

# WORKSHOP

## - Sharp Incident -

### Handout for Training Participants

#### CASE 1

You are a nurse at your hospital. A hospitalized patient with AIDS became agitated and tried to remove the intravenous (IV) catheter in his arm. Several of your colleagues struggled to restrain the patient. During the struggle, an IV infusion line was pulled, exposing the connector needle that was inserted into the access port of the IV catheter. A nurse – Mrs. Anna – at the scene recovered the connector needle at the end of the IV line and was attempting to reinsert it when the patient kicked her arm, pushing the needle into your hand. You did not wear gloves or a mask, because everything happened so fast. As first aid, you squeezed the injured site and you disinfected it with iodine. After the incident you went to Doctor Andrew, who was sending first to fill up the report at the HWO.



Now you are reporting the responsible person (HWO) in the hospital (the person who is sitting next to you), who is filling the Incident Report Form. Please answer every question till the whole Report Form is filled! Ask the HWO, that you are frightened to be infected by the patient, and what you should do know – what are the next steps? How is the correct procedure? What was wrong?

## CASE 2

You are a physician in your hospital. You were drawing blood from a patient in an HIV examination room. Because the cleaner forgot to replace the sharps disposal box, you recapped the needle using the one-handed technique. While you were sorting waste materials from lab materials, the cap fell off the needle, and you pricked your right index finger a little. You were wearing a mask, gloves and a gown. You went directly with your bleeding finger to your colleague Doctor Andrey and he treated you directly with the post exposure medicine for high risk cases.



Now you are reporting the responsible Person (HWO) in the hospital (the person who is sitting next to you), who is filling the Incident Report Form. Please answer every question till the whole Report Form is filled! Ask the HWO, that you are frightened to be infected by the patient, and what you should do know – what are the next steps? How is the correct procedure? What was wrong?

**Accident Report Form:  
Needle stick & sharp objects injury**

After each accident, it is a strict duty to fill up this form by the injured or contaminated person and by a second person (e.g. first aid person, witness, contacted doctor, etc.). This will help us to take counter measures and to prevent future accident. Thanks – your Management Team!

Please mark matching answers with a: .

<b>A</b> Data of the involved person	First name:	Last name:	Date of birth:
	Employee of the hospital? <input type="checkbox"/> Yes, working in department: ..... Staff ID: ..... <input type="checkbox"/> No, employee of the contracting company: ..... <input type="checkbox"/> No, other: ..... Is full immunization against Hepatitis B existing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know Is full immunization against Tetanus existing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		
<b>B</b> Data of the accident	Date/Time of the accident:	At Department/Ward:	Other people hurt? <input type="checkbox"/> No <input type="checkbox"/> Yes - No.:
	1) Carried out activity and detail of the accident (short description) ..... ..... ..... 2) Type of sharp A – Needle (hollow bore) <input type="checkbox"/> Standard syringe <input type="checkbox"/> Insulin syringe <input type="checkbox"/> IV catheter - loose <input type="checkbox"/> Needle connected to IV line <input type="checkbox"/> Other non-suture needle <input type="checkbox"/> Pre-filled cartage syringe <input type="checkbox"/> Winged steel needle <input type="checkbox"/> Other: ..... B – Non needle item – not made from glass <input type="checkbox"/> Lancet <input type="checkbox"/> Scalpel <input type="checkbox"/> Suture item <input type="checkbox"/> Trocar <input type="checkbox"/> Wire <input type="checkbox"/> Other: ..... C – Non needle item – glass <input type="checkbox"/> Ampoule <input type="checkbox"/> Blood Tube <input type="checkbox"/> Capillary tube <input type="checkbox"/> Slide <input type="checkbox"/> Other: .....		

	<p>3) When did the injury occur?  <input type="checkbox"/> Before   <input type="checkbox"/> During   <input type="checkbox"/> After... ..the sharp was used for its intended purpose.</p> <p>4) Was there visible blood on the device?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>5) Protective clothing worn:  <input type="checkbox"/> Gown   <input type="checkbox"/> Gloves   <input type="checkbox"/> Goggles   <input type="checkbox"/> Respirator mask  <input type="checkbox"/> Other: .....</p> <p>6) Area of body injured:  <input type="checkbox"/> Index finger   <input type="checkbox"/> Thumb   <input type="checkbox"/> Hand/wrist   <input type="checkbox"/> Arm/elbow   <input type="checkbox"/> Face/head/neck  <input type="checkbox"/> Torso (front/back)   <input type="checkbox"/> Thigh/knee   <input type="checkbox"/> Lower leg/ankle/foot  <input type="checkbox"/> Other: .....</p> <p>7) How deep was the injury?:</p>		
<p><b>C</b> Data of source patient</p>	<p>Patient Name:</p>	<p>Patient Hospital ID:</p>	<p>Sex:  <input type="checkbox"/> Female  <input type="checkbox"/> Male  Date of birth:</p>
<p><b>D</b> Description of the first aid measures</p>	<p>1) Are any blood borne infections known from the patient:  <input type="checkbox"/> No   <input type="checkbox"/> Yes – please specify: .....</p> <p>2) Is the patient willing to make an HIV / Hepatitis C test?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>3) Is the patient willing to come for follow up tests?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Description of first aid measures:  .....  .....  .....</p> <p>Has an HIV / Hepatitis test been made after the injury?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Doctor contacted:  .....</p>		
<p><b>E</b> Confirmation of correctness</p>	<p>Injured person: Name:  Date: Signature:</p>	<p>Witness: Name:  Date: Signature:</p>	<p>Officer in charge: Name:  Date: Signature:</p>