

Blood/Body Fluid Exposure & Testing Summary

Employee Name: _____

SS#: _____

Completed Hepatitis B vaccine? Yes No Result of previous Anti-HBs Pos Neg N/A

Date and Time of Exposure: _____

Wound Care/First Aid Administered: _____

Type of Exposure:

A. Sharp: needle lancet broken glass other (describe): _____
Clean (sterile) Contaminated with blood/body fluids
Visible blood on sharp? Yes No Used for vascular access? Yes No
Deep injury? Yes No Blood injected into INDIVIDUAL? Yes No

B. Mucous Membrane: eye mouth nose

C. Body Fluid: blood vaginal secretions sputum vomitus urine wound drainage
other _____

D. Human Bite (describe): _____

E. Open Wound Contamination (describe): _____

F. Other (describe): _____

Source Person:

Name: _____

SS#: _____

Clinical diagnosis and blood borne pathogen risk factors: _____

Circle if person is known to have: HIV-AIDS Hepatitis B Hepatitis C

Date of source person testing at time of exposure incident: _____ HIV test: pos neg

HBsAg: pos neg HCV Antibody: pos neg

INDIVIDUAL COUNSELLING:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	risk of acquiring blood borne pathogen from occupational exposure
<input type="checkbox"/>	<input type="checkbox"/>	report and seek medical evaluation for any acute flu-like illness
<input type="checkbox"/>	<input type="checkbox"/>	information and assistance re: HIV Post-Exposure Prophylaxis (PEP) Protocol
<input type="checkbox"/>	<input type="checkbox"/>	potential for baseline and follow-up serologic testing (see next page)
<input type="checkbox"/>	<input type="checkbox"/>	observe "safer sex" practices for six months following exposure from high-risk source
<input type="checkbox"/>	<input type="checkbox"/>	identify and correct work practices, engineering/equipment controls, or PPE problems to avoid recurrence

Is individual starting HIV PEP medications? Yes No

Individual Signature: _____

Date: _____

Employee Health Nurse/Designee Signature: _____

Date: _____

SCDDSN Blood/Body Fluid Post-Exposure Testing Schedule:

Baseline and follow-up testing of exposed INDIVIDUAL, as outlined below, is indicated **ONLY if the source patient:**

- a) tests positive for any of the following blood borne pathogens, **or**
- b) serostatus is unknown, **or**
- c) identity is unknown

The Employee Health Nurse (EHN) should omit INDIVIDUAL testing for a specific pathogen if the source person tests negative or is known to be negative for that specific pathogen (i.e., negative HBsAg for HBV) at the time of exposure or within the previous month (unless the person has a history of recent high risk behaviors and may be in the window period for HIV or HCV [1-6 months], in which case medical consultation is necessary). INDIVIDUAL testing for syphilis (RPR) at baseline and six (6) week follow-up is done **ONLY** if source person is documented to have untreated primary or secondary syphilis at the time of the INDIVIDUAL exposure, and the INDIVIDUAL receives syphilis post-exposure prophylaxis (i.e., 2.4 million units L.A. Bicillin).

When indicated, test INDIVIDUAL for : Schedule: (document date drawn)	HIV: (also see Appendix E, Post Exposure Prophylaxis Protocol for additional test for INDIVIDUALs on HIV PEP; obtain medical consult	Hepatitis C Virus(HCV)	Hepatitis B Virus (HBV) (baseline & follow-up testing <u>unnecessary</u> if INDIVIDUAL has documented +Anti-HBs
Baseline* Date: _____ Result: _____	HIV Antibody pos _____ neg _____	HCV antibody pos _____ neg _____ ALT= _____ normal M: 0-40, F: 0-31	HBsAg & HBsAb (only if INDIVIDUAL is a known "non responder" to Hepatitis B vaccine or if response is unknown) pos _____ neg _____
6 weeks:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____		HBsAg pos _____ neg _____
12 weeks:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____		HBsAg pos _____ neg _____
6 months:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____	HCV Antibody pos _____ neg _____ Alt _____	HbsAg Date: _____ pos _____ neg _____
12 months:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____	HCV Antibody pos _____ neg _____ Alt _____	No Test

* Employee Health Nurse may perform additional tests periodically (i.e., HIV at 18 weeks and/or 9 months) if indicated for medical management or if recommended by medical consultant (i.e., if INDIVIDUAL is symptomatic or for reassurance if INDIVIDUAL is anxious)

- If source patient documented to have a +HBsAg, AND IF INDIVIDUAL has never had Hepatitis B vaccine series, give one dose of HBIG and begin the Hepatitis B vaccine series. If the INDIVIDUAL is a known non-responder (i.e. has had negative anti-HBs after complete Hepatitis B vaccination series, even with up to three (3) boosters) then give INDIVIDUAL two (2) doses of HBIG one month apart. If the INDIVIDUAL received only three (3) vaccinations previously and has no documented Anti-HBs, give HBIG once, plus initiate revaccination series. See CDC, MMWR, Vol.46, No.RR-18, 12-26-97, p.23. Retest HBsAg as above and Anti-HBs 1-2 months after completion of series.

- **Obtain medical consultation immediately if any test is reported positive/abnormal.**

- Continuation Notes: _____