

# Injury in Dental Practice or Primary Care Medical Practice

Form to be given to the recipient's treating doctor

EMI TOOLKIT

On-site assessment form for incidents such as needlesticks and human bites where there is a risk of bloodborne virus (BBV) transmission

Reporting time:

Reporting date:

Dentist name:

Dentist signature:

Responsible person:

Contact phone number:

After hours number:

## SOURCE DETAILS

Is the source known? Yes  No

Has the source been informed of incident? Yes  No

Has the source consented to medical history being passed on? Yes  No

Has the source consented to testing? Yes  No

If consent given, is there a relevant med history? Yes  No

if yes - details? Yes  No

Signed: \_\_\_\_\_  
Responsible Person

If consent to testing given:

Source first name: \_\_\_\_\_

Source mobile phone no.: \_\_\_\_\_

## RECIPIENT DETAILS

Name

Address

Gender M  F

Date of birth

Telephone number

Mobile

Occupation

Work address

## Medical History (incl. immunosuppression)

Specify if recipient known to be positive for HBV, HCV or HIV

Medications

Allergies

if female Pregnant  Breastfeeding

## Hepatitis B Vaccination

1 dose  2 doses  Full course  Year

Antibody result if known

## Tetanus

Date of last vaccination  Number of doses

## ASSESSMENT OF EXPOSURE RISK

Brief description of injury including date, time and place of injury

Nature of material e.g. blood, saliva

if NOT blood, was fluid blood stained Yes  No

Other injury

Describe

## Nature of injury

Needlestick   
Hollow bore needle  Solid Needle   
Visible blood present   
Device had been directly in source artery or vein

Other sharps

Describe

## Severity of needlestick or sharp injury

Superficial - surface scratch, no blood appeared   
Moderate - penetrated skin and blood appeared   
Deep - puncture, with or without blood appearance

Human bite  Skin breached

Splash   
Intact skin  Non-intact skin   
Mucous membrane  Eye

## HEALTHCARE EXPOSURES

Area where exposure occurred

Was this an 'exposure prone procedure'? Yes  No

Were gloves worn at the time of the injury? Yes  No

Instrument (if any) which caused the injury

What was the instrument originally intended for?

Did the instrument have a safety mechanism? Yes  No

Was the safety mechanism activated? Yes  No