



Blood & Body fluid exposure report form

Facility name: _____

Name of exposed worker:

Last: _____ First: _____ ID #: _____

Date of exposure: ____/____/____ Time of exposure: ____:____ AM PM (Circle)

Job title/occupation: _____ Department/work unit: _____

Location where exposure occurred: _____

Name of person completing form: _____

Section I. Type of Exposure *(Check all that apply.)*

Percutaneous (Needle or sharp object that was in contact with blood or body fluids)

(Complete Sections II, III, IV, and V.)

Mucocutaneous (Check below and complete Sections III, IV, and VI.)

___ Mucous Membrane ___ Skin

Bite (Complete Sections III, IV, and VI.)

Section II. Needle/Sharp Device Information

(If exposure was percutaneous, provide the following information about the device involved.)

Type of device: _____ (Unknown/Unable to determine)

Brand/manufacturer: _____ (Unknown/Unable to determine)

Did the device have a sharps injury prevention feature, i.e., a "safety device"?

Yes

No

Unknown/Unable to determine

If yes, when did the injury occur?

Before activation of safety feature was appropriate

Safety feature failed after activation

During activation of the safety feature

Safety feature not activated

Safety feature improperly activated

Other: _____

Describe what happened with the safety feature, e.g., why it failed or why it was not activated: _____



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Section III. Employee Narrative

Describe how the exposure occurred and how it might have been prevented:

Hours of sleep prior to exposure: _____ Hrs.

Section IV. Exposure and Source Information

A. Exposure Details: (Check all that apply.)

1. Type of fluid or material (For body fluid exposures only, check which fluid in adjacent box.)

- Blood/blood products
- Visibly bloody body fluid*
- Non-visibly bloody body fluid*
- Visibly bloody solution(e.g., water used to clean a blood spill)

*Identify which body fluid ___ Cerebrospinal ___ Urine ___ Synovial ___ Amniotic ___ Sputum ___ Peritoneal ___ Pericardial ___ Saliva ___ Semen/vaginal ___ Pleural ___ Feces/stool ___ Other/Unknown

2. Body site of exposure. (Check all that apply.)

- Hand/finger
- Eye
- Mouth/nose
- Face
- Arm
- Leg
- Other (Describe: _____)

3. If percutaneous exposure:

Depth of injury (Check only one.)

- Superficial (e.g., scratch, no or little blood)
- Moderate (e.g., penetrated through skin, wound bled)
- Deep (e.g., intramuscular penetration)
- Unsure/Unknown

Was blood visible on device before exposure? Yes No Unsure/Unknown

4. If mucous membrane or skin exposure: (Check only one.)

Approximate volume of material

- Small (e.g., few drops)
- Large (e.g., major blood splash)

If skin exposure, was skin intact? Yes No Unsure/Unknown



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B. Source Information

1. Was the source individual identified? Yes No Unsure/Unknown

2. Provide the serostatus of the source patient for the following pathogens.

	Positive	Negative	Refused	Unknown
HIV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If known, when was the serostatus of the source determined?

- Known at the time of exposure
- Determined through testing at the time of or soon after the exposure

A. What device or item caused the injury?

- Hollow-bore needle
- Suture needle
- Glass
- Other device or item: _____

B. Purpose or procedure for which sharp item was used or intended.

(Check one procedure type)

- Establish intravenous or arterial access Access established intravenous or arterial line
- Other specimen collection Injection through skin or mucous membrane
- Obtain blood specimen (through skin) Suturing Cutting Other procedure



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C. When and how did the injury occur? (From the left hand side of page, select the point during or after use that most closely represents when the injury occurred. In the corresponding right hand box, select *one or two* circumstances that reflect how the injury happened.)

During use of the item

Select one or two choices:

- Patient moved and jarred device
- While inserting needle/sharp
- While manipulating needle/sharp
- While withdrawing needle/sharp
- Passing or receiving equipment
- Suturing
- Tying sutures
- Manipulating suture needle in holder
- Incising
- Palpating/Exploring

After use, before disposal of item

Select one or two choices:

- Handling equipment on a tray or stand
- Transferring specimen into specimen container
- Processing specimens
- Passing or transferring equipment
- Recapping (missed or pierced cap)
- Cap fell off after recapping
- Disassembling device or equipment
- Decontamination/processing of used equipment
- During clean-up
- In transit to disposal
- Opening/breaking glass containers
- Collided with co-worker/other person
- Sharp object dropped after procedure
- Struck by detached IV line needle



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Select one or two choices:

- Placing sharp in container:
- Injured by sharp being disposed
- Injured by sharp already in container
- While manipulating container
- Over-filled sharps container
- Punctured sharps container
- Sharp protruding from open container
- Sharp in unusual location:
 - In trash
 - In linen/laundry
 - Left on table/tray
 - Left in bed/mattress
 - On floor
 - In pocket/clothing
 - Other unusual location
 - Collided with co-worker or other person
 - Sharp object dropped
 - Struck by detached IV line needle

During or after disposal of item

Other relevant information:

(Employee signature/Date)

(Supervisor signature/Date)