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 sharps.
_____ 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.

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):

- 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.