# 14.4 Needle Stick Injury

**Personal Details:**

| | | | |
|---|---|---|---|
| Surname | | Given/First Name | |
| Date Of Birth | | Telephone No | |
| Occupation | | Gender (Sex) | |

**About the Incident:**

| | | | |
|---|---|---|---|
| Date of Incident | | | |
| Time of Incident | | To which substance were you exposed? | |
| Was body fluid visibly contaminated with blood? (please ✓) | | ☐ Yes | ☐ No |
| At the time of the incident did you know whether or not the source was infected with Hepatitis B or C or HIV? (please ✓) | | ☐ Yes | ☐ No |
| Source involved (name) | | | |

At the time of the incident were you wearing (✓ all that apply)

| | | |
|---|---|---|
| Gloves, single layer | ☐ Yes | ☐ No |
| Gloves, double layer | ☐ Yes | ☐ No |
| Surgical Mask | ☐ Yes | ☐ No |
| Protective Clothing | ☐ Yes | ☐ No |
| Protective Eyewear/Face Shield | ☐ Yes | ☐ No |

Describe the Incident:

What was your Hepatitis vaccination status at the time of the Incident? (please ✓ appropriate response)

☐ Vaccinated ☐ Course Commenced ☐ Not Vaccinated

☐ Unknown ☐ Natural Immunity (previous exposure)

Indicate the Areas of your Body Involved in the Exposure:

If your injury was a Sharps Injury, what type of sharp was involved? (please ✓ appropriate response)

☐ Hollow Bore Needle ☐ Sharp Object (not glass) ☐ Glass Object

☐ Unknown Description of Sharp:

**Please take a copy of this Form to Infection Control CNC at the treating hospital that you are attending for assessment and ongoing care.**