

Appendix 7

**OCCUPATIONAL HEALTH/EMERGENCY DEPARTMENT  
NSI/SHARPS INJURY/EXPOSURE TO BODY FLUIDS INCIDENT ASSESSMENT FORM**

HCW DETAILS (Recipient)	PATIENT DETAILS (Source) KNOWN/UNKOWN																								
NAME ..... Hosp No (if known) ..... D.O.B. .... Tel No: Work ..... Home ..... Home Address: ..... ..... ..... Job Title ..... Work Area .....  Date of reporting ..... Time of reporting ..... Place of Assessment ED/OHSS/Other ..... Time of Assessment .....  Immunity to Hep B Result Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Date Hep B vaccination .....	NAME ..... Hosp No (if known) ..... D.O.B. .... Tel No: ..... Home Address: ..... ..... ..... Work (if relevant) ..... Consultant: ..... <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>IV drug user</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Blood product/organ recipient</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>From high risk country</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bisexual/homosexual male</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Sex with high risk individual</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>History of Medical procedure in high risk country</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hep B, Hep C, HIV positive mother</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	IV drug user	<input type="checkbox"/>	<input type="checkbox"/>	Blood product/organ recipient	<input type="checkbox"/>	<input type="checkbox"/>	From high risk country	<input type="checkbox"/>	<input type="checkbox"/>	Bisexual/homosexual male	<input type="checkbox"/>	<input type="checkbox"/>	Sex with high risk individual	<input type="checkbox"/>	<input type="checkbox"/>	History of Medical procedure in high risk country	<input type="checkbox"/>	<input type="checkbox"/>	Hep B, Hep C, HIV positive mother	<input type="checkbox"/>	<input type="checkbox"/>
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<b>DETAILS OF INCIDENT</b>																									
Date of incident ..... Time of incident ..... Place of incident ..... Sharps type: hollow/solid/safety device Please describe:- Type of body fluid ..... Activity being performed ..... ..... Gloves worn Yes <input type="checkbox"/> No <input type="checkbox"/> Other PPE describe ..... ..... Further information..... ..... .....	Hep B status positive/negative/unknown Hep C status positive/negative/unknown HIV status positive/negative/unknown  <hr/> Source screened for:-  Hep B sAg <input type="checkbox"/> Hep C Ab <input type="checkbox"/> HIV Ab <input type="checkbox"/>																								

<b>FIRST AID MEASURES</b>		
	<b>Yes</b>	<b>No</b>
Washed under running water	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged to bleed	<input type="checkbox"/>	<input type="checkbox"/>
<b>OCCUPATIONAL HEALTH/ED ACTIONS</b>		
<b>Blood taken for:-</b>	<b>Yes</b>	<b>No</b>
Hep B antibody titre (if not known)	<input type="checkbox"/>	<input type="checkbox"/>
Serum save	<input type="checkbox"/>	<input type="checkbox"/>
Advise HCW to complete Datix	<input type="checkbox"/>	<input type="checkbox"/>

<b>RISK TO RECIPIENT</b>	<b>INFECTION RISK</b>	<b>ACTION</b>
<b>High risk injury</b> <ul style="list-style-type: none"> <li>• Deep injury</li> <li>• Visible blood on device causing injury</li> <li>• Injury with needle/instrument previously placed in source's artery/vein</li> <li>• Hollow bore needle</li> <li>• Known/high risk status of blood</li> </ul>	<b>Increased risk of BBV transmission</b>	<b>Ensure urgent HIV, Hep B, Hep C screening of source</b> <b>Offer HIV PEP to recipient</b> <b>Offer Hep B PEP as per appendix 7</b> <b>Arrange OH follow up – fax records to 01722 335143 and advise recipient to report to OH (01722 425235)</b>
<b>Known HIV Infected Blood</b>		
<b>Percutaneous injury</b>	<b>1: 300</b>	<b>HIV PEP</b> <b>Arrange OH follow up</b> <b>Advise recipient to report to OH (01722 425235)</b>
<b>Mucocutaneous</b>	<b>1:1000</b>	<b>HIV PEP</b> <b>Arrange OH follow up</b> <b>Advise recipient to report to OH (01722 425235)</b>
<b>Know Hep B infected Blood</b>		
<b>Percutaneous injury</b>	<b>1:3 (Hep Be Ag +ve)</b>	<b>Offer Hep B PEP as per appendix 7</b> <b>Arrange OH follow up</b> <b>Advise recipient to report to OH (01722 425235)</b>
<b>Mucocutaneous exposure</b>	<b>Risk not quantified</b>	<b>OH (01722 425235)</b>

<b>Known Hep C infected Blood</b>		
<b>Percutaneous injury</b>	<b>2:100</b>	<b>Hep C PEP not available</b>
<b>Mucocutaneous injury</b>	<b>Risk not quantified</b>	<b>Arrange OH follow up</b> <b>Advise recipient to report to OH (01722 425235)</b>
<b>High risk body fluids (other than blood)</b>		
<b>Semen, vaginal secretion, peritoneal, synovial, cerebrospinal, pericardial, plural and amniotic fluid, breast milk, infixed tissues and organ</b>	<b>Risk not quantified</b>	<b>Consider HIV PEP if deemed high risk</b> <b>Hep B PEP as per appendix 7</b> <b>Arrange OH follow up</b> <b>Advise recipient to report to OH</b>
<b>Low risk body fluids</b>		
<b>Urine, vomit, saliva and faeces – low risk unless visibly blood stained</b>	<b>No known risk</b>	<b>PEP not indicated</b> <b>OH not indicated</b>
<b>Low risk injury/unknown/status of source blood</b>	<b>Low risk of BBV transmission</b>	<b>HIV PEP not indicated</b> <b>Hep B PEP as per appendix 7</b> <b>Arrange OH follow up</b> <b>Advise recipient to report to OH</b>
<b>Post Exposure Prophylaxis + BBV Risk Counselling &amp; Follow up</b>		
<ul style="list-style-type: none"> <li>• Risk of source</li> <li>• Risk of incident</li> <li>• Action taken</li> <li>• Recipient counselled on BBV risk</li> <li>• Records for staff member forwarded to OH</li> <li>• Staff member advised to attend OH</li> </ul>		