

After-Hours Body Substance Exposure Reporting Form

This form is to be completed and then submitted to OHS.

Employee Name:	Employee UMID:	Employee Call-back # /Pager:	Employee DOB:
Incident Date and Time:		Shift Start Date and Time:	
Source Name:		Source MRN:	
Who reported the BSE? Exposed Employee Other (Name):		Name of Staff Completing Form:	

1. Was there a violation of a mucus membrane/non-intact skin (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:	Needle Size:
Safety device? Yes No	Reverse Exposure? Yes No

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

4. Where did the injury occur? *(Provide building name and department/unit/floor).*

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

6. What part of the body was affected? **Left** **Right**

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

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

Lab Orders

What labs were ordered?		
HIV Antigen/Antibody	HCAB	HBSAG
What date & time were the labs ordered?		
Date:	Time:	

Ligand Requisition Information
 Attending: Stoneman
 Account: 7000 3235 9952
 Location: MWK
 Write: RAPID HIV

STAT Phlebotomy Pagers
 CVC & UH #8079
 CW/Peds #35428

ED Fax for Follow-up
 Requests Fax: #29094
 Back-up Fax: #58187

Lab Results

What were the HIV results?		
Positive	Negative	
When were the HIV Results received?		
Date:	Time:	
When was the employee notified of the HIV Results?		Who notified the employee?
Date:	Time:	

OHS Notification

How and when was this form submitted to OHS?		
Fax to OHS @ 734-763-7405		Email to OHS @ OccupationalHealth-RN@med.umich.edu
Time:	Date:	Staff Name: