Blood-Borne Pathogen Exposure Management Form

OUHSC and OU Health - Faculty/Employees/Students

Employee/Student Instructions & Checklist
 Draw 2 lavender tubes of <u>source patient's</u> blood and affix patient labels Complete the information below **All information below must be completed or source testing could be delayed**
Date of Exposure: Time of Exposure:
Brief Description of Exposure Including Specific Area Involved:
Employee/Student Name and Title:Employee/Student DOB:
Supervising Department of Employee/Student:
Preferred contact number for notification of rapid HIV results:
Source Patient Name: Medical Record #:
Location of Source Patient (Facility/Room#): Date/Time of Collection:
 Immediately tube this form with the 2 lavender tubes of source patient blood to the lab-Tube Station #44 The lab will notify you within 2 hours at the phone number listed above with the rapid HIV results. If the rapid HIV result is <u>negative</u>: Contact the OU Health Student Health and Wellness Clinic at (405) 271-9675 as soon as possible for further management recommendations. If the rapid HIV result is <u>positive</u>: M-F 7:30 am-4:30 pm: Report immediately to OU Health Student Health and Wellness Clinic for counseling and prophylactic medication. After clinic hours: Report immediately to the Emergency Department.
Lab Instructions/Checklist
 Remove patient label and re-label the source blood with next available OUHSC source number. Source #: