

SECTION A: Must be filled out for each surgery by circulating nurse

OR Theatre# _____
 Date _____
 day/mo./yr.
 Incision time _____ hr.
 Surgery ended _____ hr.

1. Case status

(Check one of each following)

i. in-patient a out-patient b
 ii. emergency c non-emergency d

2. Service (Check one below)

general surgery a ENT f
 orthopedic b transplant g
 cvt (i.e. open ht.) c gynecological h
 plastics d eye i
 urology e other j

3. Total blood loss (best estimate)
 _____ ml./cc.

4. Personnel present for 75% or more of the time, that the operation lasted? (Add number after each occupational category)

a) surgeon (attending/staff)	g) scrub nurse
b) surgeon(intern/resident)	h) circulating nurse
c) medical student	i) OR tech
d) anaesthetist (attending/staff)	j) PA
e) anaesthetist (resident/fellow)	k) perfusionist
f) anaesthesia tech.	l) other _____

5. Was the hands-free technique used? (procedures to ensure surgeons and nurses/technicians never touched the same sharp instrument at the same time)

Yes a No b
 If this was done, what method was usually used?
 Sharp instruments were passed to:
 a section of the sterile field.. c
 a kidney basin..... d
 onto a mayo stand..... e
 f) other (please describe) _____

6. What proportion of passes of sharps were done so no two persons touched a sharp instrument (hands-free technique) at the same time?

Always..... a
 about 75% of the time..... b
 about 50% of the time..... c
 about 25% of the time..... d

7. During the surgery could you easily hear (check one) :

Quiet talking..... a
 normal talking b
 loud talking..... c

SECTION B : To be filled out ONLY if an INJURY (perforation of the skin) or/and CONTAMINATION (of the skin or mucous membrane with blood or body fluid) or/and GLOVE TEAR occur during the surgery described in Section A

1. Person injured/contaminated or with torn glove:

agrees to participate..... a
 does not agree to participate..... b

2. Incident type:

injury..... a
 contamination..... b
 glove tear..... c
 (Turn page and answer question B8 [hand diagram] for all incident types)

3. Was this incident:

self inflicted..... a
 inflicted by a co-worker..... b
 c) other. explain _____

4. Surgical procedure at time of injury/contamination/glove tear

OR Theatre # _____
 Time of event _____ hr.

5. Data about the injury/contamination/glove tear is from the:

worker who sustained incident..... a
 co-worker..... b

(Co-worker nearest to incident should provide information if injured/contaminated person leaves for first-aid) If information is from co-worker, fill out Section B again by asking the injured/contaminated employee questions when s/he returns)

6. Job category of person injured/contaminated or with torn glove (check one)

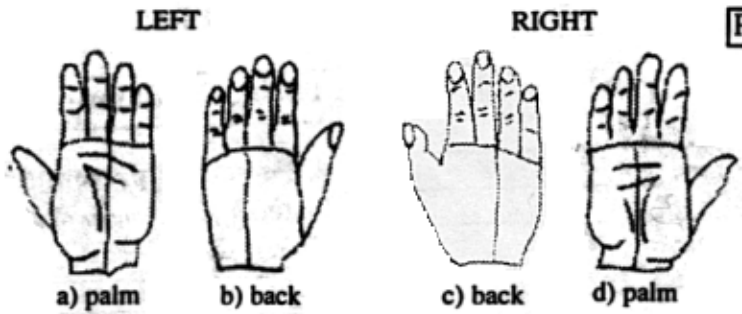
surgeon (attending/staff).....	<input type="checkbox"/> a	OR tech.....	<input type="checkbox"/> f
surgeon (intern/resident).....	<input type="checkbox"/> b	nursing student	<input type="checkbox"/> g
medical student.....	<input type="checkbox"/> c	PA	<input type="checkbox"/> h
scrub nurse.....	<input type="checkbox"/> d	i) other, describe _____	
circulating nurse	<input type="checkbox"/> e		

7. What protective apparel was worn by person at the time of the contamination/injury/glove tear? (check all that apply)

surgical mask.....	<input type="checkbox"/> a	eyeglasses.....	<input type="checkbox"/> f
surgical gown, disposable.....	<input type="checkbox"/> b	eyeglasses & side shields.....	<input type="checkbox"/> g
surgical gown, reusable.....	<input type="checkbox"/> c	goggles.....	<input type="checkbox"/> h
single pair latex/vinyl gloves....	<input type="checkbox"/> d	faceshield.....	<input type="checkbox"/> i
double pair latex/vinyl gloves....	<input type="checkbox"/> e	j) other _____	

TURN PAGE PLEASE

B 8. Describe the circumstances leading to injury/ contamination/glove tear. Place an X(s) on diagram at right where (if) the employee's hand was injured/contaminated or glove torn.



Blank lines for describing the injury circumstances.

Section C IF THE EVENT WAS AN INJURY

OR Theatre # Time of event hr.

- 1. Is the person who caused the injury: right-handed... left-handed...
2. Is the injured worker: right-handed... left-handed...
3. Was the sharp instrument/item (check one) held by another person... held by the injured person... not held by anyone...
4. Was the sharp instrument/item considered: contaminated... uncontaminated... unknown...
5. What device/item caused the injury (scalpel blade etc.)? If you can't name it, please describe it
6. Was the injury: superficial... moderate (some bleeding)... severe (deep/profuse bleeding)...

- 7. For what purpose was item causing injury originally used? cutting... electrocautery... wiring/fixing... drilling/sawing... suturing skin/other tissue... suturing muscle/fascia... retracting tissue/bone... to obtain a body fluid... to obtain tissue... injection (IM, SC, other into tissue)... to contain specimen... using as a tool (not on patient)... m) other

- 8. Did the injury occur: (check one) before use of the item... during use of item... while manually retracting surgical tissue... passing instruments, hand-to-hand... passing instruments, hands-free technique... disassembling device or equipment... in preparation for reuse of reusable equipment... withdrawing a needle from rubber/other resistant material... recapping used needle... recapping unused needle... after use, while cleaning up... item left on or near disposal container... while putting into disposal container... after disposal, protruding from container... item pierced side of disposal container... after disposal item pierced trash bag... q) other, describe

OR Theatre # Time of event hr.

Section D IF THE EVENT WAS A CONTAMINATION

- 1. Contact was made on: intact skin... non-intact skin... eyes/nose/mouth... d) other
2. How much fluid was in contact? small (< 5 cc)... moderate (< 50 cc)... large (> 50 cc)
3. How long was fluid in contact? <5 minutes... 5-14 minutes... 15 minutes - 1 hour... > one hour

- 4. Which type of body fluids were involved? (Place B in box if bloody.) blood or blood product... vomit/gastric contents... CSF... pleural fluid... urine... pus... sputum... saliva... peritoneal fluid... amniotic fluid... k) other, describe
5. Did the blood or body fluid: touch unprotected skin... touch skin through gap in garment... soak through protective garment... touch skin through tear in glove... soak through undergarments...
6. Was exposure due to:(check one) handling a sharp item... a broken specimen container... a leaking specimen container... other container spill/leak... touching contaminated equipment... touching contaminated sheets, drapes, gowns... direct patient contact... a blood/body fluid spurt... an IV tubing/bag/pump leak... j) other