



Charles R. Drew University of Medicine and Science
College of Medicine

Medical Student Incident Report Form

Percutaneous Injury/Bloodborne Pathogen Exposure and/or Body Fluid Exposure

Please complete this form in the event of a Percutaneous Injury/Bloodborne pathogen exposure and/or Body Fluid Exposure. Please submit your form to exposure@cdrewu.edu. Be sure to retain a copy of this completed form for your own medical record.

A student is not required to report the incident to the Office of Student Affairs. However, if the student incurs a financial burden because of the incident/injury they are to send a copy of the original bill to the Office of Student Affairs within 30 days of the incident via email at exposure@cdrewu.edu.

Personal Information

Student Name	
Age	
Birth Date	
Student ID Number/Badge	
Local Address	
Phone Number	
Program and Year	
Medical Insurance Provider	
Medical Insurance Member Number	

Incident Information and History

Date	
Time	
Location	
Source of Injury	
Pertinent High-Risk History	
Student Supervisor	
Faculty Supervisor Name	
Student Health or Employer Health Contact	
Student Health or Employer Health Phone Number	
Number of People Involved	
If Anyone Witnessed the Incident, Please Provide Witness Name and Phone Number	

Provide a brief description of the events surrounding the injury below:

Please describe if any treatment was rendered below:

Select the Part of Body Injured:

<input type="checkbox"/> Abdomen	<input type="checkbox"/> Foot
<input type="checkbox"/> Ankle	<input type="checkbox"/> Hand
<input type="checkbox"/> Arm	<input type="checkbox"/> Head
<input type="checkbox"/> Chest	<input type="checkbox"/> Knee
<input type="checkbox"/> Ear	<input type="checkbox"/> Leg
<input type="checkbox"/> Elbow	<input type="checkbox"/> Mouth
<input type="checkbox"/> Eye	<input type="checkbox"/> Nose
<input type="checkbox"/> Face	<input type="checkbox"/> Tooth
<input type="checkbox"/> Finger	<input type="checkbox"/> Wrist
<input type="checkbox"/> Other (specify):	

Select the Type and Brand of Sharp Item(s) Involved

<input type="checkbox"/> Arterial Catheter Introducer Needle	<input type="checkbox"/> 24-gauge needle	<input type="checkbox"/> Syringe
<input type="checkbox"/> Blood Gas Syringe	<input type="checkbox"/> 25-gauge needle	<input type="checkbox"/> Unattached hypodermic needle
<input type="checkbox"/> Central Line Catheter Needle	<input type="checkbox"/> Tuberculin	<input type="checkbox"/> Vacuum tube blood collection needle/holder
<input type="checkbox"/> Disposable needle	<input type="checkbox"/> IV Catheter Stylet	<input type="checkbox"/> Butterfly needle
<input type="checkbox"/> Insulin	<input type="checkbox"/> Needle on IV line (piggyback/IV-line connector)	<input type="checkbox"/> Vascular catheter needle
<input type="checkbox"/> 20-gauge needle	<input type="checkbox"/> Needle (uncertain of type)	<input type="checkbox"/> Another non-suture
<input type="checkbox"/> 21-gauge needle	<input type="checkbox"/> Pre-filled Cartridge Syringe	
<input type="checkbox"/> 22-gauge needle	<input type="checkbox"/> Spinal or Epidural needle	
<input type="checkbox"/> 23-gauge needle	<input type="checkbox"/> Suture Needle	

Select Surgical Instrument or Other Sharp Item(s) Involved, if any

<input type="checkbox"/> Bone chip/chipped tooth	<input type="checkbox"/> Pin (fixation, guide pin)	<input type="checkbox"/> Trocar
<input type="checkbox"/> Bone cutter	<input type="checkbox"/> Pipette	<input type="checkbox"/> Wire
<input type="checkbox"/> Drill bit/bur	<input type="checkbox"/> Razor	<input type="checkbox"/> Other Sharp:
<input type="checkbox"/> Electro cautery device	<input type="checkbox"/> Retractor/Skin Hooks	
<input type="checkbox"/> Fingernail/teeth	<input type="checkbox"/> Scalpel disposable	
<input type="checkbox"/> Lancet	<input type="checkbox"/> Scalpel reusable	
<input type="checkbox"/> Huber Needle	<input type="checkbox"/> Scissors	
<input type="checkbox"/> Microtome Blade	<input type="checkbox"/> Staples	
<input type="checkbox"/> Pickup/forceps/hemostats/clamp	<input type="checkbox"/> Towel Clip	

Select Glass Item(s) Involved, if any

<input type="checkbox"/> Capillary Tube	<input type="checkbox"/> Medication Ampule/Vial/IV Bottle	<input type="checkbox"/> Vacuum tube
<input type="checkbox"/> Glass Slide	<input type="checkbox"/> Pipette	<input type="checkbox"/> Other Glass Item

<input type="checkbox"/> Glass Item Unknown Kind	<input type="checkbox"/> Specimen Tube	
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Did the device have an engineered sharps injury protection? Yes No Uncertain

Was the protection mechanism activated? Yes No Uncertain

Was the injured individual wearing gloves? Yes No Uncertain

Care and Treatment After Exposure

In the unfortunate event a student suffers an event resulting in injury or exposure to blood and body fluids that may threaten their health while on a clinical rotation, the rotating facility will provide first aid and emergency assistance/treatment on site. This includes but is not limited to the evaluation of risk of infection/exposure care if an injury such as a needle stick, or any exposure of a student to blood and body fluids or air borne contaminants. If the event results in exposure to the HIV/AIDS virus and/or Hepatitis, follow up care may be as per the current Center for Disease Control Guidelines and the current community’s standard of care.

Student Signature: _____ Date: _____

Office of Student Affairs: _____ Date: _____

Office of Risk Management: _____ Date: _____

For Internal Use
Is the student requesting reconciliation of medical bill related to above injury or exposure to blood and body fluids? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the student include a copy of the medical bill in the submission of the incident report form? Yes <input type="checkbox"/> No <input type="checkbox"/>