

Needlestick or Body Fluid Exposure Risk Assessment

Last Name:	First Name:	Student Number:
Supervisor's Name:	Site/Location:	Date:

Please respond **YES** or **NO** to the following questions.

Details of Incident	Yes or No?	Associated Risk of HBV/HCV/HIV	Actions to Take
1) Was a clean, unused needle/sharp the cause of the injury?	<input type="checkbox"/> Yes	There is no risk, stop the investigation and proceed to Actions .	Report to your supervisor, complete an incident report and return to work.
	<input type="checkbox"/> No	Continue to question number 2.	
2) Was the fluid or tissue involved one of the following: faeces, nasal secretions, sputum, sweat, tears, urine or vomitus?	<input type="checkbox"/> Yes and fluid/tissue did not contain visible blood.	There is no risk, stop the investigation and proceed to Actions .	Report to your supervisor, complete an incident report and return to work.
	<input type="checkbox"/> Yes and fluid/tissue did contain visible blood.	Continue to question number 3.	
	<input type="checkbox"/> No	Continue to question number 3.	
3) What was exposure type/route of entry? A. Contact with non-intact skin? B. Contact with mucous membrane? C. Was a puncture/cut involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No to A, B and C there is no risk of infection, stop the investigation and proceed to Actions .	Report to your supervisor, complete an incident report and return to work.
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes to A, B or C there may be a risk of infection, continue to question number 4.	
4) Is there a risk the source blood or body fluid may be infectious?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Continue to question number 5.	
5) Were any of the following conditions present during the incident/exposure? A. Puncture/Cut: i. Wound that bled spontaneously ii. Deep wound iii. Injection of body substance iv. Large diameter hollow needle involved B. Non-intact skin and Mucous Membrane: i. Prolonged time of contact ii. Large area of non-intact skin exposed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Proceed to Actions	<ul style="list-style-type: none"> Practice First Aid. Report incident to your supervisor. Gather Source Patient information if available. If there is no risk of HIV immediately go to the hospital or walk-in clinic for treatment. If there may be a risk of HIV immediately go to the hospital, preferably within 2 hours of the exposure. Complete an incident report.