|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Identification de la personne exposée** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nom :** |  | | | | | | | | | | | | | | | | | |  | **Prénom :** | | | | |  | | | | | | | | | **Sexe :** | | | | **masculin** | | | | | |
| **DDN :** | **/      /** | | | | | | | | |  | | | | | | | | | | **Téléphone :** | | | | |  | | | | | | | | |  | | | | **féminin** | | | | | |
| **AAAA/MM/JJ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RAMQ :** | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. Description de l’exposition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lieu :** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Date :** | **/      /** | | | | | | | | |  | | | | | | | | | | | **Heure :** | | | |  | | | | | | | | | | |  | | | | | | | |
| **AAAA/MM/JJ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Blessure percutanée** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Piqûre¹ :** | | | | | **oui** | | | | | | | **non** | | | | | | | | | **Si oui :** | | | | **profonde** | | | | | **superficielle (égratignure sans saignement)** | | | | | | | | | | | | | |
| **Coupure :** | | | | | **oui** | | | | | | | **non** | | | | | | | | | **Si oui :** | | | | **profonde** | | | | | **superficielle (égratignure sans saignement)** | | | | | | | | | | | | | |
| **Égratignure :** | | | | | **oui** | | | | | | | **non** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SI OUI :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Site de la blessure :** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Avec quel objet? :** | | | | | **Aiguille :** | | | | | | | | **creuse** | | | | | | | | **pleine** | | | | | **Autre objet :** | | | | |  | | | | | | | | | |  | | |
| **Geste impliqué :** | | | | | **injection :** | | | | | | | | | | | | | **I.V.** | | | **I.M.** | | | | | **S.C.** | | | | | | | | | | | | | | | | | |
|  | | | | | **ponction veineuse** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **glucomètre** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **suture** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **aiguille à la traîne - dans un contexte où l’exposition à des personnes infectées au VIH est probable**  **(ex. lieu fréquenté par les UDI, etc.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **autre** : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Sang visible sur instrument :** | | | | | | | | | | | | | | | | **oui** | | | | | | | | | | | **non** | | | | | | **inconnu** | | | | | | | | | | |
| **Saignement après l’exposition :** | | | | | | | | | | | | | | | | **absent** | | | | | | | | | | | **peu abondant** | | | | | | **abondant** | | | | | | | | | | |
| **Morsure avec bris de peau :** | | | | | | | | | | | | | | | **oui** | | | | | | **non** | | | | **Si oui → RISQUE POUR LE MORDU** | | | | | | | | | | | | | |  | | | | |
| * **Autres expositions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact sur une muqueuse¹** | | | | | | | | | | | **oui** | | | | | | | | | | **non** | | | | | |  | | | | | | | | | | | | | | | | |
| **Contact sur une peau non saine** | | | | | | | | | | | **oui** | | | | | | | | | | **non** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SI OUI :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Liquide impliqué :** | | | | | | | **sang** | | | | | | | | | | **sperme** | | | | | | | **sécrétions vaginales** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **liquide séreux (péritonéal, pleural, amniotique, etc.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **salive teintée de sang** | | | | | | | | | | | | | | | | | **tout liquide biologique teinté de sang** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Quantité impliquée :** | | | | | | | **quelques gouttes** | | | | | | | | | | | | | | | | | **éclaboussure majeure** | | | | | | | | | | | | | | | | | | | |
| **Morsure avec bris de peau :** | | | | | | | | | | | | | | | **oui** | | | | | | **non** | | | | **Si oui → RISQUE POUR LE MORDEUR si présence de sang dans la plaie** | | | | | | | | | | | | | | | | | |
| * **Barrières physiques** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vêtement :** | | | **Oui** | | | | **Non** | | | | | | |  | | | | | | | **Gants :** | | | | **Oui** | | | | **Non** | | |  | | |  | | | | | | | | |
| **Lunettes** | | | **Oui** | | | | | **Non** | | | | | |  | | | | | | | **Autres :** | | | |  | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Information de la personne ayant rempli ce questionnaire** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nom de la personne ayant rempli ce questionnaire :** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
| **Téléphone 1 :** | | | |  | | | | | | | | | | | | | | | | | | **Téléphone 2 :** | | | | | |  | | | | | | | | | | | |  | | | |
| **Signature :** | | | |  | | | | | | | | | | | | | | | | | | | | | | **Date :** | | **/      /** | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **AAAA/MM/JJ** | | | | | | | | | | | | | | | |

**¹ Incluant le partage de matériel d’injection et d’inhalation** Juin 2018

Votre logo

**Note : Veuillez transmettre ce questionnaire au professionnel de la santé qui réalisera l’évaluation médicale de la personne exposée par télécopieur ou communiquez directement avec ce professionnel.**