

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: _____ 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?

<input type="checkbox"/> Before activation of safety feature was appropriate	<input type="checkbox"/> Safety feature failed after activation
<input type="checkbox"/> During activation of the safety feature	<input type="checkbox"/> Safety feature not activated
<input type="checkbox"/> Safety feature improperly activated	<input type="checkbox"/> 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)

***Identify which body fluid**

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Cerebrospinal | <input type="checkbox"/> Urine | <input type="checkbox"/> Synovial |
| <input type="checkbox"/> Amniotic | <input type="checkbox"/> Sputum | <input type="checkbox"/> Peritoneal |
| <input type="checkbox"/> Pericardial | <input type="checkbox"/> Saliva | <input type="checkbox"/> Semen/vaginal |
| <input type="checkbox"/> Pleural | <input type="checkbox"/> Feces/stool | <input type="checkbox"/> Other/Unknown |

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

- | | | | |
|--------------------------------------|------------------------------|--|-------------------------------|
| <input type="checkbox"/> Hand/finger | <input type="checkbox"/> Eye | <input type="checkbox"/> Mouth/nose | <input type="checkbox"/> Face |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Leg | <input type="checkbox"/> 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.

	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

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^R 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.

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

<input type="checkbox"/> Establish intravenous or arterial access (Indicate type of line.)	→	<p style="text-align: center;">Type of Line</p> <p>___ Peripheral ___ Arterial ___ Central ___ Other</p>
<input type="checkbox"/> Access established intravenous or arterial line (Indicate type of line <u>and</u> reason for line access.)	→	<p style="text-align: center;">Reason for Access</p> <p>___ Connect IV infusion/piggyback ___ Flush with heparin/saline ___ Obtain blood specimen ___ Inject medication ___ Other: _____</p>
<input type="checkbox"/> Injection through skin or mucous membrane (Indicate type of injection.)	→	<p style="text-align: center;">Type of Injection</p> <p>___ IM injection ___ Epidural/spinal anesthesia ___ Skin test placement ___ Other injection ___ Other ID/SQ injection</p>
<input type="checkbox"/> Obtain blood specimen (through skin) (Indicate method of specimen collection.)	→	<p style="text-align: center;">Type of Blood Sampling</p> <p>___ Venipuncture ___ Umbilical vessel ___ Arterial puncture ___ Finger/heelstick ___ Dialysis/AV fistula site ___ Other blood sampling</p>
<input type="checkbox"/> Other specimen collection <input type="checkbox"/> Suturing <input type="checkbox"/> Cutting <input type="checkbox"/> Other procedure <input type="checkbox"/> Unknown		

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
 - ___ Collided with co-worker or other during procedure
 - ___ Collided with sharp during procedure
 - ___ Sharp object dropped during procedure

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

During or after disposal of item →

- 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: _____

