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: _______________________________________

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**Post Exposure Prophylaxis Incident Report**
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