

Sample Form for Performing a Simple Root Cause Analysis of a Sharps Injury or Near Miss Event

Description of Event Under Investigation

Event: Date ___/___/___ Time _____ AM PM **Weekday:** _____

Location: _____

Details of how the event occurred: _____

Contributing Factors	If AYES , what contributed to this factor being an issue?		Is this a root cause of the event?		If YES, is an action plan indicated?	
	YES	NO	YES	NO	YES	NO
Issues related to patient assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues related to staff training or staff competency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment/device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of or misinterpretation of information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate rules/policies/procedures or lack thereof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure of a protective barrier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel or personal issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Root Cause Analysis Action Plan

Risk Reduction Strategies	Measure(s) of Effectiveness	Responsible Person(s)
Action item #1		
Action item #2		
Action item #3		
Action item #4		
Action item #5		

Sample Trigger Questions for Performing a Root Cause Analysis of a Blood or Body Fluid Exposure

1. Issues related to patient assessment
 - Was the patient agitated before the procedure?
 - Was the patient cooperative before the procedure?
 - Did the patient contribute in any way toward the event?
2. Issues related to staff training or staff competency
 - Did the healthcare worker receive training on injury prevention technique for the procedure performed?
 - Are there training or competency factors that contributed to this event?
 - Approximately how many procedures of this type has the healthcare worker performed in the last month/week?
3. Issues related to the device
 - Did the type of device used contribute in any way to this event?
 - Was a "safety" device used?
 - If not, is it likely that a safety device could have prevented this event?
4. Work environment
 - Did the location, fullness or lack of a sharps container contribute to this event?
 - Did the organization of the work environment (e.g., placement of supplies, position of patient) influence the risk of injury?
 - Was there sufficient lighting?
 - Was crowding a factor?
 - Was there a sense of urgency to complete the procedure?
5. Was a lack of or misinterpretation of information contribute to this event?
 - Did the healthcare worker misinterpret any information about the procedure that could have contributed to the event?
6. Communication
 - Were there any communication barriers that contributed to this event (e.g., language)
 - Was communication in any way a contributing factor in this event?
7. Appropriate policies/procedures
 - Are there existing policies or procedures that describe how this event should be prevented?
 - Were the appropriate policies or procedures followed?
 - If they were not followed, why not?
8. Worker issues
 - Did being right or left handed influence the risk?
 - On the day of the exposure, how long had the worker been working before the exposure occurred?
 - At the time of the exposure, could factors such as worker fatigue, hunger, illness, etc. have contributed?
9. Employer issues
 - Did lack of supervision contribute to this event?