

**Outreach/Home Care Worker Safety Assessment Tool --**

**Bloodborne Pathogen/Fecal-Oral Pathogen Hazards**

1. Does the client have a wound, active bleeding or drainage?

YES NO

2. Does the client have a bloodborne pathogen infection?

YES UNKNOWN

3. Has the client ever had hepatitis or jaundice?

YES NO

2. Does the client require assistance with bowel or bladder elimination?

YES NO

5. Do you or any other worker/care-giver have interactions with the patient that could potentially transmit infection:

Dressing Changes YES NO

Bathing YES NO

Assisting with Mobility/transfers/turning YES NO

Feeding YES NO

Toileting/peri-care YES NO

Laundry YES NO

House cleaning YES NO

Making beds YES NO

Bed pan handling YES NO

Eating food offered by patient or family members YES NO

Others:

YES NO

**Responses in bold/underline require further evaluation and possible referral.**