NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

NEEDLESTICK/BODY FLUID EXPOSURE REPORT

This form is to be completed by the Employee Health Service (EHS) or other designated department during the post needlestick/body fluid exposure interview with the employee. This form is an adjunct to the Supervisor's Report of Occupational Accident/Injury (HHC 1615). The information required will assist in the development of prevention strategies, policies and procedures.

FACILITY	CODE NO.

A. HHC EMPLOYEE IDENTIFICATION

1. Last Name	2. First Name	3. M.I.	4. Social Security No.	5. Job Title and Level

6. Department	7. Unit	8. Telephone No. (area code)	9. Sex	10. Date of Birth	11. Title Code No.
		( )	1☐ Male 2☐ Female	month day year / /	

B. NON-HHC EMPLOYEE CATEGORY

If worker is NOT an HHC employee, check appropriate status: 1.☐ Affiliate Employee 2.☐ Medical Student 3.☐ Nursing Student 4.☐ NRI/Temporary Worker 5.☐ Volunteer 6.☐ Other (specify): _____

C. DATE, TIME AND LOCATION OF EXPOSURE

1. Month/Day/Year of Exposure	2. Time of Exposure (approx. if exact time unknown)	3. Date Exposure Reported	4. Shift Exposed	5. How many continuous hours did you work prior to this incident?
month day year / /	☐AM ☐PM	month day year / /	☐Day ☐Evening ☐Night	

6. Building	7. Floor	8. Wing	9. Room No./Name	10. Area (hallway, utility closet, etc.)	11. ☐EMS Vehicle 12. ☐Patient's Residence

D. BODY FLUIDS INVOLVED (CHECK ALL THAT APPLY)

1.☐ Blood 2☐ Amniotic Fluid 3☐ CSF 4☐ Peritoneal Fluid 5☐ Pleural Fluid 6☐ Vaginal Secretions 7☐ Tissues 8☐ Unknown

9☐ Other fluid containing blood (specify)_____ 10☐ Other (specify)_____

E. SOURCE PATIENT HIV/HBV RISK CATEGORY (DEFINITIONS OF RISK FACTORS ON BACK OF PAGE)

1. Is source patient known?
☐Yes ☐No

If you answered NO, proceed to section F.

If you answered YES, please answer sections E2 and E3.

2. The HIV Risk Category for the known source patient is (check one):
☐Serology Positive ☐Serology Negative
☐Risk Factors Present (indicate below)
☐Risk Factors Absent
☐Risk Factors Unknown
Risk Factors present are:
_____
_____
_____

3. The HBV Risk Category for the known source patient is (check one):
☐Serology Negative ☐Serology Positive
☐Risk Factors Present (indicate below)
☐Risk Factors Absent
☐Risk Factors Unknown
Risk Factors present are:
_____
_____
_____

F. TYPE OF EXPOSURE (CHECK ALL THAT APPLY)

1☐Needlestick Puncture 2☐Other Puncture 3☐Laceration 4☐Exposure to Eyes 5☐Exposure to Mouth
6☐Exposure to Non-Intact Skin ☐7☐Exposure to Intact Skin
8☐Human Bite 9☐Other (specify):_____

G. DEGREE/SEVERITY OF EXPOSURE

(Definitions of categories below, on back of page)

1☐Massive Exposure 2☐Definite Parenteral Exposure 3☐Possible Parenteral Exposure 4☐Doubtful Parenteral Exposure 5☐Non-Parenteral Exposure

H. STERILE STATUS OF SHARP (CHECK ONE)

Sharp was: 1☐Known sterile 2☐Non-sterile but not contaminated by body fluids 3☐Unknown 4☐Contaminated by body fluids

I. TYPE OF INSTRUMENT OR OBJECT CAUSING INJURY/EXPOSURE

Needle:

1☐Disposable Syringe 2☐Disposable Pre-filled Cartridge Syringe 3☐Tubex 4☐IV Piggyback Needle 5☐IV Catheter (Stylet) 6☐Butterfly Needle
7☐Vacutainer Needle 8☐Unattached Needle 9☐Unidentified Needle 10☐Other Needle (specify): _____

Surgical Instrument or Other Sharp Device

11☐Suture Needle 12☐Lancet 13☐Scapel 14☐Scissors 15☐Unidentified Device 16☐Teeth (bite) 17☐Glass Object (specify): _____
18☐Other Sharp Device (specify): _____

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COPY: EHS

J. HOW THE INJURY/EXPOSURE OCCURRED (CHECK ALL THAT APPLY)

During use of device/performing procedure:

1☐Drawing Blood 2☐Blood Handling/Testing 3☐Starting/Inserting IV 4☐Removing IV 5☐Injecting Medication into IV
6☐Flushing IV 7☐Disassembling IV 8☐Accidental Dislodging of IV 9☐Injection 10☐Surgery (specify type): _____
11☐Suturing 12☐Childbirth 13☐Autopsy 14☐Tissue Handling 15☐Hemodialysis 16☐Dental Procedure
17☐Diagnostic Invasive Procedure (specify): _____ 18☐Other (specify): _____

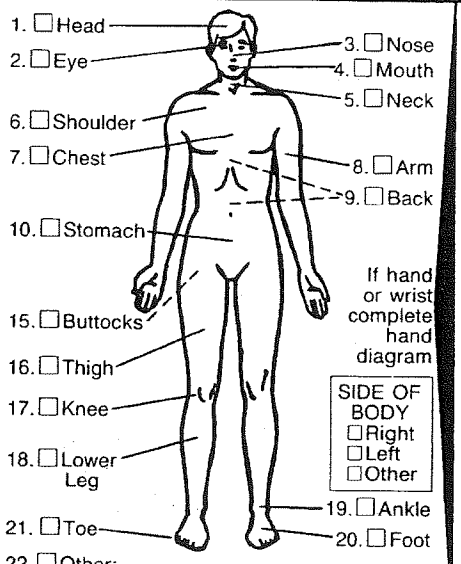
After Use/Discarding/Disposal – Activity at time of injury/exposure:

19☐Disposing Needle/Sharp in Sharp Box 20☐Recapping 21☐Disposing Garbarge
22☐Patient Handling (describe):_____ 23☐Other (describe): _____

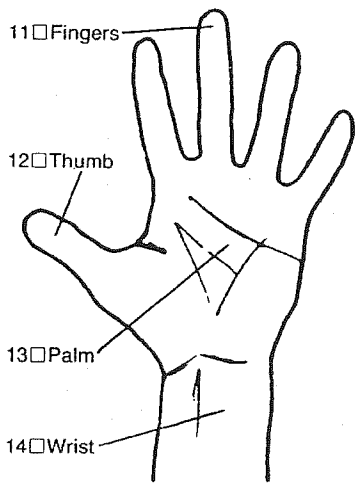
If needle/sharp was discarded, where was it?

24☐Bed/Stretcher 25☐Garbage Bag/Trash Container 26☐Instrument Tray 27☐Laundry/Linen 28☐Clothing/Pocket
29☐Other (specify): _____

K. BODY PART(S) INJURED OR EXPOSED (CHECK ALL THAT APPLY)



Mark the spot on the hand where the injury occurred.



L. PERSONAL PROTECTIVE EQUIPMENT

1. Indicate the types of personal protective equipment used for this procedure:
   a☐Glove b☐Mask c☐Gown ☐Goggles
   e☐None f☐Other (specify): _____

2. Was personal protective equipment available for your use?
   a☐Yes b☐No 3☐Don't know d☐N/A
   If NO, indicate why not: _____

M. OTHER POTENTIAL RISK FACTORS FOR NEEDLESTICK/BODY FLUID EXPOSURE

Indicate if the following potential risk factors were present just prior to the needlestick/body fluid exposure.
If YES, indicate the degree to which the employee experienced them.

	YES	NO	DON'T KNOW	DEGREE OF RISK FACTORS PRESENT			
				VERY	MODERATELY	SOME WHAT	NOT AT ALL
1. Stressed	1.☐	2☐	3☐	a.☐	b.☐	c.☐	d.☐
2. Hurried Work Pace	4.☐	5☐	6☐	a.☐	b.☐	c.☐	d.☐
3. Under Staffing	7.☐	8☐	9☐	a.☐	b.☐	c.☐	d.☐

N. IMPORTANT DETAIL(S) OF THE EXPOSURE NOT MENTIONED ABOVE (INDICATE BELOW)

O. EMPLOYEE'S EXPOSURE PREVENTION RECOMMENDATIONS

P. FORM PREPARER IDENTIFICATION

1. Name of Preparer (print)	2. Title of Preparer	Telephone Number	3. Date Form Completed