

APPENDIX I. TPC First Consultation Assessment Form

Instructions

1. This form is to be completed by a nurse counsellor or doctor during risk assessment and health counselling of the exposed person.
2. An explanation of the question is given in the right hand column.
3. Answers are to be validated, preferably by a nurse who did not complete the form.
4. Validated data from each form will be entered into the database TPC2 before the end of the month.

A. To be completed by a nurse (Questions 1-6)

1. Basic information

a.	TPC code : _____	
b.	Referring unit : A&E (specify) _____ Public/private clinic (specify) _____ Public/private clinic (specify) _____ Others _____	Counted as A&E only if a referral letter or number is available
c.	Patient code of referring unit: _____	
d.	Date and time of first medical consultation: ____/____/____ (dd/mm/yyyy) time ____:____ (24-hr cycle)	
e.	Date and time of interview : ____/____/____ (dd/mm/yyyy) time ____:____ (24-hr cycle)	
f.	Date and time of injury : ____/____/____ (dd/mm/yyyy) time ____:____ (24-hr cycle)	
g.	Time between injury and first medical consultation : ____ hours (leave blank)	Automatic computed generation
h.	Time between injury and interview : ____ hours (leave blank)	Automatic computed generation

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2. Details of injured person

a.	Age : _____	
b.	Sex : M / F	
c.	(For female) 1. LMP ____/____/____ (dd/mm/yyyy) 2. Pregnancy: yes / no / uncertain	If unsure, put approximate date for last menstrual period (LMP)
d.	Occupation of injured person <i>Health care work (HCW)</i> 1. Doctor or medical student 2. Dentist or dental worker 3. Nurse, midwife, inoculator 4. Laboratory worker (clinical and research), including phlebotomist 5. Ward/clinic attendant or assistant 6. Workman 7. Paramedical professional (eg physiotherapist, occupational therapist, radiographer, podiatrist), specify : _____ 8. Traditional Chinese medicine practitioner, specify: _____ 9. Other health care worker, eg ambulance man, specify: _____ <i>Non-health care worker (non-HCW)</i> 10. Institution staff 11. Cleaning staff 12. Disciplinary / security staff 13. General public	HCWs who had non-occupational exposure, eg kick a needle in street, are included here; staff working in non-health care institutions, eg elderly home, hostel, sheltered workshop, are not counted as HCW 12. includes fireman, policeman, correctional/custom/immigration officer and security guard
e.	Is the injured a health care worker? (leave blank) 1. Yes 2. No	Automatic computed generation
f.	Location of incident 1. Public (Hospital Authority) hospital 2. Private hospital 3. Public clinic/laboratory 4. Private clinic/laboratory 5. Workplace of the injured 6. Home/place of residence 7. Public area 8. Others	Hospital takes precedence over other settings if more than one applies; choose 1-7, not 8 whenever possible; if a cleaning staff sustained exposure while working in the street, it is categorised as the workplace and not a public area
g.	Cause of exposure 1. Occupational exposure: while performing job duties 2. Non-occupational exposure	Occupational exposure not only limited to health care workers
h.	Presence of any other risk factors for human immunodeficiency virus (HIV) infection 1. Yes, please specify: _____ 2. No	

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3. Details of injury

a.	<p>Nature of exposure (choose one only)</p> <ol style="list-style-type: none"> 1. Percutaneous injury: a needlestick or cut with a sharp object 2. Mucosal contact, excluding sexual 3. Contact with non-intact skin of the injured 4. Contact with intact skin of the injured 5. Human bite 6. Sexual 7. Others : _____ 	<p>If multiple exposures, choose the most significant one</p>
b.	<p>Activity/procedure involved (ONLY for health care workers WITH occupational exposure)</p> <ol style="list-style-type: none"> 1. Blood taking/intravenous catheter insertion, including recapping of needle 2. Injection, including recapping of needles 3. Surgery in operating theatre 4. Other surgical/medical procedures at the bedside or in a treatment room, specify _____ 5. Direct patient care but not involving any technical procedures, eg struggling, restraining patient 6. Disposal of sharps 7. Cleaning/tidying up after a procedure 8. Preparation of equipment 9. Laboratory procedures 10. Others, please specify: _____ 	<p>Select specified choices first as appropriate, only select 'others' when ALL specified choices are not applicable</p>
c.	<p>Activity involved (for ALL that are NOT 3b)</p> <ol style="list-style-type: none"> 1. Cleaning 2. Contact with client while working, eg struggling 3. Being assaulted 4. Accident 5. Others, specify: _____ 	<p>Select specified choices first as appropriate, only select 'others' when ALL specified choices are not applicable; work-related activity takes precedence in choice</p>
d.	<p>Contact specimen (choose one only)</p> <ol style="list-style-type: none"> 1. Blood/blood products 2. Semen 3. Vaginal secretions 4. Cerebrospinal fluid 5. Synovial fluid 6. Pleural fluid 7. Peritoneal fluid 8. Amniotic fluid 9. Laboratory specimens (eg suspension of concentrated virus) 10. Any fluids contaminated with blood 11. Saliva/urine/faeces/sweat/tears/others (specify) _____ 12. Unknown 	<p>If multiple specimens, choose the most significant one</p>

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3. Details of injury (cont'd)

e.	<p>Technical device involved</p> <ol style="list-style-type: none"> 1. Hollow-bore needle 2. Suture needle 3. Scalpel/blade 4. Lancet 5. Dental instrument, please specify: _____ 6. Other object, please specify: _____ 7. No technical device involved 	
f.	<p>Severity of injury</p> <ol style="list-style-type: none"> 1. Superficial (mucosal or surface scratch, no/minimal blood appeared) 2. Moderate (mucosal or penetrated skin and blood appeared) 3. Deep (deep puncture or wound with or without bleeding) 4. Not applicable 	
g.	<p>Precautions taken (tick all that apply)</p> <ol style="list-style-type: none"> 1. Latex gloves 2. Non-latex gloves 3. Goggles/glasses 4. Face mask 5. Gown 6. Apron 7. Wash the contact area immediately 8. No precautions taken 	

4. Source person

a.	<p>Was the source person identified</p> <ol style="list-style-type: none"> 1. Yes 2. No (go to part 5) 	
b.	<p>Any known medical condition</p> <ol style="list-style-type: none"> 1. Known illness : _____ 2. Unknown condition 	
c.	<p>Hepatitis B surface antigen (HBsAg): ____ (+ / - / unknown) Hepatitis B surface antibody (HBsAb): ____ (+ / - / unknown)</p>	
d.	<p>HCV Ab : ____ (+ / - / unknown)</p>	
e.	<p>HIV infection</p> <ol style="list-style-type: none"> 1. HIV status pending 2. HIV positive 3. HIV negative 4. HIV status unknown 	

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5. HIV risk

Risk factor(s) detected (choose Group A or B or C as appropriate; DO NOT CHOOSE MORE THAN ONE GROUP)	Group A takes precedence over Group B
Group A : may be related to HIV transmission (check all that apply) 1. Deep percutaneous injury 2. Involving procedures with device placed in a blood vessel 3. Involving a hollow-bore needle 4. Device that is visibly contaminated with blood 5. Source person with acquired immunodeficiency syndrome (AIDS)	
Group B : may or may not be related to HIV transmission (check all that apply) 6. Moderate percutaneous injury 7. Mucosal contact 8. Contact with deep body fluids other than blood 9. Source person is HIV-infected but not or not sure if s/he has AIDS 10. Other reasons that may contribute to increased risk, please specify: _____	
Group C 11. None of the above	

6. Hepatitis prevention

a.	Has the injured previously received hepatitis B virus (HBV) vaccination 1. Yes 2. No (go to 6c) 3. Unknown (go to 6c)	
b.	Post-HBV vaccination response: 1 / 2 / 3 / 4 / 5 →	1: not done 2: positive 3: negative 4: unknown 5: weakly positive
c.	First dose of hepatitis B immune globulin given by 1. Not given 2. Accident and emergency department (A&E) 3. Integrated Treatment Centre 4. Others, please specify: _____	

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B. To be completed by a doctor (Question 7)

7. Post-exposure management of HIV

a.	Post-exposure prophylaxis (PEP) already started before Therapeutic Prevention Clinic (TPC) consultation 1. Yes 2. No (to 7c)	
b.	Date, time and regimen of antiretrovirals (ART) started before TPC consultation Date: ____/____/____ (dd/mm/yyyy) Time: ____:____ (24-hr cycle) Regimen: Zidovudine (AZT): Y / N Lamivudine (3TC): Y / N Indinavir (IDV): Y / N Others: _____	
c.	PEP prescribed by TPC 1. Yes 2. No (go to 7f)	
d.	Date, time and regimen of ART prescribed by TPC Date: ____/____/____ (dd/mm/yyyy) Time: ____:____ (24-hr cycle) Regimen: AZT : Y / N 3TC : Y / N IDV : Y / N Others : _____ Planned duration of PEP: 4 weeks/____ weeks	
e.	Time between injury and initiation of PEP: ____ hours (leave blank)	Automatic computer generation
f.	Summary of HIV PEP 1. PEP started at TPC 2. PEP started at A&E and continued without change at TPC 3. PEP started at A&E but regimen changed at TPC 4. PEP started at A&E but discontinued at TPC 5. PEP offered/recommended but the injured refused 6. PEP not indicated (minimal risk)	