

Accidental exposure to blood and body fluids record

Date of incident	Exposed person: name, address, phone number, e-mail	Details of accidental exposure (type of service, equipment used, location of injury, area of body exposed to blood or body fluids)	Actions taken Check appropriate box(es)	Name and contact information of worker providing the procedure when the exposure occurred
			<input type="checkbox"/> item discarded <input type="checkbox"/> item cleaned and high level disinfected or <input type="checkbox"/> item cleaned and intermediate level disinfected	
			<input type="checkbox"/> item discarded <input type="checkbox"/> item cleaned and high level disinfected or <input type="checkbox"/> item cleaned and intermediate level disinfected	
			<input type="checkbox"/> item discarded <input type="checkbox"/> item cleaned and high level disinfected or <input type="checkbox"/> item cleaned and intermediate level disinfected	
			<input type="checkbox"/> item discarded <input type="checkbox"/> item cleaned and high level disinfected or <input type="checkbox"/> item cleaned and intermediate level disinfected	

For information on the appropriate level of disinfection, refer to Appendix I in the [Guide to Infection Prevention and Control in Personal Service Settings](#).

Records must be:

- kept for three years in a secure location
- kept at the business for at least the first year
- provided to a public health inspector upon request

For more information, contact your public health inspector at **905-799-7700**