

OCCUPATIONAL HEALTH SERVICES

Body Substance Exposure Reporting Information

To report a Body Substance Exposure, page #5356 by using the [Michigan Medicine Paging Website](#) or by contacting the hospital operator at 6-4000. The caller should be prepared to provide OHS with the following information.

Employee Name:	Employee UMID:	Employee DOB:
Incident Date and Time:		Shift Start Date and Time:
Source Name:		Source MRN:

1. Was there a violation of a mucus membrane (for splash exposure) or bleeding at the site of injury (for sharps exposure)? **Yes** **No**

2. What was the injury type? ***Needlestick** ***Sharp/Cut** **Splash** **Other**

***For Sharp/Cuts and Needlesticks, provide the following detail:**

Sharp Device Type:		Sharp Manufacturer:		Needle Size:	
Safety device?	Reverse Exposure?	Clean or Dirty?		Who was holding the device?	

3. What was the employee doing when the injury occurred?

4. Where did the injury occur? *(Provide building name and department/unit/floor. If it occurred in the OR, provide the name of the OR service.)*

5. What body substance was the employee exposed to? *(i.e. blood, tissue, urine, bone, CSF)*

6. What part of the body was affected? *(Provide specific body location)*

7. Was the employee wearing gloves? **Single** **Double** **None**

8. What PPE was being used? **Face Shield** **Glasses/Goggles** **Gown**