Blood and Body Fluid Exposure Report

Last name: ____________________________  First name: ____________________________

Email: _______________________________________________________________________

Injury ID: (for office use only)  B______________________ Completed by: ________________________

Facility ID/ name: ______________ _______________________

Date reported: ______________

1. Date of incident: ______________

2. Time of incident: ______________

3. Department where incident occurred: __________________________

4) Home department: _____________________________________________

5. What is the job category of the exposed worker: (check one box only)
   □ 1 Doctor (attending/staff); specify specialty __________________________
   □ 2 Doctor (intern/resident/fellow) specify specialty ____________________
   □ 3 Medical student
   □ 4 Nurse (TICK ONE) □ 1 Staff/Enrolled
   □ 24 Midwife/Birth assistant □ 2 Sister/Charge
   □ 5 Nursing student □ 3 Specialist
   □ 18 Ward assistant □ 4 Consultant
   □ 6 Respiratory therapist □ 5 Agency (temporary staff only)
   □ 7 Surgery attendant
   □ 8 Other attendant
   □ 9 Phlebotomist/Venipuncture/IV team

6. Where did the exposure occur? (check one box only)
   □ 1 Patient bedside
   □ 2 Outside patient room (hallway, nurses station, etc.)
   □ 3 Casualty/Emergency room
   □ 4 Intensive/Critical care unit: specify type: __________________________
   □ 5 Operating room/Recovery
   □ 6 Consulting room/OPD/Clinic
   □ 7 Blood bank
   □ 8 Venipuncture center
   □ 9 Dialysis facility (hemodialysis and peritoneal dialysis)
   □ 10 Procedure room (injection/suture/POP/x-ray/EKG/ect.)
   □ 11 Clinical laboratories
   □ 12 Autopsy/Pathology
   □ 13 Service/Utility (laundry, central supply, loading dock, etc.)
   □ 14 Labor and Delivery room
   □ 15 Home-care
   □ 16 Other, describe: _____________________________________________

7. Was the source patient identifiable? (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
   □ Pleural fluid
   □ Sputum
   □ Amniotic fluid/Liquor
   □ Saliva
   □ Urine
   □ Other, describe: _____________________________________________

8a. Was the body fluid visibly contaminated with blood? □ Yes □ No □ Unknown

9. Was the exposed part? (check all that apply)
   □ 1 Intact skin
   □ 2 Nose (mucosa)
   □ 3 Non-intact skin
   □ 4 Mouth (mucosa)
   □ 5 Eyes (conjunctiva)
   □ 6 Other, describe: _____________________________________________

10. Did the blood or body fluid? (check all that apply)
    □ Touch unprotected skin
    □ Surgical mask
    □ Touch skin between gap in protective garments
    □ Surgical gown
    □ Soak through barrier garment or protective garment
    □ Goggles
    □ Soak through clothing
    □ Eyeglasses (not a protective item)
    □ Lab coat, cloth (not a protective garment)
    □ Eyeglasses with side shields
    □ Lab coat, other
    □ Face shield
    □ Other, describe: _____________________________________________

11. Which barrier garments were worn at the time of exposure? (check all that apply)
    □ None
    □ Surgical mask
    □ Single pair latex/vinyl/nitrile gloves
    □ Surgical gown
    □ Double pair latex/vinyl/nitrile gloves
    □ Plastic apron
    □ Goggles
    □ Lab coat, cloth (not a protective garment)
    □ Eyeglasses (not a protective item)
    □ Eyeglasses with side shields
    □ Lab coat, other
    □ Face shield
    □ Other, describe: _____________________________________________

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

- Direct patient contact
- Specimen container leaked/spilled
- Specimen container broke
- IV tubing/bag/pump leaked/broke
- Feeding/Ventilator/Other tube separated/leaked/splashed.

Specify tubing: __________________________

- Other body fluid container spilled/leaked
- Touched contaminated equipment/surface
- Touched contaminated drapes/sheets/gowns, etc.
- Unknown
- Other, describe: _______________________________________

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

- Less than 5 minutes
- 5-14 minutes
- 15 minutes to 1 hour
- More than 1 hour

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

- Small amount (up to 5 ml)
- Moderate amount (up to 50 ml)
- Large amount (more than 50 ml)

15. **Write up to 3 numbers indicating the location of exposed body parts.**

   Area 1: ________

   Area 2: ________

   Area 3: ________

16. **Have you been vaccinated for Hepatitis B?** (check one box only)

- Yes, fully, 3 doses
- Yes, partially, 1 or 2 doses
- No
- Not applicable

17. **Describe the circumstances leading to this exposure:**

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

**Cost:**

   Lab charges (Hb, HCV, HIV, other)
   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 government reportable?  □ 1 Yes  □ 2 No  □ 3 Unknown

   If yes, days away from work? ______

   Days of restricted work activity? ______

   Does this incident meet the 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  □ 2 No  □ 3 Unknown