Blood and Body Fluid Exposure Report

(Exposure prevention Information Network)

Last name _________________________________
First name _________________________________
Email address ____________________________________________
Telephone: _____________________________

1. Date of Injury ___________ ___________ ___________
2. Time of Injury ___________ ___________
3. Healthcare Facilities _________________
   □ National Hospital
   □ Referral Hospital
   □ Health Center
   □ Health Post
   □ Hospital
   □ Polyclinic
   □ Clinic
   □ Maternity Clinic
   □ Dental Clinic
   □ Eye Clinic
   □ Medical Laboratory
   □ Esthetic Center
   □ Pediatric Clinic
   □ ENT Clinic
   □ Dermatology Clinic
   □ Mental Health Clinic
   □ Pregnancy care room
   □ Nursing care room
   □ Clinical Cabinet
   □ Dental-Oral Cabinet
   □ Ophthalmic Cabinet
   □ Dermatology Cabinet
   □ Mental Health Cabinet
   □ Medical Lab, room

3a. Unit where injury occurred (optional) _________________

4. What is the job category of the exposed worker?
   (check one box only)
   □ Specialist Doctor (attending/staff); specify specialty_______
   □ Doctor/Physician’s assistant
   □ Medical student

GIZ Cambodia Ministry of Health BBraun

INTERNATIONAL SAFETY CENTER

PHILIP DOUGLAS INTERNATIONAL SAFETY CENTER

EPINet® EXPOSURE PREVENTION INFORMATION NETWORK
1. **Position:** Nurse  ▶ ▶ 1 BSN

2. **Position:**  
   ▶ ▶ 2 ADN

3. **Position:**  
   ▶ ▶ 3 Primary Nurse

4. **Position:**  
   ▶ ▶ 4 Certified Nurse Practitioner

**Siem Reap Province**

1. **Position:** Nursing student  ▶ ▶ 5

2. **Position:** Midwife  ▶ ▶ 1 BSM

3. **Position:**  
   ▶ ▶ 2 ADM

4. **Position:**  
   ▶ ▶ 3 Primary Midwife

5. **Position:** Midwifery student  ▶ ▶ 1 BSM

6. **Position:** Midwife  ▶ ▶ 1 BSM

7. **Position:** Midwifery student  ▶ ▶ 1 BSM

8. **Position:** Surgery tech/attendant  ▶ ▶ 1 BSM

9. **Position:** Clinical laboratory worker  ▶ ▶ 1 BSM

10. **Position:** Clinical laboratories  ▶ ▶ 1 BSM

11. **Position:** Pathology  ▶ ▶ 1 BSM

12. **Position:** Procedure room  ▶ ▶ 1 BSM

13. **Position:** Operating room/Recovery  ▶ ▶ 1 BSM

14. **Position:** Procedure room  ▶ ▶ 1 BSM

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

   ▶ ▶ 1 Patient room

   ▶ ▶ 2 Outside patient room (hallway, nurses station, etc.)

   ▶ ▶ 3 Emergency department

   ▶ ▶ 4 Intensive/Critical care unit: specify type: ___

   ▶ ▶ 5 Operating room/Recovery

   ▶ ▶ 6 Outpatient clinic/Office

   ▶ ▶ 7 Blood bank

   ▶ ▶ 8 Autopsy/Pathology

   ▶ ▶ 9 Dialysis facility (hemodialysis and peritoneal dialysis)

   ▶ ▶ 10 Procedure room (x-ray, EKG, etc)

   ▶ ▶ 11 Clinical laboratories

   ▶ ▶ 12 Autopsy/Pathology

   ▶ ▶ 13 Service/Utility (laundry, central supply, sterile processing, waste, etc)

   ▶ ▶ 14 Home-care

   ▶ ▶ 15 Other, describe: _________________

6. **Was the source patient identifiable?** (check one box only)

   ▶ ▶ 1 Yes

   ▶ ▶ 2 No

   ▶ ▶ 3 Unknown

   ▶ ▶ 4 Not applicable

7. **Which of the patient’s body fluids were involved in the exposure?** (check all that apply)

   ▶ ▶ Blood or blood products

   ▶ ▶ Vomit

   ▶ ▶ Sputum

   ▶ ▶ Saliva

   ▶ ▶ CSF

   ▶ ▶ Peritoneal fluid

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**GIZ Cambodia Ministry of Health BBraun**

[International Safety Center]
7a. Was the body fluid visibly contaminated with blood?

☐ 1 Yes
☐ 2 No
☐ 3 Unknown

8. Was the worker’s exposed part?

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

9. Did the blood or body fluid?

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

9a. Did the exposure result in the need to remove a garment and obtain a replacement?

☐ 1 Yes
☐ 2 No

10. Which barrier garments and/or personal protective equipment were worn at the time of exposure?

☐ Single pair latex/vinyl/nitrile gloves
☐ Double pair latex/vinyl/nitrile gloves
☐ Eyeglasses (not a protective item)
☐ Eyeglasses with side shields
☐ Protective eyewear/Goggles
☐ Face shield
☐ Surgical mask
☐ Respirator
☐ Gowns: Surgical, isolation, chemotherapy
☐ Plastic apron
☐ Lab coat/Scrub jacket (not protective garments)
☐ Scrubs/Uniform (not protective garments)
☐ Other specialized garment worn as protection
☐ Other, describe: __________________________
11. Was the exposure the result of? (check one box only)

☐ 1 During patient procedure, describe ________________

☐ 11 Patient initiated (spitting/biting/vomiting etc.)

☐ 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: ________________

11a. Did the incident result in an exposure to a hazardous drug (e.g. chemotherapy, antineoplastic)?

☐ 1 Yes

☐ 2 No

☐ 3 Unknown

11b. If equipment failure, please specify

Equipment type

Manufacturer

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

☐ 1 Less than 5 minutes

☐ 2 5-14 minutes

☐ 3 15 minutes to 1 hour

☐ 4 More than 1 hour

☐ 5 Unknown

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

☐ 1 Small amount (up to 5 ml, or up to 1 teaspoon)

☐ 2 Moderate amount (up to 50 ml, or up to quarter cup)

☐ 3 Large amount (more than 50 ml)

Location of the exposure:

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

<table>
<thead>
<tr>
<th>Largest area of exposure</th>
<th>Middle area of exposure</th>
<th>Smallest area of exposure</th>
</tr>
</thead>
</table>

15. Employment status of exposed worker:

<table>
<thead>
<tr>
<th>Health Practitioners Employee</th>
<th>Temporary/Contract</th>
<th>Student</th>
<th>Volunteer</th>
<th>Non-health Practitioners employee</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

16. Describe the circumstances leading to this exposure:

(please note if a device malfunction was involved):

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

16. Is this incident government recordable?

(for office use only):

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Was prophylaxis provided?

(for prophylaxis provided, (for office use only))

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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.)

(for office use only)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Cost: (optional, for office use only):

Lab charges (HBV, HCV, HIV, other)

Healthcare worker
<table>
<thead>
<tr>
<th>ប្រភេទ</th>
<th>ប្រការ/ prophylaxis (ហើយពេញពី HBIG, HBV, ទេះដោយ ការព្យាយាម)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ប្រែប្រូលរងប្រព័ន្ធដំបូង</td>
<td>Treatment/Prophylaxis (HBIG, HBV vaccine, tetanus, other)</td>
</tr>
<tr>
<td>សំលេងកស្តុំ មិនសែនឹង</td>
<td>Healthcare worker</td>
</tr>
<tr>
<td>ការសំគាល់របស់បុគ្គលិក</td>
<td>Service charges (Emergency Dep, Employee Health,..)</td>
</tr>
<tr>
<td>ដំណើរការផ្ស្រនាក់</td>
<td>Other costs</td>
</tr>
<tr>
<td>រូបសម្គាល់</td>
<td>Paid Time Off</td>
</tr>
<tr>
<td>សរុប</td>
<td>Total</td>
</tr>
</tbody>
</table>

**GIZ Cambodia Ministry of Health BBraun**

*ប្រការ/ prophylaxis (ហើយពេញពី HBIG, HBV, ទេះដោយ ការព្យាយាម)*

*ប្រែប្រូលរងប្រព័ន្ធដំបូង* ដោយ ព្យាយាម (HBIG, HBV, ការព្យាយាម ការព្យាយាម ហើយពេញពី)**

*ការសំគាល់របស់បុគ្គលិក* ដោយ ព្យាយាម (Emergency Dep, Employee Health,..)

*Other costs* ដោយ ព្យាយាម

*Paid Time Off* ដោយ ព្យាយាម

*Total* ដោយ ព្យាយាម