The Johns Hopkins University School of Nursing
BLOODBORNE PATHOGEN WORKSHEET
To be completed by clinical faculty immediately after an exposure is reported

Student Name _____

Date of Incident _____ Time of Incident_____

Clinical Site Location _____

1. Description of Incident: include (a) activity at time of exposure (e.g., needlestick while removing vacutainer needle from barrel after blood draw); (b) part of body exposed (e.g., left thumb); (c) type of device (e.g., contaminated vacutainer needle); and (d) severity or depth of injury (e.g. residual blood on needle tip, broke surface of skin, minimal bleeding).
   _____
   _____

2. Treatment of Exposed Area: include (a) actions taken (e.g., washed wound with soap and water or see attached ED sheet) and (b) timing of actions (e.g., washed within 3 minutes of exposure)
   _____
   _____

3. Source/Patient: include (a) patient Name and (b) history number or social security number (e.g., John Doe, HX #12-3456) – or record "unknown source."
   _____

4. Risk Status of Source/Patient: refer to the attached definitions section and list any high risk conditions (e.g., injection drug user, unprotected sex with multiple partners) as acknowledged by the patient or providers; or record "none known" or "denies all high risk conditions"; use patient/provider quotes.
   _____

5. Patient Test Results/Tests Ordered: include (a) Names of all blood tests performed in the past and tests ordered at the time of exposure (e.g., HBV antigen, anti-HCV or Western blot); (b) dates; (c) results – e.g., positive, negative, or pending; and (d) locations (e.g., lab/hospital name – or record "never tested" or "not ordered." Do not allow HIV test to be sent to the state laboratory. We want a turnaround time of <5 days.
   a. HBV_____
   b. HCV_____
   c. HIV*_____

      *If HIV positive, include patient medications (including past failed meds). Current CD4 count & viral load

6. Order-Writing Person: include (a) Name; (b) title, and (c) phone number(s) of person(s) authorized to write orders for patient (e.g., "Jane Doe, CRNP; 410-123-4567)

   _____

   _____

7. Student HBV Status: include (a) approximate dates (all 3) of HBV vaccine and (b) date and results of any HBV titer – or record "no HBV vaccine" or "no HBV titer."

   _____

   _____

8. Last Student Tetanus: include approximate date or number of years since last tetanus

   _____

9. Exposure Information: indicate (a) whether student received and/or reviewed Exposure booklet; and (b) any counseling given or other information/comments

   _____

   _____

10. Student Decision: indicate whether student decided to contact 5-STIX for PEP counseling – use student quotes:

    _____

    _____

Print Name of Faculty Completing Worksheet _____

Date Worksheet Completed _____

Then, as indicated:

Call the Hotline at 410-955-STIX (410-955-7849) to review worksheet and for student to receive PEP counseling.

If directed by the Hotline, arrange immediate transportation to the Occupational Injury Clinic (Blalock 139 – Johns Hopkins Hospital) or other site as directed by OIC.

Fax worksheet (all sides) ASAP to the Occupational Injury Clinic at 410-614-9579. Mark form "confidential." Instruct student to schedule a follow-up visit by calling (410) 955-6433.

Deliver the original form to the Course Coordinator who will review it and forward to the Program Director, Associate Dean for Enrollment Management and Student Affairs and the Executive Vice Dean.

Questions? Contact Associate Dean for Enrollment Management and Student Affairs at 410-955-7694 or 410-955-7545.

The Johns Hopkins University School of Nursing
POST EXPOSURE PROPHYLAXIS (PEP) CONSENT

- I hereby consent to receive PEP for an HIV exposure.
- I have read or had read to me the information regarding the use of anti-retroviral drugs as given to me by health care professional in JHH Occupational Health.
- I have been given the opportunity to ask questions with a Health Care Professional and understand that there are possible risks involved in taking anti-retroviral drugs.
- I have read the drug information regarding the medication.
- I understand these drugs are not FDA approved to prevent infection after an exposure on the job and that the use of anti-retroviral drugs in this way is considered experimental. In spite of this and a lack of scientific understanding and research, I have freely decided to take the anti-retroviral drugs.

Healthcare Worker Consenting Employee (Print Full Name)	JHU SON Student Signature	Date

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DECLINATION STATEMENT

I have read or had read to me the information about PEP and have had an opportunity to discuss the use of the anti-retroviral drugs with a Health Care Professional and I decline PEP at this time.

Healthcare Worker Consenting Employee (Print Full Name)	JHU SON Student Signature	Date

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POST EXPOSURE FOLLOW UP

This is to certify that I have been given follow up dates to have the appropriate blood testing and/or treatments. I understand it is my responsibility to return to clinic on the due dates that have been given to me.

Healthcare Worker Consenting Employee (Print Full Name)	JHU SON Student Signature	Date

INFORMATION FOR FEMALE HEALTHCARE WORKERS/JHU SON STUDENT OF CHILDBEARING AGE

Post Exposure Prophylaxis (PEP) includes the administration of COMBIVIR (this is a combination of AZR and 3TC). AZT is considered to have few side effects in the last 6 months of pregnancy and in pregnant women already infected with HIV, AZT can prevent maternal fetal transmission.

A study by the National Cancer Institute (NCI) demonstrated an increase in incidence of liver, lung and genitor-urinary tumors in the offspring of mice receiving high doses of AZT (near maximum tolerated dose) during days 12-18 of gestation. A second study at Glaxo-Wellcome, Inc., demonstrate no increase in incidence of tumors in offspring of mice receiving a variety of regimens of AZT in doses and schedules intended to simulate clinic drug regimens.

"Pregnancy should not preclude the use of optimal PEP regimens, and PEP should not be denied to a HCW solely on the basis of pregnancy". However, as discussed previously, an occupationally exposed pregnant HCW must be provided with full information about what is known and not known regarding the potential benefits and risk associated with use of the antiretroviral drugs to her and her fetus for her to make an informed decision regarding the use of PEP. The choice of anti-retroviral drugs to use for PEP in pregnant HCW's is complicated by the potential need to alter doing because of physiologic changes associated with pregnancy and the potential for short or long term effects on the fetus and newborn. Thus, considerations that should be discussed after the HCW has read the information booklet regarding the potential risk for HIV transmission based on the type of exposure: the stage of pregnancy (the first trimester being the period of maximal organogenesis and risk for teratogenesis)" and what is known about the pharmacokinetics, safety and tolerability of the drug or combination of drugs in pregnancy" (MWR 1998:47(No.RR-7):21.

NIH review and recommendation is that Combivir can be given to pregnant women with HIV infection because the risk/benefit ratio is acceptable. With a low probability event such as exposure of a healthcare worker (the risk of occupational transmission of HIV is 0,3% or about 1 infection for every 330 exposures), the risks usually outweigh the benefits.

WAIVER

I have read and discussed the above information on Combivir regarding the risks inherent in taking Post Exposure Prophylaxis in women of childbearing age. If I have been prescribed another anti-retroviral medication, I have read the drug insert/handout that was given to me by the Pharmacy. I have been advised and understand the risks to an unborn child; however, I refuse to take the recommended pregnancy test, or I already know that I am pregnant and I want to be started on PEP immediately. On my behalf and on behalf of my unborn child, I hereby release The Johns Hopkins Health System, The Johns Hopkins Hospital, The Johns Hopkins University, their officers, agents and employees from any and all claims associated with my electing to take Post Exposure Prophylaxis.

Witness	Signature of JHU	