

Needlestick & Body Fluid Exposure Log Guide for Long-Term Care

Employee Health Nursing
Occupational Health, Safety & Wellness
March 2026

Immediate First Aid

Immediately perform appropriate first aid for the type of exposure.

Type of Exposure	First Aid
Mucous Membranes (Nose, mouth, eyes)	Flush areas thoroughly with water or normal saline
Skin	Wash thoroughly with soap and water.
Needlestick	Allow free bleeding. Do no squeeze as this damages surrounding tissue and increases exposure risk. Wash area thoroughly with soap and water

Reporting Exposures at Long-Term Care

Log Responsibility:

Most Responsible RN begins the log and should communicate the logs status to **next most responsible RN** at shift change thereafter **until source blood work results are reviewed and exposed (staff) is given results and guidance.**

Staff is Exposed to Needlestick and/or Body Fluid

Immediate First Aid:

Mucous Membranes (eyes, nose, mouth) – Flush areas thoroughly with water or normal saline.

Skin – Wash thoroughly with soap and water.

Needlestick – Allow free bleeding. Do not squeeze as this damages surrounding tissue and increases exposure risk. Wash area thoroughly with soap and water.

Exposure occurred in **Long-Term Care Facility**; this includes nursing staff and support services staff.

Report exposure to **Most Responsible RN.**

The **Most Responsible RN** will complete the **Needlestick & Body Fluid Exposure Log** and give guidance to exposed staff based on assessment.

Most Responsible RN will send the **completed Needlestick & Body Fluid Exposure Log** to Employee Health Nurse.

Completing the Log

- Start the Needlestick and Body Fluid Exposure Log and ensure **consent for blood work (Needlestick source)** is documented.
- Complete **Exposure Work Sheet**. If applicable based on exposure type and fluid risk complete the **Source Risk Assessment** and order serology for source and exposed accordingly.
- After completing **Source Risk Assessment** assign a risk severity and give staff direction.

Needlestick and Body Fluid Exposure Log

To be completed by designated RN

Exposed Staff Name: _____ MRN (DOB if unsure): _____
 Date of last Tetanus (if known): _____ Hep B Immunity Status (if known): _____
 Phone #: _____ Facility Location: _____ Date of exposure: _____
 Name of RN completing exposure log: _____
 Exposed verbally consents to blood work and follow up by Employee Health

Source Name: _____ MRN: _____ Treating Physician: _____
 Source verbally consents to blood work
 Documented consent in patients' chart

Details of incident: (how injury occurred, depth of wound, gauge of needle, hollow bore needle vs solid):

Exposure Work Sheet	
1. Select type of exposure(s) that apply and follow instructions in the selected box	
<input type="checkbox"/> Percutaneous (any puncture) <input type="checkbox"/> Non-intact skin (cut, chapped, abraded, dermatitis) <input type="checkbox"/> Mucous Membrane (eyes, mouth, nose) Any of the above, proceed to the next step	<input type="checkbox"/> None of the options listed in the left column No further investigations required beyond this section Continue to Checklist on page 2 and complete row 1, 2 and
2. Select the fluid risk that applies and follow instructions in the selected box	
<input type="checkbox"/> High Risk - Blood, tissue, amniotic fluid, cerebrospinal fluid, pleural, synovial or any fluids with <u>visible blood</u> Complete Source Risk Assessment on page 2 and order blood work on exposed and source as outlined below	<input type="checkbox"/> Low Risk - Saliva, sputum, nasal secretions, swe tears, urine, feces, vomit, are low risk if <u>not contaminated by visible blood</u> and screened blood products. No further investigation required beyond this section Continue to Checklist on page 2 and complete row 1, 2 and

If source is UNKNOWN and involves a HIGH RISK or UNKNOWN fluid. Send the exposed to the ER for assessment STAT and complete row 1, 2 and 7 on the Checklist on page 2

Sources blood work

On paper requisition titled "Microbiology Serology Request Form", check off serology panel for needle stick source.

Blood work to be ordered under treating MD/NP

Lab is to contact micro at QEH to notify them. Bloodwork is processed on M-W-TH-F. QEH Micro require notice to hire staff on days it is not usually processed.

Please write "STAT blood work due to needle stick injury" on the requisition.

Exposed blood work

On paper requisition titled "Microbiology Serology Request Form", check off serology panel for needle stick exposed

Blood work ordered under Employee Health Nurse (see log for site specific ordering nurse)

To be collected at time of incident but may be processed as a routine (This is for a baseline)

Source Blood Work Results

HBsAg: _____ HCV: _____ HIV: _____

Blood Work Ordering Guide

Use the **Microbiology Serology Request Form** (paper requisition)

Source (Resident) Requisition Example

MICROBIOLOGY SEROLOGY REQUEST FORM (2021) Address for Non-FBI Residents Required
 Provincial Clinical Laboratory
 Website: <https://src.healthpe.ca/microbiology>

Specimen Collected: _____ Payment Responsibility: UCS EMS CHS HCWP
 Self Pay/Out-of-Pocket Self Pay Non-Covered in Provincial Health Insurance

By: YYY/YY/YY Date: YY/YY/YY Time: YY:YY

Name: _____ Place Label Here
 Street: _____
 City: _____ Prov./State: _____
 Postal Code/Zip: _____ Patient Phone #: _____

Clinical Diagnosis: _____ ICD-10: _____ Sex: _____ Medical Record Number (MRN): _____
 Ordering Physician/NP: _____ Location: _____ Copies: (Full name required. Self required for out of province providers.)

INFECTIOUS DISEASE SEROLOGY (Collect MAX: 3-4 Red SST Tubes)
 Note: HCV Viral Load requires 2 dedicated full large Red / SST Tubes

VIRAL BLOOD SEROLOGY		SEROLOGY PANELS	
Immunity	Infection	Management	
Hepatitis B <input type="checkbox"/> HBV Antibody	<input type="checkbox"/> HBV Total core Antibody <input type="checkbox"/> HBV Antigen	<input type="checkbox"/> HBV Viral Load <input type="checkbox"/> HBsAg	<input type="checkbox"/> Needlestick Exposed = HBsAg, HBeAg, HCV and HIV <input type="checkbox"/> Needlestick Follow Up (>3 Mon) = HBsAg, HBeAg, HCV and HIV <input checked="" type="checkbox"/> Needlestick Source = HBsAg, HCV and HIV "Page Micro"
Hepatitis C	<input type="checkbox"/> HCV Antibody	<input type="checkbox"/> HCV Viral Load <input type="checkbox"/> HCV Genotype	<input type="checkbox"/> Prenatal Serology = HBsAg, HIV, Rubella IgG and Syphilis <input type="checkbox"/> Arbovirus Serology = Zika, Dengue, Chikungunya
Hepatitis A	<input type="checkbox"/> Not Required <input type="checkbox"/> HAV IgM <input type="checkbox"/> HAV IgG		Information Required for Zika Testing: Pregnant: <input type="checkbox"/> IVF Treatment: <input type="checkbox"/> Travel Date(s): _____ Travel Location(s): _____ Symptoms: _____
HIV	<input type="checkbox"/> HIV Ag/Ab	<input type="checkbox"/> HIV Viral Load (EDTA Tube)	BACTERIA / GENERAL SEROLOGY
CMV	<input type="checkbox"/> IgG <input type="checkbox"/> IgM	<input type="checkbox"/> CMV Viral Load (EDTA Tube)	<input type="checkbox"/> Syphilis Screen <input type="checkbox"/> Mycoplasma IgM Antibody (PCR available) <input type="checkbox"/> Lyme Disease Serology
EBV	<input type="checkbox"/> EBV Screen & reflex testing		<input type="checkbox"/> Suspected endocarditis
HTLV I & II	<input type="checkbox"/> IgG (limited to renal and transplant patients)		<input type="checkbox"/> Routine Culture Set <input type="checkbox"/> Peripheral: Specify site <input type="checkbox"/> Central Line: Specify type & Lumen <input type="checkbox"/> Fungal other than yeast <input type="checkbox"/> Other: Specify
VIRAL EXANTHEMA	<input type="checkbox"/> Measles IgG <input type="checkbox"/> Mumps IgG <input type="checkbox"/> Rubella IgG <input type="checkbox"/> Varicella zoster IgG	<input type="checkbox"/> Measles IgM (PCR preferred) <input type="checkbox"/> Mumps IgM (See PCR) <input type="checkbox"/> Rubella IgM <input type="checkbox"/> Varicella zoster IgM (PCR recommended)	<input type="checkbox"/> Paediatric
BACTERIAL IMMUNOLOGY (Requires Paediatric or Allergist Approval)	<input type="checkbox"/> Tetanus Toxoid <input type="checkbox"/> Diphtheria Toxoid	<input type="checkbox"/> Streptococcus pneumoniae	BLOOD CULTURES
FUNGAL BLOOD TESTING	<input type="checkbox"/> Beta-D-Glucan <input type="checkbox"/> Galactomannan		<input type="checkbox"/> Fungal other than yeast <input type="checkbox"/> Other: Specify
PARASITE SEROLOGY	<input type="checkbox"/> Strongyloidiasis Serology <input type="checkbox"/> Toxoplasma IgG	<input type="checkbox"/> Schistosomiasis Serology <input type="checkbox"/> Toxoplasma IgM	

Note: Mycobacterium blood testing (IGRA) is available by appointment only at GEH or PCH due to special handling.

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STAT blood work due to Needlestick injury.

Exposed (Staff) Requisition Example

MICROBIOLOGY SEROLOGY REQUEST FORM (2021) Address for Non-FBI Residents Required
 Provincial Clinical Laboratory
 Website: <https://src.healthpe.ca/microbiology>

Specimen Collected: _____ Payment Responsibility: UCS EMS CHS HCWP
 Self Pay/Out-of-Pocket Self Pay Non-Covered in Provincial Health Insurance

By: YYY/YY/YY Date: YY/YY/YY Time: YY:YY

Name: _____ Place Label Here
 Street: _____
 City: _____ Prov./State: _____
 Postal Code/Zip: _____ Patient Phone #: _____

Clinical Diagnosis: _____ ICD-10: _____ Sex: _____ Medical Record Number (MRN): _____
 Ordering Physician/NP: _____ Location: _____ Copies: (Full name required. Self required for out of province providers.)

INFECTIOUS DISEASE SEROLOGY (Collect MAX: 3-4 Red SST Tubes)
 Note: HCV Viral Load requires 2 dedicated full large Red / SST Tubes

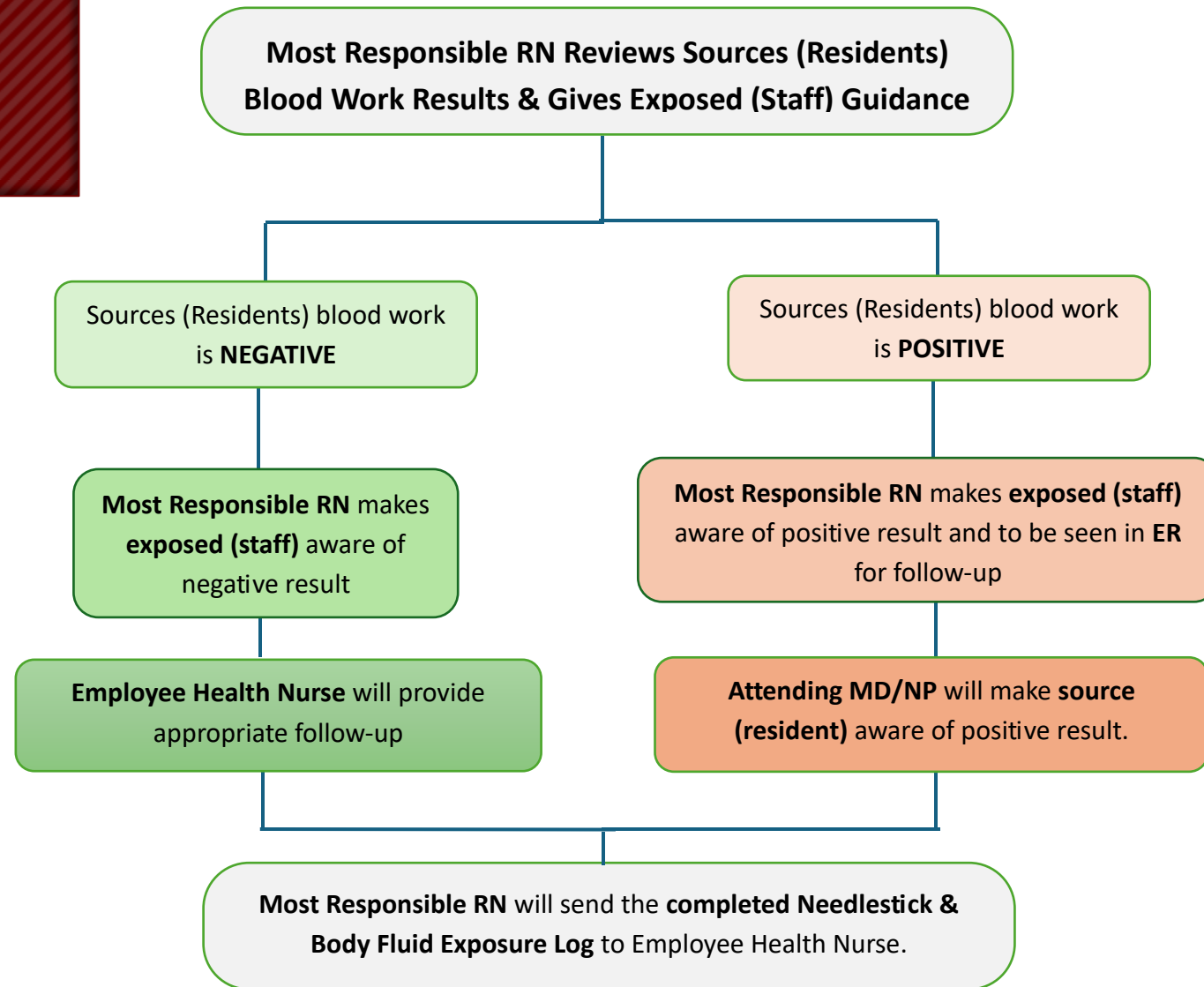
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Immunity	Infection	Management	
Hepatitis B <input type="checkbox"/> HBV Antibody	<input type="checkbox"/> HBV Total core Antibody <input type="checkbox"/> HBV Antigen	<input type="checkbox"/> HBV Viral Load <input type="checkbox"/> HBsAg	<input type="checkbox"/> Needlestick Exposed = HBsAg, HBeAg, HCV and HIV <input type="checkbox"/> Needlestick Follow Up (>3 Mon) = HBsAg, HBeAg, HCV and HIV <input checked="" type="checkbox"/> Needlestick Source = HBsAg, HCV and HIV "Page Micro"
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BACTERIAL IMMUNOLOGY (Requires Paediatric or Allergist Approval)	<input type="checkbox"/> Tetanus Toxoid <input type="checkbox"/> Diphtheria Toxoid	<input type="checkbox"/> Streptococcus pneumoniae	BLOOD CULTURES
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PARASITE SEROLOGY	<input type="checkbox"/> Strongyloidiasis Serology <input type="checkbox"/> Toxoplasma IgG	<input type="checkbox"/> Schistosomiasis Serology <input type="checkbox"/> Toxoplasma IgM	

Note: Mycobacterium blood testing (IGRA) is available by appointment only at GEH or PCH due to special handling.

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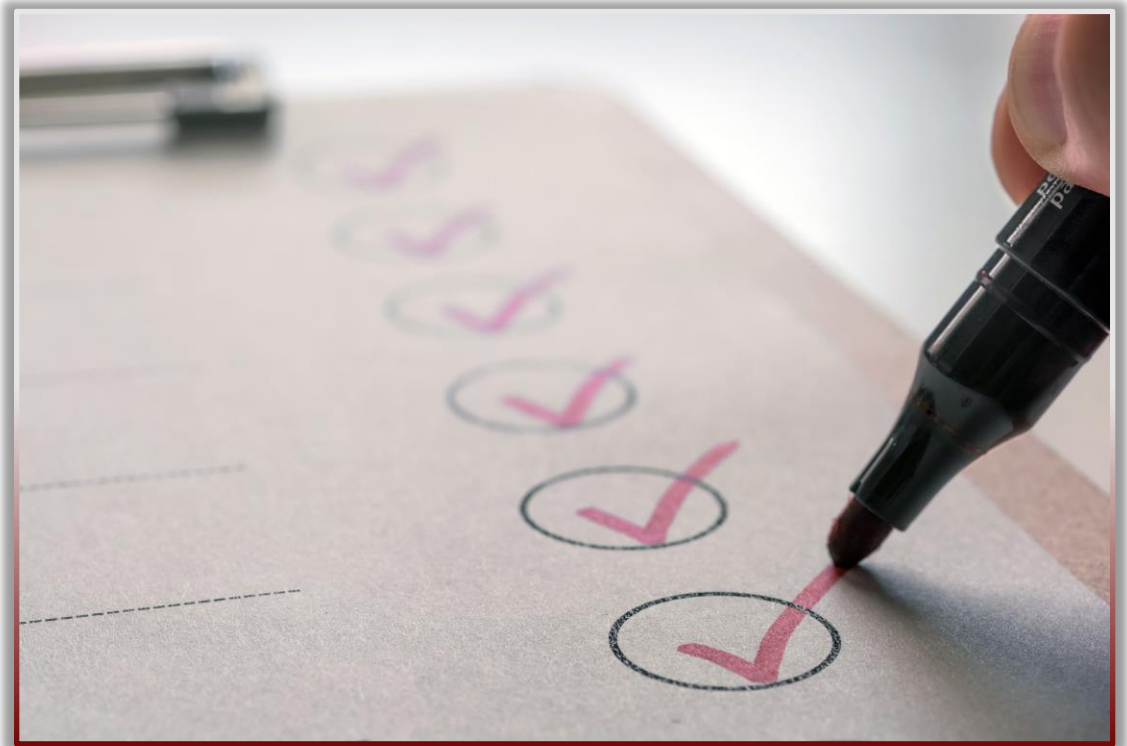
Reviewing Blood Work Results

After blood work is drawn it is the **most responsible RN's responsibility to look up sources blood work results on CERNER 24 hours after blood work arrives at QEH and call exposed staff to inform them of sources blood work results and give the following guidance:**



Final Key Points

- If **exposed (staff)** is concerned, please share that they can **go to nearest ED for assessment at any time**.
- **Exposed (staff)** must complete **WCB form 6: [PEI WCB website](#)**, and an incident report on **PSMS** under “**Employee Event**”.
- The “Needlestick and Body Fluid Exposure Log” process was sourced from the [Prince Edward Island Blood and Body Fluid Exposure Guideline .pdf](#) – ensure exposed (staff) is given the **Blood and Body Fluid Exposures Fact Sheet** found in appendix C.
- **Sign off log checklist tasks and send the completed log to Employee Health Nurse.**



Employee Health Nursing Team

Help if you need it!

Facilities

EHN Contact Info

**Maplewood Manor
Magaret Stewart Ellis Home
Stewart Memorial Home**

Karolyn Hackett, Employee Health Nurse, West (Until November 2026)
Email: khackett@ihis.org
Telephone: 902-303-1556

Natiya Rennie, Employee Health Nurse, West (Resuming November 2026)
Email: nmrennie@ihis.org
Telephone: 902-303-1556

**Summerset Manor
Wedgewood Manor
Prince Edward Home
Beach Grove Home**

Sarah Jones Clements, Employee Health Nurse,
Email: sbjonesclements@ihis.org
Telephone: 902-213-5438

**Colville Manor
Riverview Manor**

Liza Townshend, Employee Health Nurse, Kings
Email: ldtownshend@ihis.org
Telephone: 902-213-3078

Additional Contact

HPEIEmployeeHealth@ihis.org

Monitored by all EHN's Monday-Friday 0800h-1600h (Excluding STAT Holidays)