

# POTENTIAL PATHOGEN EXPOSURE

**Instructions:** 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 includes needle stick or puncture injuries.

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. Further information may be necessary in an interview process.

Deliver a copy of Part A of this form to the TMCC Nursing Director 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 a.m. to 5 p.m. Pacific Time at 1-800-933-3413.

## PART A – EXPOSED INDIVIDUAL

Name of Exposed Individual		Age
Mailing Address		Telephone Number
Date of Occurrence	Time of Occurrence <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Name of Witness to Exposure Incident	Witness Address	Witness Telephone Number
Name of Witness to Exposure Incident	Witness Address	Witness Telephone Number
Describe the Circumstances of the Exposure		
Precautions Used	Type of Body Fluid	Type of Exposure
<input type="checkbox"/> Mask	<input type="checkbox"/> Blood	<input type="checkbox"/> Needle stick
<input type="checkbox"/> Gloves	<input type="checkbox"/> Sputum	<input type="checkbox"/> Body Fluid in mouth/eye
<input type="checkbox"/> Washed Hands	<input type="checkbox"/> Secretion, pus from wound	<input type="checkbox"/> Body fluid in open wound
<input type="checkbox"/> Gown	<input type="checkbox"/> Urine	<input type="checkbox"/> Other:
<input type="checkbox"/> Goggles	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Was needle/instrument contaminated with visible blood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Body Site Exposed (hand, finger, eye, etc.)?		
Source Labs Drawn? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. (complete part B below)		
If "No", Comment:		

## Potential Pathogen Exposure

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

**PART B – SOURCE PATIENT INDIVIDUAL (CONFIDENTIAL)**

Date	Name			Age
Mailing Address			City	State Zip Code
Telephone Number				
<b>Source Patient Drawn?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
<b>Source Patient Labs</b>				
Date	HIV			
Date	Hepatitis Panel			
Clinical agency:				
Staff Member, Clinical Agency:				Date
<input type="checkbox"/> Consent for source patient or guardian labs signed and filed in agency chart. <input type="checkbox"/> PEpline and Warmline information provided to student.				
Faculty Member, TMCC				Date