Blood and Body Fluid Exposure Report

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

V1.3-4 custom/Continental Africa 6/2013

Last name: _____ **First name:** _____
Injury ID: *(for office use only)* **B**_____ **Completed by:** _____

Facility name: _____

☐ Teaching/Regional hospital ☐ Polyclinic ☐ Health post ☐ Other, describe: _____

1) Date of exposure: _____/_____/_____ **2) Time exposure:** _____:_____

3) Department where exposure occurred: _____ **4) Home department:** _____

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

☐ 1 Doctor *(specialist/consultant)*; specialty _____
☐ 2 Doctor *(resident/SMO/MO/House officer)* specialty _____
☐ 3 Medical student
☐ 24 Midwife/Birth attendant
☐ 4 Nurse ==========> ☐ 1 Registered ☐ 2 Midwife ☐ 3 Enrolled ☐ 4 Enrolled asst. ☐ 5 Agency staff
☐ 5 Nursing student
☐ 17 Other student
☐ 18 Ward assistant
☐ 10 Clinical laboratory worker
☐ 11 Technologist *(non lab)*
☐ 12 Dentist
☐ 16 Paramedic
☐ 14 Housekeeper
☐ 19 Laundry worker
☐ 20 Security
☐ 15 Other, describe: _____

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

☐ 1 Patient bedside
☐ 2 Outside patient area *(hallway, nurses station, etc.)*
☐ 3 Casualty/Emergency room
☐ 4 Intensive/Critical care unit: specify type:_____
☐ 5 Operating room/Recovery
☐ 6 Consulting room/OPD/Clinic
☐ 7 Blood bank
☐ 8 Venipuncture center
☐ 9 Dialysis facility *(hemodialysis and peritoneal dialysis)*
☐ 10 Procedure room *(injection/suture/POP/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/Liquor
☐ 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/nitrile gloves
☐ Double pair latex/vinyl/nitrile 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
☐ 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: _____

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)*

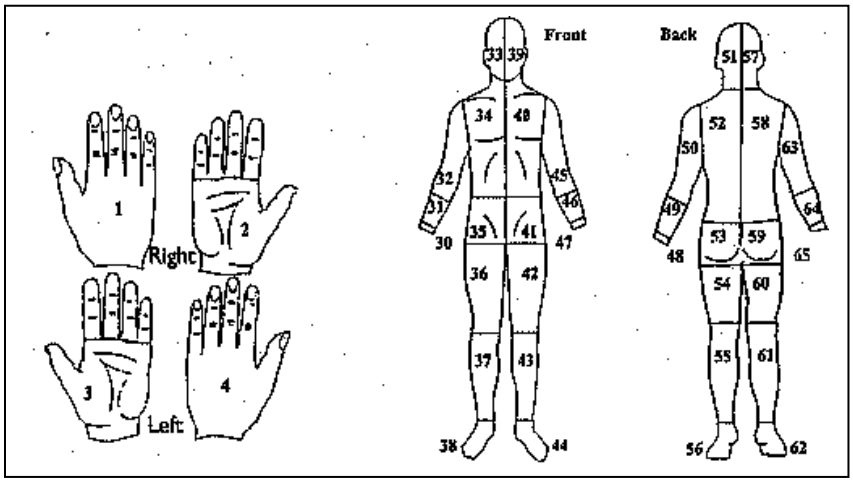
- ☐ 1 Small amount *(up to 5 ml)*
- ☐ 2 Moderate amount *(up to 50 ml)*
- ☐ 3 Large amount *(more than 50 ml)*

15) Write up to 3 numbers indicating the location of exposed body parts.

Area 1: _____

Area 2: _____

Area 3: _____



16) Have you been vaccinated for Hepatitis B? *(check one box only)*

☐ 1 Yes, fully, 3 doses ☐ 2 Yes, partially, 1 or 2 doses ☐ 3 No ☐ 4 Not applicable

17) Describe the circumstances leading to this exposure:

_____

_____

_____

_____

_____

Cost:

Lab charges (Hb, HCV, HIV, other)
_____ 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 government reportable? ☐ 1 Yes ☐ 2 No ☐ 3 Unknown

If Yes, Days Away from Work? _____
Days of Restricted Work Activity? _____

Does this incident meet the 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 ☐ 2 No