

# BARTON COMMUNITY COLLEGE STUDENT HEALTH SERVICES



## POST-EXPOSURE EVALUATION AND FOLLOW-UP REPORT

(This report needs to be completed by college nurse or designated individual at site where exposure incident occurred. Report to be forwarded with all necessary forms to Student Health to be maintained in the employees' permanent file.) Contact the Student Health Nurse at 620-792-9233 for further information.

NAME \_\_\_\_\_ Date of Exposure \_\_\_\_\_

See attached Exposure Incident Report for information on the incident.

Source individual, if applicable:

- Identified \_\_\_\_\_yes\_\_\_\_\_no
- Consent obtained for blood testing\_\_\_\_\_yes\_\_\_\_\_no
- Consent obtained for release of blood tests to the college and affected employee  
\_\_\_\_\_yes\_\_\_\_\_no
- **Lab test performed**  
Date \_\_\_\_\_ Name of lab \_\_\_\_\_

Affected employee---

- Informed of right to post-exposure evaluation and follow-up.  
Date \_\_\_\_\_ By \_\_\_\_\_
- **Medical** Evaluation performed. Date \_\_\_\_\_ By \_\_\_\_\_  
Written evaluation provided by Healthcare provider. (within 15 days of incident)  
Date \_\_\_\_\_ By \_\_\_\_\_
- Results of source individual's lab tests made available to employee.  
Date \_\_\_\_\_ By \_\_\_\_\_
- Vaccinations and/or treatment initiated.  
Date \_\_\_\_\_ By \_\_\_\_\_
- Counseling, concerning precautions to take during the period after the exposure incident and information on potential illnesses and the urgency to report related symptoms completed.  
Date \_\_\_\_\_ By \_\_\_\_\_
- Follow-up care as indicated

Evaluation of Circumstances Surrounding the Incident

- ~~Review of the Exposure Incident Report.~~
- **Brief description of the circumstances under which the exposure incident took place (include route of exposure and job description as it relates to exposure):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **Location:** \_\_\_\_\_
- **Potentially infectious materials involved:** \_\_\_\_\_  
\_\_\_\_\_

- Circumstances: (Work being performed, etc. Devices used) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - How exposure incident was caused: (Accident equipment malfunction, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Engineering Controls and work practices in use at the time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Personal Protective Equipment used: \_\_\_\_\_  
 \_\_\_\_\_
  - Actions taken: (Documentation, clean-up, reporting, etc.) \_\_\_\_\_  
 \_\_\_\_\_
  - Recommendations for avoiding repetition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Employee's Training: \_\_\_\_\_  
 \_\_\_\_\_
  - ~~Documentation of plan to reduce future similar exposure incidents~~
  - ~~Review and/or determine any similar incidents and planned precautions.~~
- Date \_\_\_\_\_ Completed by \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 College Health care provider or designee \ \_\_\_\_\_  
 Date