

Report of Inoculation Incident

To be filled in by Occupational Health when the incident is reported to them

Information required in the event of a skin piercing injury involving a sharp instrument, bony spinicle or tooth which has been in contact with body fluids, or a skin piercing bite, or contamination of mucous membranes (eyes/mouth) with body fluids e.g. saliva, vomit, blood, faeces, urine. All sections to be completed.

Details of Incident to Staff

Name:	
Date of Incident:	Time of Incident:
Location of Incident:	
Description of Incident:	

1. Was the injury scratch/puncture/deep skin/deep skin penetration?	No	Yes
	<input type="checkbox"/>	<input type="checkbox"/>
2. In the case of a bite was the skin broken?	No	Yes
	<input type="checkbox"/>	<input type="checkbox"/>
3. In the case of gross contamination of the skin with blood or saliva, was the skin intact at the incident?	No	Yes
	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Health Care Worker Hepatitis B immunity status known?	No	Yes
	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the Health Care Worker immune/non-immune/not known		

If there is a 'no' response to questions 3 and 4, refer to your Occupational Health Service.