

Exposure Control Protocol Exposure Risk Assessment Form

- The person exposed to blood/body fluids must complete this form to initiate post exposure evaluation and treatment.
- Read all and ✓ appropriate category

Name: _____

A. Risk of HIV Infection of Source/Individual:

✓ All source(s)/ individual(s) will be categorized as high risk at time of blood/body fluid exposure event.

B. No Risk:

_____ Puncture wound with sterile sharp.

_____ Splash of blood/body fluid to intact skin.

The above two categories do not indicate an exposure; however the recommended preventive treatment for all healthcare employees is to:

- Provide First Aid
 - Update tetanus if skin was punctured and last tetanus was ten years or greater
 - Offer Hepatitis vaccine if not immunized and reinforced follow-up vaccination at ONE month and six month intervals.
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C. High Risk:

_____ Puncture wound/laceration with a contaminated sharp.

_____ Blood/ body fluid on non-intact skin, i.e. open wound, fresh abrasion, eczematous lesion.

_____ Blood or body fluid splashed or spit in mouth or eyes.

_____ Mouth to mouth resuscitation if blood is present.

_____ Human Bite

*Treatment indicated for category C is to initiate the Exposure Control Protocol

Potentially infectious body fluids as defined by the Center for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA):
<ul style="list-style-type: none">● Blood, blood products;● Cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid;● Semen, vaginal secretions;● Concentrated HIV or HBV;● Any other fluids that are visibly bloody.