Shape

Description automatically generated with medium confidence

**NEEDLESTICK INJURY REPORTING FORM**

|  |  |
| --- | --- |
| **Name and role of person completing the form:** |  |
| **Date and time of event:** |  |
| **Location of accident:** |  |
| **Name and role of**  **person injured:** |  |
| **Type of injury:** | [ ] Syringe  [ ] Pre-filled cartridge syringe  [ ] Vacume tube collection  [ ] Razorblade / scalpel  [ ] Needle  [ ] Winged steel needle  [ ] Wire  [ ] Glass - ampule / blood tube / slide / pipette / other  ……………………………………………………………….  [ ] Other …………………………………………………….. |
| **Original intended use of sharps:** |  |
| **Details of what**  **happened:** |  |
| **Needlestick injury guidance followed:** | **Bleed it**  **Wash it**  **Cover it**  **Report it**  **Seek advice – UTC**  **Yes / No** |
| **Staff member sign off:** |  |
| **GP lead sign off:** |  |
| **Importance level:** | **Urgent** |

Date reported:

*Please email to: fiona.soulsby@nhs.net*