

Table 1: Data to be collected for the “full” and “light” version of the national registration form of occupational blood exposure

Type of data		"FULL"	"LIGHT"
GENERAL	Administrative data		
	Home department	X	X
	Date and time of injury	X	X
	Date and time of notification	X	X
	Job category	X	X
	Circumstances of the incident		
	Department where incident occurred	X	X
	Status of the source patient (known, contaminated)	X	X
	Zone of exposure	X	
	During routine or emergency situation	X	
	Number of hours worked before the incident	X	
	Short description of the circumstances	X	X
	Preventive measures taken when the incident occurred		
	How many and which barrier personal garments were worn at the time of exposure	X	X
	Presence of a sharps disposal container	X	X
	Measure which could prevent incident	X	X
	Care		
	Time between incident and first care	X	
	Gravity of the injury	X	X
	Type of the incident	X	X
NEEDLE STICK	Specific questions		
	Original purpose of sharp item	X	X
	Degree of contamination of sharp item	X	X
	Type of device causing injury	X	X
	Was item safety device	X	
	When injury occurred	X	X
BODY FLUIDS	Specific questions		
	Which body fluids were involved	X	X
	Degree of blood contamination of the body fluid	X	X
	Exposed body parts	X	
	Degree of exposure to body fluid	X	
	Duration of exposure to body fluid	X	X
Cause of exposure	X	X	
FOLLOW UP	Standard follow-up	X	X
	HBV serology of the employer	X	X
	Serology directly after the exposure	X	X
	Serology after 6 months	X	X
	Follow-up after a positive source	X	X

DENOMINATOR DATA will be collected yearly for each hospital in order to calculate indicators and allow stratification. These denominator data will be filled out in a separate file:

- Number of beds (mean per year)
- Number of patients per year (total per year)
- Number of patient days per year (total per year)
- Number of personnel members per job category (mean per year)
- Number FTE per job category (mean per year)