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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): ____________________

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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
☐ 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)
☐ Other (specify): _____________________________
☐ Unknown

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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)
☐ Moderate (>1 tsp and up to ¼ cup, or 6-50 cc)
☐ 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

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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 ☐ 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

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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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