

Accidental Exposure To Blood/ Body Fluids Recording Form

Mailing Address:

Niagara Region
Public Health
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P.O. Box 1052
Thorold, ON, L2V 0A2
905-688-8248 Toll free: 1-888-505-6074
niagararegion.ca/health

This record must be kept by the owner/operator of the premises for 5 years with the most recent 12 months onsite.

This recording form is to be used when clients and/or employees have been exposed to blood/body fluids.

Business name:

Full address:

Phone number:

Date of incident (mm/dd/yyyy):	
Details of person exposed: Full name: Address: Phone number:	Details of employee involved in exposed: Full name: Address: Phone number:
Details of accidental exposure: <ul style="list-style-type: none"> • type of service being provided during exposure • location on body where exposure occurred • details of how blood/body fluid exposure occurred 	Action taken: <ul style="list-style-type: none"> • follow-up action taken on client/employee • follow-up action taken with instruments involved

Date of incident (mm/dd/yyyy):	
Details of person exposed: Full name: Address: Phone number:	Details of employee involved in exposed: Full name: Address: Phone number:
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Sources: Ministry of Health and Long -Term Care, Infection Prevention and Control Best Practices for Personal Services Settings, January 2009