# Blood and Body Fluid Exposure Report

**Last Name:** ___________________  
**First Name:** ___________________

**Injury ID:** (for office use only) B________

**Facility ID:** (for office use only) ________

**Completed by:** ___________________

### 1) Date of injury: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

### 2) Time of injury: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

### 3) Department where injury occurred: ____________________________

#### 4) Home department: ________________________________

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor (attending/staff); specify specialty</td>
<td>1</td>
</tr>
<tr>
<td>Doctor (intern/resident/fellow) specify specialty</td>
<td>2</td>
</tr>
<tr>
<td>Medical student</td>
<td>3</td>
</tr>
<tr>
<td>Nurse</td>
<td>4</td>
</tr>
<tr>
<td>Nursing student</td>
<td>5</td>
</tr>
<tr>
<td>CNA/HHA</td>
<td>6</td>
</tr>
<tr>
<td>Respiratory therapist</td>
<td>7</td>
</tr>
<tr>
<td>Surgery attendant</td>
<td>8</td>
</tr>
<tr>
<td>Other attendant</td>
<td>9</td>
</tr>
<tr>
<td>Phlebotomist/Venipuncture/FV team</td>
<td>10</td>
</tr>
<tr>
<td>Clinical laboratory worker</td>
<td>11</td>
</tr>
<tr>
<td>Technologist</td>
<td>12</td>
</tr>
<tr>
<td>Dentist</td>
<td>13</td>
</tr>
<tr>
<td>Dental hygienian</td>
<td>14</td>
</tr>
<tr>
<td>Housekeeper</td>
<td>15</td>
</tr>
<tr>
<td>Laundry worker</td>
<td>16</td>
</tr>
<tr>
<td>Security</td>
<td>17</td>
</tr>
<tr>
<td>Paramedic</td>
<td>18</td>
</tr>
<tr>
<td>Other student</td>
<td>19</td>
</tr>
</tbody>
</table>

Other, describe: ____________________________________________

### 5) What is the job category of the injured worker?

- **Doctor (attending/staff); specify specialty**
- **Doctor (intern/resident/fellow) specify specialty**
- Medical student
- Nurse
- Nursing student
- CNA/HHA
- Respiratory therapist
- Surgery attendant
- Other attendant
- Phlebotomist/Venipuncture/FV team
- Clinical laboratory worker
- Technologist (non lab)
- Dentist
- Dental hygienist
- Housekeeper
- Laundry worker
- Security
- Paramedic
- Other student

Other, describe: ____________________________________________

### 6) Where did the injury occur?

- **Patient room**
- **Outside patient room (hallway, nurses station, etc.)**
- **Emergency department**
- **Intensive/Critical care unit: specify type:**
  - Operating room/Recovery
  - Outpatient clinic/Office
  - Blood bank
  - Venipuncture center
  - Dialysis facility (hemodialysis and peritoneal dialysis)
  - Procedure room (x-ray, EKG, etc.)
  - Clinical laboratories
  - Autopsy/Pathology
- **Service/Utility (laundry, central supply, loading dock, etc.)**
- **Labor and delivery room**
- **Home-care**

Other, describe: ____________________________________________

### 7) Was the source patient identifiable?

- **Yes**
- **No**
- **Unknown**

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

- Blood or Blood Products
- Vomit
- Sputum
- Saliva
- CSF
- Urine
- Peritoneal Fluid
- Pleural Fluid
- Amniotic Fluid
- Other, describe: ____________________________________________
Was the body fluid visibly contaminated with blood?

- Yes 1
- No 2
- Unknown 3

9) Was the exposed part: (check all that apply)

- Intact Skin
- Non-Intact Skin
- Eyes (conjunctiva)
- Nose (mucosa)
- Mouth (mucosa)

- Other, Describe: ____________________

10) Did the blood or body fluid: (check 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:

- Single Pair Latex/Vinyl Gloves
- Double pair Latex/Vinyl Gloves
- Goggles
- Eyeglasses
- Eyeglasses with Side shields
- Face shield
- Surgical Mask
- Surgical Gown
- Plastic Apron
- Lab Coat, Cloth (not a protective item)
- Lab Coat, Other

- Other, Describe: ____________________

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
- Touched Contaminated Equipment/Surface
- Touched Contaminated Drapes/Sheets/Gowns, etc.
- Unknown

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 cc, or up to 1 teaspoon)
- Moderate Amount (up to 50 cc, or up to quarter cup)
- 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.

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

19) 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) ____________