

## 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 “YES”, 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**

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