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Massachusetts Department of Public Health
Bloodborne Pathogen Exposure Incident Recording Form

EMPLOYER:*	**UNIQUE EXPOSURE INCIDENT NUMBER:***
EXPOSED WORKER'S NAME: (or unique ID number)	**OSHA RECORDABLE:** ☐ YES ☐ NO ☐ UNKOWN
STATUS OF EXPOSED WORKER: ☐ EMPLOYEE ☐ VOLUNTEER ☐ OTHER ☐ NON EMPLOYEE PRACTITIONER ☐ TEMP / CONTRACT ☐ STUDENT ___________	**TIME WORK SHIFT BEGAN:*** : am pm

DATE OF INCIDENT:*	**TIME of INCIDENT:***	**DATE REPORTED:**	**TIME REPORTED:**
/ /	: am pm	/ /	: am pm

TYPE OF EXPOSURE:*
- ☐ Percutaneous
- ☐ Mucous membrane
- ☐ Skin
  - Was skin intact?: ☐ YES ☐ NO ☐ UNKNOWN
- ☐ Bite

TYPE OF FLUID:
- ☐ Blood / blood products
- ☐ Visibly bloody body fluid
- ☐ Non-visibly bloody body fluid
- ☐ Visibly bloody solution (iv fluid, etc.)
- ☐ Non-visibly bloody solution
- ☐ Other __________________ (specify)
- ☐ Unknown

FOR PERCUTANEOUS INJURIES:

DEPTH OF INJURY:
- ☐ Superficial
- ☐ Moderate
- ☐ Deep
- ☐ Unknown

BLOOD VISIBLE ON DEVICE BEFORE EXPOSURE?
- ☐ Yes
- ☐ No
- ☐ Unknown

BODY PART INJURED:
- ☐ Arm
- ☐ Hand
- ☐ Finger
- ☐ Mouth / nose
- ☐ Leg
- ☐ Other ______________ (specify)

PERSONAL PROTECTIVE EQUIPMENT WORN BY WORKER AT TIME OF EXPOSURE:
- ☐ Gloves (single pair)
- ☐ Gloves (double pair)
- ☐ Gloves (triple pair)
- ☐ Eye protection
- ☐ Face shield
- ☐ Gown/Garment
- ☐ Mask
- ☐ Other________________________ (specify)
- ☐ None of the above

OCCUPATION:*
- ☐ Anesthesiologist
- ☐ Attendant / orderly
- ☐ Attending physician
- ☐ Central supply
- ☐ Clerical / administrative
- ☐ Clinical lab technician
- ☐ Counselor / Social worker
- ☐ Dentist
- ☐ Dental assistant / tech
- ☐ Dental hygienist
- ☐ Dental student
- ☐ Dietician
- ☐ EMT / paramedic
- ☐ Fellow
- ☐ Fireperson / First responder
- ☐ Food service
- ☐ Hemodialysis technician
- ☐ Home health aide
- ☐ Housekeeper
- ☐ Intern
- ☐ Laundry staff
- ☐ Law enforcement officer
- ☐ Licensed Practical Nurse
- ☐ Maintenance
- ☐ Medical assistant
- ☐ Medical student
- ☐ Morgue technician
- ☐ Nurse Anesthetist
- ☐ Nurse Midwife
- ☐ Nurse Practitioner
- ☐ Nursing Assistant
- ☐ Nursing student
- ☐ OR / surgical technician
- ☐ Patient care technician
- ☐ Pharmacist
- ☐ Phlebotomist
- ☐ Physician assistant
- ☐ Physical therapist
- ☐ Psychiatric technician
- ☐ Public health worker
- ☐ Radiologic technician
- ☐ Radiologist
- ☐ Registered Nurse
- ☐ Researcher
- Resident
  - ☐ PGY-1
  - ☐ PGY-2
  - ☐ PGY-3
- ☐ Respiratory Therapist / tech
- ☐ Safety / security
- ☐ Surgeon
- ☐ Transport / messenger
- ☐ Volunteer
- ☐ Other ___________________ (specify)

DEPARTMENT OR WORK AREA WHERE EXPOSURE INCIDENT OCCURRED:* ***Select all that apply***

Identify specific location (room number, floor etc): ____

- ☐ Ambulance
- ☐ Ambulatory care clinic
- ☐ Anesthesia
- ☐ Blood bank
- ☐ Cardiac cath laboratory
- ☐ Central sterile supply
- ☐ Central trash area
- ☐ Clinical chemistry
- ☐ Dialysis
- ☐ Dental Clinic
- ☐ Dermatology
- ☐ Detox unit
- ☐ Emergency Department
- ☐ Employee health / Infection control
- ☐ Endoscopy / bronchoscopy /cytoscopy
- ☐ Exam room
- ☐ Hematology / Oncology
- ☐ Histology / pathology
- ☐ Home health visit (home)
- ☐ Hospital grounds
- ☐ Intensive care unit
- ☐ Jail unit
- ☐ Labor and delivery
- ☐ Laundry room
- ☐ Long term care
- ☐ Medical / surgical ward
- ☐ Microbiology
- ☐ Morgue / autopsy room
- ☐ Nursery
- ☐ Obstetrics / gynecology ward
- ☐ Operating room
- ☐ Pain clinic
- ☐ Pediatrics
- ☐ Pharmacy
- ☐ Phlebotomy room
- ☐ Post anesthesia care unit
- ☐ Psychiatry ward
- ☐ Radiology department room
- ☐ Rehabilitation unit
- ☐ Procedure room____________ ________________________ (specify)
- ☐ Other location______________ ________________________ (specify)

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IS THIS THE DEPARTMENT TO WHICH THE WORKER IS REGULARLY ASSIGNED? ☐ YES ☐ NO ☐ N/A

IF NO, TO WHICH DEPARTMENT IS THE WORKER REGULARLY ASSIGNED? ______________________________

WHAT DEVICE OR ITEM WAS INVOLVED IN THE INJURY?*

Hollow bore needle
- ☐ Biopsy needle
- ☐ IV stylet
- ☐ Hollow-bore needle, type unknown
- ☐ Huber needle
- ☐ Hypodermic needle attached to a disposable syringe
- ☐ Hypodermic needle attached to IV tubing
- ☐ Phlebotomy needle (other than butterfly)
- ☐ Prefilled cartridge syringe
- ☐ Spinal or epidural needle
- ☐ Unattached hypodermic needle
- ☐ Winged steel needle
- ☐ Winged steel needle attached to a vacuum tube collection holder
- ☐ Winged steel needle attached to IV tubing
- ☐ Vacuum tube collection holder / needle
- ☐ Other type of hollow bore needle ______________________________ (specify)

Suture needle
- ☐ Curved suture needle
- ☐ Straight suture needle

Glass
- ☐ Capillary tube
- ☐ Medication ampule / vial / IV bottle
- ☐ Pipette
- ☐ Slide
- ☐ Specimen / test / vacuum tube
- ☐ Other glass item ____________________ (specify)

Additional dental / surgical devices
- ☐ Dental bur
- ☐ Dental pick
- ☐ Drill bit
- ☐ Hypodermic needle attached to non-disposable syringe
- ☐ Elevator
- ☐ Extraction forceps
- ☐ Root canal file
- ☐ Rod (orthopaedic)
- ☐ Other dental / surgical device or item ______________________________ (specify)

Other sharp object
- ☐ Bone chip / chipped tooth
- ☐ Bone cutter
- ☐ Bovie electrocautery device
- ☐ Bur
- ☐ Explorer
- ☐ Histology cutting blade
- ☐ Lancet
- ☐ Laser
- ☐ Pin
- ☐ Razor
- ☐ Retractor
- ☐ Scaler / curette
- ☐ Scalpel blade
- ☐ Scissors
- ☐ Tenaculum
- ☐ Trocar
- ☐ Wire
- ☐ Other type of sharp object ______________________________ (specify)
- ☐ Sharp object, type unknown

WAS THE DEVICE PART OF A PRE-PACKAGED KIT? ☐ Yes ☐ No ☐ Unknown

MANUFACTURER OF DEVICE:* ______________________________

BRAND OF DEVICE: ______________________________

MODEL OF DEVICE: ______________________________

DID THE DEVICE HAVE ENGINEERED SHARPS INJURY PREVENTION FEATURES? ☐ Yes ☐ No ☐ Unknown

IF YES, WHEN DID THE INJURY OCCUR?
- ☐ Before activation of safety feature
- ☐ During activation of safety feature
- ☐ Safety feature improperly activated
- ☐ Safety feature failed; after activation
- ☐ Safety feature not activated
- ☐ Passive safety feature, activation not required
- ☐ Other ______________________________ (specify)
- ☐ Unknown

IF YES, WAS THE WORKER TRAINED IN THE PROPER USE OF THE SHARPS INJURY PREVENTION FEATURE?
☐ Yes→ Describe training:
☐ No

IF YES, INDICATE THE MECHANISM OF THE SHARPS INJURY PREVENTION FEATURE:
- ☐ Blunting
- ☐ Retractable
- ☐ Sliding sheath
- ☐ Hinged cap
- ☐ Other ______________________________
- ☐ Unknown

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PURPOSE OR PROCEDURE FOR WHICH SHARP WAS USED OR INTENDED:*

Line procedures:

- ☐ To insert a peripheral IV line or set up a heparin lock
- ☐ To insert a central IV line
- ☐ To insert an arterial line
- ☐ To connect IV line (intermittent IV / piggy back / IV infusion / other IV line connection)
- ☐ To flush heparin / saline
- ☐ Other injection into IV injection site or IV port ______________ (specify)
- ☐ Other line procedure ______________ (specify)

Blood procedures:

- ☐ Dialysis / AV fistula site
- ☐ Draw blood from arterial line
- ☐ Draw blood from central or peripheral IV line or port
- ☐ Draw blood from umbilical vessel
- ☐ Fingerstick / heel stick
- ☐ Percutaneous arterial puncture
- ☐ Percutaneous venous puncture (e.g. phlebotomy)
- ☐ Other blood sampling ______________ (specify)

Other procedures:

- ☐ Cutting (e.g. surgery / autopsy)
- ☐ Drilling
- ☐ Epidural / spinal anesthesia
- ☐ Intramuscular (IM) injection
- ☐ Shaving
- ☐ Subcutaneous / intradermal injection / skin test placement
- ☐ Suture removal
- ☐ Suturing
- ☐ To obtain a body fluid or tissue sample (CFS / amniotic / biopsy)
- ☐ To obtain laboratory specimens
- ☐ Transferring blood / body fluid to another container
- ☐ Other procedure (not a line procedure or blood sampling procedure) ______________ (specify)
- ☐ Unknown

***Dental procedure*:**

- ☐ Dental drilling
- ☐ Hygiene (prophy, root plane, curettage)
- ☐ **Oral surgery**
  - ☐ Simple extraction
  - ☐ Surgical extraction
  - ☐ Fracture reduction
  - ☐ Other ______________ (specify)
  - ☐ Unknown
- ☐ Orthodontic procedure
- ☐ Periodontal surgery
- ☐ Restorative(amalgam, composite, crown)
- ☐ Root canal
- ☐ Other ______________ (specify)
- ☐ Unknown

***Where did the injury occur*?**

- ☐ Inside the patient's mouth
- ☐ Outside the patient's mouth
- ☐ Unknown

DID THE INJURY OCCUR BEFORE USE OF THE ITEM?* ☐ Yes ☐ No ☐ Unknown

If yes, go to the narrative description of the incident.

DID THE INJURY OCCUR DURING USE OF THE ITEM?

☐ Yes ☐ No

↓

If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:*

- ☐ Collided with co-worker or other person
- ☐ Device malfunction
- ☐ Incising
- ☐ Manipulating suture needle in holder
- ☐ Palpating / Exploring
- ☐ Passing, receiving or transferring equipment during use of the item
- ☐ Patient moved and jarred device
- ☐ Sharp object dropped
- ☐ Suturing
- ☐ Tying sutures
- ☐ While inserting needle in line
- ☐ While inserting needle in patient
- ☐ While manipulating needle in line
- ☐ While manipulating needle in patient
- ☐ While withdrawing needle from line
- ☐ While withdrawing needle from patient
- ☐ Other ______________ (specify)
- ☐ Unknown

DID THE INJURY OCCUR AFTER USE AND BEFORE DISPOSAL OF THE ITEM?

☐ Yes ☐ No

↓

If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:*

- ☐ Activating safety device
- ☐ Cap fell off after recapping
- ☐ Collided with co-worker or other person
- ☐ Disassembling device or equipment
- ☐ Decontamination / processing of used equipment
- ☐ During clean-up
- ☐ Failure to activate safety device
- ☐ Handling equipment on a tray or stand
- ☐ In transit to disposal
- ☐ Opening / breaking glass containers
- ☐ Processing specimens
- ☐ Passing, receiving or transferring equipment after use of the item
- ☐ Recapping (missed or pierced cap)
- ☐ Sharp object dropped after procedure
- ☐ Struck by detached I.V. line needle
- ☐ Transferring blood / bodily fluids into specimen container
- ☐ Other ______________ (specify)
- ☐ Unknown

DID THE INJURY OCCUR DURING OR AFTER DISPOSAL OF THE ITEM?

☐ Yes ☐ No

↓

If yes, choose one that describes best how injury occurred and go to the narrative description of the incident:*

- ☐ Collided with co-worker or other person
- ☐ In trash
- ☐ In linen / laundry
- ☐ In pocket / clothing
- ☐ Left on table / tray
- ☐ Left in bed / mattress
- ☐ On floor
- ☐ Over-filled sharps container
- ☐ Punctured sharps container
- ☐ Protruding from opened container
- ☐ Sharp object dropped during / after disposal
- ☐ Struck by detached I.V. line needle during / after disposal
- ☐ While manipulating container
- ☐ While placing sharp in container, injured by sharp being disposed
- ☐ While placing sharp in container, injured by sharp already in container
- ☐ Other ______________ (specify)
- ☐ Unknown

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WHO WAS HOLDING THE DEVICE AT THE TIME OF THE INJURY?
☐ Exposed Worker ☐ Other person ☐ No one

NARRATIVE DESCRIPTION OF THE INCIDENT:

WHAT SUGGESTIONS DOES THE WORKER HAVE FOR PREVENTING SIMILAR INJURIES IN THE FUTURE?

Prepared by: Date:

Title: