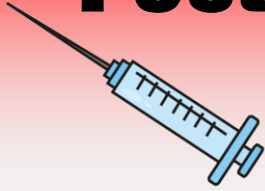


Post Exposure Prophylaxis Incident Report



This form is to be used to report occupational exposure to blood/body fluids sustained by NHWSN faculty and students while in the field/community setting. This form is to be used to document incidents. Please fill out this form on the ground and return a digital version to Kathy Kite, LCC Administrative Director.

Basic Information

- Name of person exposed/injured: _____
- Date of exposure: ___/___/___
- Time of exposure: ____:____
- Did exposed person immediately notify lead faculty? Y N
 - If no, give reason:

Specifics of exposure/injury

- Location where exposure occurred: (e.g., Hospital, home visit): _____
- Body part exposed (note whether intact skin, percutaneous, mucous membrane):

- Estimated volume of blood/body fluid transferred: _____
- Was person wearing protective gloves/mask/goggles (circle all that were worn)?
 - If not, give reason:

- Was the PEP emergency kit available on site? Y N
 - If no, give reason:

- Brief description of situation/procedures involved in exposure:

Source Patient Specifics (if available)

- Demographics: _____
- Health information: _____
- Known to have blood borne infections (e.g., HIV, hepatitis): Y N
 - If yes, type of infections: _____
- Were you able to test the source patient? Y N
 - If no, give reason: _____
 - If yes:
 - Date: ____/____/____
 - Time ____:_____
 - Who tested: _____
 - What tests were done (circle all that apply)? HIV Hepatitis B
Hepatitis C
 - Other tests: _____
 - Results of tests: _____

PEP Medication started Y N

- Date: ____/____/____
- Time: ____:_____
- Was medication started within 2 hours of exposure? Y N
 - If no, give reason: _____

- Brief description of advice given by Emory ID clinician or actions taken on the part of the lead faculty:

Needle Stick Injury Hotline Called (404-727-4736) Y N

- Date: ____/____/____
- Time first called: ____:____
- Time ID clinician returned call: ____:____
- Name of ID clinician: _____
- Any concerns about this process?

LCC called/notified Y N

- Date: ____/____/____
- Time called: ____:____
- Were you able to reach LCC immediately? Y N
 - If no, give reason:

If exposed person needs prophylaxis and must return to Atlanta:

- Date of return: ____/____/____
- Date of first clinic visit to Occupational Injury Management: ____/____/____
- Confirmation of exposed person's OIM clinic visit via follow up call to clinic:
 - Y N