

Needlestick Injury and Blood/Body Substance Report

Name _____ Date of Birth _____

Date of Incident _____ Time of Incident _____ Date of Report _____

To which substance were you exposed?

- Blood Blood product Sputum Urine Vomit Saliva
 Semen Wound exudate Other _____

Was the body fluid visibly blood stained? Yes No

Name of the Source Patient (if known) _____

Was the source patient infected by HIV, Hepatitis B, Hepatitis C at the time of the incident ?

- Yes No Assumed but not confirmed Source patient unknown

If the source patient is unknown, have you retained the instrument that caused the injury to enable tracing? Yes No

What was your hepatitis vaccination status at the time of the incident?

- Vaccinated Not vaccinated Unknown Natural immunity

At the time of the incident were you wearing (tick all that apply)

- Gloves Mask Protective eyewear Protective clothing
 Other _____

Please indicate the areas of the body involved in the exposure

- Face/neck Arms Hands Front torso Back torso
 Legs Feet

PTO

If the injury was a sharps injury, what type of sharp was involved?

Hollow bore needle Sharp object (not glass) Glass

Other _____

Did you wash the affected area with soap and water/saline? Yes No

Have you reported the incident to a doctor/employer? Yes No

Describe the incident in your own words. Include:

- what you were doing
- how the injury happened
- the nature and extent of the injury
- exactly what you were injured with (specify needle gauge)
- the nature of the substance involved
- how much source patient blood/body fluid was on the sharp or splashed on you