

**JEFFERSON COUNTY**  
**EMPLOYEE BLOOD/BODY FLUID EXPOSURE REPORT**

Complete and take to Occupational Health (M-F, 7:00am - 3:30pm) or the ER Charge Nurse/Cooper Green Hospital.  
**NOTE: If you work in an area other than Cooper Green Hospital, immediately notify the Occupational Health Nurse to receive treatment instructions. If the exposure occurs after hours, on weekends or holidays report to Brookwood Hospital Emergency Room and notify the Occupational Health Nurse the next business day.**

**A. EMPLOYEE INFORMATION**

NAME \_\_\_\_\_ SSN \_\_\_\_\_ DATE OF EXPOSURE \_\_\_\_\_  
TIME OF EXPOSURE \_\_\_\_\_ AM/PM TIME REPORTED \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
HAVE YOU RECEIVED ALL 3 DOSES OF THE HEPATITIS B VACCINE? NO \_\_\_ UNKNOWN \_\_\_ YES \_\_\_ YR. \_\_\_\_\_  
DATE OF LAST TETANUS VACCINE \_\_\_\_\_

**B. SOURCE INFORMATION**

NAME OF SOURCE \_\_\_\_\_ UNKNOWN \_\_\_ SOURCE SSN \_\_\_\_\_  
SOURCE DOB \_\_\_\_\_ SOURCE MD \_\_\_\_\_ SOURCE MR # \_\_\_\_\_  
SOURCE ROOM # \_\_\_\_\_ JAIL \_\_\_\_\_ OTHER (explain) \_\_\_\_\_  
DIAGNOSIS \_\_\_\_\_ DOES SOURCE HAVE A HISTORY OF HIV \_\_\_ HEPATITIS B \_\_\_ HEPATITIS C \_\_\_

**C. EXPOSURE DETAILS**

TYPE OF BODY FLUID: \_\_\_\_\_ If not blood, was the body fluid visibly bloody? \_\_\_\_\_  
INCIDENT TYPE  
PERCUTANEOUS (NEEDLESTICK/PUNCTURE) \_\_\_\_\_ (Complete Section D)  
MUCOUS MEMBRANE/SKIN EXPOSURE \_\_\_\_\_ (Complete Section E)

**D. PERCUTANEOUS**

DO YOU FEEL THE INJURY WAS: Superficial \_\_\_ Moderate \_\_\_ Severe/Deep \_\_\_  
(little or no bleeding) (skin punctured, some bleeding) (deep stick/cut, profuse bleeding)

WAS THE SHARP ITEM CONTAMINATED WITH BLOOD? YES \_\_\_ NO \_\_\_ UNKNOWN \_\_\_

DID YOU HAVE ON GLOVES AT THE TIME OF EXPOSURE? YES \_\_\_ NO \_\_\_ HOW MANY PAIR? \_\_\_\_\_

**INJURY INCURRED:**

During use \_\_\_ After use, before disposal \_\_\_ During disposal \_\_\_ After disposal \_\_\_  
Recapping \_\_\_ Other \_\_\_\_\_

WHAT DEVICE CAUSED THE INJURY? \_\_\_\_\_

DID THIS ITEM HAVE ANY TYPE OF "SAFETY DESIGN?" YES \_\_\_ NO/N/A \_\_\_ UNKNOWN \_\_\_

**THE SHARP WAS ORIGINALLY USED FOR WHAT PURPOSE? (check one)**

Unknown ___	Finger/Heel stick ___	Draw arterial blood ___
Start central/arterial line ___	Start IV or set up Heparin lock ___	Draw venous blood ___
Connect IV line piggyback ___	Suturing ___	Cutting ___
Electrocautery ___	Injection (IM/SQ) or other through the skin ___	Heparin/saline flush ___
Injection/aspiration into IV injection site or port ___		Glass vial ___
Other (describe) _____		

**E. OTHER EXPOSURES**

**PROTECTIVE ITEMS WORN:**

Gloves \_\_\_ Goggles \_\_\_ Mask \_\_\_ Gown \_\_\_ Face shield \_\_\_ None \_\_\_

**THE EXPOSURE WAS A RESULT OF:**

Directly from the source ___	Contaminated specimen container ___
Specimen container broke ___	Contaminated IV tubing ___
Contaminated equipment ___	Contaminated drapes/sheets/gowns ___
Unknown ___	Other _____

**AREA OF EXPOSURE**

<b>SKIN:</b>	Intact ___	Not intact (abrasion, laceration, etc.) ___
<b>MUCOUS MEMBRANES:</b>	Eye ___	Mouth ___ Nasal Membranes ___

**HOW LONG WAS THE BLOOD OR BODY FLUID IN CONTACT WITH THE SKIN OR MUCOUS MEMBRANE?**

Less than 5 minutes \_\_\_ 5 - 14 minutes \_\_\_ 15 minutes or more \_\_\_

**ESTIMATE THE AMOUNT OF FLUID THAT CAME INTO CONTACT WITH YOU**

5cc (teaspoon) \_\_\_ 5cc-60cc (1 teaspoon - 2 oz.) \_\_\_ more than 60 cc \_\_\_

I have had \_\_\_ blood/body fluid exposures since my employment. I understand that laboratory tests will be performed on the source, if possible. I am aware that immediate evaluation is indicated at the ER/Cooper Green Hospital (ER Charge Nurse) if the Occupational Health Nurse is not available. It will be my responsibility to report to the Occupational Health Nurse for the appropriate follow-up.

**EMPLOYEE'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REFUSAL OF RECOMMENDED FOLLOW-UP**

As a result of my blood/body fluid exposure on \_\_\_\_\_, I have been advised of the follow-up procedures/medications that are recommended. These procedures/medications and the risks and benefits have thoroughly explained to me. It is my choice not to comply.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date