## Uniform Blood and Body Fluid Exposure Report

### Last Name: [ ]

### First Name: [ ]

1. Injury ID: for office use only: [ ]

2. Date of exposure: [ ] [ ] [ ]

3. Department where exposure occurred:

4. Home Department: [ ]

5a. Pilled out by: [ ]

### 5) Job Category: (check one)

- [ ] 1 M.D. (attending/staff); specify specialty: [ ]
- [ ] 2 M.D. (intern/resident/fellow); specify specialty: [ ]
- [ ] 3 medical student
- [ ] 4 nurse: specify: [ ] RN [ ]
- [ ] 5 nursing student [ ] LPN [ ]
- [ ] 6 CNA/HHA [ ] NP [ ]
- [ ] 7 respiratory therapist [ ] CRNA [ ]
- [ ] 8 surgery attendant [ ] midwife
- [ ] 9 other attendant
- [ ] 10 phlebotomist/venipuncture/L.V. team
- [ ] 11 technologist (non-lab)
- [ ] 12 dentist
- [ ] 13 dental hygienist
- [ ] 14 housekeeper
- [ ] 15 laundry worker
- [ ] 16 security
- [ ] 17 paramedic
- [ ] 18 other, describe:

### 6) Where did the exposure occur? (check one)

- [ ] 1 patient room
- [ ] 2 outside patient room (hallway, nurses' station, etc.)
- [ ] 3 emergency department
- [ ] 4 intensive/critical care unit: specify type:
- [ ] 5 operating room
- [ ] 6 outpatient clinic/office
- [ ] 7 blood bank
- [ ] 8 venipuncture center
- [ ] 9 dialysis facility (hemodialysis and peritoneal dialysis)
- [ ] 10 procedure room (x-ray, EMG, etc.)
- [ ] 11 clinical laboratories
- [ ] 12 autopsy/pathology
- [ ] 13 service/utility area (laundry, central supply, loading dock, etc.)
- [ ] 14 labor and delivery room
- [ ] 15 home care
- [ ] 16 other, describe:

### 7) Was the source patient identifiable? (check one)

- [ ] 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:

Was the body fluid other than blood visibly contaminated with blood? yes [ ] no [ ]

### 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 protective garment or barrier
- [ ] soak through clothing

### 11) Which protective items were worn at the time of the exposure? (check all that apply)

- [ ] single pair latex/vinyl gloves
- [ ] double pair latex/vinyl gloves
- [ ] goggles
- [ ] eyeglasses
- [ ] eyeglasses with shields
- [ ] surgical mask
- [ ] surgical gown
- [ ] plastic apron
- [ ] lab coat, cloth
- [ ] lab coat, other
- [ ] other, describe:
12) Was the exposure the result of: (check one)
   O 1 direct patient contact
   O 2 specimen container leaked/spilled
   O 3 specimen container broke
   O 4 I.V. tubing/bag/pump leaked/broke
   O 10 feeding/ventilator/other tube separated/leaked/spilled
   specify tubing:
   O 5 other body fluid container spilled/leaked
   O 6 touched contaminated equipment/surface
   O 7 touched contaminated drapes/sheets/gowns, etc.
   O 8 unknown
   O 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?
   O 1 less than 5 minutes
   O 2 5-14 minutes
   O 3 15 minutes to 1 hour
   O 4 more than 1 hour

14) How much blood/body fluid came in contact with your skin or mucous membranes: (check one)
   O 1 small amount (up to 5 cc, or up to a teaspoon)
   O 2 moderate amount (up to 50 cc, or up to a quarter cup)
   O 3 large amount (more than 50 cc)

15) MARK THE SIZE AND LOCATION OF THE EXPOSURE:

16) Describe the circumstances leading to the exposure:
   (please note if a device malfunction was involved)
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
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17) For exposed employee: Do you have an opinion that any  
   engineering, administrative or work practice could have prevented the exposure?
   O yes  O no 
   Explain: ___________________________________________________________
   ___________________________________________________________
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--- FOR OFFICE USE ONLY ---

lab charges
   (Hb, Hct, MCV, MCH, other)
   ___________________________________________________________
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in this incident OSHA reportable?
   Medical treatment (HBIG, Hepatitis vaccine, gamma globulin, AZT, etc.; not first aid, not tetanus)
   Restricted/lost work time; job transfer
   illness / death
   O yes  O no
   if yes, enter: ____________ days away from work
   ____________ days 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 interven-
   tion, or death occurred within 10 work days of incident)
   O yes  O no
   if yes, refer to EPINET manual for FDA reporting protocol,