Blood and Body Fluid Exposure Report / OR

EPINet™
FOR MICROSOFT® ACCESS
EXPOSURE PREVENTION ► INFORMATION NETWORK ►

Access 2010 US OR, L&D 9/2014

Last name: _____ First name: _____

Email: _____

Exposure ID: *(for office use only)* **B**_____ Facility ID: *(for office use only)* _____ Completed by: ___

1. Date of exposure: ☐☐ ☐☐ ☐☐☐☐ **2. Time of exposure:** ☐☐ ☐☐

3. Surgical service:

☐ 1 General	☐ 6 ENT	☐ 11 Transplants
☐ 2 Cardiovascular	☐ 7 Neurosurgery	☐ 12 Ophthalmology
☐ 3 OB/C-section	☐ 8 Plastic	☐ 13 Thoracic
☐ 4 Gynecology	☐ 9 Urology	
☐ 5 Orthopedic	☐ 10 Oral/Dental	☐ 99 Other service, describe: _____

4. Surgical procedure being performed: _____

4a. Was it an endoscopic/laparascopic procedure?
☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not applicable

5. What is the job category of the exposed worker? (check one box only)

☐ 1 Surgeon *(attending)* specify specialty _____	☐ 9 Circulating nurse at time of incident → ☐ 1 RN ☐ 2 ORT ☐ 3 UAP
☐ 2 Surgeon *(resident)* specify specialty _____	☐ 10 Scrub nurse at time of incident → ☐ 1 RN ☐ 2 ORT ☐ 3 UAP
☐ 3 Ob/Gyn *(attending)*	☐ 11 Other Nurse
☐ 4 Ob/Gyn *(resident)*	☐ 12 Nursing student
☐ 5 Anesthesiologist *(attending)*	☐ 13 OR attendant
☐ 6 Anesthesiologist *(resident)*	☐ 14 Housekeeper
☐ 7 Nurse anesthetist	
☐ 8 Med student, mark rotation→ ☐ surg ☐ anesth ☐ ob-gyn	☐ 99 Other, describe: _____

5a. If the injury was sustained by an anesthesia team member, what anesthesia task was being performed at the time of exposure?
describe: _____

6. Where did the exposure occur? (check one box only)

☐ 1 Pre-operative area	☐ 8 At patient's puncture site *(intro of vascular cath/injection,etc)*
☐ 2 At the mayo *(instrument)* stand	☐ 9 At site of injection into IV equipment
☐ 3 At the back table	☐ 10 On OR floor
☐ 4 In the operative site/wound	☐ 11 In the OR utility room
☐ 5 On the surgical field *(near operative site)*	☐ 12 Post anesthesia care unit *(recovery room*)
☐ 6 On anesthesia machine	
☐ 7 On anesthesia cart	☐ 99 Other, describe: _____

7. Was the source patient's identity known? (check one box only)
☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not applicable

8. Which body fluids were involved in the exposure? .(check all that apply)

☐ Blood or blood products	☐ Peritoneal fluid
☐ Vomit/gastric contents	☐ Pleural fluid
☐ Sputum	☐ Amniotic fluid
☐ Saliva	☐ Urine
☐ CSF	☐ Other, describe: _____

8a. Was the body fluid visibly contaminated with blood? ☐ 1Yes ☐ 2 No ☐ 3 Unknown

9. Was the exposed part? (check all that apply)

☐ Intact skin	☐ Nose (*mucosa*)
☐ Non-intact skin	☐ Mouth (*mucosa*)
☐ Eyes (*conjunctiva*)	☐ Other, describe: _____

10. Did the blood or body fluid? (check all that apply)

☐ Touch unprotected skin	☐ Soak through barrier garment or protective garment
☐ Touch skin between gap in protective garments	☐ Soak through clothing/undergarments
☐ Touch skin through tear in glove	

11. Which barrier garments were worn at the time of exposure? (check all that apply)

☐ Single pair latex/vinyl gloves	☐ Surgical mask
☐ Double pair latex/vinyl gloves	☐ Surgical mask with attached eyeshield
☐ Goggles	☐ Surgical gown, disposable
☐ Eyeglasses *(not a protective item)*	☐ Surgical gown, reusable
☐ Eyeglasses with side shields	
☐ Face shield	☐ Other, describe: _____

11a. If surgical gown, was it?

- ☐ 1 Fabric, standard single layer
- ☐ 2 Fabric, reinforced
- ☐ 3 Plastic, reinforced/coated
- ☐ 4 Composite construction *(multi-layer laminate)*

12. Was the exposure the result of? (check one box only)

- ☐ 1 Direct patient contact
- ☐ 2 Touched contaminated equipment/surface
- ☐ 3 Touched contaminated drapes/sheets/gowns, etc.
- ☐ 4 Specimen container leaked/spilled/broke
- ☐ 5 Tubing *(blood,suction,drain,etc.)* leaked/disconnected/broke
- ☐ 6 Bag/pump leaked/spilled/broke
- ☐ 7 Trach/NG tubing broke/sprayed
- ☐ 8 Suction canister spilled/leaked/broke
- ☐ 9 Other irrigation/fluid container spilled/leaked/broke
- ☐ 10 Other equipment/operator failure
- ☐ 11 Unknown
- ☐ 99 Other, describe: _____

If equipment failure, please specify: **12a. Equipment type:** _____

12b. Manufacturer: _____

13. For how long was the blood or body fluid in contact with your skin or mucous membranes? (check one)

- ☐ 1 Less than 5 minutes
- ☐ 2 5-14 minutes
- ☐ 3 15 minutes to 1 hour
- ☐ 4 More than 1 hour

14. How much blood or body fluid came in contact with your skin or mucous membranes? (check one)

- ☐ 1 Small amount (up to 5 cc, or up to 1 teaspoon)
- ☐ 2 Moderate amount (up to 50 cc, or up to quarter cup)
- ☐ 3 Large amount (more than 50 cc)

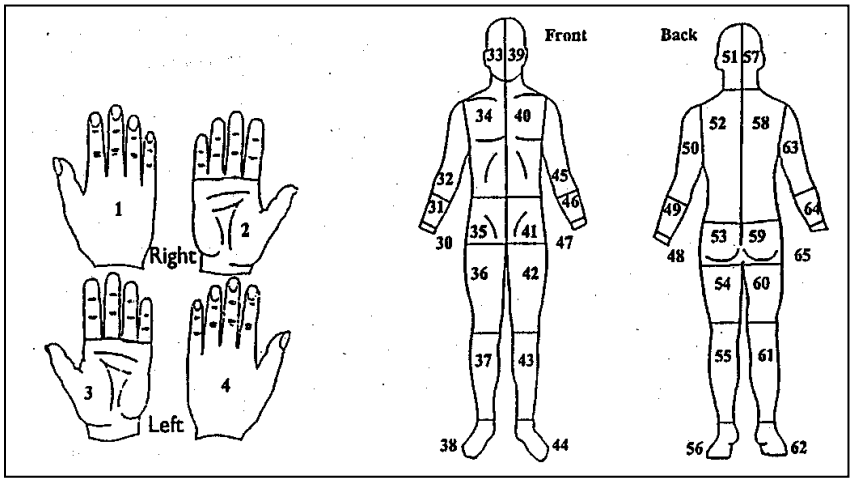
15. Location of the exposure:

Write the number of the location of up to three exposed body parts in the blanks below.

Largest area of exposure: _____

Middle area of exposure: _____

Smallest area of exposure: _____



16. Describe the circumstances leading to this exposure: *(please note if a device malfunction was involved)*

_____
_____
_____

17. For exposed worker: Do you have an opinion that any other engineering control, administrative or work practice could have prevented this exposure? ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

describe: _____
_____

Cost:

Lab charges *(Hb, HCV, HIV, other tests)*
_____ Healthcare worker
_____ Source
Treatment prophylaxis *(HBIG, Hb vaccine, tetanus, other)*
_____ Healthcare worker
_____ Source
_____ **Service charges** *(Emergency Dept, Employee Health, other)*
_____ **Other costs** *(Worker's Comp, surgery, other)*
_____ **TOTAL** *(round to nearest dollar)*

Is this incident OSHA reportable? ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

If yes, days away from work? _____

Days of restricted work activity? _____

Does this incident meet the FDA medical device reporting criteria? (Yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 works days of incident.)

☐ 1 Yes (If yes, follow FDA reporting protocol) ☐ 2 No ☐ 3 Unknown