



Post-Exposure to Bloodborne Pathogens Risk Identification Matrix

First aid should be administered immediately following exposure. In order to provide adequate information to determine necessary medical care, please complete this form before heading to the ER of the Montreal General Hospital.

Name: _____

Date: ____/____/____

McGill ID: _____

Classification (PI, PDF, Grad., Tech, etc.): _____

Location where exposure incident occurred: _____

Time when exposure incident occurred: _____

Duties related to exposure: _____

Personal protective equipment in use at time of exposure: _____

Has the exposed individual been immunized against Hepatitis B? Yes No

Dates of Immunization: (1) ____/____/____ (2) ____/____/____ (3) ____/____/____

Exposure to:

- | | |
|--|--|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Seminal fluids |
| <input type="checkbox"/> Body fluid with visible blood | <input type="checkbox"/> Internal body fluids with visible blood (<i>circle one</i>): cerebrospinal, |
| <input type="checkbox"/> Vaginal secretions | synovial, pleural, amniotic, pericardial, peritoneal |

Type of Exposure:

- Needlestick/sharps accident Device type: _____
- Contact with mucous membranes (eyes, mouth, nose)
- Contact with skin (*circle all that apply*): broken, chapped, abraded, dermatitis, prolonged contact, extensive contact

First Aid:

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Was there a delay between the exposure and the start of first aid treatment?
- Time of delay (+/- 5 mins.): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If contact with eyes: were the eyes flushed with water for at least 15 minutes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If there is a cut: was it flushed with water and disinfected for at least 15 minutes? | <input type="checkbox"/> | <input type="checkbox"/> |