



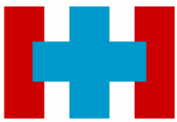


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Search Records

Last Name: First Name:
DOB: 

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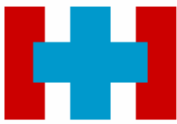
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Step 1 of 6

Current Incident Details

Notified By:	<input type="text" value="self"/>	Notification date:	<input type="text" value="08/01/2007"/>
Incident Date:	<input type="text" value="08/01/2007"/>	Incident Location:	<input type="text" value="A & E"/>
Source Patient:	<input type="text" value="Jack Daw"/>	D.O.B.:	<input type="text" value="01/01/1901"/>
Hospital Number:	<input type="text" value="cx159963"/>	Location:	<input type="text"/>
History/Diagnosis:	<input type="text"/>		
Completed By:	<input type="text" value="John.Smith"/>	Completed On:	<input type="text" value="08/01/2007"/>

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New Needlestick Incident - Step 2 of 6

Occupational Health Assessment

Requested Screening

Screen	Result Comments	Date
HIV <input checked="" type="checkbox"/>	<input type="text"/>	08/01/2007
HEP B <input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
HEP C <input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Qualification of Inoculation Risk

Known Source: Yes No

Source Serology/ High Risk: Yes No

HIV: Yes No Unknown

HEP B: Yes No Unknown

HEP C: Yes No Unknown

Other:

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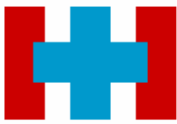
New Needlestick Incident - Step 3 of 6

Recipient Treatment

- | | | |
|---|--|--|
| <input type="checkbox"/> Treatment in OHU | <input type="checkbox"/> Hep B Booster Given elsewhere | <input type="checkbox"/> Commence PEP |
| <input type="checkbox"/> Counsel by phone | <input type="checkbox"/> Hep B Booster declined | <input type="checkbox"/> Incident report late |
| <input type="checkbox"/> Counsel in unit | <input type="checkbox"/> Given Immunoglobulin | <input type="checkbox"/> Report to Colindale (HPA) |
| <input type="checkbox"/> Hep B Booster given in OHU | <input type="checkbox"/> Commence Hep B Course | <input type="checkbox"/> Blood for storage |

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New Needlestick Incident - Step 4 of 6

Incident Details / Preventative Actions

Incident Details: *(max 500 chrs)*

Could this incident have been prevented?

Yes No

If yes, how?

- Better PPE
 Sharp safe needles
 Other

Follow up Investigations

HEP B:

HEP C:

HIV:

Date:

Date:

Date:

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New Needlestick Incident - Step 5 of 6

Type of Incident/ Risk Assessment

The following score system gives guidance to those counselling an exposed member of staff. One score should be taken from both sections A and B. The two figures are added together to give a final total

Section A

Section B

Recommended Action to be Followed:

After counselling on risk of HIV transmission of the inoculation injury, the following recommendations should guide the professional as to what advice should be given.

Score 6-10 Recommend PEP
Score 4-5 Give PEP if requested
Score 1-3 Do not give PEP

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New Needlestick Incident - Step 6 of 6

Recommended Action Table

Section A	Score
Blood contact with healthy skin	0
Prolonged contact/heavy contamination with non-intact skin	4
Muco-cutaneous exposure	1
Superficial injury with solid instrument (no visible blood)	2
Superficial injury with solid instrument (with visible blood)	3
Superficial injury with hollow-bore needle (no visible blood)	2
Superficial injury with hollow-bore needle (with visible blood)	3
Deep injury with hollow-bore needle (with visible blood)	5
Deep injury with any instrument (no visible blood)	3
Section B	Score
Patient with AIDS/Seroconversion illness	5
Patient HIV positive but asymptomatic	3
High risk history	2
No high risk history	0

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