

Exposure Determination Worksheet (Page 2 of 2)

General Considerations

Health care providers are obligated to initiate a chain of diagnostic studies and treatments after it has been determined that a bloodborne pathogen exposure occurred. Thus, making the diagnosis of Bloodborne Pathogen Exposure is of key importance.

This collection of information is provided as a reference and worksheet for physicians to consider in determining bloodborne pathogen exposures. It is not a blueprint or a guideline. Physicians will still need to exercise judgement and be able to provide patients with information so they may be informed participants in their care.

Risk factors to consider for splash exposures include:

The type of fluid.	Fresh blood has the highest risk. Other fluids less risk. Some fluids have almost no risk.
The dose or volume splash..	Risk increases with the bore of the needle and the volume and area covered by a splash..
The duration of contact risk.	The longer the duration of contact, the greater the risk. Immediate washing decreases risk.
The viral titer	Fluids from a pre-terminal AIDS source have the highest viral titer.
The viral viability	Viruses in fresh blood are very viable. Autoclaved viruses pose no risk.
The portal of entry risk.	Deep large bore needlesticks have highest risk. A drop on intact skin has almost no risk.

Pearls for Specific Types of Exposures

1. Needle sticks

Not all Needle sticks are BBP exposures.

Only if a needle contains or is contaminated with blood or body fluids can it cause a BBP exposure.

Needles exposed to IV portals are not contaminated unless blood or body fluids were in the portal.

Large bore needles used to withdraw blood pose more risk than small bore needles used to administer injections.

The HIV virus can only live a few hours (some say minutes) in dried blood or other dried body secretions.

Suture needles have less risk than hollow bore needles used for injection..

The infection risk from injuries involving *HIV infected* needles is about **1 in 300** or 0.3%.

2. Splashes

Splashes of body fluids on intact skin are not always to be considered BBP exposures.

Contact of body fluids (known to contain or transmit BBPs) with *broken skin* or with *mucus membranes* (mouth, nose, eyes) should probably be considered a BBP exposures.

The risk for infection from a bloody splash to mucous membranes or to open skin from *HIV infected fluid* is less than **1 in 3000**.

3. Bites:

Most human bites are not BBP exposures.

Saliva is not known to transmit HIV/AIDS. However, if there is blood in the saliva a BBP exposure is possible.

Bites that do not break the skin surface generally should not be considered BBP exposures.

Bites through clothing that do not break the skin surface should certainly not be considered BBP exposures except in extremely rare circumstances.

4. Fingernail scratches

Fingernail or toenail scratches are generally not to be considered BBP exposures, even if source has poor hygiene.