

Exposure to Blood/Body Fluids

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*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 ☐ CSF ☐ Pericardial ☐ Peritoneal ☐ Pleural ☐ Semen ☐ Synovial ☐ Vaginal fluid
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9. *Body site of exposure: (Check all that apply)

☐ Hand/finger ☐ Eye ☐ Arm ☐ Leg	☐ Foot ☐ Mouth ☐ Nose ☐ Other (specify): _____	☐ Saliva ☐ Sputum ☐ Tears ☐ Urine ☐ Feces/stool ☐ Other (Specify): _____
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Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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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

☐ 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: _____

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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 | ☐ Needle/sharp ejector |
| ☐ Hinged guard/shield | ☐ Mylar wrapping/plastic |
| ☐ Retractable needle/sharp | ☐ Other safety feature (specify): _____ |
| ☐ Sliding/gliding guard/shield | ☐ 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 | ☐ Safety feature failed, after activation |
| ☐ During activation of the safety feature | ☐ Safety feature not activated |
| ☐ Safety feature improperly activated | ☐ Other (specify): _____ |

6. When did the injury occur? (Check one)

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

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

Obtaining a blood specimen percutaneously

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

Giving a percutaneous injection

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

Performing a line related procedure

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

Performing surgery/autopsy/other invasive procedure

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

Performing a dental procedure

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

Handling a specimen

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

Other

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

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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
- ☐ 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 | ☐ 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 | |

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Section III – Mucous Membrane and/or Skin Exposure

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

- | | |
|--|--|
| ☐ Small (<1 tsp or 5cc) | ☐ Large (> ¼ cup or 50cc) |
| ☐ Moderate (>1 tsp and up to ¼ cup, or 6-50 cc) | ☐ Unknown |

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

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

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

- | | |
|--------------------------------------|---|
| ☐ Face shield | ☐ Mask/respirator |
| ☐ Gloves | ☐ Other (specify): _____ |
| ☐ Goggles | ☐ No barriers |
| ☐ Gown | |

Section IV – Bite

1. Wound description: (Check one)

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

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

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

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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
☐ AIDS
☐ Acute HIV illness

☐ Other symptomatic HIV, not AIDS
☐ HIV infection, no symptoms
☐ Unknown
2. Is the source patient taking anti-retroviral drugs? ☐ Y ☐ N ☐ U

2a. If yes, indicate drug(s): _____
3. Most recent CD4 count: _____ mm³ 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

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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 PRC HCV RNA	__ / __ / ____	P	N	I		Hemoglobin	__ / __ / ____	____ gm/L
Hepatitis B HBs Ag	__ / __ / ____	P	N	I		Platelets	__ / __ / ____	____ x10 ⁹ /L
Hepatitis B IgM anti-HBc	__ / __ / ____	P	N	I		Blood cells in Urine	__ / __ / ____	____ #/mm ³
Hepatitis B Total anti-HBc	__ / __ / ____	P	N	I		WBC	__ / __ / ____	____ x10 ⁹ /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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Comments