

TOUMEY INDUSTRIAL MEDICINE

BBP INITIAL INVESTIGATION FORM

Urgency: This form should be filled out as soon as possible following a potential Bloodborne pathogen exposure,.

Responsible person/s: The initial medical provider should fill out this form. All available information should be used, including medical records, patient inquiries, and discussions with attending physicians.

Exposed Name / ID _____ DOB _____
Employer _____ Exposure date _____ Time _____ am pm

I. Exposed Worker Data

1. Sex: Male Female If female, pregnant? No Yes (if yes, due date __/__/__)

2. Number of Hepatitis B Vaccine doses has the worker had? (Circle) ? 0 1 2 3 4 4+ Year of last dose _____

3. When was the worker's last tetanus shot? _____

4. Significant medical history of employee _____

5. Exposed blood sent to lab ? Yes No Aids/HIV ordered STAT? Yes No
If lab drawn, date and time drawn _____ am pm Shipped to what lab? _____

Results, (if available at time form is filled out) AIDS _____ RPR _____
Hepatitis A _____ Hepatitis B _____
Enzymes _____ Hepatitis C _____

II. Source Data

1. Was the source known? Yes No Pt. ID No. _____
Hospital or Nursing home Yes No Where _____

2. Source patient's physician (if known) _____

3. BBP status of source: _____ HIV+ (asymptomatic) Y N ?
_____ Hepatitis B Y N ?
_____ Hepatitis C Y N ?
_____ Syphilis Y N ?

4. Source risk factors _____ Transfusions Y N ?
_____ History of hepatitis Y N ?
_____ IV drug use Y N ?
_____ STD Y N ?
_____ Other risk factors _____

5. Significant medical history of source _____

7. Source blood sent to lab? Yes No Aids/HIV ordered STAT? Yes No
Time drawn and sent to lab _____
Results, (if available at time form is filled out) AIDS _____ RPR _____

Hepatitis A _____ Hepatitis B _____
Hepatitis C _____

III. Exposure Information

1. Describe the exposure _____

2. What immediate first aide was provided? _____

3. Fluid / tissue involved:

A. Type of fluid _____

B. Was blood visible? Y N ?

4. Type of exposure: (answer A, B, or C)

A. For percutaneous exposures (e.g. needle sticks, cuts, abrasions, etc.) describe:

Sharp item: ___ Hollow needle ___ Suture needle ___ Glass ___ Scalpel/knife
___ Teeth ___ Fingernails, ___ Other _____

If hollow bore needle, was it used for blood withdrawal or venous access? ___ Y ___ N ___ ?

Was blood from the source visible on the device or item involved? ___ Y ___ N ___ ?

Severity? ___ Superficial scratch/prick that did not bleed and is difficult to see
___ Superficial surface scratch that bled, but item did not penetrate
___ The object actually penetrated the skin but not below subcutaneous level
___ Deep puncture wound, item definitely penetrated below surface

B. Splash: ___ to mucous membrane (where) _____, or
___ to intact skin (where) _____, or
___ to abraded / chapped / compromised skin (describe): _____

Estimated volume of fluid or area involved _____

Estimated duration of contact was _____ seconds _____ minutes

C. If it was some other exposure, explain _____

IV. Post-exposure Counseling and Recommendations:

1. Counseling: ___ Employee given BBP Exposure Information Sheet
___ Employee was advised that this ___ was ___ was not a BBP exposure

2. Follow-up ___ STAT ___ Same day ___ By appointment on _____ at _____ am pm

At: ___ Tuomey Industrial Medicine 250 W. Wesmark, Sumter, SC 803-778-8842
___ Emergency Room 803-778-9111
___ Personal Physician _____

3. Records ___ Copy of this form sent to the follow up clinic or physician if not Tuomey Industrial Medicine

_____ am pm
Initial BBP Health care provider Date Time