**Hospital/ Clinic Name**

**Assessment of Potential Exposures to Bloodborne Infection**

Documentation Form

***For use by health care professionals in collecting and documenting information related to potential exposures to HBV, HCV, and HIV***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A *Intake*** | | | | | | | | | | | | | | |
| Date & time of assessment | | | | | | | | | | | | | | |
| Assessed by: | | | | | | | | | Title: |  | | | | |
| Information about the person providing the assessment information if different from the exposed person: (name, address, phone number, designation, etc.) | | | | | | | | | | | | | | |
| **Section B *Assessment of the Exposed Person*** | | | | | | | | | | | | | | |
| Last Name: |  | | First Name: |  | | | | | | | | DOB | |  |
| Address: |  | | | | | | | | | | | | | |
| Phone number: |  | Gender: Male  Female | | | | | | Health Care Provider | |  | | | | |
| Date, time and place exposure occurred: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Nature of exposure and how the exposure occurred: (e.g. needle stick, splash, sexual, etc. and describe how it happened e.g. while providing emergency health care or first aid, during the commission of a crime, consensual, etc.) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Description of the injury/exposure: (e.g. where on the body, nature of wound, fluid volume, etc.) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Action taken prior to this assessment (first aid measures or other actions, if relevant) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Immunization history:  Tetanus:  Hepatitis B vaccine:  Hepatitis B titre (antiHBS): documented response | | | | | | | History of prior testing for HBV, HCV or HIV? (If yes, obtain date and results) | | | | | | | |
| General health history: (e.g. well, immune compromised, degree of anxiety related to the exposure, pregnancy etc.) | | | | | | | | | | | | | | |
| Notes: | | | | | | | | | | | | | | |
| **Section C *Assessment of the Source*** | | | | | | | | | | | | | | |
| Source known:  Yes  No (if source is unknown, skip this section) | | | | | | | | | | | | | | |
| Name of source: | | | | | | | | | | | DOB: | | | |
| Address: | | | | | | | | | | | | | | |
| General health information: | | | | | | | | | | | | | | |
| Health Care Provider: | | | | | | Immunization status Hep B #1  #2  #3 | | | | | | | | |
| History of blood borne disease or evidence of prior testing: | | | | | | | | | | | | | | |
| Risk factors: from endemic country, high risk sexual behaviour, injection drug user, received blood products prior to 1990, etc. | | | | | | | | | | | | | | |
| Source person tested ( if applicable): Date and Time HBV  Date and Time HCV  Date and Time HIV | | | | | | | | | | | | | | |
| Consent to share test results:  Yes Who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No | | | | | | | | | | | | | | |
| Other (if occupational exposure, ensure appropriate documentation to include incident reporting and WSIB reports.) | | | | | | | | | | | | | | |
| **Section D *Actions/Interventions: Testing and Treatment of the Exposed Person*** | | | | | | | | | | | | | | |
| ***Baseline Testing of the Exposed Person***  anti-HBs  HBsAg  HCV (anti-HCV)  HIV | | | | | Other Tests  pre-test counselling  consent to share results, if required | | | | | | | | | |
| Summary of assessed significance of the exposure: | | | | | | | | | | | | | | |
| ***Treatment*** | | | | | | | | | | | | | | |
| ***Treatment and Counselling Provided***  First Aid Measures  Tetanus (Td  or Tdap )  Hepatitis B vaccine  HBIG  HIV PEP (antiretrovirals)  Counselling: post exposure, protecting others, f/u if required  Notes: | | | | | | | | | | | | | | |
| **Section E: *Planned Follow-up*** | | | | | | | | | | | | | | |
| **Recommended follow-up** | | | | Location & who will provide | | | | | | | | | When/Date | |
| □ Anti HBs | | | |  | | | | | | | | |  | |
| □ Additional Hepatitis B vaccine | | | |  | | | | | | | | |  | |
| □ HBIG | | | |  | | | | | | | | |  | |
| □ anti- HCV | | | |  | | | | | | | | |  | |
| □ HCV RNA PCR | | | |  | | | | | | | | |  | |
| □ HIV antibodies | | | |  | | | | | | | | |  | |
| □ HIV PEP Follow-up | | | |  | | | | | | | | |  | |
| □ Additional counselling | | | |  | | | | | | | | |  | |
| □ Other WSIB, Results from baseline testing | | | |  | | | | | | | | |  | |
| Notes: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Resources Provided | | | | | | | | | | | | | | |
| □ Instruction Sheet □ MBTA information  □ Fact sheet □ other | | | | | | | | | | | | | | |
| Date and Time Signature | | | | | | | | | | | | | | |