

## INDIVIDUAL OCCUPATIONAL EXPOSURE RECORD FOR BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL (OPIM)

\_\_\_\_\_  
(Stamp of the Organizational Unit)

\_\_\_\_\_  
(Date)

1. First and last name of the exposed person: \_\_\_\_\_
2. • employee
  - person employed under a civil-law contract / employment contract
  - student, participant of postgraduate studies, specialist training, and other forms of education  
(*underline as appropriate*)\*
3. Age: \_\_\_\_\_
4. Date and time of incident: \_\_\_\_\_
5. Gender: \_\_\_\_\_
6. PESEL Number: \_\_\_\_\_
7. Location of the incident: \_\_\_\_\_
8. Hepatitis B vaccination (date) \_\_\_\_\_ results of tests of the exposed person (to be completed by the injured person if known):

Hepatitis B (HBV)	<ul style="list-style-type: none"> <li>• <b>HBsAg</b></li> <li>• positive</li> <li>• negative</li> <li>• not tested</li> </ul>	<ul style="list-style-type: none"> <li>• <b>HBeAg</b></li> <li>• positive</li> <li>• negative</li> <li>• not tested</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Anti-HBs</b></li> <li>• positive</li> <li>• negative</li> <li>• not tested</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Anti-HBc</b></li> <li>• positive</li> <li>• negative</li> <li>• not tested</li> </ul>	Testing Date:	
Hepatitis C (HCV)	<ul style="list-style-type: none"> <li>• <b>Anti-HCV</b></li> <li>• positive</li> <li>• negative</li> <li>• not tested</li> </ul>	<ul style="list-style-type: none"> <li>• <b>HCV-RNA</b></li> <li>• positive</li> <li>• negative</li> <li>• not tested</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ALT level</b></li> <li>• not tested</li> </ul>			
HIV	<ul style="list-style-type: none"> <li>• <b>Anti-HIV</b></li> <li>• positive</li> <li>• negative</li> <li>• not tested</li> </ul>					

9. Full name and position of the person receiving the exposure report: \_\_\_\_\_
10. **Type of infectious material: (tick as appropriate)**
  - Blood
  - Cerebrospinal fluid
  - Pleural fluid

- Amniotic fluid
- Peritoneal fluid
- Pericardial fluid
- Vaginal secretion
- Semen
- Synovial fluid
- Saliva during dental procedures
- Any bodily fluid visibly contaminated with blood
- Any bodily fluid that cannot be distinguished
- Human tissue
- Media containing HIV, HBV, HCV
- Other (specify): \_\_\_\_\_

**11. Personal protective equipment used at the time of exposure: (tick as appropriate)**

- Gloves
- Protective glasses
- Goggles
- Plexiglass face shield
- Disposable mask
- Protective gown
- Protective cap
- Other (specify): \_\_\_\_\_

**12. Tool/equipment causing tissue injury: (tick as appropriate)**

- needle with a lumen
- needle without a lumen
- other sharp instrument (please specify) \_\_\_\_\_
- other material (please specify) \_\_\_\_\_

13. Type of activity during which the exposure occurred: \_\_\_\_\_

14. Exposed body part: \_\_\_\_\_

**15. Depth of injury: (tick as appropriate)**

- superficial wound (e.g., abrasion of the skin)
- deep wound with or without bleeding (please specify) \_\_\_\_\_
- not applicable (exposure of mucous membranes, conjunctiva of the eyes)

16. Was the instrument visibly contaminated with blood? (tick as appropriate)

- yes
- no
- unknown
- not applicable (e.g., exposure of mucous membranes)

17. Was local post-exposure treatment (first aid) applied to the exposed person?

\_\_\_\_\_

time: \_\_\_\_\_

18. Post-exposure measures recommended: \_\_\_\_\_

19. Witnesses to the incident:

Name and Surname	Position	Signature	Date

Are the details of the source person known? (tick as appropriate)

- source unknown
- source known

Full name of the source person: \* \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of the exposed person:*

To complete item 19, personal data of the source person may only be provided if the source person voluntarily consents to the processing of these data (Annex No. 4 to the Procedure) and is provided with the information clause (Annex No. 5 to the Procedure).