

## Bloodborne Exposure Incident Report -Questionnaire and Report-

1. Identification Number: \_\_\_\_\_
2. Date of report: \_\_\_\_\_
3. Date of exposure occurrence: \_\_\_\_\_
4. Time of exposure \_\_\_\_\_ am / pm
5. How many uninterrupted hours had you been working when this exposure occurred?: \_\_\_\_\_
6. Working Area:
  - A.  Dental Operatory
  - B.  Dental Laboratory
  - C.  Sterilization Area
  - D.  Emergency Clinic
  - E.  Oral Surgery Clinic
  - F.  Pediatric Clinic
  - G.  Post-Graduate Clinics (specify \_\_\_\_\_)
  - H.  Operating Room
  - I.  Research Laboratory
  - J.  Other (specify \_\_\_\_\_)
7. Professional Category:
  - A.  Dental Faculty  
Specialty \_\_\_\_\_
  - B.  Dental Assistant
  - C.  Dental Hygienist
  - D.  Dental Resident (year of residency 1,2,3,4,5)  
Specialty \_\_\_\_\_
  - E.  Dental Student (academic year 1,2,3,4)
  - F.  Dental Hygiene Student (academic year 1,2,3,4)
  - G.  Dental Assistant Student (academic year 1,2)
  - H.  Sterilization Technician
  - I.  Laboratory Technician
  - J.  Staff
  - K.  Other (specify \_\_\_\_\_)
8. Have you had a previous exposure incident?:  Yes  No
- 9a. If the answer to Question #9 is 'Yes', How many times have you been exposed?: \_\_\_\_\_
- 9b. Was the previous exposure documented?:  Yes  No

**-Information About This Exposure-**

10. Did the exposure involve:
- A.  Blood
  - B.  Saliva only
  - C.  Blood and Saliva
  - D.  Unknown
  - E.  Other (specify \_\_\_\_\_)
11. Are you:
- A.  Right-Handed
  - B.  Left-Handed
12. Were you:
- A.  Self-Exposed
  - B.  Exposed by Another Person
- If B, please explain in 15, below.
13. Type of exposure:
- A.  Needle Injury
    - 1.  Syringe Needle  
Gauge \_\_\_\_\_
    - 2.  Suture Needle
  - B.  Cut, Puncture, or Scrape by Other Instruments
    - 1.  Bur
    - 2.  Scalpel Blade
    - 3.  Endodontic File
    - 4.  Wire (specify \_\_\_\_\_)
    - 5.  Hand Instrument (specify \_\_\_\_\_)
    - 6.  Other (specify \_\_\_\_\_)
  - C.  Splash (check all that apply)
    - 1.  Eyes
    - 2.  Mouth
    - 3.  Nose
    - 4.  To Existing Wound
    - 5.  To Intact Skin
    - 6.  To Non-Intact Skin (specify \_\_\_\_\_)
    - 7.  Other (specify \_\_\_\_\_)
  - D.  Bitten by Patient
  - E.  Other (specify \_\_\_\_\_)
14. If you checked 13.A. or B., please specify the brand of instrument involved in the exposure:
- \_\_\_\_\_

15. Describe the circumstances under which this exposure occurred. Be as specific as possible.

16. Description of procedure in progress when exposure occurred:

- A.  Hygiene (e.g., prophylaxis, root planing, curettage)
- B.  Restorative (e.g., amalgam, composite, crown)
- C.  Root Canal
- D.  Periodontal Surgery
- E.  Oral Surgery
  - 1.  Simple extraction
  - 2.  Surgical extraction
  - 3.  Fracture reduction
  - 4.  Other (specify \_\_\_\_\_)
- F.  Other (specify \_\_\_\_\_)

17. Where did the exposure occur?:

- A.  Inside patient's mouth
- B.  Outside patient's mouth
- C.  Unknown

18. When did the exposure occur?:

- A.  Before use of the item
- B.  During use of the item
- C.  After use but before disposal
- D.  During or after disposal
- E.  During cleaning
- F.  Unknown

19. How did the exposure occur?:
- A.  While manipulating patient or instrument
    - 1.  Patient moved and jostled instrument or sharp item
    - 2.  While inserting needle in patient
    - 3.  While withdrawing needle from patient
    - 4.  Other (specify \_\_\_\_\_)
  - B.  During surgical procedures
    - 1.  Suturing
    - 2.  Incising
    - 3.  Other (specify \_\_\_\_\_)
  - C.  Handling equipment
    - 1.  Passing or transferring equipment
    - 2.  Recapping (missed or pierced cap)
    - 3.  Removing needle from syringe
    - 4.  Assembling or disassembling equipment
    - 5.  During cleanup
    - 6.  Other (specify \_\_\_\_\_)
  - D.  Collision or contact with sharp object
  - E.  Disposal-related (e.g., injured by device being disposed of, sharp already in container, sharp protruding from container, overfilled container)
  - F.  Other (specify \_\_\_\_\_)
20. Personal protective equipment being utilized at time of accident:  
(check all that apply)
- A.  Single Gloves
  - B.  Double Gloves
  - C.  Utility Gloves
  - D.  Mask
  - E.  Mask w/ Shield
  - F.  Goggles
  - G.  Non-safety (prescription) glasses
  - H.  Glasses w/ side shields
  - I.  Face Shield
  - J.  Gown
  - K.  Other (specify \_\_\_\_\_)
21. Was an engineering control or a device equipped with an engineering control in use during this exposure incident?:  
 Yes  No
22. If yes, what kind?
- A.  Instrument cassette
  - B.  Needle recapper
  - C.  Safety-enhanced device (e.g., safety needle)

## 23. Circumstances contributing to this exposure:

(Choose all that apply. Rank in order of importance [1=most important].)

- A.  Unfamiliar Procedure
- B.  Concern about patient's infection/illness
- C.  Difficulty with procedure
- D.  Rushing Procedure
- E.  Pressure from environment
- F.  Location of Instruments
- G.  Location of equipment (e.g. handpieces, mobile cart)
- H.  Faulty or malfunctioning equipment
- I.  Being distracted
- J.  Poor visibility
- K.  Poor positioning
- L.  Not following procedure steps correctly
- M.  Other (specify \_\_\_\_\_)

## 24. Was the instrument involved in this exposure reused on the patient after the incident without recleaning?

 Yes  No  Unknown

## 25. What might have prevented this exposure?:

- A.  More instruction
- B.  More assistance
- C.  More time
- D.  Less pressure
- E.  Having more experience
- F.  Better personal protective equipment (specify \_\_\_\_\_)
- G.  Safer devices (specify \_\_\_\_\_)
- H.  Improved engineering controls (specify \_\_\_\_\_)
- I.  Better location of instruments
- J.  Better location of equipment
- K.  Better visibility
- L.  Better positioning
- M.  Other (*Be as specific as possible*)  
(specify \_\_\_\_\_)

**-Information from the First Responder Assessing this Injury/Exposure-**

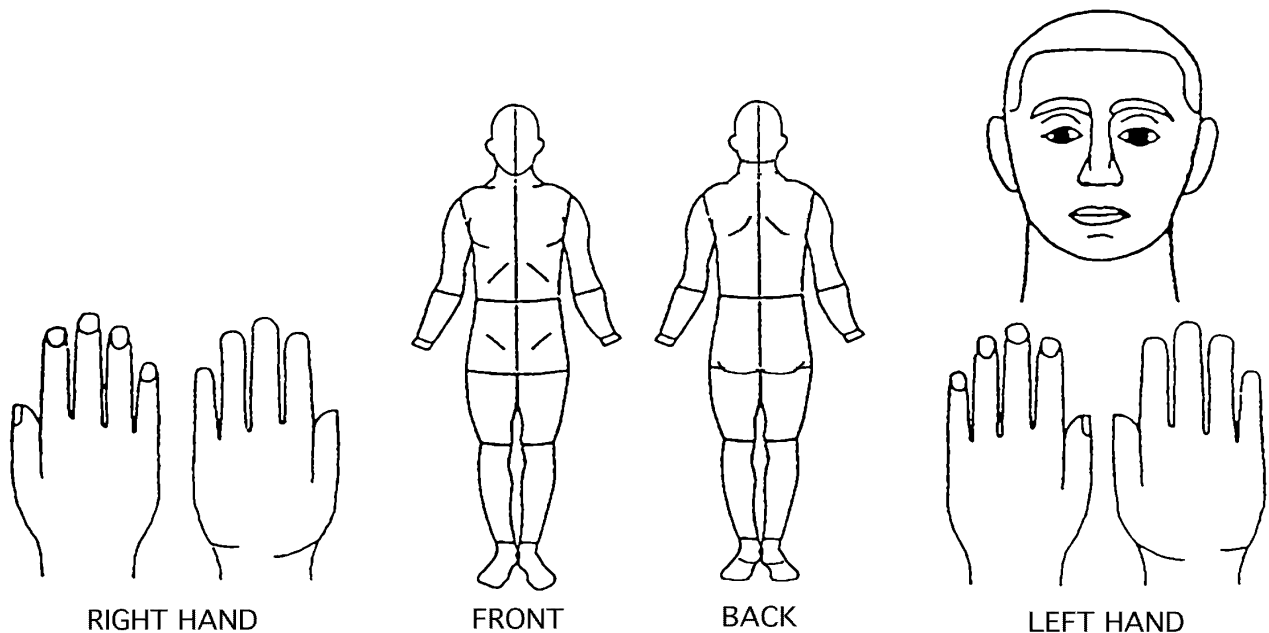
26. Description of exposure:

- A.  Needlestick
- B.  Puncture
- C.  Laceration
- D.  Scrape
- E.  Splash to Mucous Membranes
- F.  Other (specify \_\_\_\_\_)

27. Location of exposure:

- A.  Finger/Thumb
- B.  Hand, dominant
- C.  Hand, non-dominant
- D.  Face/Part of Face
- E.  Arm
- F.  Leg
- G.  Other (specify \_\_\_\_\_)

28. Please indicate where exposure occurred by placing an 'X' on DIAGRAM. Mark location of knuckles closest to exposure.



29. Depth of puncture or laceration:

- A.  Superficial scratch or puncture, no blood appeared
- B.  Superficial scratch or puncture, some blood appeared
- C.  Deep laceration or puncture wound, blood appeared

30. Amount of blood/body fluid person was exposed to:
- A.  None
  - B.  Minor, less than a droplet
  - C.  Minor, more than a droplet
  - D.  Large amount
  - E.  Unknown
31. How was the wound or exposed area cleaned?:
- A.  Washed with water only
  - B.  Soap and water
  - C.  Chemical cleanser (specify \_\_\_\_\_)
  - D.  Other (specify \_\_\_\_\_)
  - E.  Wound not cleaned

**-Treatment and Testing of Dental Health Care Worker (DHCW)-**

32. Has the DHCW ever had the Hepatitis B Vaccine (3 or more doses)?:  Yes  No  
 If incomplete:  1 Dose  2 Doses  No Doses  Already Immune
33. Did the DHCW have post-vaccination testing?:  Yes  No      Results: \_\_\_\_\_ Date \_\_\_\_\_
34. Has the DHCW had a Tetanus booster in the past 5 years?:  Yes  No  Unknown
35. Where was the DHCW sent?:
- A.  Student Health
  - B.  Private Clinic
  - C.  Occupational Clinic
  - D.  Emergency Room
  - E.  Other (specify \_\_\_\_\_)
36. Was the DHCW offered post-exposure prophylaxis?  
 Yes  No  Unknown
37. Did the DHCW begin a treatment regimen?  
 Yes  No  Unknown
38. Additional Comments (regarding this exposure, problems, etc.):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
39. First Responder's Name: \_\_\_\_\_  
 First Responder's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**-Source Patient Information (optional)-  
(Use health history to supplement questions)**

40. Is person known to be HBSAg+ or a carrier of HBV?  
 Yes  No  Unknown
41. Is this person known to have Hepatitis C?  
 Yes  No  Unknown
42. Has this person been diagnosed with AIDS?  
 Yes  No  Unknown
43. Has this person tested HIV Positive?  
 Yes  No  Unknown
44. Has this person had blood transfusions before 1990?  
 Yes  No  Unknown  
 If Yes, when?: \_\_\_\_\_
45. Does this person receive hemodialysis?  
 Yes  No  Unknown
46. Is this person at heightened risk for bloodborne infection due to behavior or background?  
 Yes  No  Unknown  
 If Yes, please explain: \_\_\_\_\_
47. This information was obtained through:  
 A.  Oral Interview  
 B.  Health History review only  
 C.  Oral Interview and Health History review
48. Was Source Patient tested for  
 HIV (Yes / No)  
 HBV (Yes / No)  
 HCV (Yes / No)? *(please circle your response)*
49. If 'No' to any of question #48, Why not?:  
 A.  Refused testing  
 B.  Recently tested  
 C.  Wants to be tested elsewhere  
 D.  Known to be HIV+, HBV+, HCV+ (please circle correct response)  
 E.  Source test pending  
 F.  Source could not be identified  
 G.  Other (specify \_\_\_\_\_)