

Type 2 Occupational Exposure Surveillance Data Collection Form *(for Hospital Use Only)*

THIS DATA MUST BE SUBMITTED ELECTRONICALLY USING A VICNISS WEBFORM

If you have any queries regarding the completion of this sheet please contact VICNISS

NB: Form to be completed for ALL INPATIENT sources only (including Emergency Department)

VICNISS REQUIRED FIELDS

Hospital Code Number:

Employee Number:

Occupation

Categorisation of Health Care Worker:
 Clinical Contact* Non Clinical Contact Laboratory Staff
 *If 'Clinical Contact', please specify **Occupational Category:**
 Medical Nurse Allied Health Other ⇒ If 'Other', please specify: _____

Exposure Details

Date of Exposure: / /

Location where Exposure Occurred:
 Inpatient Ward Emergency Department High Dependency Unit
 Operating Theatre Dialysis Unit Pathology/Clinical Laboratories
 Other ⇒ If 'Other', please specify: _____

Type of Exposure: Parenteral Non-parenteral Human bite

Type of Fluid or Material:
 Blood/blood products Bloodstained Non-bloodstained Visibly bloody solution

Source Information

Source Individual Identified: Yes* No

*If 'Yes', please specify:

1. Category of Source Individual:
 Acute care inpatient Aged care inpatient Other ⇒ If 'Other', please specify: _____
and

2. Serostatus of Source Individual:
 HIV Antibody: Positive Negative Refused Unknown
 HCV Antibody: Positive Negative Refused Unknown
 HbsAg: Positive Negative Refused Unknown

NON-VICNISS FIELDS –
DO NOT FORWARD THIS INFORMATION TO VICNISS
 INTERNAL HOSPITAL/HEALTH SERVICE USE ONLY

**Type 2 Occupational Exposure
 Surveillance Data Collection Form**

Exposed Employee			
Identification Number:		Ward:	
Surname:		Given Name:	
Address:		Suburb:	
Postcode:	Phone:		

Comments:

Record Complete: