

Employee Blood & Body Fluid Exposure Checklist

Name: _____

Date of Exposure: _____

- Wash or rinse the affected area.
- Tell your supervisor and inform your organization's employee health or workers' compensation contact.

The **SOURCE PATIENT** needs the following blood work done:

- Hepatitis B Surface Antibody (HBsAb)
- Hepatitis B Surface Antigen (HBsAg)
- Hepatitis C Surface Antibody (HcAb)
- Human Immunodeficiency Virus (HIV)

Note: Depending on your organization's policy * Hospitals/Health Systems typically have the patient sign a consent when they are admitted for the service. Ambulatory Care or Long Term Care may need to have an individual consent signed.

Complete your organization's incident/accident report.

The **EMPLOYEE** is to complete the following **WITHIN 2 HOURS** of the exposure:

- Blood work: Hepatitis B Surface Antibody (HBsAb)
- Blood work: Hepatitis C Surface Antibody (HcAb)
- Blood work: Human Immunodeficiency Virus (HIV)
- Blood work: Alanine Aminotransferase for Liver Enzymes (ALT)
- Be considered for HIV Post-Exposure Prophylaxis (PEP) by a medical provider in cases of Source Patients with known HIV positive status or positive HIV test results
- For puncture wounds: Tetanus Booster

Note: Recommended every 10 years per the CDC. If it has been more than 5 years since your last Tetanus shot or you can't remember when you had your last Tetanus shot, it's best to get the Tetanus Booster.

Follow up on YOUR and the Source Patient's blood test results.

IMPORTANT: Be prepared to complete post-exposure follow-up testing according to the schedule below:

Follow-up Testing Schedule for the Exposed Employee								
Frequency	Date of Exposure	Baseline	2 Weeks	4 Weeks	6 Weeks	12 Weeks	6 Months	1 Year
Date Due								
PEP Labs		X	X	X	X			
HIV Labs		X			X	X	X	Optional
HBV Labs		X			X		X	Optional
HCV Labs		X			X	X	X	Optional