

Exposure to Blood/Body Fluids

*Facility ID # : _____ *Exposure Event # : _____

*HCW ID: _____

HCW Name, Last: _____ First: _____ Middle: _____

*Gender: _____ *Date of Birth: ____ / ____ / _____

*Occupation: _____ If occupation is a physician, indicate clinical specialty:

Section I - General Exposure Information

1. *Did the exposure occur in this facility: ___ Y ___ N
 1a. If No, specify name of facility in which exposure occurred: _____

2. *Date of exposure: ____/____/____ *3. Time of exposure: _____ AM PM

4. Number of hours on duty: _____ 5. Is exposed person an temp/agency employee? ___ Y ___ N

6. *Location where exposure occurred: _____

7. *Type of exposure: (check all that apply)

___ 7a. Percutaneous: Did the exposure involve a clean, unused needle or sharp object?
 ___ Y ___ N (If No, complete Q8, Q9, Section II, and Sections V-XI)

___ 7b. Mucous membrane (Complete Q8, Q9, Section III, and Sections V-XI)

___ 7c. Skin: Was skin intact? ___ Y ___ N ___ Unknown (If No, complete Q8, Q9, Section III, and Sections V-XI)

___ 7d. Bite (complete Q9 and Sections IV-XI)

8. *Type of fluid/tissue involved in exposure: (check one)

___ Blood/blood products ___ Body Fluid: (check one)

___ Solution (IV fluid, irrigation, etc.): ___ Visibly bloody

___ Tissue (check one) ___ Not visibly bloody

___ Other (specify): _____

___ Unknown

9. *Body site of exposure: (check one)

___ Hand/Finger

___ Eye

___ Arm

___ Leg

___ Foot

___ Mouth

___ Nose

___ Other (specify): _____

If Body fluid, indicate one body fluid type:

___ Amniotic	___ Saliva
___ CSF	___ Sputum
___ Pericardial	___ Tears
___ Peritoneal	___ Urine
___ Pleural	___ Feces/stool
___ Semen	___ Other
___ Synovial	(specify): _____
___ Vaginal fluid	

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Section II - Percutaneous Injury

1. *Was the needle or sharp object visibly contaminated with blood prior to exposure? ___ Y ___ N

2. Depth of the injury (check one):

- ___ Superficial, surface scratch
- ___ Moderate, penetrated skin
- ___ Deep puncture or wound

___ Unknown

3. What needle or sharp object caused the injury? (check one)

Hollow-bore needles:

- ___ Hypodermic needle attached to a syringe
- ___ Unattached hypodermic needle
- ___ Prefilled cartridge syringe needle
- ___ I.V. stylet
- ___ Vacuum tube collection holder with needle (includes Vacutainer® type devices)
- ___ Spinal or epidural needle
- ___ Bone marrow needle
- ___ Biopsy needle
- ___ Other type of hollow-bore needle (specify): _____
- ___ Hollow-bore needle, type unknown
- ___ Huber needle
- ___ Winged-steel (Butterfly™ type) needle
- ___ Hemodialysis needle

Solid sharp/Object:

- ___ Suture needle
- ___ Bone cutter
- ___ Bovie electrocautery device
- ___ Bur
- ___ Elevator
- ___ Explorer
- ___ File
- ___ Forceps
- ___ Lancet
- ___ Microtome blade
- ___ Pin
- ___ Razor
- ___ Retractor
- ___ Rod
- ___ Scaler/curette
- ___ Scalpel blade
- ___ Scissors
- ___ Tenaculum
- ___ Trocar
- ___ Wire

Other sharp object/device:

- ___ Capillary tube
- ___ Medication ampule/vial/I.V. bottle
- ___ Pipette (glass)
- ___ Slide
- ___ Specimen/test/vacuum tube
- ___ Bone chip/chipped tooth
- ___ Sharp object, type unknown
- ___ Other device (specify): _____

4. Manufacturer and Model: _____

5. Did the needle or other sharp object involved in the injury have a safety feature? ___ Y ___ N

5a. If Yes, indicate type of safety feature: (check one); If No, skip to Q6.

- ___ Sliding/gliding guard/shield
- ___ Hinged guard/shield
- ___ Bluntable needle/sharp
- ___ Retractable needle/sharp
- ___ Needle/sharp ejector
- ___ Mylar wrapping/plastic
- ___ Other safety feature (specify): _____
- ___ Unknown safety mechanism

5b. If the device had a safety feature, when did the injury occur? (check one)

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

6. When did the injury occur: (check one)

- Before use of the item
- During use of the item
- After use of item, before disposal
- During or after disposal
- Unknown

7. For what purpose or activity was the sharp device being used? (check one)

Obtaining a blood specimen percutaneously

- Performing phlebotomy
- Performing arterial puncture
- Performing a fingerstick/heelstick
- Other blood-sampling procedure (specify) _____

Giving a percutaneous injection

- Giving an IM injection
- Giving a SC injection
- Placing a skin test (e.g., tuberculin, allergy, etc.)

Performing a line-related procedure

- Inserting or withdrawing a catheter
- Obtaining a blood sample from a central or peripheral I.V. line or port
- Injecting into a line or port
- Connecting I.V. Line

Performing surgery/autopsy/other invasive procedure

- Suturing
- Incising
- Palpating/exploring
- Specify procedure: _____

Performing a dental procedure

- Hygiene (prophylaxis)
- Restoration (amalgam composite, crown)
- Root canal
- Periodontal surgery
- Oral surgery
- Simple extraction
- Surgical extraction

Handling specimen

- Transferring BBF into specimen container
- Processing specimen

Other

- Other diagnostic procedure (e.g., thoracentesis)
- Other (specify): _____
- Unknown

8. What was the activity at the time of injury?

Handling device/equipment or specimen

- Handling equipment
- Recapping
- Transferring/passing/receiving device
- Disassembling device/equipment
- Decontamination/processing used equipment
- Opening/breaking glass container (e.g., ampule)
- Performing procedure

Disposing device

- Placing sharp in container

Housekeeping/patient-care activities, not described above

- Cleaning room
- Collecting/transporting waste

Other (specify) _____

9. Who was holding the device at the time the injury occurred? (check one)

- Exposed person
- Co-worker/other person
- No-one – the sharp was an uncontrolled sharp in the environment

10. What happened when the injury occurred: (check one)

- Patient moved and jarred device
- Device slipped
- Device rebounded
- Sharp was being recapped
- Collided with co-worker or other person
- Overfilled/punctured sharps container
- Improperly disposed sharp
- Other (specify): _____
- Unknown

Section III - Mucous Membrane and/or Skin Exposure

1. Estimate the amount of blood/body fluid exposure: (check one)

- Small (< 1 tsp or 5cc)
- Moderate (> 1 tsp and up to 1/4 cup, or 6-50 cc)
- Large (> 1/4 cup or 50 cc)
- Unknown

2. Activity/event when exposure occurred: (check one)

- Airway manipulation (e.g., suctioning airway, inducing sputum)
- Bleeding vessel
- Changing dressing/wound care
- Cleaning/transporting contaminated equipment
- Endoscopic procedures
- IV or arterial line insertion/removal/manipulation
- Irrigation procedure
- Manipulating blood tube/bottle/specimen container
- Patient spit/coughed/vomited
- Phlebotomy
- Surgical procedure (e.g., all surgical procedures including C-section)
- Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter)
- Vaginal delivery
- Other (specify): _____
- Unknown

3. Barriers used by the worker at the time of exposure: (check all that apply)

- Face shield
- Gloves
- Goggles
- Gown
- Mask
- Other (specify): _____
- None of the above

Section IV - Bite

1. Wound description: (check one)

- No spontaneous bleeding
- Spontaneous bleeding
- Tissue avulsed
- Unknown

2. Activity/event when exposure occurred: (check one)

- During dental procedure
- During oral examination
- Providing oral hygiene
- Providing non-oral care to patient
- Assault by patient
- Other (specify): _____
- Unknown

Note: Sections V – IX are required when following the protocols for Exposure Management.

Section V - Source Information

Was the source patient known? Y N

Was HIV status known at the time of exposure? Y N

Check the test results for the source patient (P=positive, N=negative, I=Indeterminate, U=unknown, R=refused, NT= not tested):

	P	N	I	U	R	NT
Hepatitis B						
HBsAg						
HBeAg						
Total anti-HBc						
anti-HBs						
Hepatitis C						
anti-HCV EIA						
anti-HCV supplemental						
PCR-HCV RNA						
HIV						
EIA, ELISA						
Rapid HIV						
Confirmatory test						

Section VI - For HIV Infected Source

Stage of disease (check one): End-stage AIDS Other symptomatic HIV, not AIDS
 AIDS HIV infection, no symptoms
 Acute HIV illness Unknown

Is the source patient taking anti-retroviral drugs? Y N U

2a. If Yes, indicate drug(s): _____

Most recent CD4 count: _____ mm³ Date: ____/____/____
 mo / yr

Viral load: _____ copies/ml _____ Undetectable Date: ____/____/____
 mo / yr

Section VII - Initial Care Given to Healthcare Worker

- 1. HIV postexposure prophylaxis: Offered? ___ Y ___ N ___ U
Taken? ___ Y ___ N ___ U
- 2. HBIG given? ___ Y ___ N ___ U
- 3. Hepatitis B vaccine given? ___ Y ___ N ___ U
- 4. Is the HCW pregnant? ___ Y ___ N ___ U
4a. If Yes, which trimester? ___ 1 ___ 2 ___ 3 ___ U

Section VIII - Baseline Lab Testing

Was baseline testing performed? ___ Y ___ N ___ U

Section IX - Follow-up

- 1. Is it recommended that the HCW return for follow-up of this exposure? ___ Y ___ N
1.a. If Yes, will follow-up be performed at this facility? ___ Y ___ N

Section X - Narrative

In the worker's words, how did the injury occur?

Section XI- Prevention

In the worker's words, what could have prevented the injury?

Custom Fields

Label	Label
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Comments
