

STUDENT EXPOSURE ASSESSMENT FORM

A. STUDENT INFORMATION: TODAY'S DATE: ____ / ____ / ____
 Name of Student: _____ DOB: ____ / ____ / ____ Sex: M F
 Address: _____ Clinical Site & Unit: _____
 _____ Course Rotation: _____
 Cell Phone: _____ Home Phone: _____ Clinical Instructor: _____
 Personal Physician: _____ Program: BSN RN-BSN MSN
 Dates of Hepatitis B Series: 1. _____ 2. _____ 3. _____
 Last Hepatitis B titer if known: _____
 Last PPD Results: _____
 Date of last Td (Tdap): _____

DATE of EXPOSURE: ____ / ____ / ____ **TIME of EXPOSURE:** ____ : ____ am/pm

B. SOURCE PATIENT INFORMATION:
 Name of Patient: _____ Medical Record # _____
 Patient's DOB: ____ / ____ / ____ Room # _____ Physician(s): _____
 Admitting Diagnosis: _____
 Clinical Site Contact Person for Follow-up: Name: _____ Phone #: _____

C. CHARACTERISTICS OF SOURCE MATERIAL (check appropriate boxes)

Infectious:	Non-Infectious (without visible blood)
<input type="checkbox"/> Blood or serum	<input type="checkbox"/> Saliva
<input type="checkbox"/> Fluid or tissue with visible blood	<input type="checkbox"/> Sputum
<input type="checkbox"/> Amniotic fluid	<input type="checkbox"/> Stool
<input type="checkbox"/> Cerebrospinal fluid	<input type="checkbox"/> Sweat
<input type="checkbox"/> Pericardial fluid	<input type="checkbox"/> Urine
<input type="checkbox"/> Peritoneal fluid	<input type="checkbox"/> Vomitus
<input type="checkbox"/> Pleural fluid	
<input type="checkbox"/> Semen	
<input type="checkbox"/> Synovial fluid	
<input type="checkbox"/> Vaginal fluids	

D. CHARACTERISTICS OF SOURCE (check one):

- HIV Positive - asymptomatic or known low viral titer
- HIV Positive - symptomatic with acute retroviral syndrome (infected within past few weeks and has a mononucleosis-like illness)
- HIV Positive - pre-terminal, CD4 < 100 or viral titer > 50,000
- HIV Positive - Opportunistic Infections: _____
- HIV Positive - Prior treatment & resistance: _____
- HIV Positive - Direct contact w/ concentrated virus: _____
- HIV Serostatus unknown (Review chart to determine if patient has any one of the following risk factors (circle all that apply): male homosexuality, injecting drug use, prostitution, sex w/ known HIV-positive person, sex w/ injecting drug user, blood component transfusion between 1978 and 1985)
- HIV Negative by ELISA, WESTERN BLOT
- Patient unknown (anonymous needle)
- Known Patient Risk Factors; Hepatitis B-positive; Hepatitis C-positive

E. CHARACTERISTICS OF EXPOSURE (check as many as apply)

Percutaneous Injuries:

- Visibly bloody device or device used in source patient's artery or vein
 - Type of Needle & Manufacturer: _____
 - Contaminated instrument or other sharp object: _____
- Deep intramuscular injury
- Superficial injury
- Other: (give brief description on page 2)

Mucosal Contacts (eye, mouth, nose):

- Large volume (> 1 cc); prolonged contact (> 5 minutes)
- Small volume (< 1 cc); brief contact (< 5 minutes)

Skin Contacts (skin integrity obviously compromised)

- Large volume (> 1 cc); prolonged contact (> 5 minutes); extensive area of contact
- Intact skin; small volume (< 1cc); small area of contact

F. DESCRIPTION OF EXPOSURE:

i. Describe in detail how the exposure occurred (needle-stick, mucosal splash, body part exposed, etc):

ii. To whom at the facility did you report the incident to: _____

iii. Was a facility incident report filled out?

(If yes, bring a copy to STUDENT MEDICAL SERVICES)

Student Signature: _____

G. FACULTY, PLEASE REVIEW AND ADD ANY ADDITIONAL INFORMATION TO THE STUDENT'S STATEMENT IN "F" FOR CLARIFICATION. BE SURE TO INCLUDE THE DATE AND THE TIME YOU WERE NOTIFIED BY THE STUDENT: _____

Faculty Signature: _____

Office phone: _____ Home or cell phone: _____

H. PLEASE LIST ANY FOLLOW-UP ACTIONS OR REMEDIATION THE STUDENT IS TO COMPLETE BEFORE RETURNING TO CLINICAL: _____

This form is to be submitted to Dr. Holly Jeffreys, Department Head, within 24 hours. All documentation regarding the exposure should be attached (injury report form from facility, etc.) and maintained in a **confidential** manner.

Additional Comments: _____

