

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

If Body fluid, indicate one body fluid type:

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

9. Body site of exposure: (check one)

 Hand/Finger

 Eye

 Arm

 Leg

 Foot

 Mouth

 Nose

 Other (specify): _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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 Needle/sharp ejector
- Hinged guard/shield Mylar wrapping/plastic
- Bluntable needle/sharp Other safety feature (specify): _____
- Retractable needle/sharp 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

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 Other (specify): _____
- Gloves None of the above
- Goggles
- Gown
- Mask

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 InformationWas the source patient known? Y NWas 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):

	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 SourceStage of disease (check one): End-stage AIDS Other symptomatic HIV, not AIDS
 AIDS HIV infection, no symptoms
 Acute HIV illness UnknownIs the source patient taking anti-retroviral drugs? Y N U

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

Most recent CD4 count: _____ mm³ 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	<input type="text"/> / <input type="text"/> / <input type="text"/>	P <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> R	O t h e r	ALT	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> IU/L
	Confirmatory	<input type="text"/> / <input type="text"/> / <input type="text"/>	P <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> R		Amylase	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> IU/L
H e p a t i t s C	anti-HCV EIA	<input type="text"/> / <input type="text"/> / <input type="text"/>	P <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> R	L a b s	Blood glucose	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> mg/dl
	anti-HCV supp	<input type="text"/> / <input type="text"/> / <input type="text"/>	P <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> R		Hematocrit	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
H e p a t i t s B	PCR HCV RNA	<input type="text"/> / <input type="text"/> / <input type="text"/>	P <input type="checkbox"/> N <input type="checkbox"/> R		Hemoglobin	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> mg/dl
	HBs Ag	<input type="text"/> / <input type="text"/> / <input type="text"/>	P <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> NT		Platelet	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> 10 ⁴ /L
	IgM anti-HBc	<input type="text"/> / <input type="text"/> / <input type="text"/>	P <input type="checkbox"/> N <input type="checkbox"/> R		# Blood cells in urine	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> #/mm ³
	Total anti-HBc	<input type="text"/> / <input type="text"/> / <input type="text"/>	P <input type="checkbox"/> N <input type="checkbox"/> R		WBC	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> 10 ⁴ /L
	NT	<input type="text"/> / <input type="text"/> / <input type="text"/>			Creatinine	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> mg/ml
	anti-HBs	<input type="text"/> / <input type="text"/> / <input type="text"/>					

IU/L
Result codes:

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

Label

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