(*This form will be used after incident report raised against Sharp injury/Biohazard exposure)

Name:		**Emp. No.**	
Contact Number:		**Email ID:**	
Date & time of Exposure		**Incident Report No.**	

Job category

☐ Laboratory Technologist/ Technician	☐ Housekeeping Staff
☐ Nurse	☐ Biomedical Staff
☐ Phlebotomist	☐ BMS Technician
☐ Patient	☐ Visitor
	☐ Other (Specify) _____

Where did injury/exposure occur? (Location)

☐ Sample Inactivation Room	☐ Core Laboratory
☐ Extraction Room	☐ Phlebotomy
☐ Reagent Preparation Room	☐ Medical Waste Room
☐ qPCR	☐ Others (Specify)_____

Was the source patient identified?

☐ Yes	☐ No

Was the exposure result of:

☐ Sharp injury	☐ Touched contaminated equipment
☐ Direct patient exposure	☐ Touched contaminated PPE/ clothes/ drapes/ sheets
☐ Specimen container broke/leaked/spilled	☐ Others (Specify_____

Was the exposed Part:

☐ Intact Skin	☐ Eyes(s)
☐ Non-intact skin	☐ Nose
☐ Mouth	☐ Other (Specify) _____

What device or item caused the injury?

☐ Needle	☐ Pipette Tip
☐ Broken Glass vial	☐ Other (Specify) _____

Was the injured person the original user of the sharp item?

☐ Yes	☐ No

For what purpose was the sharp item originally used?	
☐ Unknown ☐ Phlebotomy ☐ Specimen Storage	☐ Pipetting ☐ Other (Specify) _____
When and how did the injury occur?	
☐ Before use of item (item broke or slipped, assembling device, etc). ☐ During use of item (item slipped, patient jarred item, etc). ☐ Between steps of a multistep procedure (changing collection tubes etc). ☐ Disassembling device or equipment. ☐ While recapping a used needle. ☐ Other after use, before disposal (in transit to disposal, cleaning up, left on table, floor, other inappropriate place).	☐ From item left on or near disposal container. ☐ While putting the item into the disposal container. ☐ After disposal, stuck be item protruding from opening of disposal container. ☐ Item pierced side of disposal container. ☐ After disposal, item protruded from trash bag or inappropriate waste container. ☐ Other (Specify) _____
Was the sharp item:	
☐ Unknown ☐ Contaminated (known exposure to patient or contaminated equipment)	☐ Uncontaminated (no known exposure to patient or contaminated equipment)
If the item caused the injury was a needle, was it a "safety design" with a shield, recessed, or retractable needle?	
☐ Yes	☐ No
Was the injury:	
☐ Superficial (little or no bleeding) ☐ Moderate (skin punctured, some bleeding)	Severe (deep stick/cut, or profuse bleeding
Which body fluids were involved in the exposure?	
☐ Blood or blood product ☐ Urine ☐ Feces ☐ Sputum ☐ Viral Media with patient sample	☐ CSF ☐ Peritoneal Fluid ☐ Pleural Fluid ☐ Amniotic fluid ☐ Other (Specify) _____
Did the Blood and body fluid:	
☐ Touch unprotected skin ☐ Touch skin through gap between protective garments	☐ Soak through protective garments ☐ Soak through clothing

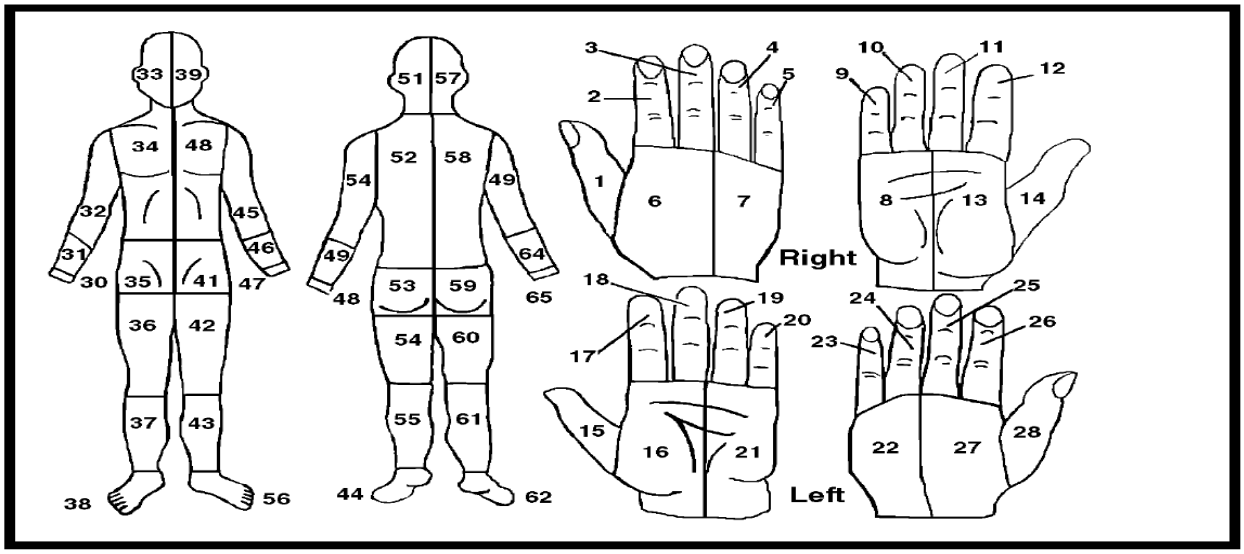
Which PPE were worn at the time of exposure	
☐ Single pair gloves	☐ Surgical mask
☐ Double pair gloves	☐ N95 Mask
☐ Surgical Gown	☐ Cover all
☐ Lab Coat, Cloth	☐ Face Shield
	☐ Googles

For how long was the blood or body fluid in contact with your skin and/or mucous membranes?	
☐ < 5 minutes	☐ 15 minutes – 1 hour
☐ 5 – 14 minutes	☐ > 1 hour

Estimate the quantity of blood/body fluid that came in contact with your skin and/or mucous membrane?	
☐ Small amount (up to 5 µl)	☐ Large amount (> 50 µl)
☐ Moderate amount (up to 50 µl)	

First Aid measures taken:	
☐ Wash with soap and water	☐ Irrigation of mucous membranes and eyes (remove contact lenses) with water or normal saline
☐ Disinfection with 70% Alcohol	☐ Shower after exposure to cloth or body
☐ Application of sterile dressings	

Mark the size and location of the injury:



Describe the circumstances leading to this injury:

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Baseline Blood Investigations for Blood Borne Pathogens

Victim	**Source**
☐ HIV: _____ ☐ HCV: _____ ☐ HbSAg: _____ ☐ Anti HbS: _____	☐ HIV: _____ ☐ HCV: _____ ☐ HbSAg: _____
Is PEP required?	
☐ Yes	☐ No
Is the Victim referred to referral hospital/consultant?	
☐ Yes	☐ No
Follow-up Study (Victim)	
After 3 months: ☐ HIV: _____ ☐ HCV: _____ ☐ HbSAg: _____	After 6 months: ☐ HIV: _____ ☐ HCV: _____ ☐ HbSAg: _____

Remarks:

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Approved By:

Dr. Sally Mahmoud, Laboratory Director **Date:**