

**BLOOD/BODY FLUID EXPOSURE RECORD**

When completed please return to:  
**Occupational Health Department, CUH, Wilton, Cork.**  
**Telephone: 0214922018/9**

**SECTION A To Be completed at location/ward where the exposure occurred.**

**SECTION A: RECIPIENT DETAILS (PERSON EXPOSED)**

To be completed in full by ward manager, or department head/supervisor as appropriate.

**Full Name:** \_\_\_\_\_ (In capitals)

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Home Telephone No:** \_\_\_\_\_ **Mobile Phone No:** \_\_\_\_\_

**Date of Birth:** \_\_ / \_\_ / \_\_ **Gender:** M  F

**Occupation:** \_\_\_\_\_

**Hospital/Area:** \_\_\_\_\_ **Department/Ward:** \_\_\_\_\_

**SECTION B: DETAILS OF EXPOSURE: (To be completed by the ED/OHD Team)**

**Date of exposure:** \_\_ / \_\_ / \_\_ **Date exposure reported:** \_\_ / \_\_ / \_\_

**Time of exposure:** \_\_ : \_\_ **Time exposure reported:** \_\_ : \_\_

**Description of exposure:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Exact work location where exposure occurred:** \_\_\_\_\_

**Nature of material (e.g. blood, saliva etc.):** \_\_\_\_\_

**If not blood, was fluid blood stained:** Yes  No  **Details:** \_\_\_\_\_

**Needle-stick/sharp injury:**  **Hollow bore needle**  **Visible blood present**

**Solid needle**  **Device had been directly in source artery or vein**  **Other sharp**

**Describe** \_\_\_\_\_

**Severity of needle-stick or sharp injury;** *Superficial*-source scratch, no blood appeared

*Moderate*- penetrated skin and blood appeared  *Deep-puncture*, with or without blood appearance

**Human bite**  **Skin breached**

**Splash**  **Intact skin**  **Non-intact skin**  **Mucous membrane**  **Eye**

**Other injury**  (describe in "description of exposure" section above).

**Were first aid measures implemented?** Yes  No  **Details:** \_\_\_\_\_

**Was protective equipment used?** (e.g. gloves, mask) Yes  No  **Details:** \_\_\_\_\_

**SECTION C: RISK ASSESSMENT: FOR ED/OHD TEAM** Please refer to policy & procedure for the management of occupational exposure to blood/body fluids in health care workers.

**Decide if a significant exposure has occurred**

**1. Assessment of significance of exposure**

A significant exposure involves both a high-risk material and a significant injury.

**2. High-risk materials (i.e. significant risk of transmission of BBV's):**

Blood, body fluids containing visible blood, semen and vaginal secretions represent a risk of transmission of HBV, HCV or HIV, if the source is infected. Outside the body, HCV and HIV significantly decline in infectivity within a few hours. HBV can remain infectious for a week or more. (American Public Health Association, 2008)

**3. Low-risk materials (i.e. no significant risk of transmission of BBV's):**

Contamination with faeces, nasal secretions, saliva\*, sputum, sweat, tears, urine, and vomitus, unless they contain blood, represents a negligible risk of HBV, HCV or HIV transmission. \*If the injury is serious (e.g. extensive or deep tissue bite) HBV transmission may be a risk, even if there is no visible blood in the saliva. In this situation, HBV vaccine with or without HBIG maybe indicated.

**4. Other materials:**

The risk of transmission of BBVs from exposure (e.g. splash) to the following fluids is unknown: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, breast milk and amniotic fluid. If the source has a high blood viral load, the viral load in other fluids, such as amniotic fluid, is also likely to be high.

**5. Significant injuries includes:**

Percutaneous injuries, human bites which break the skin, i.e. involving a breach of the epidermis, not just bruising or indentation of the skin, exposure of broken skin to blood or body fluids, exposure of mucous membranes (including the eye) to blood or body fluids, e.g. by splashing, sexual exposure (unprotected).

**6. Non-significant injuries include:**

Superficial graze not breaking the skin, exposure of intact, undamaged skin to blood or body fluids, exposure to sterile or uncontaminated sharps.

**7. Non-significant exposure**

If the incident involves exposure to a low risk material or a non-significant injury, no further testing or examination is required. The recipient should be reassured and discharged and given an information leaflet (appendix III) (EMI guidelines, 2016)

**Overall, is exposure significant? Yes  No**  If no, no further follow up is required:

**Reassured  Patient information leaflet provided (appendix III)  Discharged**

**IF EXPOSURE IS CONSIDERED SIGNIFICANT, PROCEED.**

If unsure how to proceed, discuss with doctor in ED/OHD or the Infectious Diseases Department.

**Is the source patient known? Yes  Unknown**

**If Yes: Name:** \_\_\_\_\_

**M.R.N:** \_\_\_\_\_ **D.O.B:** \_\_ / \_\_ / \_\_

**Hospital:** \_\_\_\_\_ **Ward/Department:** \_\_\_\_\_

**With Informed consent (please note in source patient's chart) blood tests to be requested from the patient are;**

**Hepatitis B surface antigen  Hepatitis C antibodies  HIV antigen/antibodies**

**Appropriately labelled in a microbiology form "source patient of a blood/body fluid exposure". Send the blood sample to the Microbiology laboratory for urgent testing.**

**Signed:** \_\_\_\_\_

**Date:** \_\_ / \_\_ / \_\_

**SECTION D: Recipient Management Checklist: (To be completed by ED/OHD TEAM)**

Recipient bloods taken: Yes  No  Hepatitis B surface antibodies  Storage

Informed consent received for testing: Yes  No  (appendix IV)

Blood tests labelled in a microbiology form "recipient of a blood/body fluid exposure"

Send the blood sample to the Microbiology laboratory for urgent testing:

Blood results on the source patient known: Yes  No

Blood results: HBsAg \_\_\_\_\_ Anti-HCV \_\_\_\_\_ HIV Ag/Ab \_\_\_\_\_

Patient information leaflet regarding significant exposures provided  (appendix V)

	Yes	Date	No	Not required	Comments
Tetanus toxoid given		__ / __ / __			
Examined wound for infection		__ / __ / __			
Antibiotics prescribed		__ / __ / __			
Has a hepatitis B vaccine course been completed?					Date of last dose __ / __ / __
Hepatitis B vaccination given		__ / __ / __			
Hepatitis B immunoglobulin given		__ / __ / __			

	Yes	Date	No	Not required	Comments
HIV prophylaxis offered		__ / __ / __			
HIV PEP accepted(HIV PEP should be discontinued immediately if the source is found HIV negative)		__ / __ / __			If yes OHP/ID doctor to be contacted if required.
HIV PEP information leaflets given		__ / __ / __			(appendix VII-IX)
Baseline blood taken for PEP (HIV Ag/Ab, HBsAg,anti-HBc, anti-HCV,FBC, LFT, U & E, Urinalysis (for proteinuria), bone profile and urine strip for pregnancy test).		__ / __ / __			
Time between exposure and starting HIV PEP		__ / __ / __			__ hours
Number of days HIV PEP given					__ days
HIV PEP drugs prescribed	(name of drugs):				
If female: Pregnant?					
If female: Breast-feeding?					

**If section B-D completed by ED, please send form to Occupational Health Dept, Cork University Hospital, Wilton, Cork.**

**SECTION E: Follow up Arrangements (To be completed by OHD TEAM)**

Recipient's Hepatitis B surface antibody level \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

Follow Up Blood tests if required

Hep B	Date	Result	Hep C	Date	Result	HIV	Date	Result
6 weeks	__ / __ / __		6 Weeks	__ / __ / __		6 Weeks	__ / __ / __	
3 months	__ / __ / __		3 months	__ / __ / __		3 months	__ / __ / __	