

>>Post Exposure Investigation Report (Blood and Body Fluids)

Source Patient Name: _____ History # _____

Attending Physician: _____

Type of Exposure:

- Percutaneous (Needlestick, puncture, blade cut, bite)
- Mucous membrane (Splash to eyes, mouth, or non-intact skin)

Laboratory Test Ordered:

- HIV – Mandatory with employee exposure
- HBsAG – Mandatory with employee exposure
- HCV-anti – Mandatory with employee exposure
- STS – If indicated

Instructions:

1. Inform the source that an employee exposure has occurred and we wish to test their blood for HIV, Hepatitis B, or other bloodborne pathogens. Blood must be drawn or verified there is sufficient blood in the lab to run all necessary tests. (See Patient Explanation below.)
2. Sign this form and send a copy to the lab along with the source's blood. The HIV test will not be done if the form is not signed.
3. If the exposure is to an HIV positive source or high-risk HIV source and occurs during office hours, notify Employee Health at (704) 355-2106 immediately. If the exposure is to an HIV positive source or high-risk HIV source and occurs after office hours, notify the Nursing Administration supervisor on duty. Leave a voice mail message for Employee Health at (704) 355-2106 and include your facility's Employee Health nurse's name.
4. Fill out a ROI and follow the instructions on the form.
5. Distribute the Post Exposure Investigation Report as follows:
 - Place original in chart
 - Send a copy to laboratory along with the source's blood
 - Fax a copy of the completed form to Employee Health at (704) 355-2152. Please check fax receipt to verify successful transmission.

Patient Explanation:

A healthcare worker involved in your care has been exposed to your blood and/or body fluids. As required by North Carolina regulation 15A NCAC 19A.0200, Carolinas HealthCare System will perform hepatitis and HIV tests on your blood as well as tests for other bloodborne pathogens if necessary. The cost of the testing will not be billed to you or to your insurance company.

Comments:

Signature: _____

Date: ___/___/___

Witness: _____

Date: ___/___/___