Blood and Body Fluid Exposure Report

EPINet®
FOR MICROSOFT® ACCESS
EXPOSURE PREVENTION►
INFORMATION NETWORK►

Access 2010 US 4/2014

Last name: _____ First name: _____
Email address: _____

Injury ID: *(for office use only)* **S**_____ Facility ID*: (for office use only)* _____ Completed by: ___

1) Date of exposure: ☐☐ ☐☐ ☐☐☐☐ **2) Time of exposure:** ☐☐ ☐☐

3) Department where incident occurred: _____

4) Home/Employing department: _____

5) What is the job category of the exposed worker? (check one box only)

- ☐ 1 Doctor *(attending/staff)*; specify specialty _____
- ☐ 2 Doctor *(intern/resident/fellow)* specify specialty _____
- ☐ 3 Medical student
- ☐ 4 Nurse: specify ⟹ ☐ 1 R.N. ☐ 2 L.P.N. ☐ 3 N..P ☐ 4 C.R.N.A. ☐ 5 Midwife
- ☐ 5 Nursing student
- ☐ 18 C.N.A./H.H.A.
- ☐ 6 Respiratory therapist
- ☐ 7 Surgery attendant
- ☐ 8 Other attendant
- ☐ 9 Phlebotomist/Venipuncture/IV team
- ☐ 10 Clinical laboratory worker
- ☐ 11 Technologist *(non-lab)*
- ☐ 12 Dentist
- ☐ 13 Dental hygienist
- ☐ 14 Housekeeper
- ☐ 19 Laundry worker
- ☐ 20 Security
- ☐ 16 Paramedic
- ☐ 17 Other student
- ☐ 15 Other, describe: _____

6) Where did the exposure occur? (check one box only)

- ☐ 1 Patient room
- ☐ 2 Outside patient room *(hallway, nurses station, etc.)*
- ☐ 3 Emergency department
- ☐ 4 Intensive/Critical care unit: specify type: _____
- ☐ 5 Operating room/Recovery
- ☐ 6 Outpatient clinic/Office
- ☐ 7 Blood bank
- ☐ 8 Venipuncture center
- ☐ 9 Dialysis facility *(hemodialysis and peritoneal dialysis)*
- ☐ 10 Procedure room *(x-ray, EKG,etc)*
- ☐ 11 Clinical laboratories
- ☐ 12 Autopsy/Pathology
- ☐ 13 Service/Utility *(laundry,central supply,loading dock,etc)*
- ☐ 16 Labor and delivery room
- ☐ 17 Home-care
- ☐ 14 Other, describe: _____

7) Was the source patient identifiable? (check one box only)

☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not applicable

8) Which body fluids were involved in the exposure? (check all that apply)

- ☐ Blood or blood products
- ☐ Vomit
- ☐ Sputum
- ☐ Saliva
- ☐ CSF
- ☐ Peritoneal fluid
- ☐ Pleural fluid
- ☐ Amniotic fluid
- ☐ Urine
- ☐ Other, describe: _____

8a) Was the body fluid visibly contaminated with blood? ☐ Yes ☐ No ☐ Unknown

9) Was the exposed part? (check all that apply)

- ☐ Intact skin
- ☐ Non-intact skin
- ☐ Eyes (*conjunctiva*)
- ☐ Nose (*mucosa*)
- ☐ Mouth (*mucosa*)
- ☐ Other, describe: _____

10) Did the blood or body fluid? (check 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? (check all that apply)

- ☐ Single pair latex/vinyl gloves
- ☐ Double pair latex/vinyl gloves
- ☐ Goggles
- ☐ Eyeglasses *(not a protective item)*
- ☐ Eyeglasses with side shields
- ☐ Face shield
- ☐ Surgical mask
- ☐ Surgical gown
- ☐ Plastic apron
- ☐ Lab coat, cloth *(not a protective garment)*
- ☐ Lab coat, other, describe: _____
- ☐ Other, describe: _____

12) Was the exposure the result of? (check 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
- ☐ 9 Other, describe: _____

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

Manufacturer: _____

13) For how long was the blood or body fluid In contact with your skin or mucous membranes? (check 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 your skin or mucous membranes? (check one)

- ☐ 1 Small amount (up to 5 cc, or up to 1 teaspoon)
- ☐ 2 Moderate amount (up to 50 cc, or up to quarter cup)
- ☐ 3 Large amount (more than 50 cc)

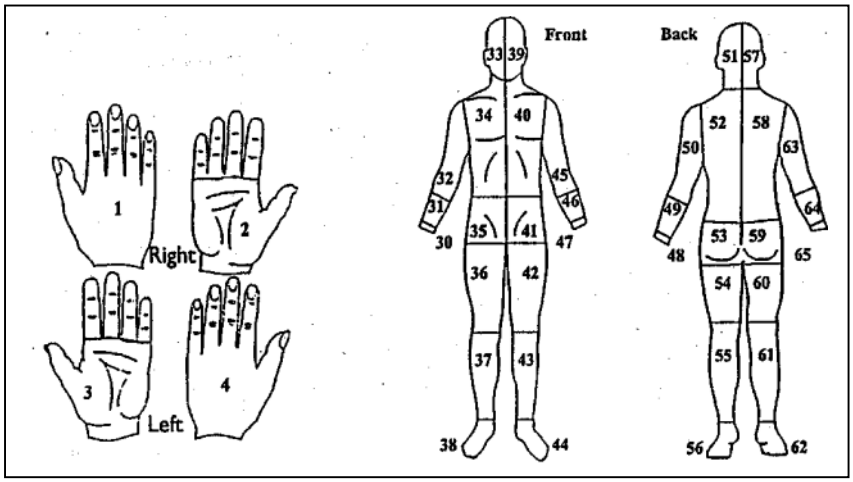
15) Location of the exposure:

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 exposed worker: Do you have an opinion that any other engineering control, administrative or work practice could have prevented the exposure? ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

Describe: _____
_____
_____
_____

Cost:

	Lab charges *(Hb, HCV, HIV, other tests)*
_____	Healthcare worker
_____	Source
	Treatment Prophylaxis *(HBIG, Hb vaccine, 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 OSHA reportable? ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

If yes, days away from work: _____

Days of restricted work activity: _____

Does this incident meet the FDA 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 FDA reporting protocol) ☐ 2 No ☐ 3 Unknown