Bloodborne Pathogen & Communicable Disease
Student Exposure Reporting Form

BLOOD BORNE PATHOGEN & COMMUNICABLE DISEASE STUDENT EXPOSURE REPORTING FORM

Name of Exposed Individual:_____

Address: _____

Phone: _____ **Date of Birth:** _____

Date of Exposure: _____ **Time of Exposure:**_____

Exact location where exposure occurred (i.e patient room #, hallway, utility room):

_____

Witnesses to exposure incident:

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Phone #: _____ **Phone #:** _____

Describe the circumstances of the exposure:

_____

_____

_____

_____

THE FOLLOWING SECTION IS APPLICABLE ONLY TO SHARP OBJECT INJURIES. IF THIS EXPOSURE WAS NOT THE RESULT OF A SHARP OBJECT INJURY, PLEASE CONTINUE TO PAGE 3.

1. Was the injured worker the original user of the sharp item?
   ◯Yes ◯No ◯Unknown ◯Not applicable+

2. The sharp item was:
   ◯ Contaminated ◯ Uncontaminated ◯ Unknown ◯ Not applicable

3. For what purpose was the sharp item originally used:
   - ☐ Unknown
   - ☐ Injection into muscle, vein, or artery
   - ☐ Heparin or saline flush
   - ☐ Injection into (or aspiration from) IV injection site or IV port
   - ☐ To connect IV line
   - ☐ To gain intravenous access
   - ☐ To draw a venous blood sample
   - ☐ To draw an arterial blood sample

4. Did the injury occur:
   - ☐ Before use of item
   - ☐ During use of item
   - ☐ After use of item
   - ☐ Between steps of a multi-step procedure
   - ☐ While recapping a used needle
   - ☐ While withdrawing needle from a rubber port
   - ☐ Device left on floor, table, or bed
   - ☐ In transit to disposal
   - ☐ While disposing of item
   - ☐ After disposal/protruding from sharps container
   - ☐ Other: _____

5. What type of device caused the injury?
   ◯Hollow Bore Needle ◯Surgical Needle ◯ Lancet ◯ Glass ◯Other_____

6. Brand/Manufacturer of product (i.e. ABC Medical Company):

   _____ ◯Unknown

7. If the item causing the injury was a needle or a sharp medical device, was it a "safety design" with a shielded, recessed, retractable, or blunted needle or blade?
   ◯Yes ◯No ◯Unknown

   a.Was the protective mechanism activated?
   ◯Yes, fully ◯No
   ◯Yes, partially ◯Unknown

   b.Did exposure incident happen
   ◯Before activation ◯During activation
   ◯After activation ◯N/A

THE FOLLOWING SECTION IS APPLICABLE ONLY TO BLOOD AND/OR BODY FLUID EXPOSURES TO SKIN OR MUCOUS MEMBRANES. IF THIS EXPOSURE WAS THE RESULT OF A SHARP OBJECT INJURY, PLEASE CONTINUE TO PAGE 4

8. Which body fluids were involved in the exposure?

☐ Blood or blood products	☐ Saliva	☐ Peritoneal fluid
☐ Vomit	☐ Sputum	☐ Pleural fluid
☐ Amniotic fluid	☐ CSF	☐ Urine

☐ Other: _____

9. Was the body fluid visibly contaminated with blood?

○ Yes ○ No ○ Unknown ○ Not applicable

10. Was the exposed part:

☐ Intact skin	☐ Eyes (conjunctiva)	☐ Nose (mucosa)
☐ Non-intact skin	☐ Mouth (mucosa)	☐ Other: _____

11. Did the blood or body fluid:

☐ Touch unprotected skin	☐ Soak through protective barrier garment
☐ Touch skin between gap in PPE	☐ Soak through clothing

12. Which barrier garments, if any, were worn at the time of exposure:

☐ Latex/vinyl gloves	☐ Face shield	☐ Protective gown
☐ Goggles	☐ Surgical mask	☐ Lab coat
☐ Eyeglasses	☐ Other: _____	

13. If the exposure was the result of an equipment failure, please specify:

Equipment type _____ Manufacturer: _____

14. For how long was the blood or body fluid in contact with your skin or mucous membranes:

○ < 5 minutes ○ 5 – 15 minutes ○ 15 minutes – 1 hour ○ > 1 hour

15. How much blood/body fluid came in contact with your skin or mucous membranes?

○ Small amount (< 5 cc) ○ Moderate amount (up to 50 cc) ○ Large amount (> 50 cc)