

\*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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**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
<b>Hepatitis B</b>						
HBsAg						
HBeAg						
Total anti-HBc						
anti-HBs						
<b>Hepatitis C</b>						
anti-HCV EIA						
anti-HCV supplemental						
PCR-HCV RNA						
<b>HIV</b>						
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 \_\_\_\_\_ 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**

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