Blood and Body Fluid Exposure Report

Last name: _____   First name: _____

Email address: _____

Incident ID:*(office use only)* **B**_____ Facility ID: *(office use only)* _____ **Birthdate:** _____

1) **Date of injury:** _____ 2) **Date reported:** _____

3) **Department where incident occurred:** _____

4) **Home/employing department:** _____   **Time of incident:** _____

5) **Healthcare worker job category:** (tick one box only)
- ☐ 1 Doctor *(VMO/HMO)* specify specialty _____
- ☐ 2 Doctor *(MO/intern/resident)* specify specialty _____
- ☐ 3 Medical student
- ☐ 4 Nurse: specify ═════▶ ☐ 1 RN
- ☐ 5 Nursing student   ☐ 2 EN
- ☐ 18 Nursing assistant
- ☐ 24 Midwife
- ☐ 22 Community health staff/allied health staff
- ☐ 8 Orderly/ward/trolley person
- ☐ 9 Blood collector
- ☐ 23 Anaesthetic/perfusion tech
- ☐ 10 Laboratory/pathology staff
- ☐ 11 Technologist *(non-lab)*
- ☐ 12 Dentist
- ☐ 13 Dental therapist/nurse
- ☐ 21 CSSD/TSSU staff
- ☐ 14 Housekeeping
- ☐ 19 Laundry worker
- ☐ 16 Ambulance staff/paramedic
- ☐ 17 Other student
- ☐ 15 Other, specify: _____

6) **Where did the injury occur?** (tick one box only)
- ☐ 1 Ward/nursery/patient's room
- ☐ 19 Dental cubicle
- ☐ 2 Outside patient room *(hallway, nurses station, etc.)*
- ☐ 3 Emergency department
- ☐ 4 Intensive/critical care: specify type: _____
- ☐ 5 Operating room/anaesthetic/cleanup/theatre/recovery
- ☐ 6 Community clinic/outpatient clinic
- ☐ 8 Blood collection room
- ☐ 9 Dialysis facility *(haemodialysis and peritoneal dialysis)*
- ☐ 10 Procedure areas *(imaging, angiography, cardiac cath,etc)*
- ☐ 11 Pathology/clinical laboratories
- ☐ 12 Autopsy
- ☐ 13 Nonclinical-service-utility*(CSSD,laundry,supply,loading dock,etc)*
- ☐ 16 Delivery/labour ward
- ☐ 17 Patient's home
- ☐ 14 Other, specify: _____

7) **Was the source patient identifiable?** (tick one box only)
☐ 1 Yes   ☐ 2 No   ☐ 3 Unknown   ☐ 4 Not applicable

8) **To which body fluids was the healthcare worker exposed?** (tick all that apply)
- ☐ Blood or blood products
- ☐ Vomit
- ☐ Sputum
- ☐ Saliva
- ☐ CSF
- ☐ Peritoneal fluid
- ☐ Pleural fluid
- ☐ Amniotic fluid
- ☐ Urine
- ☐ Other, specify: _____ *(includes semen, breastmilk, etc.)*

Was the body fluid visibly stained with blood?   ☐ 1Yes   2 ☐ No   3 ☐ Unknown

9) **Which body surfaces of the healthcare worker were involved?** (tick all that apply)
- ☐ Intact skin
- ☐ Non-intact skin
- ☐ Eyes *(conjunctiva)*
- ☐ Nose *(mucosa)*
- ☐ Mouth *(mucosa)*
- ☐ Other, specify: _____

10) **Did the blood or body fluid:** (tick all that apply)
- ☐ Touch unprotected skin
- ☐ Touch skin between gap in protective garments
- ☐ Soak through barrier garment or protective garment
- ☐ Soak through clothing

11) **Which barrier garments were worn at the time of exposure?** (tick all that apply)
- ☐ Gloves, single pair
- ☐ Gloves. double pair
- ☐ Goggles
- ☐ Eyeglasses *(not a protective item)*
- ☐ Eyeglasses with side shields
- ☐ Face shield
- ☐ Surgical mask
- ☐ Surgical gown
- ☐ Plastic apron
- ☐ Lab coat/gown, cloth *(permeable-not protective)*
- ☐ Lab coat/gown, other
- ☐ Other, specify: _____

12) **What was the exposure the result of?** (tick one box only)
- ☐ 1 Direct patient contact
- ☐ 2 Specimen container leaked/spilled
- ☐ 3 Specimen container broke
- ☐ 4 IV tubing/bag/pump leaked/broke
- ☐ 10 Feeding/ventilator/other tube separated/leaked/splashed Specify tubing: _____
- ☐ 5 Other body fluid container spilled/leaked
- ☐ 6 Touched contaminated equipment/surface
- ☐ 7 Touched contaminated drapes/sheets/gowns, etc.
- ☐ 8 Unknown
- ☐ 11 Assault or non-percutaneous bite
- ☐ 9 Other, specify: _____

If equipment failure, please specify: **Equipment type**: _____
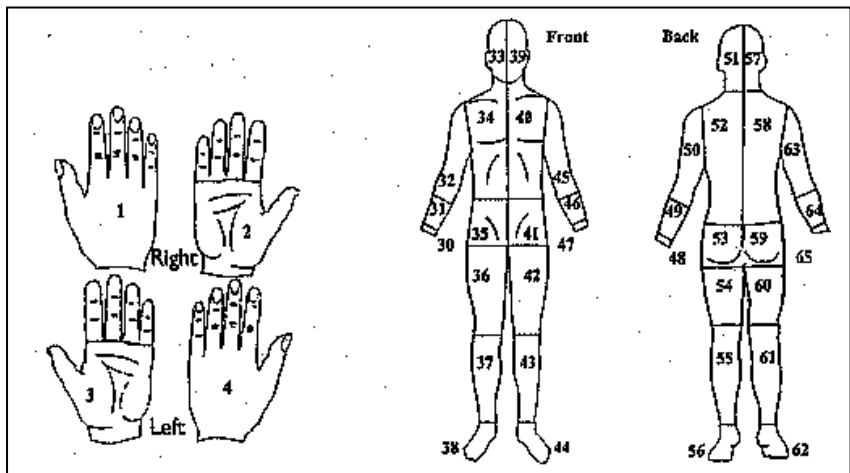
                                            Manufacturer: _____

13)   How long was the blood or body fluid In contact with healthcare worker's skin or mucous membranes? (tick one)
- ☐ 1   Less than 5 minutes
- ☐ 2   5-14 minutes
- ☐ 3   15 minutes to 1 hour
- ☐ 4   More than 1 hour

14)   How much blood/body fluid came in contact with healthcare worker's skin or mucous membranes? (tick one)
- ☐ 1   Small amount (up to 5 ml, or up to 1 teaspoon)
- ☐ 2   Moderate amount (up to 50ml, or up to quarter cup)
- ☐ 3   Large amount (more than 50 ml)

15)   Location of the exposure:

Write the number of the location of up to three exposed body parts in the blanks below.

Largest area of exposure: _____

Middle area of exposure: _____

Smallest area of exposure: _____

16)   Describe the circumstances leading to this exposure (please note if a device malfunction was involved)**:**

_____
_____
_____
_____
_____
_____

17)   For injured worker: Do you have an opinion that any other engineering control, administrative or work practice could have prevented the injury?   ☐ 1 Yes   ☐ 2 No   ☐ 3 Unknown
Describe: _____
_____
_____
_____
_____

Cost:

	Lab charges (HBV, HCV, HIV, other tests)
_____	Healthcare worker
_____	Source
	Treatment prophylaxis (HBIG, Hepatitis vaccines, tetanus, other)
_____	Healthcare worker
_____	Source
_____	**Service charges** (Emergency Dept, Employee Health, other)
_____	**Other costs** (Worker's Comp, surgery, other)
_____	**TOTAL** (round to nearest dollar)

Is this Incident government reportable?   ☐ 1 Yes   ☐ 2 No   ☐ 3 Unknown
If yes, days away from work?   _____
Days of restricted work activity?   _____

Does this incident meet the relevant defective medical device reporting criteria? (Yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 works days of incident.)
- ☐ 1 Yes (If yes, follow reporting protocol)   ☐ 2 No