

EXPOSURE INCIDENT REPORT FORM (3 PARTS)

Fax a copy to Dr. Nnamdi Ndubuka, Medical Health Officer @ (306) 953 5020

	Date	Time	Location (e.g. ER, Office, Community, Other)
Exposure			
Physician Assessment			

PART 1

HISTORY

A. EXPOSED INDIVIDUAL'S HISTORY

Name:		Home phone: _____	
Address:		Work phone: _____	
HSN:	DOB: ____/____/____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Family Physician / PCN:			

Prior Hep B vaccination(circle correct number)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	doses
Hepatitis B surface antibody (Anti-HBs) immune	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:		
Prior Hepatitis B surface antigen (HbsAg) status	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown		
Prior Hepatitis C antibody (anti-HCV) status	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown		
Prior HIV antibody (anti-HIV) status	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown		

B. SOURCE HISTORY

Name		Home phone: _____	
Address		Work phone: _____ ext _____	
HSN	DOB ____/____/____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Family Physician / PCN:			

B. SOURCE HISTORY continued

Prior Hep B vaccination(circle correct number)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 doses
Hepatitis B surface antibody (Anti-HBs) immune	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
Prior Hepatitis B surface antigen (HbsAg) status	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown	
Prior Hepatitis C antibody (anti-HCV) status	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown	
Prior HIV antibody (anti-HIV) status	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown	
Other relevant patient information (including risk factors for HBV, HCV, HIV)				
Family Physician , PCN &/or Infectious Disease Specialist				

C. DETAILS OF EXPOSURE

1. Type of Exposure and Injury

Exposure:	<input type="checkbox"/> Occupational	<input type="checkbox"/> Community	<input type="checkbox"/> Sexual Assault
Injury:	<input type="checkbox"/> Needlestick	<input type="checkbox"/> Percutaneous	<input type="checkbox"/> Bite
	<input type="checkbox"/> Non-intact skin	<input type="checkbox"/> Splash	<input type="checkbox"/> Mucous membrane

2. Type of Source Fluid

<input type="checkbox"/>	Blood, serum, plasma or other biological fluids visibly contaminated with blood
<input type="checkbox"/>	Pleural, amniotic, pericardial, peritoneal, synovial and cerebrospinal fluids
<input type="checkbox"/>	Uterine/vaginal secretion and semen
<input type="checkbox"/>	Saliva contaminated with blood
<input type="checkbox"/>	Lab specimens containing concentrated HBV, HCV, or HIV
<input type="checkbox"/>	Organ and tissue transplants
<input type="checkbox"/>	<input type="checkbox"/> Unknown (e.g., needle found on street)
Other (describe)	

PART 2

MANAGEMENT OF EXPOSURE

1. **Hepatitis B COUNSELLING GIVEN:** Yes No

- Prophylaxis is most effective if begun within 48 hours. This allows some time to determine status of exposed and source.
- If the exposed is immune to Hep B, no further action required. For all others, refer to Chapter 3.

HBIG given (date, dose)	
HB vaccine given (dates)	

2. **Hepatitis C** (Currently there is no effective PEP) **COUNSELLING GIVEN:** Yes No

3. **HIV prophylaxis (HIV PEP Kit) most effective if begun within 2 hours of exposure.**

CLASSIFICATION OF HIV RISK: Refer to Table 3 A, B, C.

- HIGH** (If high risk, offer PEP)
- LOW** (If low or no known risk, PEP not recommended)
- UNKNOWN**
- SEXUAL ASSAULT** (If sexual assault with high risk source, PEP recommended)

HIV POST EXPOSURE PROPHYLAXIS COUNSELLING GIVEN: Yes No

(Please indicate)	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
PEP started:	Date:	Time:
Comments/Notes		

- If PEP accepted, obtain written informed consent. • PEP kit contains 3 days of medications and instructions
- Instruct the exposed to make an appointment to see the family physician/treating physician within 3 days.
- During this time every reasonable attempt must be made to obtain informed consent from the source to provide a blood sample.

Name of Emergency Care Physician / PCN:	Signature: _____
Name of Personal Physician:	Signature: _____

- If the source HIV blood results are not available, or if the source tests positive, the exposed will likely be advised to continue the antiviral treatment for 1 month. The treating physician is strongly encouraged to discuss this decision with an ID specialist.
- Pediatric prophylaxis requires consult with ID specialist.

Fax Pages 1 – 3 of this form to MHO (306) 953 5020 at time of initial assessment .

Part 3

LABORATORY RESULTS FOLLOW-UP OF EXPOSED
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Lab test	6 weeks	3 months	6 months	12 months
Date				
Hepatitis B surface antigen (Hbs Ag)				
Hepatitis C antibody (anti-HCV)				
HIV antibody (anti-HIV)				

If the source tests positive for BBP, ensure appropriate follow-up.

Exposure Incident Form completed by:

Occupational Health Physician Other (specify) _____

Date: _____

Name of Follow-Up Physician / PCN:	Signature: _____
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Fax to MHO at (306) 953-5020 upon follow-up