

INSTRUCTIONS FOR MDPH BLOODBORNE PATHOGEN  
EXPOSURE INCIDENT RECORDING FORM

*The Bloodborne Pathogen Exposure Incident Recording Form shall be completed with the exposed health care worker at the time that post-exposure care is given following a percutaneous injury resulting in an exposure to blood and potentially infectious bodily fluids.*

*Health care workers are defined as: all workers employed in the hospital, working within the hospital but employed by other agencies, those providing patient care services without pay such as students, or providers who are delivering care but receiving compensation from sources other than the hospital.*

*This form shall be kept in a place that protects the confidentiality of the exposed health care worker. If this information is to be shared with committees within the hospital, all measures that protect the privacy of the exposed health care worker shall be taken.*

The **name of the employer** shall be recorded. If incident occurred in a satellite site, note site here.

A **unique exposure incident number** shall be assigned to each incident. This number along with the ID number should be used when referring to this incident on subsequent reports. There should be only one location where the connection is made between the ID number, incident number and the health care worker's name. This information shall be kept confidential.

The **exposed health care worker's name** or **unique ID number** shall be recorded. An **ID number**, unique to the exposed health care worker should be assigned. A social security number or employee ID number should not be used. If this form is shared with other departments, then the health care worker's name should not be used, in order to maintain confidentiality.

Indicate if this is an **OSHA recordable** incident.

The **employment status** shall be given. If the health care worker is a paid employee of the organization, then indicate that the health care worker is an employee. If the health care worker is from an outside agency, (e.g., staffing agency) then indicate that the health care worker is a temp or a contract employee. An attending physician employed by a group practice would be classified as a non-employee practitioner.

Indicate the time that the health care worker began the **work shift** in which the incident occurred.

Indicate the **date and time of the incident**, and the **date and time that the incident was reported**.

Indicate the **type of exposure**.

Percutaneous – punctured or broke the skin

Mucous membrane – contact with mouth, eyes or other mucous membranes

Skin – contact with unprotected skin

Bite – bite where the skin was broken

Identify the **type of fluid** involved in the exposure. If the fluid type is not listed, describe in OTHER.

Describe the **depth of the injury**.

Superficial – injuries such as a scratch

Moderate – those injuries that are more serious than scratches, but not so serious that they would be considered to be deep (e.g., superficial laceration or tissue avulsion)

Deep – injuries that touched bone or muscle contracted

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Indicate whether there was **blood visible on the device** before the incident occurred.

Indicate the **body part injured**. If it is not listed, describe in OTHER.

Indicate the type of **personal protective equipment** worn by the exposed health care worker at the time of exposure. If the type of protection is not listed, describe in OTHER.

Indicate the usual **occupation** of the exposed health care worker. If the occupation is not listed, provide the occupation in OTHER.

Indicate the **department or work area where the incident occurred**. This may be different from the department in which the health care worker is regularly assigned. If the department is not listed, indicate the department in OTHER. In the space provided, indicate the specific location of the incident, such as the room number, or the floor in which the incident occurred.

Indicate whether the department in which the exposure occurred is the department to which the health care worker is regularly assigned. If the answer is no, please indicate the department to which the employee is regularly assigned.

Indicate which **device or item was involved in the injury**. If the device is not listed, indicate the type of device in the space for OTHER in the category of devices provided.

Identify the **brand and or model of the device**. It may be helpful to have the samples or pictures of the types of devices available, with the sharp covered, so that the injured employee can identify the device.

Indicate whether the **device was a safety device**. If yes, indicate **when the injury occurred**, relative to the activation of the safety feature.

If the device was a safety device, indicate whether the health care worker was **trained in the use of the device**. Describe the training provided (e.g., printed instructions, on the job, in-service demonstration, hands on in-service).

Identify the **purpose or procedure for which the sharp was used or intended**. If the purpose is not listed, indicate the purpose in OTHER within the category of uses provided.

Choose up to two items describing **how the injury occurred**.

Provide a narrative description of the incident, identifying the events that led up to the incident, as well as if anyone else was involved. Describe the nature of the injury and the body part injured, along with any other information about the incident.

Ask the injured health care worker to suggest ways to prevent this type of injury from occurring in the future. Suggestions may range from increased training, to changing the devices that are utilized within the facility.

The name and title of the individual filling out the recording form as well as the date it is completed shall be recorded.