

**MEEKER/MCLEOD/SIBLEY
EMPLOYEE OCCUPATIONAL HEALTH
BLOOD AND BODY FLUID EXPOSURE REPORT**

Complete this side of the form to determine if you have had an exposure. To be considered exposed, at least one check mark must be made in each of the boxes.

ROUTE OF EXPOSURE	BODY FLUID TYPE
<p style="text-align: center;">How did you get exposed?</p> <p>Needle Stick Non needle – cut, puncture (i.e., glass, bone, blade, human bite) Non intact skin – sore, rash, blisters open less than 24 hours (i.e., blood on hands with broken skin) Intact skin with prolonged /extensive exposure Mucous membrane – splash to eyes, nose, mouth (includes mouth to mouth CPR without mask)</p>	<p style="text-align: center;">What kind of body fluids were you exposed to? Check all that apply:</p> <p>Blood Pericardial Synovial Cerebrospinal Amniotic Peritoneal Vaginal secretion Semen Other bloody fluid – please describe: _____ _____</p>

Did you check something in each box?

If **NO**, stop here. This is not a significant exposure. No follow-up is needed.

If **YES**, take action immediately. First, complete the information below.

EMPLOYEE INFORMATION

NAME: _____

DESCRIPTION OF INCIDENT: (include date and time)

ADDRESS: _____

PHONE: _____

HB VACCINE: No Yes If yes, how many doses? 1 2 3

JOB TITLE: _____

EMPLOYER: _____

EMPLOYEE SIGNATURE: _____

Next, ask the client's nurse or your supervisor to complete the back side of this form NOW. This information is necessary to determine if the source is HIV+ (or at high risk for HIV+). If this is the case, treatment should ideally start within 1-2 hours after exposure.

(Continue on back side.)

