OMB No. 0920-0666
Exp. Date: xx-xx-xxxx

NHSN National Healthcare Safety Network

Exposure to Blood/Body Fluids

*required for saving

Facility ID#:_____ Exposure Event#_____

*HCW ID#:_____

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

*Gender: ☐ F ☐ M ☐ Other *Date of Birth: ___/____/_____

*Work Location: _____

*Occupation _____ If occupation is physician, indicate clinical specialty_____

Section I – General Exposure Information

1. *Did 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 a temp/agency employee? ☐ Y ☐ N

6. *Location where exposure occurred: _____

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

☐ 7a. Percutaneous: Did exposure involve a clean, unused needle or sharp object?

☐ Y ☐ N (If No, complete Q8, Q9, Section II and Section V–XI)

☐ 7b. Mucous membrane (Complete Q8, Q9, Section III and Section V–XI)

☐ 7c. Skin: Was skin intact? ☐ Y ☐ N ☐ Unknown (If No, complete Q8, Q9, Section III & Section V–XI)

☐ 7d. Bite (Complete Q9, and Section IV–XI)

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

☐ Blood/blood products

☐ Solutions (IV fluid, irrigation, etc.): (Check one)

☐ Visibly bloody

☐ Not visibly bloody

☐ Tissue

☐ Other (specify) _____

☐ Unknown

☐ Body fluids: (Check one)

☐ Visibly bloody

☐ Not visibly bloody

If body fluid, indicate one body fluid type:

☐ Amniotic ☐ Saliva

☐ CSF ☐ Sputum

☐ Pericardial ☐ Tears

☐ Peritoneal ☐ Urine

☐ Pleural ☐ Feces/stool

☐ Semen ☐ Other (specify)

☐ Synovial _____

☐ Vaginal fluid

9. *Body site of exposure: (Check all that apply)

☐ Hand/finger ☐ Foot

☐ Eye ☐ Mouth

☐ Arm ☐ Nose

☐ Leg ☐ Other (specify) _____

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 ☐ Deep puncture or wound

☐ Moderate, penetrated skin ☐ Unknown

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

☐ Device (select one) ☐ Non-device sharp object (specify) _____ ☐ Unknown sharp object

Hollow-bore needle

☐ Arterial blood collection device ☐ Biopsy needle ☐ Bone marrow needle

☐ Hypodermic needle, attached to syringe ☐ Hypodermic needle, attached to IV tubing ☐ Unattached hypodermic needle

☐ IV catheter – central line ☐ IV catheter – peripheral line ☐ Huber needle

☐ Prefilled cartridge syringe ☐ IV stylet ☐ Spinal or epidural needle

☐ Hemodialysis needle ☐ Dental aspirating syringe w/ needle ☐ Vacuum tube holder/needle

☐ Winged-steel (Butterfly™ type) needle ☐ Hollow-bore needle, type unknown ☐ Other hollow-bore needle

Suture needle

☐ Suture needle

Other solid sharps

☐ Bone cutter ☐ Bur ☐ Electrocautery device

☐ Elevator ☐ Explorer ☐ Extraction forceps

☐ File ☐ Lancet ☐ Microtome blade

☐ Pin ☐ Razor ☐ Retractor

☐ Rod (orthopedic) ☐ Scaler/curette ☐ Scalpel blade

☐ Scissors ☐ Tenaculum ☐ Trocar

☐ Wire

Glass

☐ Capillary tube ☐ Blood collection tube ☐ Medication ampule/vial/bottle

☐ Pipette ☐ Slide ☐ Specimen/test/vacuum tube

Plastic

☐ Capillary tube ☐ Blood collection tube ☐ Specimen/test/vacuum tube

Non-sharp safety device

☐ Blood culture adapter ☐ Catheter securement device ☐ IV delivery system

☐ Other known 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.

- ☐ Bluntable needle, sharp
- ☐ Hinged guard/shield
- ☐ Retractable needle/sharp
- ☐ Sliding/gliding guard/shield
- ☐ 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 the 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 an 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 a specimen

- ☐ Transferring BBF into a specimen container
- ☐ Processing specimen

Other

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

8. What was the activity at the time of injury? (Check one)

- ☐ Cleaning room
- ☐ Collecting/transporting waste
- ☐ Decontamination/processing used equipment
- ☐ Disassembling device/equipment
- ☐ Handling equipment
- ☐ Opening/breaking glass container (e.g., ampule)
- ☐ Performing procedure
- ☐ Placing sharp in container
- ☐ Recapping
- ☐ Transferring/passing/receiving device
- ☐ Other (specify)_____

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

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

10. What happened when the injury occurred? (Check one)

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

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 ¼ cup, or 6–50cc)
- ☐ Large (>¼ cup or 50cc)
- ☐ 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 procedures
- ☐ 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/respirator
- ☐ Other (specify) _____
- ☐ No Barriers

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

Section V – Source Information

1. Was the source patient known? ☐ Y ☐ N

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

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

Hepatitis B	**P**	**N**	**I**	**U**	**R**	**NT**
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

1. Stage of disease: (Check one)

☐ End-stage AIDS ☐ Other symptomatic HIV, not AIDS
☐ AIDS ☐ HIV infection, no symptoms
☐ Acute HIV illness ☐ Unknown

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

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

3. Most recent CD4 count: _____mm^3 Date: ____/_____ (mo/yr)

4. 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 (If Yes, complete PEP form)

2. HBIG given? ☐ Y ☐ N ☐ U Date administered: ___/___/_____

3. Hepatitis B vaccine given: ☐ Y ☐ N ☐ U Date 1st dose administered: ___/___/_____

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 on the HCW? ☐ Y ☐ N ☐ U If Yes, indicate results

Test	Date	Result				Test	Date	Result
HIV EIA	___/___/_____	P	N	I	R	ALT	___/___/_____	____IU/L
HIV Confirmatory	___/___/_____	P	N	I	R	Amylase	___/___/_____	____IU/L
Hepatitis C anti-HCV-EIA	___/___/_____	P	N	I	R	Blood glucose	___/___/_____	____mmol/L
Hepatitis C anti-HCV-supp	___/___/_____	P	N	I	R	Hematocrit	___/___/_____	____%
Hepatitis C PCR HCV RNA	___/___/_____	P	N	R		Hemoglobin	___/___/_____	____gm/L
Hepatitis B HBs Ag	___/___/_____	P	N	R		Platelets	___/___/_____	____x10⁹/L
Hepatitis B IgM anti-HBc	___/___/_____	P	N	R		Blood cells in Urine	__/___/___	____#/mm³
Hepatitis B Total anti-HBc	___/___/_____	P	N	R		WBC	___/___/_____	____x10⁹/L
Hepatitis B Anti-HBs	___/___/_____	____ mIU/mL				Creatinine	___/___/_____	____µmol/L
Result Codes: P=Positive, N=Negative, I=Indeterminate, R=Refused						Other:_____	___/___/_____	_____

Section IX – Follow-up

1. Is it recommended that the HCW return for follow-up of this exposure? ☐ Y ☐ N

1a. 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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