Blood and Body Fluid Exposure Report

EPINet™ FOR MICROSOFT® ACCESS

EXPOSURE PREVENTION► INFORMATION NETWORK►

2010 V1-1b Australia/New Zealand 3/2014

Last name: _____ First name: _____

Email address: _____

Incident ID:*(office use only)* **B**_____ Facility ID*: (office use only)* _____ **Birthdate:** _____

1) Date of injury: _____ **2) Date reported:** _____

3) Department where incident occurred: _____

4) Home/employing department: _____ **Time of incident:** _____

5) Healthcare worker job category: (tick one box only)

- □ 1 Doctor *(VMO/HMO)* specify specialty _____
- □ 2 Doctor *(MO/intern/resident)* specify specialty _____
- □ 3 Medical student
- □ 4 Nurse: specify ═══► □ 1 RN □ 2 EN
- □ 5 Nursing student
- □ 18 Nursing assistant
- □ 24 Midwife
- □ 22 Community health staff/allied health staff
- □ 8 Orderly/ward/trolley person
- □ 9 Blood collector
- □ 23 Anaesthetic/perfusion tech
- □ 10 Laboratory/pathology staff
- □ 11 Technologist *(non-lab)*
- □ 12 Dentist
- □ 13 Dental therapist/nurse
- □ 21 CSSD/TSSU staff
- □ 14 Housekeeping
- □ 19 Laundry worker
- □ 16 Ambulance staff/paramedic
- □ 17 Other student
- □ 15 Other, specify: _____

6) Where did the injury occur? (tick one box only)

- □ 1 Ward/nursery/patient's room
- □ 19 Dental cubicle
- □ 2 Outside patient room *(hallway, nurses station, etc.*)
- □ 3 Emergency department
- □ 4 Intensive/critical care: specify type: _____
- □ 5 Operating room/anaesthetic/cleanup/theatre/recovery
- □ 6 Community clinic/outpatient clinic
- □ 8 Blood collection room
- □ 9 Dialysis facility *(haemodialysis and peritoneal dialysis)*
- □ 10 Procedure areas *(imaging, angiography, cardiac cath,etc)*
- □ 11 Pathology/clinical laboratories
- □ 12 Autopsy
- □ 13 Nonclinical-service/utility*(CSSD,laundry,supply,loading dock,etc)*
- □ 16 Delivery/labour ward
- □ 17 Patient's home
- □ 14 Other, specify: _____

7) Was the source patient identifiable? (tick one box only)

□ 1 Yes □ 2 No □ 3 Unknown □ 4 Not applicable

8) To which body fluids was the healthcare worker exposed? (tick all that apply)

- □ Blood or blood products
- □ Vomit
- □ Sputum
- □ Saliva
- □ CSF
- □ Peritoneal fluid
- □ Pleural fluid
- □ Amniotic fluid
- □ Urine
- □ Other, specify: _____ *(includes semen, breastmilk, etc.)*

Was the body fluid visibly stained with blood? □ 1Yes 2 □ No 3 □ Unknown

9) Which body surfaces of the healthcare worker were involved? (tick all that apply)

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

10) Did the blood or body fluid: (tick all that apply)

- □ Touch unprotected skin
- □ Touch skin between gap in protective garments
- □ Soak through barrier garment or protective garment
- □ Soak through clothing

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

- □ Gloves, single pair
- □ Gloves. double pair
- □ Goggles
- □ Eyeglasses *(not a protective item)*
- □ Eyeglasses with side shields
- □ Face shield
- □ Surgical mask
- □ Surgical gown
- □ Plastic apron
- □ Lab coat/gown, cloth (*permeable-not protective)*
- □ Lab coat/gown, other
- □ Other, specify: _____

12) What was the exposure the result of? (tick one box only)

- □ 1 Direct patient contact
- □ 2 Specimen container leaked/spilled
- □ 3 Specimen container broke
- □ 4 IV tubing/bag/pump leaked/broke
- □ 10 Feeding/ventilator/other tube separated/leaked/splashed
  Specify tubing: _____
- □ 5 Other body fluid container spilled/leaked
- □ 6 Touched contaminated equipment/surface
- □ 7 Touched contaminated drapes/sheets/gowns, etc.
- □ 8 Unknown
- □ 11 Assault or non-percutaneous bite
- □ 9 Other, specify: _____

If equipment failure, please specify: **Equipment type**: _____

Manufacturer: _____

13) How long was the blood or body fluid In contact with healthcare worker's skin or mucous membranes? (tick 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/body fluid came in contact with healthcare worker's skin or mucous membranes? (tick one)

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

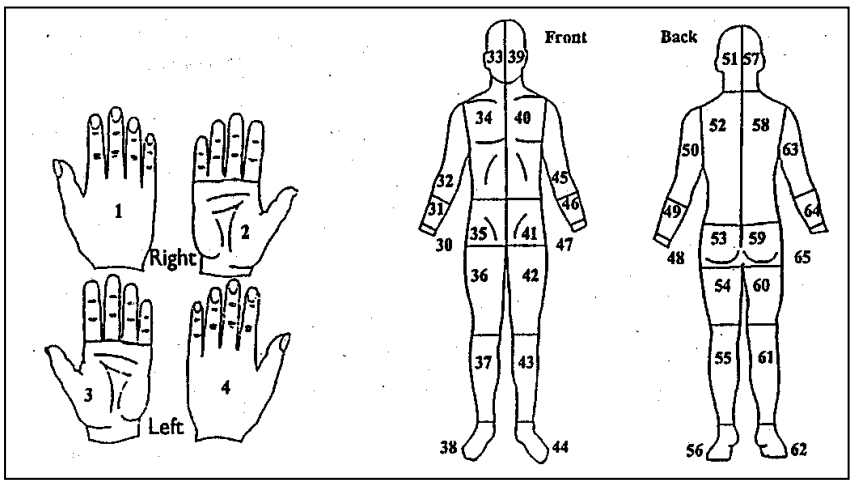
15) Location of the exposure:

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 injured worker: Do you have an opinion that any other engineering control, administrative or work practice could have prevented the injury? ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

Describe: _____
_____
_____
_____

Cost:

	Lab charges *(HBV, HCV, HIV, other tests)*
_____	Healthcare worker
_____	Source
	Treatment prophylaxis *(HBIG, Hepatitis vaccines, 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 government reportable? ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

If yes, days away from work? _____

Days of restricted work activity? _____

Does this incident meet the relevant defective 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 reporting protocol) ☐ 2 No