

RECORD OF INJURY OR ACCIDENTAL EXPOSURE TO BLOOD OR BODY FLUID

Person Exposed:	Client: <input type="checkbox"/> OR Worker: <input type="checkbox"/>
Type of exposure:	
Injury: <input type="checkbox"/> OR Accidental exposure to blood/body fluid <input type="checkbox"/>	Date of the incident:

Care is to be taken to prevent accidental puncture wounds, abrasions, and burns to the clients from needles, razors, glassware, wax, or other instruments not intended to damage the skin.

Injury:

If non-sterile equipment or instrument (e.g., crochet hook, tweezers, scissors, nail clippers, razors) accidentally punctures or cuts a client's skin, the worker is to:

- ✓ Allow the wound to bleed freely,
- ✓ Perform hand hygiene, and put on gloves,
- ✓ Wash the area thoroughly but gently with soap and warm water (do not scrub),
- ✓ Apply a skin antiseptic, and cover the wound with a sterile dressing or bandage, where applicable.
- ✓ Instruct the client to watch for signs of infection (e.g., redness, swelling, pain, warmth around the wound) and to contact a health care provider if signs of infection occur.

Accidental Exposure to another Person's Blood and/or other Body Fluids:

(e.g., this can occur through a puncture, a cut, or contact of their mucous membrane with a potentially contaminated piece of equipment or instrument), the worker is to:

- ✓ **Do all of the above and:**
- ✓ If blood or body fluid is splashed in the eyes, thoroughly flush out the eyes with cold water.
- ✓ If splashed in the mouth, thoroughly flush out the mouth with cold water.
- ✓ **Clients/workers exposed are to be instructed to consult a health care provider as soon as possible regarding the need for post-exposure treatment, work restrictions, or other follow-up.**

Service being provided when the exposure occurred:	Action taken by the person providing the procedure in response to the exposure:
Part of the body that was exposed to blood or body fluids and description of the incident:	Person who was exposed to blood/body fluids: Name:
	Address:
	Phone:
Person providing the procedure when the exposure occurred: Name:	Client receiving services (For worker exposures): Name:
Address:	Address:
Phone:	Phone: