CSB/SJU Blood and Body Fluid Exposure Report Form

Facility/Building 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.)

Name of device: ________________________________

Brand/manufacturer: ________________________________

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: ________________________________

Section III. Employee Narrative (Optional)

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

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

NOTE: This is a detailed form developed to help collect both exposure information and sharps injury log that is specifically useful for our prevention planning. Information on this page (#1) may meet OSHA sharps injury documentation requirements and can be copied and filed for purposes of maintaining a separate sharps injury log. Procedures for maintaining employee confidentiality must be followed.
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)

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

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.
   - HIV Antibody
   - HCV Antibody
   - HbsAg

   Positive  Negative  Refused  Unknown

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
Section V. Percutaneous Injury Circumstances

A. What device or item caused the injury?

Hollow-bore needle
- Hypodermic needle
  - Attached to syringe  
  - Attached to IV tubing
  - Unattached
- Prefilled cartridge syringe needle
- Winged steel needle (i.e., butterfly type devices)
  - Attached to syringe, tube holder, or IV tubing
  - Unattached
- IV stylet
- Phlebotomy needle
- Spinal or epidural needle
- Bone marrow needle
- Biopsy needle
- Huber needle
- Other type of hollow-bore needle (type: __________)
- Hollow-bore needle, type unknown

Suture needle
- Suture needle

Glass
- Capillary tube
- Pipette (glass)
- Slide
- Specimen/test/vacuum
- Other: ________________

Other sharp objects
- Bone chip/chipped tooth
- Bone cutter
- Bovie electrocautery device
- Bur
- Explorer
- Extraction forceps
- Elevator
- Histology cutting blade
- Lancet
- Pin
- Razor
- Retractor
- Rod (orthopaedic applications)
- Root canal file
- Scaler/curette
- Scalpel blade
- Scissors
- Tenaculum
- Trocar
- Wire
- Other type of sharp object
- Sharp object, type unknown

Other device or item
- Other: ________________

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

(Choose one procedure type and complete information in corresponding box as applicable.)

- Establish intravenous or arterial access (Indicate type of line.)
- Access established intravenous or arterial line
  (Indicate type of line and reason for line access.)
- Injection through skin or mucous membrane
  (Indicate type of injection.)
- Obtain blood specimen (through skin)
  (Indicate method of specimen collection.)
- Other specimen collection
- Sutting
- Cutting
- Other procedure
- Unknown

<table>
<thead>
<tr>
<th>Type of Line</th>
<th>Peripheral</th>
<th>Arterial</th>
<th>Central</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Access</td>
<td>Connect IV infusion/piggyback</td>
<td>Flush with heparin/saline</td>
<td>Obtain blood specimen</td>
<td>Inject medication</td>
</tr>
<tr>
<td>Type of Injection</td>
<td>IM injection</td>
<td>Skin test placement</td>
<td>Epidural/spinal anesthesia</td>
<td>Other injection</td>
</tr>
<tr>
<td>Type of Blood Sampling</td>
<td>Venipuncture</td>
<td>Arterial puncture</td>
<td>Umbilical vessel</td>
<td>Finger/heelstick</td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>During use of the item</th>
<th>After use, before disposal of item</th>
<th>During or after disposal of item</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
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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
- Collided with co-worker or other during procedure
- Collided with sharp during procedure
- Sharp object dropped during procedure

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
- Collided with sharp after procedure
- Sharp object dropped after procedure
- Struck by detached IV line needle

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
  - Collided with sharp
  - Sharp object dropped
  - Struck by detached IV line needle

Other (Describe): ____________________________

Unknown
Section VI. Mucous Membrane Exposures Circumstances

A. What barriers were used by worker at the time of the exposure? (Check all that apply.)

☐ Gloves ☐ Goggles ☐ Eyeglasses ☐ Face Shield ☐ Mask ☐ Gown

B. Activity/Event when exposure occurred (Check one.)

☐ Patient spit/coughed/vomited
☐ Airway manipulation (e.g., suctioning airway, inducing sputum)
☐ Endoscopic procedure
☐ Dental procedure
☐ Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter)
☐ Phlebotomy
☐ IV or arterial line insertion/removal/manipulation
☐ Irrigation procedure
☐ Vaginal delivery
☐ Surgical procedure (e.g., all surgical procedures including C-section)
☐ Bleeding vessel
☐ Changing dressing/wound care
☐ Manipulating blood tube/bottle/specimen container
☐ Cleaning/transporting contaminated equipment
☐ Other: ________________________________________________
☐ Unknown

Comments: ________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________