Investigator’s Evaluation of BBP Exposure

Brief Description of Events:

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Was this a bona fide exposure to blood or body fluids potentially infectious for bloodborne pathogens? □ Yes □ No

Was site care rendered in a timely manner? □ Yes □ No

Was the source identified and evaluated? □ Yes □ No

Was the source positive for HBV? □ Yes □ No

Was the source positive for HIV? □ Yes □ No

Was HBV prophylaxis offered? □ Yes □ No     Given? □ Yes □ No

Describe treatment regimen: ________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

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Was follow-up immunization provided for HBV? □ Yes □ No

Was employee counseled? □ Yes □ No

Were consent forms signed? □ Yes □ No

Evaluation of exposure incident: ____________________________________________________________

__________________________________________________________________________________________________________________________________________________________

Evaluation of post-exposure care (i.e., was it timely, appropriate) ______________________________

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Was exposure preventable? □ Yes □ No

What could have been done differently? ______________________________________________________

__________________________________________________________________________________________________________________________________________________________

Corrective measures taken to ensure prevention in the future: ____________________________________

__________________________________________________________________________________________________________________________________________________________

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Signature/Title – Employee: ____________________________________________________________ Date: __________

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Signature/Title – Facility Official: __________________________________________________________ Date: __________