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| Facility Name: | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
| Name of Exposed Worker: | | | | | | |  | | | | | | | | | | | | | | | | | |
| Last Name: | |  | | | | | |  | | | First Name: | | |  | | | | | | |  | ID# | |  |
| Date of Exposure: | | | | / / | | | | |  | Time of Exposure: | | | | | | | | : | |  | 🞏 AM 🞏 PM | | | |
| Job Title / Occupation: | | | | |  | | | | | | | | | |  | | | | Dept/Work Unit: | | | |  | |
| Location Where Exposure Occurred: | | | | | | | |  | | | | | | | | | | | | | | | | |
| Name of Person Completing Form: | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | |
| **SECTION 1: TYPE OF EXPOSURE** (Check all that applies) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Percutaneous (Needle or sharp object that was in contact with blood or body fluids)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *(Complete Sections II, III, IV and V)* | | | | | | | | | | | | | | | | | | | | | | | |
| **Mucocutaneous 🞏 Mucous Membrane 🞏 Skin** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *(Check above and complete Sections III, IV and VI)* | | | | | | | | | | | | | | | | | | | | | | | |
| **Bite** | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | *(Complete Sections III, IV and VI)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | |
| **SECTION II: NEEDLE / SHARP DEVICE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| (If exposure was percutaneous, provide the following information about the device involved.) | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Device: | | |  | | | | | | | | | | | | | 🞏 Unknown / Unable to Determine | | | | | | | | |
| Brand / Manufacturer: | | | | | |  | | | | | | | | | | | 🞏 Unknown / Unable to Determine | | | | | | | | |
| Did the device have a sharps injury prevention feature i.e., a “safety device”? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | 🞏 Yes 🞏 No | | | | | 🞏 Unknown / Unable to Determine | | | | | | | | |
| If yes, when did the injury occur? | | | | | | | | | | | |  | | | | |  | | | | | | | | |
| 🞏 Before activation of safety feature was appropriate  🞏 During activation of the safety feature  🞏Safety feature improperly activated | | | | | | | | | | | | |  | 🞏 Safety feature failed after activation  🞏 Safety feature not activated  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Describe what happened with the safety feature, e.g., why it failed or why it was not activated: | | | | | | | | | | | | | | | | | | | | | | | | | |
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**SECTION III: EMPLOYEE NARRATIVE**

Describe how the exposure occurred and how it might have been prevented:

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Hours of sleep prior to exposure: \_\_\_\_\_\_ Hours

**SECTION IV: EXPOSURE AND SOURCE INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A: Exposure Details** (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. | **Type of fluid or material (For body fluid exposure only, check which fluid in adjacent box)** | | | | | | | | | | | | | | | | | | | |
|  | |  | 🞏 Blood / blood products 🞏 Visibly bloody body fluid\* 🞏 Non-visibly blood body fluid\* | | | | | | | | | | | | | | | | | | | |
|  | |  | 🞏 Visibly bloody solution (e.g., water used to clean a blood spill) | | | | | | | | | | | | | | | | | | | |
|  | |  | \*Identify which body fluid | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | 🞏 Cerebrospinal | | | | | | 🞏 Urine | | | | 🞏 Synovial | | | | | 🞏 Amniotic | | |
|  | |  | 🞏 Sputum | | | | | | 🞏 Peritoneal | | | | 🞏 Pericardial | | | | | 🞏 Saliva | | |
|  | |  | 🞏 Semen / Vaginal | | | | | | 🞏 Pleural | | | | 🞏 Feces / Stool | | | | | 🞏 Other/ Unknown | | |
|  | |  |  | | | |  | | | | | |  | | | |  | | | |  | |
|  | | 2. | **Body site exposure** (Check all that apply) | | | | | | | | | | | | | | | | | | | |
|  | |  | 🞏 Hand / Finger | | | | | 🞏 Eye | | | | 🞏 Mouth / Nose | | | | 🞏 Face | | | 🞏 Arm | | 🞏 Leg | |
|  | |  | 🞏 Other (Describe) | | | | | |  | | | | | | | | | | | | | |
|  | |  |  | | | | |  | | | |  | | | |  | | |  | | | |
|  | | 3. | **If percutaneous exposure:** | | | | | | | | | | | | | | | | | | | |
|  | |  | **Depth of injury** (check only one) | | | | | | | | | | | | | | | | | | | |
|  | |  | 🞏 Superficial (e.g., scratch, no / little blood) | | | | | | | | | |  | 🞏 Moderate (e.g., penetrated through skin, wound bled) | | | | | | | | | | |
|  | |  | 🞏 Deep (e.g., intramuscular penetration) | | | | | | | | | |  | 🞏 Other (Describe) | | | | | | | | |
|  | |  | Was blood visible on device before exposure? 🞏 Yes 🞏 No 🞏 Unsure / Unknown | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | |
|  | | 4. | **If mucous membrane or skin exposure:** (Check only one) | | | | | | | | | | | | | | | | | | | |
|  | |  | **Approximate volume of material** 🞏 Small (e.g., few drops) 🞏 Large (e.g., major blood splash) | | | | | | | | | | | | | | | | | | | | |
|  | |  | **If skin exposure, was skin intact:** 🞏 Yes 🞏 No 🞏 Unsure / Unknown | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | |
| B: | **Source Information** | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  | 1. | | | **Was the source individual identified?** 🞏 Yes 🞏 No 🞏 Unsure / Unknown | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | | | |
|  | 2. | | | **Provide the serostatus of the source patient for the following pathogens:** | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | **Positive** | | | **Negative** | | | | | **Refused** | | | | **Unknown** |
|  |  | | | HIV Antibody | | | | | | 🞏 | | | 🞏 | | | | | 🞏 | | | | 🞏 |
| HCV Antibody | | | | | | 🞏 | | | 🞏 | | | | | 🞏 | | | | 🞏 |
| HbsAg | | | | | | 🞏 | | | 🞏 | | | | | 🞏 | | | | 🞏 |
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| **SECTION IV: EXPOSURE AND SOURCE INFORMATION (continued)** | | | | | | | | | |
|  | 3. | **If known, when was the serostatus of the source determined?** | | | | | | | |
|  |  | 🞏 Known at the time of exposure | | | | |  |  | |
|  |  | 🞏 Determined through testing at the time of or soon after the exposure | | | | | | | |
|  |  | |  | | | | | | |
| A: | What device or item caused the injury? | | | | | | | | |
|  | 🞏 Hollow – bore needle | | | 🞏 Glass | | | | | |
|  | 🞏 Suture needle | | | 🞏 Other device or item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  |  | |  | | | | | | |
| B: | Purpose or procedure for which sharp item was used or intended. | | | | | | | | |
|  | 🞏 Establish intravenous or arterial access | | | | | 🞏 Access established intravenous or arterial line | | | |
| 🞏 Other specimen collection | | | | | 🞏 Injection through skin or mucous membrane | | | |
| 🞏 Obtain blood specimen (through skin) | | | | | 🞏 Suturing 🞏 Cutting 🞏 Other procedure | | | |
|  |  | | | | |  | | | |
| C: | When and how did the injury occur? (Select the point during or after the use that most closely represents when the injury occurred. In the corresponding right hand box, select *one* or *two* circumstance that reflect how the injury happened). | | | | | | | | |
|  |  | | | |  | | | |  |
|  | **During use of the item** | | | | **After use, before disposal of item** | | | | **During or after disposal of item** |
| *Select one or two choices:* | | | | *Select one or two choices:* | | | | *Select one or two choices:* |
| 🞏 Patient moved and jarred device | | | | 🞏 Handling equipment on a tray or stand | | | | Placing sharp in container |
| 🞏 Injured by sharp being disposed |
| 🞏 While interesting needle / sharp | | | | 🞏 Transferring specimen into specimen container | | | |
| 🞏 Injured by sharp already in container |
| 🞏 While manipulating needed / sharp | | | | 🞏 Processing specimens | | | |
| 🞏 Passing or transferring equipment | | | | 🞏 While manipulating container |
| 🞏 While withdrawing needed / sharp | | | |
| 🞏 Recapping  (missed or pierced cap) | | | | 🞏 Over-filled sharps container |
| 🞏 Passing or receiving equipment | | | | 🞏Punctured sharps container |
| 🞏 Suturing | | | | 🞏 Cap fell off after recapping | | | | 🞏Sharp protruding from open container |
| 🞏 Tying sutures | | | | 🞏 Disassembling device or equipment | | | |
| 🞏 Manipulating suture needle in holder | | | |  |
| 🞏 Decontamination / processing of used equipment | | | | Sharp in unusual location |
| 🞏 Incising | | | | 🞏 In trash |
|  | 🞏 Palpating / Exploring | | | | 🞏 During clean-up | | | | 🞏 In linen / laundry |
|  |  | | | | 🞏 In transit to disposal  🞏 Opening/ breaking glass containers | | | | 🞏 Left on table / tray |
|  |  | | | | 🞏 Left in bed / mattress |
| 🞏 On floor |
|  |  | | | | 🞏Collided with co-workers/other person | | | | 🞏 In pocket / clothing |
|  |  | | | | 🞏 Other unusual location |
|  |  | | | | 🞏Sharp object dropped after procedure | | | |  |
|  |  | | | | 🞏 Collided with co-worker or other person |
| 🞏 Struck by detached IV line needle | | | |
|  |  | | | | 🞏 Sharp object dropped |
|  |  | | | |  | | | | 🞏 Struck by detached IV line needle |
|  |  | | | |  | | | |
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Other relevant information:

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| Employee Signature and Date |  | Supervisor Signature and Date |