

POTENTIAL PATHOGEN EXPOSURE – PART A

Part A – Exposed Individual

This form should be completed by the exposed individual for any significant exposure to possible blood borne pathogen. Significant exposure is defined as direct skin or mucous membrane contact with body fluids. It also will include needle stick or puncture injuries.

Please fill out this form as completely as possible. Further information may be necessary in an interview process.

This form should be completed prior to leaving work/clinical on the day that injury exposure occurred.

This information will remain **confidential** and only utilized by public health agencies in the mandated reporting of disease and follow up.

Name of exposed individual: _____ **Age:** _____

Mailing Address: _____ **Telephone:** _____

Date and time of occurrence: ____/____/____ at _____ AM PM

Name(s) of witness to exposure incident, address and telephone number:

Describe the circumstances of the exposure:

Precautions used

- Mask
- Gloves
- Washed Hands
- Gown
- Goggles

Type of Body Fluid

- Blood
- Sputum
- Secretion, pus from wound
- Urine
- Other: _____

Type of Exposure

- Needle stick
- Body Fluid in mouth/eye
- Body fluid in open wound
- Other: _____
- Other: _____

Was needle/instrument contaminated with visible blood? Yes No Unknown

Body site exposed (hand, finger, eye, etc.)? _____

Source labs drawn?

Yes – Time: _____ AM PM **(complete Part B below)**

No – Comment: _____

Medical evaluation immediately after exposure and recommendation to the exposed in regards to exposure:

Follow up recommendations and/or referral(s):

Dates of episodes of acute febrile illness, rash, swollen lymph nodes reported to the Student Health Center since exposure:

A copy of page 1 is to be delivered to the TMCC Director of Nursing by 5 p.m. Thursday following the incident.

- The National HIV/AIDS Center provides a PEpline, a Clinicians' Post-Exposure Prophylaxis Hotline which offers up-to the minute advice on managing occupational exposures (needlesticks, etc.) to HIV, hepatitis and other blood borne pathogens. It is offered 24 hours a day, 7 days a week at 1-888-488-4911.
- There is also a Clinician's Consultation Center that is free of charge. This Warmline is staffed by physicians, clinical pharmacists and nurse practitioners Monday through Friday from 5:00 am to 5:00 pm Pacific Time at 1-800-933-3413.

POTENTIAL PATHOGEN EXPOSURE – PART B

Part B – Source Patient Individual

Source patient information (to be confidential)

Date: ____/____/____

Name: _____ Age: _____

Mailing Address: _____ Telephone: _____

Risk Factors:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> HIV | <input type="checkbox"/> Blood Transfusion | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Homosexual/Bisexual | <input type="checkbox"/> Multiple Sex Partners | <input type="checkbox"/> IV drugs |

Other relevant information: _____

Source Patient drawn?

- Yes – Time: _____
- No

Source patient labs:

Date: ____/____/____ HIV _____

Date: ____/____/____ Hepatitis Panel _____

Clinical agency: _____

Staff Member, Clinical Agency: _____ Date: ____/____/____

_____ Consent for source patient or guardian labs signed and filed in agency chart.

_____ PEpline and Warmline information provided to student. (See Page 7 of this policy).

Faculty Member, TMCC: _____ Date: ____/____/____