Exposure incident report (needlestick, cut or splash)

complyday.com

Fill in after first aid and the report. Send a copy with the employee to the evaluating healthcare professional, then file it in the employee's confidential medical record (29 CFR 1910.1030(h)(1)). Never write a patient's name, chart number or date of birth on this form.

Employee

Employee name: _____ Job title: _____ Reported to (name and title): _____

Hepatitis B vaccination: ☐ Series complete ☐ In progress ☐ Declined ☐ Not known

Incident

Date of incident: _____ Time: _____ Date and time reported: _____

Work area or room: _____

Route of exposure: ☐ Needlestick ☐ Cut from a sharp ☐ Eye ☐ Nose or mouth ☐ Non-intact skin

Material: ☐ Blood ☐ Saliva in a dental procedure ☐ Other body fluid

Task or procedure being done: _____ Employee's duties related to the exposure: _____

Sharps only: type and brand of device: _____ Safety feature? (yes or no): _____ Injury before, during or after activating it: _____

How the incident happened

_____

_____

_____

First aid

Done: ☐ Washed with soap and water ☐ Flushed nose, mouth or skin with water ☐ Eyes irrigated

Time first aid was done: _____ PPE worn at the time: _____

Source individual

Known: ☐ Yes ☐ No ☐ Identification infeasible or prohibited by law

Do not name the source individual here. The identity and test results go only to the healthcare professional and the employee's confidential medical record ((f)(3)(ii)).

_____ _____

Employee signature and date

Completed by (name, title) and date

Exposure incident: office follow-up

complyday.com

What the office did after the incident. Keep it with page 1 in the employee's confidential medical record. No test results or diagnoses on this page.

Date of incident: _____ Evaluation clinic or provider: _____ Clinic phone: _____

Steps (29 CFR 1910.1030 unless noted)

Step	Rule	Date done	Initials
☐ Confidential medical evaluation and follow-up made available immediately, at no cost to the employee	(f)(1)(ii)(A), (f)(3)		
☐ Healthcare professional given: a copy of 1910.1030, this report, the employee's duties, source test results if available, vaccination records	(f)(4)(ii)		
☐ Source individual identified and tested with consent, unless infeasible or prohibited by law (medical record only)	(f)(3)(ii)		
☐ Employee's blood collected and tested with consent (baseline sample kept 90 days if HIV testing is not yet agreed)	(f)(3)(iii)		
☐ Post-exposure prophylaxis when medically indicated, counseling and evaluation of reported illnesses offered	(f)(3)(iv) to (vi)		
☐ Written opinion obtained and a copy given to the employee within 15 days of the completed evaluation	(f)(5)		
☐ Report, written opinion and test results filed in the employee's confidential medical record	(h)(1)		
☐ If the office keeps the OSHA 300 log: needlestick or cut entered within 7 calendar days, as a privacy case	1904.8, 1904.29		
☐ If the office keeps a sharps injury log: entry made with no names (California: within 14 working days)	(h)(5); 5193(c)(2)		
☐ Circumstances reviewed; exposure control plan updated if a device or practice failed	(c)(1)(iv)		

What changed after this incident

Control, device, PPE or task reviewed	Change made, or reason for no change	Date

_____ _____

Completed by (name and title) Date

California (8 CCR 5193(f)(3)) adds hepatitis C (HCV) to the blood tests. OSHA prescribes no incident report form; this one covers the documentation in 1910.1030(f)(3)(i) and (f)(4)(ii). Medical records are kept for the duration of employment plus 30 years ((h)(1)(iv)).