



GUIDELINES FOR THE EMERGENCY MANAGEMENT OF INJURIES (EMI) AND POST-
EXPOSURE PROPHYLAXIS (PEP)
BLOODBORNE VIRUS (BBV) EXPOSURE PATIENT MANAGEMENT FORM

Reporting date: _____

FORM COMPLETED BY: _____

Reporting time: _____

SIGNATURE: _____

SECTION 1: RECIPIENT DETAILS

Name: _____

Date of birth: _____

Address: _____

Email address: _____

Phone number: _____

Sex assigned at birth: ☐ Male

☐ Female ☐ Unknown

☐ Other _____

Gender identity: ☐ Male

☐ Female ☐ Non-binary ☐ Unknown ☐

Other _____

☐ Recipient registered with GP

GP Name: _____

GP Address: _____

GP Telephone number: _____

☐ Recipient not registered with GP

Past medical history (*incl.
immunosuppression*)

☐ Medications (*Please list*): _____

☐ Allergies (*Please list*): _____

RECIPIENT CHECKLIST

☐ Recipient is living with HIV

☐ Recipient has known HBV infection

☐ Recipient has known HBV vaccination

☐ Recipient has known HCV infection

☐ Treated or self-cleared

☐ Active

☐ Pregnant

☐ Breastfeeding

For sexual exposures only

☐ Recipient has a history of previous treated
syphilis

*Please provide details of past syphilis
treatment*

RELEVANT VACCINATIONS RECEIVED

HEPATITIS B

☐ Dose 1 ☐ Dose 2 ☐ Dose 3 ☐ Dose 4 (if applicable)

Antibody titre (if known): _____

TETANUS

Date of last vaccination: _____

SECTION 2: DETAILS OF EXPOSURE

Date of exposure: _____

Time of exposure: _____

Hours since exposure: _____

EXPOSURE TYPE

☐ Needlestick / Sharps

☐ Human bite

☐ Mucous membrane
or non-intact skin

☐ Sexual exposure

☐ Other _____

NEEDLESTICK EXPOSURE DETAILS

NEEDLE DETAILS

- ☐ Solid needle ☐ Hollow needle
☐ Unknown needle type ☐ Other _____

BLOOD PRESENT ON NEEDLE

- ☐ Visible blood ☐ No visible blood ☐ Unknown

HUMAN BITE

WOUND DETAILS

- ☐ Superficial ☐ Deep ☐ Other _____

BLOOD PRESENT ON SOURCE

- ☐ Visible blood ☐ No visible blood ☐ Unknown

EXPOSURE OF MUCOUS MEMBRANE OR NON-INTACT SKIN

FLUID

- ☐ Saliva, Tears, Sweat, Urine, Faeces
☐ Blood, CSF, Synovial, Pleural, Peritoneal, Pericardial, Amniotic fluid, Semen, Vaginal secretion

RECIPIENT EXPOSURE TYPE

- ☐ Intact skin
☐ Non-intact skin
☐ Mucous membrane ☐ Unknown

SEXUAL EXPOSURE

TYPE (Select all that apply)

- ☐ Receptive anal
☐ Insertive anal
☐ Receptive oral
☐ Insertive oral
☐ Receptive vaginal
☐ Insertive vaginal

- ☐ Sexual assault

OTHER DETAILS

- ☐ Condom used
☐ Condom intact
☐ Ejaculation

SECTION 3: SIGNIFICANCE OF EXPOSURE

Was the exposure significant? ☐ Yes ☐ No

Please select 'yes' if details in Section 2 meet criteria for a significant exposure, outlined in Chapter 3 of the [EMI PEP guidelines](#).

IF YES: Proceed to Section 4.

IF NO: Discharge patient and reassure. Provide information leaflet '[No Risk of Exposure.](#)'

SECTION 4: DETAILS OF SOURCE

- ☐ Source identity known
☐ Source identity unknown

SOURCE STATUS (If known)

- ☐ Source is a person living with HIV
☐ On ART >6 months with suppressed viral load
☐ On ART <6 months or not on (effective) ART
☐ HIV status unknown
☐ Source diagnosed with HBV
☐ Source diagnosed with HCV
☐ Source immunocompromised

- ☐ Source is part of a group considered to have a higher prevalence of BBVs than the general population

- ☐ Born in a high prevalence country (See [EMI PEP Guidelines Appendix 1](#))

- ☐ Source identifies as gay, bisexual or other man who has sex with men (gbMSM)

- ☐ Person who injects drugs (PWID)

- ☐ Prisoner

- ☐ Sex worker

- ☐ Sexual partner(s) with BBV

- ☐ Recipient of blood / blood products (*pre August 1973 HBV, pre oct 1985 HIV, pre oct 1991 HCV*)

- ☐ Other (*please specify*): _____

SOURCE TESTING

- ☐ Source consent received for testing
☐ Implications of testing discussed
☐ Consent sought to disclose test results to recipient

REASON FOR NOT TESTING SOURCE

- ☐ Source identity not known
☐ Source did not consent
☐ Source unable to give consent
☐ Source deceased
☐ Other (*please specify*): _____

SOURCE TESTING RECORD

SOURCE HIV

SOURCE HBV

SOURCE HCV

Date of last test

Date of last test

Date of last test

HIV Ab/Ag

- ☐ Positive
☐ Negative

IF POSITIVE:**Viral load:** _____**Date of viral load testing:** _____**On ART:** ☐ Y ☐ N

If yes, details of drug: _____

NAME OF TREATING**SPECIALIST:****HBsAg**

- ☐ Positive
☐ Negative

IF POSITIVE:

HBeAg _____

Anti-HBe _____

Viral load _____**Date of viral load testing:** _____**NAME OF TREATING****SPECIALIST:****Anti-HCV**

- ☐ Positive
☐ Negative

IF POSITIVE:

RNA positive

☐ Yes ☐ No**Viral load** _____**Date of viral load testing:** _____**DAA (if applicable)** _____**NAME OF TREATING****SPECIALIST:**

SECTION 5: MANAGEMENT OF RECIPIENT FOLLOWING SIGNIFICANT EXPOSURE

IMMEDIATE MANAGEMENT

- ☐ First aid given
- ☐ Recipient bloods taken
- ☐ Testing
 - ☐ For storage only
 - ☐ Appropriately labelled 'Possible BBV exposure – recipient'
- ☐ Recipient verbal informed consent received for testing
- ☐ Advised condom use for window period
- ☐ Inform that no work restrictions required during interval testing period, unless seroconversion illness or positive blood result

RECIPIENT BASELINE TESTING: See EMI PEP Guidelines [Table 5](#)

TEST CARRIED OUT

DATE

RESULTS

☐ HBsAg☐ HBsAb*☐ HBcAb☐ HCV Ab☐ HIV 1&2 Ag/Ab☐ STI testing (sexual exposure)☐ Syphilis (sexual exposure)☐ Pregnancy test☐ ALT (if HIV PEP prescribed)☐ Creatinine and eGFR (if PEP HIV prescribed)

* Unless previous evidence of Anti-HBs > 10 mIU/ml after completing a full course of hepatitis B vaccination

SECTION 6: FOLLOW-UP AND/OR ONWARD REFERRAL

Onward referral for follow-up should be made in a timely manner as per EMI PEP guidelines and locally agreed protocols.

Occupational exposure-related follow up at Healthcare Worker (HCW) Recipient's Occupational Health department:

- The HSE Occupational Health Services do not complete the **immediate management** of blood and bodily fluid exposures including the prescribing of HIV or Hepatitis B Post Exposure Prophylaxis.
- HCWs who sustain BBFEs at work should be referred to the HSE Occupational Health Service (OHS), using the recommended **Referral Letter** to HSE Occupational Health Services after the **Immediate Management** has been completed.
- The **Immediate Management** includes the following and should be completed within 72 hours of the exposure:
 - The **emergency management** of injuries.
 - The completion of the **source risk assessment** and **source serology sampling**, as per the EMI guidance.
 - **Post-exposure prophylaxis** for Hepatitis B and HIV if clinically indicated.
- The HSE Occupational Health service upon receipt of a **Completed Referral Letter** will provide the following:
 - Recipient **interval testing** if indicated – For Hepatitis B, C and HIV.
 - Recipient **Fitness for Duty** assessment.
 - Completion of Hepatitis B vaccination course for **the recipient** if applicable.
- The Referral Form is available at the link [here](#).

HIV PEP INDICATED (urgent, in 3-5 days — appointment to be arranged as per local pathway)

☐ Y ☐ N

If yes, reason: _____

Details of drug: _____

☐ HBV vaccination

☐ HBIG

☐ Antibiotics

☐ Counselling

☐ Tetanus vaccination

☐ Emergency contraception (if indicated)

☐ Referred to Sexual Assault Treatment Unit (SATU)

☐ Social worker contacted

☐ Further testing (*See EMI PEP guidelines Table 5*)

☐ Referral to Occupational Health (where recipient interval testing, Fitness for Duty assessment, Completion of HBV vaccination course may be necessary - form available at the link [here](#).)

☐ Referral to General Practitioner (form available at the link [here](#).)

SECTION 7: OTHER DETAILS

POINTS FOR DISCUSSION WITH RECIPIENT (IF HIV PEP INDICATED)

1. The need for baseline bloods (including HIV test)
2. Antiretrovirals and efficacy as PEP
3. Importance of adherence to optimise efficacy
4. Start PEP as soon as possible to maximise efficacy
5. Advised too late if commenced after 72 hours (post-exposure)
6. Length of PEP is 28 days
7. Drug side effects discussed
8. Drug interactions discussed (including multivitamins, iron, antacids)
9. Advised to seek urgent attention if symptoms of seroconversion
10. PEP leaflet provided

ADDITIONAL DETAILS AS REQUIRED BY ASSESSING HEALTHCARE PROFESSIONAL