

SFD / SPD / SAVES

Bloodborne Exposure Incident Report

Bloodborne Exposure Incident Report (*Employee*)

Name _____

Date of report: _____

Date of exposure occurrence: _____

Time of exposure _____ am / pm

How many uninterrupted hours had you been working when this exposure occurred?: _____

Working Area:

- ED
- On Scene (be specific) _____
- AMBULANCE
- Corp Room
- Other (specify _____)

Position

- EMT
- Driver
- General Memeber
- Other (specify _____)

Have you had a previous exposure incident?: Yes No

If the answer is 'Yes', How many times have you been exposed?: _____

Was the previous exposure documented?: Yes No

Did the exposure involve:

- Blood
- Saliva only
- Blood and Saliva
- Unknown
- Other (specify _____)

Are you

- Right-Handed
- Left-Handed

Were you:

- Self-Exposed
- Exposed by Another Person

If you were exposed by another person please explain below.

Type of exposure:

- Needle Injury
- Syringe Needle Gauge _____
- Other (specify _____)

- Splash (check all that apply)
 - Eyes
 - Mouth
 - Nose
 - To Existing Wound
 - To Intact Skin
 - To Non-Intact Skin (specify _____)
 - Other (specify _____)
- Bitten by Patient
- Other (specify _____)

If you checked needle or syringe please specify the brand of instrument involved in the exposure:

Describe the circumstances under which this exposure occurred. Be as specific as possible.

Description of procedure in progress when exposure occurred:

When did the exposure occur?:

- Before use of the item
- During use of the item
- After use but before disposal
- During or after disposal
- During cleaning
- Unknown

How did the exposure occur?:

- While manipulating patient or instrument
- Patient moved and jostled instrument or sharp item
- While inserting needle in patient
- While withdrawing needle from patient
- Other (specify _____)
- Handling equipment
- Passing or transferring equipment
- Recapping (missed or pierced cap)
- Removing needle from syringe
- Assembling or disassembling equipment
- During cleanup

- Other (specify _____)
- Collision or contact with sharp object
- Disposal-related (e.g., injured by device being disposed of, sharp already in container, sharp protruding from container, overfilled container)
- Other (specify _____)

Personal protective equipment being utilized at time of accident:
(check all that apply)

- Single Gloves
- Double Gloves
- Utility Gloves
- Mask
- Mask w/ Shield
- Goggles
- Non-safety (prescription) glasses
- Glasses w/ side shields
- Face Shield
- Gown
- Other (specify _____)

Was an engineering control or a device equipped with an engineering control in use during this exposure incident?:

- Yes No

If yes, what kind?

- Needle recapper
- Safety-enhanced device (e.g., safety needle)

Circumstances contributing to this exposure:

(Choose all that apply. Rank in order of importance [1=most important].)

- Unfamiliar Procedure
- Concern about patient's infection/illness
- Difficulty with procedure
- Rushing Procedure
- Pressure from environment
- Location of equipment (e.g. handpieces, mobile cart)
- Faulty or malfunctioning equipment
- Being distracted
- Poor visibility
- Poor positioning
- Not following procedure steps correctly
- Other (specify _____)

What might have prevented this exposure?:

- More instruction
- More assistance
- More time
- Less pressure
- Having more experience
- Better personal protective equipment (specify _____)
- Improved engineering controls (specify _____)
- Other (*Be as specific as possible*) (specify _____)

SFD /SPD / SAVES

Bloodborne Exposure Incident Report

Director / Safety Officer/ Health Care Provider / Crew Chief
Assessing this Injury/Exposure

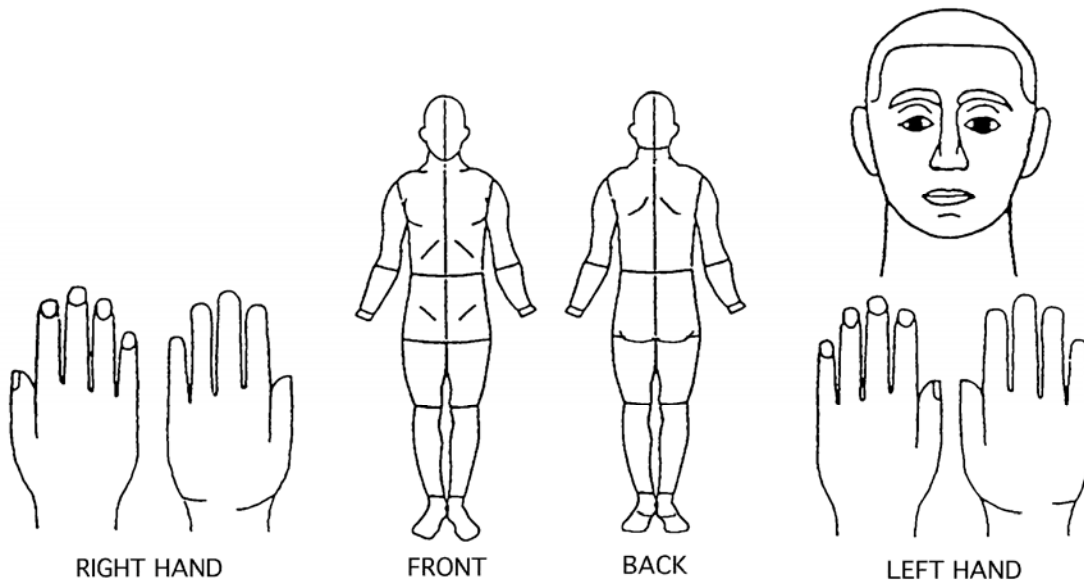
Description of exposure:

- Needlestick
- Puncture
- Laceration
- Scrape
- Splash to Mucous Membranes
- Other (specify _____)

Location of exposure:

- Finger/Thumb
- Hand, dominant
- Hand, non-dominant
- Face/Part of Face
- Arm
- Leg
- Other (specify _____)

Please indicate where exposure occurred by placing an 'X' on DIAGRAM.



Depth of puncture or laceration:

- Superficial scratch or puncture, no blood appeared
- Superficial scratch or puncture, some blood appeared
- Deep laceration or puncture wound, blood appeared

Amount of blood/body fluid person was exposed to:

- None

- Minor, less than a droplet
- Minor, more than a droplet
- Large amount
- Unknown

How was the wound or exposed area cleaned?:

- Washed with water only
- Soap and water
- Chemical cleanser (specify _____)
- Other (specify _____)
- Wound not cleaned

Treatment and Testing

Has the employee ever had the Hepatitis B Vaccine (3 or more doses)?: Yes No
If incomplete: 1 Dose 2 Doses No Doses Already Immune

Did the employee have post-vaccination testing?: Yes No Results: _____ Date _____

Has the employee had a Tetanus booster in the past 5 years?: Yes No Unknown

Where was the employee sent?:

- FCMG
- Private Clinic
- Emergency Room
- Other (specify _____)

Was the employee offered post-exposure prophylaxis?
 Yes No Unknown

Did the employee begin a treatment regimen?
 Yes No Unknown

Additional Comments (regarding this exposure, problems, etc.):

Person Completing Report _____

Signature: _____ Date _____

Source Patient Information
(Use health history to supplement questions)

Is person known to be HBSAg+ or a carrier of HBV?

Yes No Unknown

Is this person known to have Hepatitis C?

Yes No Unknown

Has this person been diagnosed with AIDS?

Yes No Unknown

Has this person tested HIV Positive?

Yes No Unknown

Has this person had blood transfusions before 1990?

Yes No Unknown

If Yes, when?: _____

Does this person receive hemodialysis?

Yes No Unknown

Is this person at heightened risk for bloodborne infection due to behavior or background?

Yes No Unknown

If Yes, please explain: _____

This information was obtained through:

- Oral Interview
 Health History review only
 Oral Interview and Health History review

Was Source Patient tested for

HIV (Yes / No)

HBV (Yes / No)

HCV (Yes / No)? (please circle your response)

If 'No' to any testing , Why not?:

Refused testing

Recently tested

Wants to be tested elsewhere

Known to be HIV+, HBV+, HCV+ (please circle correct response)

Source test pending

Source could not be identified

Other (specify _____)

Patient Name _____ DOB _____

Contact Information # _____

Hospital Transported To _____