

*Facility ID # : _____ *Exposure Event # : _____

*HCW ID: _____

HCW Name, Last: _____ First: _____ Middle: _____

*Gender: _____ *Date of Birth: ____ / ____ / _____

*Occupation: _____ If occupation is a physician, indicate clinical specialty:

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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Public reporting burden of this collection of information is estimated to average 1 hour 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-79, 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
- ___ 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
- Incising
- Palpating/exploring
- Specify procedure: _____

Performing a dental procedure

- Hygiene (prophylaxis)
- Restoration (amalgam composite, crown)
- Root canal
- Periodontal surgery
- Oral surgery
- Simple extraction
- Surgical extraction

Handling specimen

- Transferring BBF into specimen container
- Processing specimen

Other

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

8. What was the activity at the time of injury?

Handling device/equipment or specimen

- Handling equipment
- Recapping
- Transferring/passing/receiving device
- Disassembling device/equipment
- Decontamination/processing used equipment
- Opening/breaking glass container (e.g., ampule)
- Performing procedure

Disposing device

- Placing sharp in container

Housekeeping/patient-care activities, not described above

- Cleaning room
- Collecting/transporting waste

Other (specify) _____

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

Note: Sections V – IX are required when following the protocols for Exposure Management.

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):

	P	N	I	U	R	NT
Hepatitis B						
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: _____ mm³ Date: ____/____/____
 mo / yr

Viral load: _____ copies/ml _____ Undetectable 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 Testing

Was baseline testing performed? ___ Y ___ N ___ U

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	Label
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Comments
