

/RFDWLRQ :KHUH ([SRVXUH 2FFXUURIGWIRHFDVLRQVLRQSOIGMFWLHFW:L R Q

9 & 20 & R&JOLQLFDO 6LWH

Name of Site:

I have notified (all are required): DSME Preceptor Associate Dean

Date of Notification: Time of Notification:

1 R Q & 20 & O L G L F D H O

Name of Site:

I have notified (all are required): Director for OMS 3/Director for OMS 4

Associate Dean

Date of Notification: Time of Notification:

, Q W H U L R Q D O 0 L V V L R Q 5 R W D W L R Q 6 L W H

Name of Site and Cou79 464.4gu79

7 \ S R I ([S R V X U H R W K M \ S H U F X W D Q H R X V)

3 H U F X W D Q H R X V (None) Sharp object that was in contact with blood or body fluids)

7 \ S R 6 K D U S

Needle from a sharps disposal container Solid Needle (caneet, suture needle, etc)

Hollow-bore needle (enipuncture, IMSQ injection, etc) Scalpel

Glass Others sharp object (specify)

7 K H [S R V X U H 2 F F X U U H G

Before the use of the sharp During the use of the sharp After the use of the sharp

0 X F R F X W D Q H R X V

Mucous Membrane

Skin (for skin exposures, follow up is indicated only if evidence exists of compromised skin integrity (e.g., dermatitis, abrasion, open wound)

, I V N H Q S R V Z D V N L Q W D F W " Yes No

% L W H

% R G \) Q X L G O F H R D Q G L Q F O X : G H V S H F L I L F V

Blood/blood products (specify):

Visibly bloody body fluid (specify):

Non-visibly bloody body fluid (specify):

Visibly bloody solution (e.g. water used to clean a blood spill) (specify):

Other Body Fluid (specify)

, Q Y R O Y H S D U R W G H W X G H C W R V H D O O W K D W D S S O \

Arm (but not hand) Hand Eye(s) Mouth/nose Face/head/neck

Leg/foot Torso (front or back)

3 U H F D X W L R Q V 8 V H G D W W I K R E U B K D S W K H , Q F L G H Q W

Gloves Gown/Apron Mask Eyewear CPR Shield Face Shield

None Other (specify):

6 R X U F H , Q I R U P D W L R Q

HIV Status Positive Negative Unknown

Hepatitis B Status Positive Negative Unknown

Hepatitis C Status Positive Negative Unknown

Follow-up Plan

& O L Q 6 L F V P S O R \ H X S Z F W L R H O D K W Hr (if directed use this service by the SME/preceptor)

Clinic Name:

Office Phone Number:

Date of Appointment:

3 H U V R Q D O 3 K \ V L F L D Q

Physician Name:

Office Phone Number:

Date of Appointment:

8 U J H Q W & D U H & H Q W H U

Clinic Name:

Office Phone Number:

Date of Appointment:

9 & 2 0 , Q W H U Q D W R R Q S I L & D D W H G + R V S L W D O

Clinic Name:

Office Phone Number:

Date of Appointment:

(P H U J H Q F \ ' H S D U W P H Q W) the emergency departments the only option for care the students should notify the