**NEEDLE STICK, SHARP OBJECT INJURY AND FLUID EXPOSURE REPORT**

Parish: _____ DOB: _____ Sex: M F Occupation: _____

Date/Time of Exposure/Injury: _____

Reported by: _____ Date: _____

1. Institution where exposure/injury occurred: _____
2. Where did the exposure/injury occur?
   a. Ward *(specify)*_____ □
   b. Dressing Room □
   c. Phlebotomy Room □
   d. Outpatient Clinic □
   e. ICU □
   f. A&E/Casualty □
   g. Operating Theatre □
   h. Dialysis Unit □
   i. Labour & Delivery Room □
   j. Service/Utility Area *(laundry, garage, disposal, etc.)* □
   k. Other *(specify)*_____
3. Name of the source patient: _____ Source Unknown
4. Docket No: _____ Not Applicable
5. Source patient HIV Status: Positive NegativeUnknown Source patient tests positive for other blood-borne pathogen *(specify)*: _____
6. Type of exposure: Sharp item Body fluid exposure *(specify type and volume)*: _____
7. In the case of body fluid exposure, was the skin of the exposed person intact? *(if there is no body fluid exposure, skip this question)*: Yes No *(explain)* _____
8. Specify sharp item *(if not sharp item, skip to question 11)*:

   □ Needle *(specify gauge)* _____ □Blade

   □Branula *(specify gauge)* _____ □Glass *(specify, broken test tube. etc.)* _____

   □Other needle *(suture needle, etc.)* specify type & size _____

   □Other *(specify)* _____

9. Was the injury: □Superficial *(little or no bleeding)* □Moderate *(skin punctured, some bleeding)*

   □Severe *(deep stick/cut, or profuse bleeding)*

10. If the injury was to the hands, did the sharp item penetrate: *(check one)*

    □ single pair gloves □ no gloves □other *(specify)* _____

11. Did the injury/exposure occur:

    □ Restraining Patient
    □ Disassembling device or equipment
    □ In preparation for reuse of reusable instruments *(sorting, disinfecting, sterilizing, etc.)*
    □ While recapping a used needle
    □ Withdrawing a needle from rubber or other resistant material *(rubber stopper, I.V. port, etc.)*
    □ Device left on floor, table, bed or other inappropriate place
    □ Other after use, before disposal *(in transit to trash, cleaning, sorting, etc.)*
    □ From items left near or on disposal container
    □ While putting the item in a disposal container
    □ While putting the item in a disposal container
    □ After disposal, stuck by an item protruding from the opening of the disposal container
    □ Item placed on the side of disposal container
    □ After disposal, item protruded from trash bag or inappropriate waste container
    □ Other *(describe)* _____

12. Describe the circumstances leading to this injury: *(please note if a device malfunction was involved)*

_____

_____

13. State the location of the exposure/injury: _____

14. Hepatitis B immunization? □None □Yes Date(s): _____

15. Immunization card seen? □Yes □No

16. Has the injured person had any previous needle stick injuries? □Yes □No

17. If yes, were the previous incidents reported? □No □Yes Date(s): _____

18. Risk Category: □Low □Moderate □High

19. State the location of the exposure/injury: _____

20. Was the area bled/flushed/washed? □Yes □No

21. Was disinfectant used?** □Yes □No

**NOTE: The use of bleach, alcohol, Savlon or other disinfectants is not recommended.

22. Action taken by the head of department

a. Counselling □Yes □No

b. Blood taken for HIV testing □Yes □No

c. Blood taken for Hepatitis B Antigen □Yes □No *(if "No", explain)* _____

_____

d. PEP medication given? *(see last page of this form for PEP Guidelines)*

□Yes Type _____ Date/Time started _____

□No *(if "no", explain)* _____

□ Low Risk □Not Available □Exposed person refusal □Other *(specify)* _____

*In the case of refusal, the exposed person must sign the attached waiver form to be sent to the Medical Officer of Health for surveillance.

Form completed by:

Name: _____

Designation: _____

Signature: _____

**Post Exposure Prophylaxis (PEP) Dosages:**

All of the following are to be given within 1-2 hours or at most 24-36 hours after exposure* and continued for four weeks:
Either:
a. Zidovudine (AZT) 300 mg bid or 200 mg po tid after meals AND
Lamivudine (3TC) 150 mg po bid after meals
**OR**
b. Combivir (AZT + 3TC) 1 tablet po bid with or without food

Indinavir should be used in addition to either a. or b. when there is a very high risk to the exposed person. 800 mg po q8h on an empty stomach. Drink at least 48 oz of fluid/24 hours.

***Studies in animals (no human studies done) suggest that treatment is not effective when started more than 24-36 hours after exposure. Commencement of treatment later is recommended if considered highest risk.**

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**PEP Refusal form:**

I, _____, hereby waive my right to take the PE Prophylaxis to prevent possible infection of HIV. I understand that by refusing to take the medication I am putting myself at greater risk for infection.

Signed:
_____

Date:
_____

Witness signature:
_____

Witness (print name neatly):
_____