**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 requiredNotes: |
| **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 |