

WEST VIRGINIA NEEDLESTICK INJURY PREVENTION PROGRAM
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ANNUAL NEEDLESTICK AND SHARP OBJECT INJURY REPORT

Hospitals, nursing homes, home health agencies, and local health departments are required to report needlestick and sharp object injuries to the Director of the Division of Health under West Virginia Code 16-36 and Legislative Rule 64CSR82. §64-82-5.3.b states that “The facility shall prepare an annual report of needlestick injuries within the facility, to be reported to the Director, including a quality improvement report based on the data from the quarterly reports. The quality improvement report shall include a summary of trends in needlestick injuries and suggestions as to whether or how protective mechanisms or work practice control could be used to prevent these injuries.”

The annual report should be submitted to the West Virginia Needlestick Injury Prevention Program (WVNIPP) by January 30 for the previous calendar year. This form can be used as a cover page when submitting the report that satisfies the requirement above. If this form is not included with the annual report, the information below must be included on the cover page of the report.

WVNIPP 4-Digit Facility Code:	
Facility Name:	
Report is for Calendar Year:	
Total Annual Injuries Reported:	

Report Content – If your facility had zero injuries during the calendar year specified above, only this form must be submitted. If one or more injuries occurred, please analyze all of the needlestick and sharp object injuries reported and discuss the following in your annual report:

1. Are you able to summarize your data to identify any trends in needlestick injuries in your facility? Examples might include seeing a higher percentage of injuries in a specific job category; identifying specific devices or brands involved in the injuries; or identifying common uses of a device when injuries occur.
2. Can you offer any suggestions as to whether or how protective mechanisms or work practice control could be used to prevent needlestick and sharp object injuries in your facility? Will these suggestions be implemented in your facility?

Report Format – The report may be in any style, format, and length chosen by each facility, as long as the issues above are addressed.

Report Submitted By: _____ Date: _____