

MINISTRY OF HEALTH

SERIAL NO.

STRICKTLY CONFIDENTIAL

INCIDENT REPORT FOR EXPOSURE TO BLOOD/BODY FLUIDS

N.B. Report to infection control office within twenty four hours from exposure .

PART I: EXPOSED PERSON:

❖ Name:----- 2. D.O.B./Age : / /

❖ Job title / specialty : -----

❖ Date of exposure: / / 5. Place of exposure :-----

❖ Time of exposure: Am / Pm

❖ Hepatitis 'B' vaccination previously received with date (s) Dose / undetermined

7-1 / /
7-2 / /
7-3 / /

❖ Status of : B-1 () HBV antibodies
B-2 () HCV antibodies
B-3 () HIV immuno assay

❖ Description of Incident :

Body fluid /	Cause of exposure	Sites of exposure
1.() Blood	1. () Needle stick	1.() Intact skin
2.() Semen	2.() Splash	2.() Non intact skin
3.() Saliva / sputum	3.() Sharp object	3.() Per cut aneous
4.() Vaginal secretions	4.() Cut/wound	4.() Eye
5.() Others (specity)	5.() Others (specity)	5.() Others (specity)

❖ Activity Leading To The Incident:

1. () Drawing blood / placing the needle in the patient.
2. () Recapping the needle.
3. () Administration of medical.
4. () Garbage collection.
5. () Cleaning surgical instruments.
6. () Performing surgical intervention.
7. () Others (specity).

❖ **Causative factors :-**

() Butterfly needle. () Vacutainer. () Others (specify).

❖ **Other comments related to the incident:**

PART II : SOURCE :

Unknown - skip part II
Known - complete

1. Name of the source : person:-----
2. Hospital No. /I.D.No. :-----
3. Place / D.O.B.----/----/----- 4. Sex: () Male () Female
5. Nationality:-----
6. Home address:----- Phone No.-----

❖ **Relevant risk factors:**

- () Haemodialysis
- () Haemophiliacs
- () H/O Blood/blood derivatives transfusion(s)
- () I.V. drug users
- () Liver diseases/Jaundice
- () Children born to HBV , HCV , HIV Positive mothers
- () Residence of mentally retarded institutions
- () Others (specify):-----

Name & signature of
exposed person :

Date:-----

Name & signature of
Treating Physician:

Date:-----

Name & signature of
Consultant/person incharge:

Date:-----

PART III: ACTION PLAN:

Name & signature of
Infection Control Physician: