

SAMPLE Blood and Body Fluid Exposure Report Form

Facility name: _____

Name of exposed worker:

Last: _____ First: _____ ID #: _____

Date of exposure: ____/____/____ Time of exposure: ____:____ AM PM (Circle)

Job title/occupation: _____ Department/work unit: _____

Location where exposure occurred: _____

Name of person completing form: _____

Section I. Type of Exposure *(Check all that apply.)*

- Percutaneous (Needle or sharp object that was in contact with blood or body fluids)**
(Complete Sections II, III, IV, and V.)
- Mucocutaneous** *(Check below and complete Sections III, IV, and VI.)*
 Mucous Membrane **Skin**
- Bite** *(Complete Sections III, IV, and VI.)*

Section II. Needle/Sharp Device Information

*(If exposure was percutaneous, provide the following information about the device involved.)*Type of device: _____ Unknown/Unable to determineBrand/manufacturer: _____ Unknown/Unable to determine

Did the device have a sharps injury prevention feature, i.e., a "safety device"?

- Yes No Unknown/Unable to determine

If yes, when did the injury occur?

- Before activation of safety feature was appropriate Safety feature failed after activation
- During activation of the safety feature Safety feature not activated
- Safety feature improperly activated Other: _____

Describe what happened with the safety feature, e.g., why it failed or why it was not activated: _____

Section III. Employee Narrative

Describe how the exposure occurred and how it might have been prevented:

NOTE: This is not a CDC or OSHA form. This form was developed by CDC to help healthcare facilities collect detailed exposure information that is specifically useful for the facilities' prevention planning. Information on this page (#1) may meet OSHA sharps injury documentation requirements and can be copied and filed for purposes of maintaining a separate sharps injury log. Procedures for maintaining employee confidentiality must be followed.

Section IV. Exposure and Source Information

A. Exposure Details: (Check all that apply.)

1. Type of fluid or material (For body fluid exposures only, check which fluid in adjacent box.)

- Blood/blood products
 Visibly bloody body fluid*
 Non-visibly bloody body fluid*
 Visibly bloody solution
 (e.g., water used to clean a blood spill)

*Identify which body fluid

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Cerebrospinal | <input type="checkbox"/> Urine | <input type="checkbox"/> Synovial |
| <input type="checkbox"/> Amniotic | <input type="checkbox"/> Sputum | <input type="checkbox"/> Peritoneal |
| <input type="checkbox"/> Pericardial | <input type="checkbox"/> Saliva | <input type="checkbox"/> Semen/vaginal |
| <input type="checkbox"/> Pleural | <input type="checkbox"/> Feces/stool | <input type="checkbox"/> Other/Unknown |

2. Body site of exposure. (Check all that apply.)

- Hand/finger Eye Mouth/nose Face Arm Leg
 Other (Describe: _____)

3. If percutaneous exposure:

Depth of injury (Check only one.)

- Superficial (e.g., scratch, no or little blood)
 Moderate (e.g., penetrated through skin, wound bled)
 Deep (e.g., intramuscular penetration)
 Unsure/Unknown

Was blood visible on device before exposure? Yes No Unsure/Unknown

4. If mucous membrane or skin exposure: (Check only one.)

Approximate volume of material

- Small (e.g., few drops) Large (e.g., major blood splash)

If skin exposure, was skin intact? Yes No Unsure/Unknown

B. Source Information

1. Was the source individual identified? Yes No Unsure/Unknown

2. Provide the serostatus of the source patient for the following pathogens.

	Positive	Negative	Refused	Unknown
HIV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If known, when was the serostatus of the source determined?

- Known at the time of exposure
 Determined through testing at the time of or soon after the exposure

Section V. Percutaneous Injury Circumstances

A. What device or item caused the injury?

Hollow-bore needle

- Hypodermic needle
 - Attached to syringe
 - Attached to IV tubing
 - Unattached
- Prefilled cartridge syringe needle
- Winged steel needle (i.e., butterfly^R type devices)
 - Attached to syringe
 - Attached to IV tubing
 - Unattached
- IV stylet
- Phlebotomy needle
- Spinal or epidural needle
- Bone marrow needle
- Biopsy needle
- Huber needle
- Other type of hollow-bore needle (type: _____)
- Hollow-bore needle, type unknown

Suture needle

- Suture needle

Glass

- Capillary tube
- Pipette (glass)
- Slide
- Specimen/test/vacuum
- Other: _____

Other sharp objects

- Bone chip/chipped tooth
- Bone cutter
- Bovie electrocautery device
- Bur
- Explorer
- Extraction forceps
- Elevator
- Histology cutting blade
- Lancet
- Pin
- Razor
- Retractor
- Rod (orthopaedic applications)
- Root canal file
- Scaler/curette
- Scalpel blade
- Scissors
- Tenaculum
- Trocar
- Wire
- Other type of sharp object
- Sharp object, type unknown

Other device or item

- Other: _____

B. Purpose or procedure for which sharp item was used or intended.

(Check one procedure type and complete information in corresponding box as applicable.)

<ul style="list-style-type: none"> <input type="checkbox"/> Establish intravenous or arterial access (Indicate type of line.) <input type="checkbox"/> Access established intravenous or arterial line (Indicate type of line <u>and</u> reason for line access.) <input type="checkbox"/> Other specimen collection <input type="checkbox"/> Injection through skin or mucous membrane (Indicate type of injection.) <input type="checkbox"/> Obtain blood specimen (through skin) (Indicate method of specimen collection.) <input type="checkbox"/> Suturing <input type="checkbox"/> Cutting <input type="checkbox"/> Other procedure <input type="checkbox"/> Unknown 	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">Type of Line</p> <p>___ Peripheral ___ Arterial ___ Central ___ Other</p> </div>
	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">Reason for Access</p> <p>___ Connect IV infusion/piggyback ___ Flush with heparin/saline ___ Obtain blood specimen ___ Inject medication ___ Other: _____</p> </div>
	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">Type of Injection</p> <p>___ IM injection ___ Epidural/spinal anesthesia ___ Skin test placement ___ Other injection ___ Other ID/SQ injection</p> </div>
	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">Type of Blood Sampling</p> <p>___ Venipuncture ___ Umbilical vessel ___ Arterial puncture ___ Finger/heelstick ___ Dialysis/AV fistula site ___ Other blood sampling</p> </div>

C. When and how did the injury occur? (From the left hand side of page, select the point during or after use that most closely represents when the injury occurred. In the corresponding right hand box, select *one or two* circumstances that reflect how the injury happened.)

During use of the item

Select one or two choices:

- Patient moved and jarred device
- While inserting needle/sharp
- While manipulating needle/sharp
- While withdrawing needle/sharp
- Passing or receiving equipment
- Suturing
- Tying sutures
- Manipulating suture needle in holder
- Incising
- Palpating/Exploring
- Collided with co-worker or other during procedure
- Sharp object dropped during procedure

After use, before disposal of item

Select one or two choices:

- Handling equipment on a tray or stand
- Transferring specimen into specimen container
- Processing specimens
- Passing or transferring equipment
- Recapping (missed or pierced cap)
- Cap fell off after recapping
- Disassembling device or equipment
- Decontamination/processing of used equipment
- During clean-up
- In transit to disposal
- Opening/breaking glass containers
- Collided with co-worker/other person
- Sharp object dropped after procedure
- Struck by detached IV line needle

During or after disposal of item

Select one or two choices:

- Placing sharp in container:
 - Injured by sharp being disposed
 - Injured by sharp already in container
- While manipulating container
- Over-filled sharps container
- Punctured sharps container
- Sharp protruding from open container
- Sharp in unusual location:
 - In trash
 - In linen/laundry
 - Left on table/tray
 - Left in bed/mattress
 - On floor
 - In pocket/clothing
 - Other unusual location
- Collided with co-worker or other person
- Sharp object dropped
- Struck by detached IV line needle

Other (Describe): _____

Unknown