

SAMPLE DESIGNATED OFFICER – RISK ASSESSMENT FORM

1. Date of report _____ Designated Officer _____
Phone number: _____ Emergency Service _____

2. Exposed Worker Information

Name _____ Date of Birth _____ Sex _____
Address _____ PC _____
Telephone (h) _____ (w) _____ Family Dr. _____

3. **How did the exposure occur?** Date and time of exposure: _____

needlestick/puncture by a sharp object; describe: _____
visible blood on object?: _____

spray/splash in the eye by _____
Type and relative amount of body fluid

spray/splash in the nose, mouth by _____
Type and relative amount of body fluid

laceration of the skin by _____
Type and relative amount of body fluid

non-intact skin exposed to _____
Describe approximate size of area of non-intact skin and relative amount of body fluid

close contact with someone with a cough, possibly TB

close contact with someone suspected of having meningococcal disease

confined in a closed area (e.g. a vehicle, aircraft) with someone who was coughing
Length of time: _____

giving mouth-to-mouth resuscitation to someone without using an appropriate mouthpiece

animal or human bite – skin broken? Yes No Comments _____
Did the biter have blood in his/her mouth? Yes No

shared drinking glasses and other utensils

other (describe in detail) _____

4. How long was the contact/exposure? (e.g. the worker was in the same aircraft or vehicle for [length of time]; the worker was soaked with [type of body fluid] for at least [length of time] before washing it off). _____

5. What other information is available that will help assess exposure? (e.g. suspected diagnosis of the contact; location of the exposure such as a crack house, shooting gallery, homeless shelter, centre for the developmentally challenged, school, rock concert hall, etc.)

6. What personal protective equipment (PPE) did the worker wear or use during the incident?

- goggles gloves, type _____
 protective clothing surgical mask N95 mask
 other (describe in detail) _____

Was the PPE intact e.g. were the gloves torn? Did any body fluids soak through the protective clothing, coverall? _____

7. What is the worker's immune status? Are his/her immunizations up-to-date for:

- tetanus and diphtheria (every 10 years) Date of most recent _____
 annual flu Date _____
 MMR (measles, mumps, rubella) If born after 1970 and no history of having had measles or mumps, should have 2 doses of MMR given at least one month apart. Not to be given in pregnancy.
Dates, if applicable #1 _____ #2 _____

Comment : _____

- Varicella (Chicken Pox) Should be immune to chicken pox, either through vaccination or previous exposure to the disease. Vaccine not to be given in pregnancy.

Comment : _____

Has she/he received a full course of hepatitis B vaccine? Yes No Date of 3rd dose _____

Blood work done to check if immune Yes No Date _____ Result _____

8. Person who was the source of the blood/body fluid (if available):

Name _____ Date of Birth _____ Sex _____
Address _____ PC _____
Telephone (h) _____ (w) _____ Family Dr. _____

Check all that apply:

- injection drug user; snorts drugs tattoos, body piercing
 known hepatitis B, C or HIV positive from a country with high rates of infection
 other: history of blood transfusions prior to 1992, dialysis patient, multiple sexual partners
 symptoms; explain: _____

taken to hospital? Yes No If Yes, when? _____

Hospital name: _____

9. Recommendations

10. Outcome

Date: _____ Signature of Designated Officer: _____