ACCIDENTAL BLOOD AND BODY FLUID EXPOSURE RECORDING FORM Facility Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date of Incident**  (dd/mm/yyyy) | **Exposed Person**   * First and last name * Address * Phone number | **Details of the Accidental Exposure**   * Item involved with injury (e.g., scissors, nail file, etc.) * Site of injury on the body * Explanation of how the injury occurred | **Action Taken** | **Name of Staff Involved with Exposure**   * First and last name |
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Source: Ministry of Health and Long-Term Care, “Infection Prevention and Control Best Practices for Personal Services Settings,” Jan. 2009

This record must be kept on-site for a minimum of one year and on file for a minimum of 5 years.

For instructions on proper cleaning and disinfection, refer to [*All About Cleaning*](https://www.york.ca/resource/cleaning-and-disinfection-personal-service-settings) and [*Instrument Disinfection Chart*](https://www.york.ca/resource/instrument-disinfection-chart-personal-service-settings)on york.ca

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