

## Sharps Injury Questionnaire

Filled in by:	
Date and Time of Incident:	
Location of Incident:	
May I take a few details?	
What is your full name?	
Job Title / Post?	
Do you mind if I take your date of birth?	
In which department do you work?	
Phone number of department?	
What's the best way of getting in contact with you?	
What is your home address?	
What exactly happened <i>(make a brief note: the important points are what body fluid was involved, and whether a large amount was inoculated)</i>	
Do you know who the donor was?	Name of donor: Hospital number of donor: Date of birth of donor: Ward:
Do you know whether the patient (donor) has been infected with hepatitis B virus or HIV?  YES / NO  If not, have the notes been checked?  YES / NO	Hepatitis B virus    YES / NO / UNKNOWN  Hepatitis C virus    YES / NO / UNKNOWN  HIV virus                YES / NO / UNKNOWN  <ul style="list-style-type: none"> <li>• If "YES" get antiviral starter pack immediately</li> <li>• If "NOT KNOWN", do you have any reason to think that the donor may be HIV positive? YES / NO (if "YES" please contact a Consultant Virologist / Microbiologist immediately)</li> </ul>
Have you been immunised against hepatitis B virus?  YES / NO	If Yes: How many doses received?  When was the last dose of vaccine given?  Did you have a blood test?    YES / NO  Were you thought to be protected then?  IMMUNE / PARTIALLY IMMUNE / NO RESPONSE TO VACCINE

