Blood and Body Fluid Sharp/Splash Report

Name: ___________________________ Employee ID #: ___________________________

Date of Injury: ________________ Time of Injury: ________________

1. Nature of BBF Exposure: __BBF Sharp __BBF Splash/Contact

2. Work Area: Where did the injury/exposure occur? (check one)
   - Patient room
   - Outside patient room (hallway, nurses’ station)
   - Emergency department
   - Intensive/Critical care unit
   - Operating room/Recovery
   - Outpatient Office
   - Blood bank
   - Outpatient Lab

   Dialysis facility (hemodialysis and peritoneal dialysis)
   - Procedure room (x-ray, EKG, etc.)
   - Clinical Lab
   - Pathology
   - Service/Utility (laundry, supply, sterile processing, waste)
   - Labor and delivery room
   - Inside patient’s home (homecare)
   - Other, describe: ___________________________

3. Protective Equipment: Which barrier garments and/or personal protective equipment were worn at the time of injury?
   (check all that apply)
   - Latex/vinyl/nitrile gloves
   - Gowns/ Apron
   - Face shield
   - Surgical mask
   - Respirator Mask/ PAPR
   - Protective eyewear/Goggles
   - Other specialized garment worn as protection
   - Other, describe: ___________________________

4. Object/Substance: Which of the patient’s body fluids were involved in the exposure? (check all that apply)
   - Blood or blood products
   - Vomit
   - Sputum
   - Saliva
   - CSF
   - Peritoneal fluid
   - Pleural fluid
   - Amniotic fluid
   - Urine
   - Other, describe: ___________________________

5. Body fluid visibly contaminated with blood? __Yes __No __Unknown

6. Did the blood or body fluid? (check all that apply)
   - Touch unprotected skin
   - Touch skin between gap in protective garments
   - Penetrate skin or other protective barrier
   - Soak through barrier garment or protective garment
   - Soak through clothing/uniform
7. Reason/Cause: Was the exposure the result of? (check one box only)
- Container full
- Dropped item
- Feeding/Ventilator/Other tube separated/leaked/splashed
- Inattention of others
- Infectious Patient (Spitting/Biting/Vomit)
- Item on floor
- Needle left on bed or table
- Patient movement
- Restraining Patient
- Other, describe: 

- Container leaked/spilled/broke
- Engaging Safety Device
- Inattention of Self
- Improper procedure
- Item in trash
- IV Tubing/Bag/Pump leaked/broke
- Needle Rebound
- Recapping
- Touched contaminated equipment/surface

8. Root Cause: Why did the injury occur?
- Angle of Action
- Disregard of Safety Procedures
- Inattention of Self
- Item Broke/Slipped
- Item left on or near disposal container
- Team protruding from Opening of container
- Lack of training
- Unaware of Hazard
- _ Combative Patient
- _ Dropped item
- _ Inattention of Others
- _ Item left on floor/table/bed
- _ Item Protruding from inappropriate container
- _ Item slipped, patient moved, skin pinched up
- _ Leak/Spill
- _ Other, describe: ___________ 

9. Work Activity: What work activity was being completed when injury occurred?
- Administering Meds to patient vein
- Assisting Physician
- Blood Draw Venous
- Cutting
- Dispose of Materials
- Electrocautery
- Finger/Heel Stick
- Injection of Meds SQ/IM/IV
- IV/ Central Line Admin Meds
- IV/Central Line Removal
- Restraining Patient
- Staple Removal
- Transferring Patient
- Transporting Patient
- Assisting Patient
- Blood Draw Arterial
- Cleaning Work Are/Materials
- Disassembling Device or Equipment
- Drilling
- Emptying Urinary Drainage Bag
- Handling Lab Specimen
- Instrument Passing
- IV/ Central Line Start
- Patient Lifting/Pulling
- Resuscitation of Patient
- Suturing
- Transporting Needle Box
- Trash Removal

10. Did the incident result in an exposure to a hazardous drug (e.g. chemotherapy, antineoplastic)?
- Yes
- No
- Unknown

11. Was the injury a result of a sharp item? (check one) _ Yes _ No

If you answered yes, please proceed and answer all of the questions. If you answered no, please stop.

12. Who was holding the device at the time of injury? (check one)
- Self
- Other
- No One

2 of 3
13. **Type of Device: Which device caused the injury?** (check only one box)

<table>
<thead>
<tr>
<th>Hollow-bore Needles</th>
<th>Surgical instruments and other sharp items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin Syringe</td>
<td>Lancet (finger or heel sticks)</td>
</tr>
<tr>
<td>22-gauge needle</td>
<td>Suture needle</td>
</tr>
<tr>
<td>Tuberculin Syringe</td>
<td>Jet injector</td>
</tr>
<tr>
<td>Arterial catheter introducer needle</td>
<td>Scalpel, reusable</td>
</tr>
<tr>
<td>20-gauge needle</td>
<td>Scalpel, disposable</td>
</tr>
<tr>
<td>23-gauge needle</td>
<td>Razor</td>
</tr>
<tr>
<td>Pre-filled cartridge syringe</td>
<td>Pipette (plastic)</td>
</tr>
<tr>
<td>Blood gas syringe (ABG)</td>
<td>Scissors</td>
</tr>
<tr>
<td>Syringe, other type</td>
<td>Electro-cautery device</td>
</tr>
<tr>
<td>Needle on IV line (includes piggy-backs &amp; IV line connectors)</td>
<td>Bone cutter</td>
</tr>
<tr>
<td>Winged steel needle (includes winged-set type devices)</td>
<td>Bone chip/slicer</td>
</tr>
<tr>
<td>Needle, not sure what kind</td>
<td>Towel clip</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>Spinal or epidural Needle</td>
<td>Trocar</td>
</tr>
<tr>
<td>Unattached hypodermic needle</td>
<td>Vacuum tube (plastic)</td>
</tr>
<tr>
<td>21-gauge needle</td>
<td>Specimen/Test tube (plastic)</td>
</tr>
<tr>
<td>24/25-gauge needle</td>
<td>Fingernails/Teeth</td>
</tr>
<tr>
<td>Central line catheter needle</td>
<td>Retractors, skin/bone hooks</td>
</tr>
<tr>
<td>Drum catheter needle</td>
<td>Staples/Steel sutures</td>
</tr>
<tr>
<td>Other vascular catheter needle</td>
<td>Wire (suture/fixation/guide wire)</td>
</tr>
<tr>
<td>Other non-vascular catheter needle</td>
<td>Pin (fixation, guide pin)</td>
</tr>
<tr>
<td>Huber-type needle</td>
<td>Drill bit/bur</td>
</tr>
<tr>
<td>Pen needle</td>
<td>Pincers/Forceps/Hemostats/Clamps</td>
</tr>
<tr>
<td>IV catheter stylet</td>
<td>Sharp item, not sure what kind</td>
</tr>
<tr>
<td>Vacuum tube blood collection holder/needle</td>
<td>Microtome blade</td>
</tr>
</tbody>
</table>

14. **Was the device part of a Pre-packaged Kit?**  
   __Yes  ___No  ___Unknown

15. **Sharps Manufacturer:**  
   __________________________________________
   **Sharps Brand:**  
   __________________________________________

   **Sharps Model:**  
   __________________________________________

16. **Device Safety feature: What kind of safety mechanism did the device have?**
   __ Sliding sheath (hinged)  
   __ Sliding sheath (single barrel)  
   __ Retractable  
   __ Blunting/Blunted  
   __ Hinged arm  
   __ Not a safety device/ did not have safety feature

17. **Did the injury incident happen?**
   __ Before Mechanism Activated  
   __ While Activating Mechanism  
   __ After Activating Mechanism  
   __ Not Applicable

18. **Severity: Was the injury?**
   __ Superficial (little or no bleeding)  
   __ Moderate (skin punctured, some bleeding)  
   __ Severe (deep stick/cut, or profuse bleeding)