TEXAS Department of State Health Services

Texas Department of State Health Services
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 Internet at http://www.tdh.state.tx.us/brlho/regions.htm. 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. Copies of the Contaminated Sharps Injury Reporting Form can be obtained on the Internet at http://www.tdh.state.tx.us/ideas/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 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 (no Post Office Box):			
Date filled out: 10/2/2025	**Reporter's Name:**	**Phone:**	
Reporter's Email:			
1. Date of injury:	**Time of injury:** ☐ am ☐ pm	**Age of injured:**	**Sex of injured:** ☐ M ☐ 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
- ☐ MedicationAmpule/ Vial/IV Bottle
- ☐ Pipette
- ☐ Specimen/Test Tube
- ☐ Vacuum Tube
- ☐ Other Glass Item:

_____

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Contaminated Sharps Injury Reporting Form, continued

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**
- ☐ **Between Steps of a Multistep Procedure (carrying, handling, passing/receiving syringe/instrument, etc.)**
- ☐ **Device Malfunctioned**
- ☐ **Device Pierced the Side of the Disposal Container**
- ☐ **Disassembling Device or Equipment**
- ☐ **Found in an Inappropriate Place (eg. table, bed, linen, floor, trash)**
- ☐ **Interaction with Another Person**
- ☐ **Laboratory Procedure/Process**
- ☐ **Patient Moved During the Procedure**
- ☐ **Preparation for Reuse of Instrument (cleaning, sorting, disinfecting, sterilizing, etc.)**
- ☐ **Recapping**
- ☐ **Suturing**
- ☐ **Use of Sharps Container**
- ☐ **Unsafe Practice**
- ☐ **Use of IV/Central Line**
- ☐ **Other** _____

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Contaminated Sharps Injury Reporting Form, continued

5. Did the device being used have engineered sharps injury protection? ☐ yes ☐ no ☐ don't know

A. Was the protective mechanism activated? ☐ yes ☐ no ☐ don't know
B. Did the exposure incident occur… ☐ before ☐ during ☐ after activation of the protective mechanism?

6. Was the injured person wearing gloves? ☐ yes ☐ no

7. Had the injured person completed a hepatitis B vaccination series? ☐ yes ☐ no ☐ don't 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 one box)*

- ☐ Aide (eg. CAN, HHA, orderly)
- ☐ Attending Physician (MD/DO)
- ☐ Central Supply
- ☐ Chiropractor
- ☐ Clerical/Administrative
- ☐ Clinical Lab Technician
- ☐ Counselor/Social Worker
- ☐ CRNA/NP
- ☐ Dentist
- ☐ Dental Assistant/Technician
- ☐ Dental Hygienist
- ☐ Dental Student
- ☐ Dietician
- ☐ EMT/Paramedic
- ☐ Fellow
- ☐ Firefighter
- ☐ Food Service
- ☐ Hemodialysis Technician
- ☐ Housekeeper/Laundry
- ☐ Intern/Resident
- ☐ Law Enforcement Officer
- ☐ Licensed Vocational Nurse
- ☐ Maintenance Staff
- ☐ Morgue Tech/Autopsy Technician
- ☐ Medical Student
- ☐ Nurse Midwife
- ☐ Nursing Student
- ☐ OR/Surgical Technician
- ☐ Pharmacist
- ☐ Phlebotomist/Venipuncture/IV Team
- ☐ Physician Assistant
- ☐ Physical Therapist
- ☐ Psychiatric Technician
- ☐ Public Health Worker
- ☐ Radiologic Technician
- ☐ Registered Nurse
- ☐ Researcher
- ☐ Respiratory Therapist/Technician
- ☐ Safety/Security
- ☐ School Personnel (not nurse)
- ☐ Transport/Messenger
- ☐ Volunteer
- ☐ Other _____

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

☐ **Employee** ☐ **Student** ☐ **Contractor/Contract Employee** ☐ **Volunteer** ☐ **Other** _____	**If not directly employed by reporter, name of employer/service/agency/school:** _____

13. Location/Facility/Agency in Which Sharps Injury Occurred ***(check one box)***

☐ **Blood Bank/Center/Mobile** ☐ **Clinic** ☐ **Correctional Facility** ☐ **Dental Facility** ☐ **EMS/Fire/Police** ☐ **Home Health**	☐ **Hospital** ☐ **Laboratory (freestanding)** ☐ **Medical Examiner Office/Morgue** ☐ **Outpatient treatment (eg. dialysis, infusion therapy)** ☐ **Residential Facility (eg. MHMR, shelter)** ☐ **School/College** ☐ **Other**

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

☐ **Ambulance** ☐ **Autopsy/Pathology** ☐ **Blood Bank Center/Mobile** ☐ **Central Supply** ☐ **Critical Care Unit** ☐ **Dental Clinic** ☐ **Dialysis Room/Center** ☐ **Emergency Department** ☐ **Endoscopy/Bronchoscopy/Cystoscopy** ☐ **Field (non EMS)** ☐ **Floor, not Patient Room** ☐ **Home** ☐ **Infirmary** ☐ **Jail Unit** ☐ **Laboratory**	☐ **L & D/Gynecology Unit** ☐ **Medical/Outpatient Clinic** ☐ **Medical/Surgical Unit** ☐ **Nursery** ☐ **Patient/Resident Room** ☐ **Pediatrics** ☐ **Pre-op or PACU** ☐ **Procedure Room** ☐ **Rescue Setting (non ER)** ☐ **Radiology Department** ☐ **Seclusion Room/Psychiatric Unit** ☐ **Service/Utility Area (eg. laundry)** ☐ **Surgery/Operating Room** ☐ **Other** _____

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COMMENTS: