| st name: | First name: | Landren Marie Caral Antica L Decembra | |
|--|---|--|--|
| uty ID: (for office use only) S | Facility ID. (for office use only) | Completed by: | FOR MICROSOFT ACCESS |
| Date of exposure: | 2) Time of exposu | e: []] []] | EXPOSURE PREVENTION> INFORMATION NETWORK> |
| Department where incident or | courred: | - | Epithet is a tradesmark of Hox University of Varginka. Wendowie is a registien of tradesmark of Neurosch German alters for bar United Staase angleer offsee countries. Operatives in Windows KS and Windows \$3 Emmerorments. |
| Home/Employing department | 7 1 | | Operates in Wiedows N. and Windows W Enveronments. © 2000 Bestus, Dickinson and Company. V1.7 C.US 8/2011 |
| What is the job category of | the exposed worker? (check one box | oniy) | |
| 1 Doctor (attending/staff); sp | ecify specialty | 10 Clinical laborat | * |
| 2 Doctor (intern/resident/fello | ow) specify specially | 11 Technologist (r | non-lab) |
| 3 Medical student | | 12 Dentist | |
| A Nurse: specify | 1 RN | 3 13 Dental hygienis | |
| 5 Nursing student | | 14 Housekeeper | |
| | DIS NP | 19 Laundry worke | Y |
| 6 Respiratory therapist | | 20 Security | |
| | ⊒ 5 Midwife | 🗇 16 Paramedic | |
| 8 Other attendant | | 17 Other student | |
| 9 Phlebotomist/Venipuncture | e/fV team | 15 Other, describe | |
| Where did the exposure oc | cur? (check one box only) | | |
| 1 Patient room | | 9 Dialysis facility | (hemodialysis and parltoneal dialysis) |
| 2 Outside patient room (hally | Nav minses station etc.) | - 10 Procedure room | |
| 3 Emergency department | | 11 Clinical laborate | |
| | | 12 Autopsy/Pathol | |
| 5 Operating room/Recovery | | | laundry.central supply,loading dock.etc) |
| 6 Outpatient clinic/Office | | 16 Labor and deliv | |
| | | 10 Cabbr and dem 17 Home-care | a y tuoni |
| | | | 54 |
| 8 Venipuncture center | | | р. |
| | ntifiable? (check one box only) | | |
| Yes Which body fluids were inv Blood or blood products Vomit | 2 No E 3 Unknown olved in the exposure? (check all that | Peritoneal fluid Pleural fluid | plicable |
| 1 Yes Which body fluids were inver- Blood or blood products Vomit Sputum | 2 No 👘 3 Unknown olved in the exposure? (check all that | apply) Peritoneal fluid Pleural fluid Amniotic fluid | plicable |
| 1 Yes Which body fluids were inve Blood or blood products Vomit Sputum Saliva | 2 No 👘 3 Unknown olved in the exposure? (check all that | apply) Peritoneal fluid Pleural fluid Amniotic:fluid Urine | |
| 1 Yes Which body fluids were inve Blood or blood products Vomit Sputum Saliva | 2 No 👘 3 Unknown olved in the exposure? (check all that | apply) Peritoneal fluid Pleural fluid Amniotic:fluid Urine | plicable |
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| 1 Yes Which body fluids were inverse Blood or blood products Vomit Sputum Saliva CSF | 2 No | apply) Peritoneal fluid Pleural fluid Amniotic fluid Urine Other, describe: _ Yes No | |
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| 1 Yes Which body fluids were inverse | 2 No C 3 Unknown olved in the exposure? (check all that contaminated with blood? C eck all that apply) ? (check all that apply) rotective garments re worn at the time of exposure? (che | apply) Peritoneal fluid Pleural fluid Amniotic fluid Urine Ofher, describe: Yes Nose (mucosa) Mouth (mucosa) Other, describe: Soak through clot | Unknown |
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| If equipment failure, please specify: | Equipment type: |
|---|---|
| | Manufacturer: |
| For how long was the blood or body fi 1 Less than 5 minutes 2 5-14 minutes 3 15 minutes to 1 hour 4 More than 1 hour | uid in contact with your skin or mucous membranes? (check one) |
| How much blood/body fluid came in c 1 Small amount (up to 5 cc, or up to 1 te 2 Moderate amount (up to 50 cc, or up to 3 Large amount (more than 50 cc) | |
| Location of the exposure: | The Front Back |
| rite the number of the location of up to ree exposed body parts in the blanks how. | $\begin{bmatrix} 3339 \\ 1 \end{bmatrix} \begin{bmatrix} 3157 \\ 1 \end{bmatrix} \begin{bmatrix} 3167 \\ 1 \end{bmatrix} \begin{bmatrix} 3$ |
| Middle area of exposure: | Right 45 |
| | |
| Smallest area of exposure: | this exposure: (please note if a device malfunction was involved): |
|) Describe the circumstances leading to | opinion that any other engineering control, administrative or work practice could have a 2 No C 3 Unknown |
|) For exposed worker: Do you have an i prevented the exposure? I Yes Describe; | opinion that any other engineering control, administrative or work practice could have |
| Describe the circumstances leading to Describe the circumstances leading to Test exposed worker: Do you have an i prevented the exposure? I Yes Describe Lab charges (Hb, I Healthcare worker Source Treatment Prophy) Healthcare worker Source | ppinion that any other engineering control, administrative or work practice could have a 2 No 3 Unknown HCV, HIV, other tests) axis (HBIG, Hb vaccine, tetanus, other) |
| Describe the circumstances leading to Describe the circumstances leading to Terescribe the exposure? I Yes Describe Lab charges (Hb, I Healthcare worker Source Treatment Prophy) Healthcare worker Source Service charges (E | opinion that any other engineering control, administrative or work practice could have s 2 No B 2 No CV, HIV, other tests) axis (HBIG, Hb vaccine, tetanus, other) Emergency dept, Employee health, other) er's comp, surgery, other) |
| Describe the circumstances leading to Describe the circumstances leading to Describe Describe Lab charges (Hb, I Healthcare worker Source Treatment Prophyi Healthcare worker Source Service charges (Horker) Colher costs (Worker) | opinion that any other engineering control, administrative or work practice could have s 2 No HCV, HIV, other tests) axis (HBIG, Hb vaccine, tetanus, other) Emergency dept, Employee health, other) er's comp, surgery, other) rearest dollar) = 1 Yes 2 No = 1 Yes 2 No |

and the second provide the second sec