

Injury in Dental Practice or Primary Care Medical Practice

Form to be given to the recipient's treating doctor



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

Reporting time:
 Dentist name:
 Responsible person:

Reporting date:
 Dentist signature:
 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 ☐