



**CITY OF GRAND HAVEN**  
**BLOOD/BODY FLUID**  
**EXPOSURE WORKSHEET**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date and time of report: \_\_\_\_\_ Date and time of exposure: \_\_\_\_\_

Name of source individual: \_\_\_\_\_

Contact information for source: \_\_\_\_\_

Individual history of source:  HIV  Hep B  Hep C  Other: \_\_\_\_\_

**Source of Exposure**

- Spit/Saliva
- Blood
- Urine
- Vomitus
- Soro-sanguineous fluid
- Pus
- Feces
- Other: \_\_\_\_\_

**Type of Exposure (select one or multiple)**

| <input type="checkbox"/> <b>A. Skin</b>                | <input type="checkbox"/> <b>B. Mucous Membrane</b> | <input type="checkbox"/> <b>C. Clothing</b>                 |
|--|--|---|
| ↓  | ↓  | ↓   |
| <input type="checkbox"/> Puncture, Incision            | <input type="checkbox"/> Eye                       | <input type="checkbox"/> Soaked (also select skin exposure) |
| <input type="checkbox"/> Laceration, Abrasion          | <input type="checkbox"/> Nose                      | <input type="checkbox"/> Drop(s)                            |
| <input type="checkbox"/> Eczema                        | <input type="checkbox"/> Mouth                     | <input type="checkbox"/> Diluted                            |
| <input type="checkbox"/> Hangnail                      |  | <input type="checkbox"/> Dried                              |
| <input type="checkbox"/> Pierced ears                  |  |   |
| <input type="checkbox"/> Needle sticks                 |  |   |
| <input type="checkbox"/> Open sore, scratches, lesions |  |   |

**Next Steps (circle one)**

- If **A** is checked and any area under **A** was marked, send to health care provider for evaluation
- If **B** is checked and any under **B** was exposed, send to health care provider for evaluation
- If **C** is checked along with **A** and/or **B** was checked, send to health care provider for evaluation
- If **A** or **B** is checked, but no area under **A** or **B** is checked, no evaluation needed. File report
- If **C** is checked, but **A & B** are not, no evaluation needed. Change clothing and file report

**Exposure Detail**

Duration of exposure (minutes/hours): \_\_\_\_\_

Extent of exposure:  Drop(s) of blood/body fluid  Large amounts of blood/body fluid

Precautions taken:  Gloves  Goggles  Mask  Face shield  Gown/Suit  None

**Disposition**

- Sent for testing on \_\_\_\_\_. Employee notified of results and counseled on \_\_\_\_\_.
- Sent to change clothing
- Report closed and filed on \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_