Central New Mexico Community College **BBP Exposure Data Collection Tool**

Exposed Person (EP) Information			
EP Name:			
Program of Study:		EP Date of Birth:	
EP CNM ID Number:		EP CNM E-mail:	
EP Phone Number:		EP Gender:	
If EP is female, is she pregnant or lactating:	☐ Pregnant ☐ Lactating Date of LMP:		
Has the EP been immunized against Hepatitis B virus? ☐Yes ☐No			
Dates of Immunization (call OVC for info):	(1)	(2)	(3)
Is there any reason to think that the EP is immunocompromised due to chronic illness or medications?	☐Yes* ☐No		
*Nature of immunocompromise:			
Faculty Completing Report:		Date of Report:	
Facility Information			
Date of Exposure:		Time of Exposure:	
Facility Name:			
Unit:		Other location info:	
Witnesses:			
Name of Charge Nurse:			
Facility infection control nurse notified:	☐Yes ☐No	Date and Time of Notification:	
If facility infection control nurse not notified, why:			
Name of Infection Control Nurse:			
Source Individual (SI) Information			
Is SI Identity known:	☐Yes ☐No		
SI's MR number, if known:			
SI's age:	☐ Infant ☐ Child ☐ Teen ☐ Young Adult ☐ Older Adult		
Was a blood sample drawn from SI for pathogen screening?	☐Yes ☐No	Date:	Time:
Is SI's HIV antibody status known?	☐Yes ☐No	Status:	
Is SI's HBV antigen/antibody status known?	☐Yes ☐No	Status:	
Is SI's HCV antigen/antibody status known?	☐Yes ☐No	Status:	

Information Regarding Exposure	
Personal Protective Equipment in use by EP at time of exposure:	☐ Gloves ☐ Mask ☐ TB Mask ☐ Gown ☐ Face Shield ☐ Goggles
Other PPE (please specify):	
Mechanism of Exposure (select all that apply):	☐ Needlestick/Sharps accident ☐ Contact with mucous membranes (student eyes, mouth, nose) ☐ Contact with skin If exposure occurred on skin, describe skin condition (select all that apply): ☐ chapped ☐broken ☐abraded ☐dermatitis ☐ macerated ☐ prolonged contact (small volume) ☐ extensive contact (large volume)
Exposure to:	☐ Blood ☐ Body fluid with visible blood ☐ Seminal fluid ☐ Internal body fluid ☐ Cerebral spinal ☐ synovial ☐ pleural ☐ amniotic ☐ peritoneal ☐ pericardial ☐ other:
Severity of Exposure:	How much fluid?
	How long was exposure?
	How severe was the injury?
	Additional Narrative:
Activity leading to exposure:	☐ Giving Injection ☐ Handling waste products ☐ Recapping needle ☐ Handling lab specimen ☐ Discarding needle ☐ Controlling bleeding ☐ Handling IV line ☐ Performing invasive procedure ☐ Handling disposal box ☐ Other: ☐ Cleaning blood spill
Describe immediate interventions:	Was the area washed? (non-mucous membrane) ☐Yes ☐No Was the area flushed? (mucous membrane) ☐Yes ☐No Did the injury bleed freely? ☐Yes ☐No Was antiseptic applied? ☐Yes ☐No
Action Taken for Exposed Person	
CNM AD/AAD Notified:	Date: Time:
Disposition:	☐ Low Risk Exposure ☐ High Risk Exposure (if risk indeterminate, default to high-risk)
Interventions: * Must occur for all exposures	☐ EP advised to follow up ASAP (within 24 hours is ideal, 48-72 hours max) with primary care provider for: ☐ ASAP HBV Vaccine ☐ Possible administration of antivirals ☐ EP advised to follow up ASAP with primary care provider if s/s of HBV/HCV seroconversion occurs* ☐ EP provided with written post-exposure instructions* ☐ NMPSIA form completed and faxed to 505.888.6794* ☐ CNM Security Notified*