BLOOD & BODY FLUID EXPOSURE REPORT FORM
Scan & Return to healthreporting@edisonohio.edu

Name: _____ Employee/Student #: _____

Age: _____ Sex: M ☐ F ☐ Phone Number _____

Date Reported: _____ Reported by: _____ Phone Number _____

Date of Exposure: _____ Time Exposure Occurred: _____A.M. _____P.M.

Supervisor: _____

Place of Accident/Injury: Piqua Campus ☐ Eaton Campus ☐ Greenville Campus ☐ Troy Campus ☐

Off Site Location ☐ _____
Name/Address

Had injured person completed a hepatitis B vaccination series? ☐ Yes ☐ No ☐ Unsure

Had the injured person received exposure control plan training in past 12 months? ☐ Yes ☐ No ☐ Unsure

Section 1. Employment

Work Status: ☐ Employee FT ☐ Employee PT ☐ Employee Misc. ☐ Student ☐ Contractor ☐ Visitor ☐ Other: _____

Job Classification of Injured Person: ☐ Athletics ☐ Childcare ☐ Facilities ☐ Faculty/Instructor ☐ Public Safety ☐ Student ☐ Other: _____

Section 2. Type of Exposure

☐ **Needle or sharp object that was in contact with blood or body fluids** (Complete Sections 1, 2, 3, 4A, 5, 6)

☐ **Mucous membrane or the skin** (Check below and complete sections 1, 2, 4B, 5, 6)
___ Mucous Membrane ___ Skin

☐ **Bite** (Complete Sections 1, 2, 4B, 5, 6)

Section 3. Needle/Sharp Device Information

(If exposure was from a needle or sharp object, provide the following information about the device involved.)

Type of Sharp

Needle: ☐ Blood gas Syringe ☐ Insulin Syringe w/Needle ☐ IV Catheter-Loose ☐ Needle Connected to IV ☐ Factory Attached Needle to Syringe ☐ Other Non-suture Needle ☐ Other Syringe w/Needle ☐ Prefilled Cartridge Syringe ☐ Syringe-Other ☐ TB Syringe w/Needle ☐ Vacuum Tube Collection ☐ Winged Steel Needle (Butterfly)

Surgical Instrument: ☐ Lancet ☐ Other Non-Glass Sharp ☐ Trocar

Glass: ☐ Ampule ☐ Blood Tube ☐ Other Glass ☐ Other Tube ☐ Slide

Other Sharp: ☐ Other (List) _____

Brand: _____ ☐ Unknown/Unable to determine

Model_____ ☐ Unknown/Unable to determine

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Section 4A. Cause of Injury

Original intended use of sharp? ☐ Contain Specimen/Pharmaceutical ☐ Draw Arterial Blood
☐ Draw Venous Blood ☐ Finger/Heal Stick ☐ Heparin or Saline Flush ☐ Injection-IM
☐ Injection-SC/ID ☐ Obtain body Fluid/Tissue Sample ☐ Other Injection/Aspiration IV
☐ Start IV or Set Up Heparin Lock

When did the injury occur? ☐ Before ☐ During ☐ After the sharp was used for its intended purpose.

If the exposure occurred during or after the sharp was used, was it:
☐ Because the injured was bumped during the procedure ☐ While disassembling
☐ While the sharp was being placed in a container ☐ While recapping
☐ Other _____

Did the device have any engineered sharps injury protection? ☐ Yes ☐ No ☐ Unsure

If yes, when did the injury occur?
☐ Before activation of safety feature was appropriate ☐ Safety feature failed after activation
☐ During activation of the safety feature ☐ Safety feature not activated
☐ Safety feature improperly activated ☐ Other: _____

Was the protective mechanism activated? ☐ Yes ☐ No ☐ Unsure

Was the injured person wearing gloves? ☐ Yes ☐ No ☐ Unsure

Was a sharps container readily available for disposal of the sharp? ☐ Yes ☐ No ☐ Unsure

Describe what happened with the safety feature, e.g., why it failed or why it was not activated:

_____

Section 4.B Cause of Injury

Exposure Details (Check all that apply)

Type of fluid or material
☐ Blood/blood products ☐ Visibly bloody body fluid ☐ Visibly bloody liquids

Involved body part: ☐ Arm (but not hand) ☐ Face/head/neck ☐ Hand ☐ Leg/foot ☐ Torso (front or back) ☐ Other _____

If broken skin exposure:
Depth of injury (Check only one)
☐ Superficial (e.g., scratch, no or little blood) ☐ Moderate (e.g., penetrated through skin, wound bled)
☐ Deep (e.g., intramuscular penetration) ☐ Unsure/Unknown

Was blood visible on device before exposure? ☐ Yes ☐ No ☐ Unsure/Unknown

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

Activity when exposure occurred:
☐ Airway manipulation ☐ Bleeding vessel ☐ Changing dressing/wound care
☐ Cleaning/transporting contaminated equipment ☐ Endoscopic Procedure ☐ Irrigation procedure
☐ IV or arterial insertion, removal, manipulation ☐ Manipulating blood tube/bottle, specimen container
☐ Phlebotomy ☐ Physical altercation ☐ Cough/spit/vomit ☐ Surgical procedure
☐ Tube placement/removal/manipulation ☐ Vaginal delivery ☐ Other: _____

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Section 5. Work Environment	Type of location/facility where the injury happened? ☐ Clinic ☐ EMS/Fire/Police ☐ Home Health ☐ Hospital ☐ Outpatient Treatment (dialysis) ☐ Radiology ☐ Campus ☐ Other Off Campus Location: _____ Work area where injury occurred (select best choice) ☐ Classroom ☐ Common Indoor Space ☐ Common Outdoor Space ☐ Critical Care Unit ☐ Dialysis Room/Center ☐ Emergency Department ☐ EMS/Fire Response ☐ Field (Non EMS) ☐ Floor, Not Patient Room ☐ Home ☐ Laboratory ☐ L&D ☐ Medical/Outpatient Clinic ☐ Off Campus ☐ OR ☐ Patient/Resident Room ☐ Pre-Op or PACU ☐ Procedure Room ☐ Radiology ☐ Seclusion Room ☐ Other _____
Section 6. Employee Narrative	If the sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? _____ _____ Do you have an opinion that any other engineering, administrative or workplace control could have prevented the injury? _____ _____ Describe how the exposure occurred: _____ _____

For Office Use Only
☐ DPS Responded Unit # _____ ☐ DPS Report Filed Date: _____ Copied to: ☐ DPS ☐ Wellness Coordinator ☐ Human Resources ☐ Other _____