

# Employee True Exposure Report

**Instructions:** Immediately complete this form and fax a copy to the Nurse Administrator (445-5635) and OHIS (445-2118). Send original to OHIS Office (Yarbrough 1<sup>st</sup> Floor).

Name of Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Assigned Work Area: \_\_\_\_\_ Phone #: \_\_\_\_\_

Time/Date Exposure Occurred: \_\_\_\_\_

Time/Date Exposure Reported to Nurse/Supervisor: \_\_\_\_\_

Name/Title of Nurse/Supervisor that the exposure was reported to: \_\_\_\_\_

Place Where Exposure Occurred: \_\_\_\_\_

Time/Date Nurse Administrator Notified: \_\_\_\_\_

Time/Date Employee Referred to ORMC: \_\_\_\_\_

Source of Exposure (Check One):  Client (Avatar #) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Exposure Type (Check One):

- Parenteral contact, e.g. needle stick/other sharps with blood/body fluids
- Mucous membrane exposure e.g. eye, nose, mouth
- Blood/body fluids to non-intact skin e.g. dermatitis, lacerations, bites, deep scratches, abrasions, cuts, soiled dressing, catheters, etc.
- Alleged sexual contact (e.g. oral, vaginal, rectal)

HBV Status of Source (Check One):

- \*Unknown
- Known – (specify date and result of test): \_\_\_\_\_

RPR Status of Source (Check One):

- \*Unknown
- Known – (specify date and result of test): \_\_\_\_\_

HCV Status of Source (Check One):

- \*Unknown
- Known – (specify date and result of test): \_\_\_\_\_

HIV Status of Source (Check One):

- \*Unknown
- Known – (specify date and result of test): \_\_\_\_\_

**\* If status of source is unknown, follow established protocol to obtain necessary blood work as soon as possible and fax results to OHIS as soon as they become available.**

Complete summary of incident (continue on back if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Title of Reporting Individual: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Distribution:  
Fax Immediately to Nurse Administrator (445-5635) and OHIS (445-2118)  
Send Original to OHIS Office (Yarbrough Building 1<sup>st</sup> Floor)**