

**NEEDLESTICK INJURY REPORTING FORM**

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| **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*