVICE: DDEL OF DEVICE: DTHE DEVICE HAVE ENGINEERED S IF YES, WHEN DID THE INJURY	SHAI	GED KIT?  Yes  No  Un	URES'	?   Yes   No   Unknown
ANUFACTURER OF DEVICE:*  RAND OF DEVICE:  DDEL OF DEVICE:  D THE DEVICE HAVE ENGINEERED S  IF YES, WHEN DID THE INJURY  Before activation of safety feature	SHAI OC(	GED KIT?  Yes No Un RPS INJURY PREVENTION FEAT CUR? Safety feature failed; after activation	URES'	? □ Yes □ No □ Unknowr
ANUFACTURER OF DEVICE:* CAND OF DEVICE: DDEL OF DEVICE: DTHE DEVICE HAVE ENGINEERED S IF YES, WHEN DID THE INJURY Before activation of safety feature During activation of safety feature	SHAI OC(	GED KIT?  Yes No Un GED KIT? Yes No Un GED KIT? Yes No Un GED KIT? Safety feature failed; after activation Safety feature not activated	URES'	? □ Yes □ No □ Unknown □ Other(spec
ANUFACTURER OF DEVICE:* CAND OF DEVICE: CODEL OF DEVICE: CODEL OF DEVICE: CODEL OF DEVICE HAVE ENGINEERED S CODE HAVE ENGINEERE S CODE HAVE ENGINEERED S CODE HAVE ENGINEERE S CODE HAVE ENGINEER	SHAI OC(	GED KIT?  Yes No Un RPS INJURY PREVENTION FEAT CUR? Safety feature failed; after activation	URES'	? □ Yes □ No □ Unknow □ Other(spe
ANUFACTURER OF DEVICE:*  RAND OF DEVICE: DDEL OF DEVICE: DTHE DEVICE HAVE ENGINEERED S IF YES, WHEN DID THE INJURY Before activation of safety feature During activation of safety feature Safety feature improperly activated	SHAI OC(	GED KIT?  Yes No Un GED KIT? Yes No Un GED KIT? Yes No Un GED KIT? Safety feature failed; after activation Safety feature not activated	<b>URES</b>	? □ Yes □ No □ Unknow □ Other(spe d □ Unknown
ANUFACTURER OF DEVICE:* RAND OF DEVICE: ODEL OF DEVICE: D THE DEVICE HAVE ENGINEERED S IF YES, WHEN DID THE INJURYBefore activation of safety featureDuring activation of safety featureSafety feature improperly activate IF YES, WAS THE WORKER TH FEATURE?Yes→ Describe training:No	6HAI	GED KIT?   Yes   No   Un GED KIT?   Yes   No   Un RPS INJURY PREVENTION FEAT CUR? Safety feature failed; after activation Safety feature not activated Passive safety feature, activation no ED IN THE PROPER USE OF THE	URES <sup>®</sup>	Pes No Unknown
<ul> <li>□ Before activation of safety feature</li> <li>□ During activation of safety feature</li> <li>□ Safety feature improperly activated</li> <li>IF YES, WAS THE WORKER THE FEATURE?</li> <li>□ Yes→ Describe training:</li> <li>□ No</li> </ul>	G G G C C C C C C C C C C C C C C C C C	GED KIT?   Yes   No   Un GED KIT?   Yes   No   Un RPS INJURY PREVENTION FEAT CUR? Safety feature failed; after activation Safety feature not activated Passive safety feature, activation no ED IN THE PROPER USE OF THE M OF THE SHARPS INJURY PRE	URES <sup>4</sup> t require E SHAF	Pes No Unknowr
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Plea	ise complete this form with the expo	osec	l health	care worker. *REQUIRED	DAT	A ELEMENTS FOR RECORDING
PU	<b>RPOSE OR PROCEDURE FOR W</b>	HIC	H SHA	RP WAS USED OR INTENDED:*		
	Line procedures:			Other procedures:		Dental procedure:
	To insert a peripheral IV line or set up a he	parir		Cutting (e.g. surgery / autopsy)		Dental drilling
	lock			Drilling		Hygiene (prophy, root plane, curettage)
	To insert a central IV line			Epidural / spinal anesthesia		Oral surgery
	To insert an arterial line			Intramuscular (IM) injection		
	To connect IV line (intermittent IV / piggy b	ack	/	Shaving		□ Simple extraction
	IV infusion / other IV line connection)			Subcutaneous / intradermal injection / skin		□ Surgical extraction
	To flush heparin / saline			test placement		□ Fracture reduction
	Other injection into IV injection site or IV po	ort		Suture removal		
	(spec			Suturing		(specify)
	Other line procedure			To obtain a body fluid or tissue sample		
_	(specify)			(CFS / amniotic / biopsy)		Orthodontic procedure
	Blood procedures:			To obtain laboratory specimens		Periodontal surgery
	Dialysis / AV fistula site			Transferring blood / body fluid to another		Restorative(amalgam, composite,
	Draw blood from arterial line			container		
	Draw blood from central or peripheral IV lin			Other procedure (not a line procedure or		crown)
						Root canal
	port			blood sampling procedure)		Other
	Draw blood from umbilical vessel					(specify)
	Fingerstick / heel stick		_	(specify)		Unknown
	Percutaneous arterial puncture			Unknown		
	Percutaneous venous puncture (e.g.				_	Where did the injury occur?
_	phlebotomy)					Inside the patient's mouth
	Other blood sampling		_			Outside the patient's mouth
	(specify)					Unknown
DI	D THE INJURY OCCUR BEFORE (	JSE	OF TH	E ITEM?* □ Yes		No 🗆 Unknown
	If yes, go to the narrative description of the	incid	ent.			
	D THE INJURY OCCUR					HE INJURY OCCUR DURING
	RING USE OF THE ITEM?	AN	D BEFO	ORE DISPOSAL OF THE	OR A	FTER DISPOSAL OF THE
DU	RING USE OF THE ITEM?		D BEFC M?	ORE DISPOSAL OF THE		FTER DISPOSAL OF THE ?
DU		AN	D BEFO	ORE DISPOSAL OF THE	OR A	FTER DISPOSAL OF THE
DU	RING USE OF THE ITEM?	AN	D BEFC M?	ORE DISPOSAL OF THE	OR A	FTER DISPOSAL OF THE ?
DU	RING USE OF THE ITEM? ☐ Yes □ No ↓ If yes, choose one that describes best	AN	<b>D BEF(</b> M? □ Ye ↓	ORE DISPOSAL OF THE	OR A TEM	FTER DISPOSAL OF THE ? □ Yes □ No ↓ yes, choose one that describes best how
DU	RING USE OF THE ITEM? □ Yes □ No ↓	AN	D BEF( M? □ Ye ↓ If yes, cf	S INO	OR A TEM	FTER DISPOSAL OF THE ? □ Yes □ No ↓
DU	RING USE OF THE ITEM? ☐ Yes □ No ↓ If yes, choose one that describes best	AN	D BEF( M? □ Ye ↓ If yes, cf	DRE DISPOSAL OF THE       I         s       I         No       I         noose one that describes best how injury       I         and go to the narrative description of       I	OR A TEM	FTER DISPOSAL OF THE ? □ Yes □ No ↓ yes, choose one that describes best how
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	RING USE OF THE ITEM? ☐ Yes ☐ No ↓ If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:* Collided with co-worker or other person Device malfunction		D BEFC M? □ Ye ↓ If yes, ch occurred the incid Activatin Cap fell Collided Disasse	DRE DISPOSAL OF THE       I         s       No         noose one that describes best how injury       and go to the narrative description of lent:*         ng safety device       I         off after recapping       I         with co-worker or other person       I         mbling device or equipment       I	DR A TEM If in de C C In In In	FTER DISPOSAL OF THE ? □ Yes □ No ↓ yes, choose one that describes best how jury occurred and go to the narrative escription of the incident:* ollided with co-worker or other person trash linen / laundry pocket / clothing
	RING USE OF THE ITEM? Yes □ No ↓ If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:* Collided with co-worker or other person Device malfunction Incising		D BEFC M? □ Ye ↓ If yes, ch occurred the incid Activatin Cap fell Collided Disasse	DRE DISPOSAL OF THE       I         s       No         noose one that describes best how injury       and go to the narrative description of         and go to the narrative description of       I         g safety device       I         off after recapping       I         with co-worker or other person       I         mbling device or equipment       I	DR A TEM If in de C C In In In	FTER DISPOSAL OF THE ? □ Yes □ No ↓ yes, choose one that describes best how jury occurred and go to the narrative escription of the incident:* ollided with co-worker or other person trash linen / laundry
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	RING USE OF THE ITEM? Yes □ No ↓ If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:* Collided with co-worker or other person Device malfunction Incising Manipulating suture needle in holder Palpating / Exploring Passing, receiving or transferring		D BEFC M? □ Ye ↓ If yes, ch occurred the incid Activatin Cap fell Collided Disassen Deconta During c Failure to	DRE DISPOSAL OF THE       I         s       □ No         noose one that describes best how injury       d         and go to the narrative description of       i         lent:*       i         ng safety device       i         off after recapping       i         with co-worker or other person       i         mination / processing of used equipment       i         idean-up       i         o activate safety device       i	OR A           ITEM           If           in           de           C           In           In           Le           O	FTER DISPOSAL OF THE ? □ Yes □ No ↓ yes, choose one that describes best how jury occurred and go to the narrative escription of the incident:* ollided with co-worker or other person trash linen / laundry pocket / clothing eft on table / tray eft in bed / mattress
	RING USE OF THE ITEM? Yes □ No ↓ If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:* Collided with co-worker or other person Device malfunction Incising Manipulating suture needle in holder Palpating / Exploring Passing, receiving or transferring equipment during use of the item		D BEFC M? □ Ye ↓ If yes, ch occurrec the incid Activatin Cap fell Collided Disasser Deconta During c Failure to Handling	DRE DISPOSAL OF THE       I         s       □ No         noose one that describes best how injury       d         and go to the narrative description of       i         ent:*       i         ng safety device       i         off after recapping       i         with co-worker or other person       i         mination / processing of used equipment       i         idean-up       i         o activate safety device       i         g equipment on a tray or stand       i	OR A           If           If           In	FTER DISPOSAL OF THE ? □ Yes □ No ↓ yes, choose one that describes best how jury occurred and go to the narrative escription of the incident:* ollided with co-worker or other person trash linen / laundry pocket / clothing eft on table / tray eft in bed / mattress n floor
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	RING USE OF THE ITEM? Yes □ No ↓ If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:* Collided with co-worker or other person Device malfunction Incising Manipulating suture needle in holder Palpating / Exploring Passing, receiving or transferring equipment during use of the item Patient moved and jarred device Sharp object dropped		D BEFC M? □ Ye ↓ If yes, ch occurred the incid Activatin Cap fell Collided Disasser Deconta During c Failure to Handling In transit Opening	DRE DISPOSAL OF THE       I         s       □ No         noose one that describes best how injury       and go to the narrative description of         and go to the narrative description of       I         ge safety device       I         off after recapping       I         with co-worker or other person       I         minination / processing of used equipment       I         idean-up       I         o activate safety device       I         g equipment on a tray or stand       I         t to disposal       I         y breaking glass containers       I	OR A           TEM           If           in           de           In           Le           Le           O           P           P	FTER DISPOSAL OF THE ? □ Yes □ No ↓ yes, choose one that describes best how jury occurred and go to the narrative escription of the incident:* ollided with co-worker or other person trash linen / laundry pocket / clothing eft on table / tray eft in bed / mattress n floor ver-filled sharps container unctured sharps container
	RING USE OF THE ITEM? Yes □ No ↓ If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:* Collided with co-worker or other person Device malfunction Incising Manipulating suture needle in holder Palpating / Exploring Passing, receiving or transferring equipment during use of the item Patient moved and jarred device Sharp object dropped Suturing		D BEFC M? ☐ Ye ↓ If yes, ch occurrect the incid Activatin Cap fell Collided Disasser Deconta During c Failure to Handling In transit Opening Process	DRE DISPOSAL OF THE       I         s       □ No         noose one that describes best how injury       I         and go to the narrative description of lent:*       I         ng safety device       I         off after recapping       I         with co-worker or other person       I         mination / processing of used equipment       I         equipment on a tray or stand       I         o activate safety device       I         o posal       I         o posal       I	OR A           TEM           If           in           de           In           In           Le           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0	FTER DISPOSAL OF THE ? □ Yes □ No ↓ yes, choose one that describes best how jury occurred and go to the narrative escription of the incident:* ollided with co-worker or other person trash linen / laundry pocket / clothing eft on table / tray eft in bed / mattress n floor ver-filled sharps container unctured sharps container rotruding from opened container
	RING USE OF THE ITEM? Yes □ No ↓ If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:* Collided with co-worker or other person Device malfunction Incising Manipulating suture needle in holder Palpating / Exploring Passing, receiving or transferring equipment during use of the item Patient moved and jarred device Sharp object dropped Suturing Tying sutures		D BEFC M? □ Ye ↓ If yes, ch occurrect the incid Activatin Cap fell Collided Disasser Deconta During c Failure to Handling Processi Passing	DRE DISPOSAL OF THE       I         s       □         noose one that describes best how injury       I         and go to the narrative description of       I         lent:*       I         ng safety device       I         off after recapping       I         with co-worker or other person       I         mination / processing of used equipment       I         idean-up       I         o activate safety device       I         g equipment on a tray or stand       I         t to disposal       I         o / breaking glass containers       I         ing specimens       I	OR A           ITEM           If           in           de           In           In           Le           O           PP           Si           Si	FTER DISPOSAL OF THE ? □ Yes □ No ↓ yes, choose one that describes best how jury occurred and go to the narrative escription of the incident:* ollided with co-worker or other person trash linen / laundry pocket / clothing eft on table / tray eft in bed / mattress n floor ver-filled sharps container unctured sharps container rotruding from opened container harp object dropped during / after disposal
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This form meets the requirements of recording sharps injuries under M.G.L. 105 CMR 130.1001 <i>et seq.</i> Please complete this form with the exposed health care worker. <b>*REQUIRED DATA ELEMENTS FOR RECORDIN</b>
WHO WAS HOLDING THE DEVICE AT THE TIME OF THE INJURY?
NARRATIVE DESCRIPTION OF THE INCIDENT:
WHAT SUGGESTIONS DOES THE WORKER HAVE FOR PREVENTING SIMILAR INJURIES IN THE FUTURE?
Prepared by: Date:
Title: