

BLOODBORNE PATHOGENS POST-EXPOSURE EVALUATION & FOLLOW UP

Note: The information on this form is confidential and shall not be released without written permission of the source patient and employee.

Date of exposure	Date of evaluation
I. Incident assessment	
PART A <i>(Part A to be completed by employee)</i>	
Name of employee	
Date	Department
How did exposure occur? (Include duties leading to exposure.)	
Was a sharp involved? <i>(If yes, complete the "sharps injury log.")</i>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Was sharp:	<input type="checkbox"/> Clean
	<input type="checkbox"/> Contaminated
Severity of exposure	
PART B <i>(Part B to be completed by employee health nurse)</i>	
Did significant incident occur?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Signature of employee health nurse	Date
<i>If exposure is validated, continue on next page.</i>	

II.	Source		
	Patient assessment (by Infection Preventionist)		
	Name		Room#
	MR#	MD	
	Current Diagnosis		
	Check patient's chart for history of: (Check if positive)		
	a. Drug addiction		<input type="checkbox"/>
	b. Homosexuality		<input type="checkbox"/>
	c. Multiple blood transfusions		<input type="checkbox"/>
	d. HIV infection		<input type="checkbox"/>
	e. Elevated liver enzymes		<input type="checkbox"/>
	f. Hepatitis B		<input type="checkbox"/>
	g. Hepatitis C		<input type="checkbox"/>
	HIV antibody	Date	Results
	Hepatitis B surface antigen	Date	Results
Anti-HCV	Date	Results	
<i>Have a Hepatitis B surface antigen, an anti-HCV, and an HIV test done on the source patient if status is unknown or previously negative. Obtain consent.</i>			
III.	Employee health office evaluation and follow-up of employee		
	A. Routine treatment		
	1. Wound treated	Date	Rx
	By whom		
	B. Specific evaluation of employee		
	1. History of viral hepatitis	Type	Date of diagnosis
	2. Documented evidence of positive Hepatitis B surface antibodies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
3. Hepatitis B vaccine?	Year	# of doses	
** If answers to all of these questions are <u>NO</u> - proceed...			

	4. Test for Hepatitis B surface antibody	Date	Results
	5. Refer to HBV post-exposure algorithm.		
C. HIV status—Employee			
	1. HIV status known	Date of evaluation	
	2. Discuss HIV testing and follow-up protocol.		
	3. Have consent signed and perform test as soon as feasible after exposure		
	Date	By whom	
	Refer to potential HIV exposure protocol for follow-up testing.		
	If employee refuses test, notify the laboratory to freeze baseline blood for 90 days—test at any time if employee gives consent.		
D. HCV evaluation—employee			
	1. Get an anti-HCV and ALT on the employee.		
	HCV date	Results	
	ALT date	Results	
	2. If negative, repeat anti-HCV and ALT in 6 months.		
	3. Confirm by supplemental anti-HCV testing of all anti-HCV results reported as positive by enzyme immunoassay.		
E. Notify employee to report any acute viral illnesses during the next three months.			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
F. If employee's initial HIV test is negative, and the source patient's is positive, retest as follows:			
		Date of consent	Test results
	Six weeks		
	Three months		
	Six months		
G. Follow-up appointment			
	Date	Time	
H. Healthcare professional's written opinion of evaluation:			
	1. _____ (name) is to complete healthcare professional's written opinion.		
	2. Obtain employee's signature and file the completed forms in employee's medical record.		