

Facility ID # : \_\_\_\_\_ Exposure Event # : \_\_\_\_\_

HCW ID: \_\_\_\_\_  
 HCW Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Section I -General Exposure Information**

1. Did the exposure occur in this facility: \_\_\_\_ Y \_\_\_\_ N

1a. If No, specify name of facility in which exposure occurred: \_\_\_\_\_

2. Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Time of exposure: \_\_\_\_\_  AM  PM

4. Number of hours on duty: \_\_\_\_\_ 5. Is exposed person an temp/agency employee? \_\_\_\_Y \_\_\_\_N

6. Location where exposure occurred: \_\_\_\_\_

7. Type of exposure: (check all that apply)

\_\_\_\_ 7a. Percutaneous: Did the exposure involve a clean, unused needle or sharp object?  
 \_\_\_\_Y \_\_\_\_N (If No, complete Q8, Q9, Section II, and Sections V-XI )

\_\_\_\_ 7b. Mucous membrane (Complete Q8, Q9, Section III, and Sections V-XI)

\_\_\_\_ 7c. Skin: Was skin intact? \_\_\_\_ Y \_\_\_\_ N \_\_\_\_ Unknown (If No, complete Q8, Q9, Section III,  
 and Sections V-XI)

\_\_\_\_ 7d. Bite (complete Q9 and Sections IV-XI)

8. Type of fluid/tissue involved in exposure: (check one)

\_\_\_\_ Blood/blood products \_\_\_\_\_ Body Fluid: (check one)

\_\_\_\_ Solution (IV fluid, irrigation, etc.): \_\_\_\_\_ Visibly bloody  
 (check one) \_\_\_\_\_ Not visibly bloody

\_\_\_\_ Visibly bloody

\_\_\_\_ Not visibly bloody

\_\_\_\_ Tissue

\_\_\_\_ Other (specify): \_\_\_\_\_

\_\_\_\_ Unknown

If Body fluid, indicate one body fluid type:

____ Amniotic	____ Saliva
____ CSF	____ Sputum
____ Pericardial	____ Tears
____ Peritoneal	____ Urine
____ Pleural	____ Feces/stool
____ Semen	____ Other
____ Synovial	(specify): _____
____ Vaginal fluid	

9. Body site of exposure: (check one)

\_\_\_\_ Hand/Finger

\_\_\_\_ Eye

\_\_\_\_ Arm

\_\_\_\_ Leg

\_\_\_\_ Foot

\_\_\_\_ Mouth

\_\_\_\_ Nose

\_\_\_\_ Other (specify): \_\_\_\_\_

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**Section II - Percutaneous Injury**

1. Was the needle or sharp object visibly contaminated with blood prior to exposure? \_\_\_Y \_\_\_ N

2. Depth of the injury (check one):

- Superficial, surface scratch
- Moderate, penetrated skin
- Deep puncture or wound
- Unknown

3. What needle or sharp object caused the injury? (check one)

*Hollow-bore needles:*

- Hypodermic needle attached to a syringe
- Unattached hypodermic needle
- Prefilled cartridge syringe needle
- I.V. stylet
- Vacuum tube collection holder with needle (includes Vacutainer®-type devices)
- Spinal or epidural needle
- Bone marrow needle
- Biopsy needle
- Other type of hollow-bore needle (specify): \_\_\_\_\_
- Hollow-bore needle, type unknown
- Huber needle
- Winged-steel (Butterfly™ type) needle
- Hemodialysis needle

*Solid sharp/Object:*

- Suture needle
- Bone cutter
- Bovie electrocautery device
- Bur
- Elevator
- Explorer
- File
- Forceps
- Lancet
- Microtome blade
- Pin
- Razor
- Retractor
- Rod
- Scaler/curette
- Scalpel blade
- Scissors
- Tenaculum
- Trocar
- Wire

*Other sharp object/device:*

- Capillary tube
- Medication ampule/vial/I.V. bottle
- Pipette (glass)
- Slide
- Specimen/test/vacuum tube
- Bone chip/chipped tooth
- Sharp object, type unknown
- Other device (specify): \_\_\_\_\_

4. Manufacturer and Model: \_\_\_\_\_

5. Did the needle or other sharp object involved in the injury have a safety feature? \_\_\_Y\_\_\_ N

5a. If Yes, indicate type of safety feature: (check one); If No, skip to Q6.

- Sliding/gliding guard/shield
- Hinged guard/shield
- Bluntable needle/sharp
- Retractable needle/sharp
- Needle/sharp ejector
- Mylar wrapping/plastic
- Other safety feature (specify): \_\_\_\_\_
- Unknown safety mechanism

5b. If the device had a safety feature, when did the injury occur? (check one)

- Before activation of the safety feature was appropriate
- During activation of the safety feature
- Safety feature improperly activated
- Safety feature failed, after activation
- Safety feature not activated
- Other (specify): \_\_\_\_\_

6. When did the injury occur: (check one)

- Before use of the item
- During use of the item
- After use of item, before disposal
- During or after disposal
- Unknown

7. For what purpose or activity was the sharp device being used? (check one)

*Obtaining a blood specimen percutaneously*

- Performing phlebotomy
- Performing arterial puncture
- Performing a fingerstick/heelstick
- Other blood-sampling procedure (specify) \_\_\_\_\_

*Giving a percutaneous injection*

- Giving an IM injection
- Giving a SC injection
- Placing a skin test (e.g., tuberculin, allergy, etc.)

*Performing a line-related procedure*

- Inserting or withdrawing a catheter
- Obtaining a blood sample from a central or peripheral I.V. line or port
- Injecting into a line or port
- Connecting I.V. Line

*Performing surgery/autopsy/other invasive procedure*

- Suturing Specify procedure: \_\_\_\_\_
- Incising
- Palpating/exploring

*Performing a dental procedure*

- Hygiene (prophylaxis)
- Restoration (amalgam composite, crown)
- Root canal
- Peridental surgery

- Oral surgery
- Simple extraction
- Surgical extraction

*Handling device/equipment or specimen*

- Handling equipment
- Transferring BBF into specimen container
- Processing specimen
- Disassembling device/equipment
- Decontaminating/processing used equipment
- Opening/breaking glass container (e.g., ampule)

*Other*

- Other diagnostic procedure (e.g., thoracentesis)
- Other (specify): \_\_\_\_\_
- Unknown

8. If the activity being performed at the time of the injury was different than that indicated in Q7, what was the activity at the time of injury?

*Handling device/equipment or specimen*

- Recapping
- Transferring/passing/receiving device
- Disassembling device/equipment

*Housekeeping/patient-care activities, not described above*

- Cleaning room
- Collecting/transporting waste
- Other (specify) \_\_\_\_\_*

*Disposing device*

- Placing sharp in container

9. Who was holding the device at the time the injury occurred? (check one)

- Exposed person     Co-worker/other person     No-one – the sharp was an uncontrolled sharp in the environment

10. What happened when the injury occurred: (check one)

- Patient moved and jarred device
- Device slipped
- Device rebounded
- Sharp was being recapped
- Collided with co-worker or other person
- Overfilled/punctured sharps container
- Improperly disposed sharp
- Other (specify): \_\_\_\_\_
- Unknown

### Section III - Mucous Membrane and/or Skin Exposure

1. Estimate the amount of blood/body fluid exposure: (check one)

- Small (< 1 tsp or 5cc)
- Moderate (> 1 tsp and up to 1/4 cup, or 6-50 cc)
- Large (> 1/4 cup or 50 cc)
- Unknown

2. Activity/event when exposure occurred: (check one)

- Airway manipulation (e.g., suctioning airway, inducing sputum)
- Bleeding vessel
- Changing dressing/wound care
- Cleaning/transporting contaminated equipment
- Endoscopic procedures
- IV or arterial line insertion/removal/manipulation
- Irrigation procedure
- Manipulating blood tube/bottle/specimen container
- Patient spit/coughed/vomited
- Phlebotomy
- Surgical procedure (e.g., all surgical procedures including C-section)
- Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter)
- Vaginal delivery
- Other (specify): \_\_\_\_\_
- Unknown

3. Barriers used by the worker at the time of exposure: (check all that apply)

- Face shield
- Gloves
- Goggles
- Gown
- Mask
- Other (specify): \_\_\_\_\_
- None of the above

### Section IV - Bite

1. Wound description: (check one)

- No spontaneous bleeding
- Spontaneous bleeding
- Tissue avulsed
- Unknown

2. Activity/event when exposure occurred: (check one)

- During dental procedure
- During oral examination
- Providing oral hygiene
- Providing non-oral care to patient
- Assault by patient
- Other (specify): \_\_\_\_\_
- Unknown

**Section V - Source Information**

Was the source patient known?  Y  N

Was HIV status known at the time of exposure?  Y  N

Check the test results for the source patient (P=positive, N=negative, I=Indeterminate, U=unknown, R=refused, NT= not tested):

Hepatitis B		P	N	I	U	R	NT
HBsAg							
HBeAg							
Total anti-HBc							
anti-HBs							
Hepatitis C							
anti-HCV EIA							
anti-HCV supplemental							
PCR-HCV RNA							
HIV							
EIA, ELISA							
Rapid HIV							
Confirmatory test							

**Section VI -For HIV Infected Source**

Stage of disease (check one):  End-stage AIDS  Other symptomatic HIV, not AIDS  
 AIDS  HIV infection, no symptoms  
 Acute HIV illness  Unknown

Is the source patient taking anti-retroviral drugs?  Y  N  U

2a. If Yes, indicate drug(s): \_\_\_\_\_

Most recent CD4 count: \_\_\_\_\_ mm<sup>3</sup> Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mo / yr

Viral load: \_\_\_\_\_ copies/ml Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mo / yr

**Section VII - Initial Care Given to Healthcare Worker**

1. HIV postexposure prophylaxis: Offered? \_\_\_ Y \_\_\_ N \_\_\_ U  
 Taken? \_\_\_ Y \_\_\_ N \_\_\_ U
2. HBIG given? \_\_\_ Y \_\_\_ N \_\_\_ U
3. Hepatitis B vaccine given? \_\_\_ Y \_\_\_ N \_\_\_ U
4. Is the HCW pregnant? \_\_\_ Y \_\_\_ N \_\_\_ U
- 4a. If Yes, which trimester? \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ U

**Section VIII - Baseline Lab Results**

Was baseline testing performed? \_\_\_ Y \_\_\_ N \_\_\_ U (If Yes, indicate below)

Serologic Test		Date	Result	Other Test		Date	Value
H I V	HIV EIA	___/___/___	P N I R	O t h e r  L a b s	ALT	___/___/___	___ IU/L
	Confirmatory	___/___/___	P N I R		Amylase	___/___/___	___ IU/L
H e p a t i t i s C	anti-HCV EIA	___/___/___	P N I R		Blood glucose	___/___/___	___ mg/dl
	anti-HCV supp	___/___/___	P N I R		Hematocrit	___/___/___	___ %
	PCR HCV RNA	___/___/___	P N R		Hemoglobin	___/___/___	___ mg/dl
H e p a t i t i s B	HBs Ag	___/___/___	P N R NT		Platelet	___/___/___	___ 10 <sup>4</sup> /L
	IgM anti-HBc	___/___/___	P N R		# Blood cells in urine	___/___/___	___ #/mm <sup>3</sup>
	Total anti-HBc	___/___/___	P N R		WBC	___/___/___	___ 10 <sup>4</sup> /L
	NT				Creatinine	___/___/___	___ mg/ml
	anti-HBs	___/___/___					

Result codes: \_\_\_\_\_ IU/L

P = Positive    N = Negative    I = Indeterminate    R = Refused    NT = Not Tested

**Section IX - Follow-up**

1. Is it recommended that the HCW return for follow-up of this exposure? \_\_\_ Y \_\_\_ N
- 1.a. If Yes, will follow-up be performed at this facility? \_\_\_ Y \_\_\_ N

**Section X - Narrative**

In the worker's words, how did the injury occur?

**Section XI- Prevention**

In the worker's words, what could have prevented the injury?

**Custom Fields**

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**Comments**