



LIBERTY
UNIVERSITY
COLLEGE *of* OSTEOPATHIC
MEDICINE

INCIDENT/EXPOSURE
REPORT FORM

INCIDENT/EXPOSURE REPORT FORM

Form Instructions:

If you are a LUCOM student who had a needle-stick exposure, other infectious exposure, or injury at a LUCOM or non-LUCOM affiliated site, **you must return this form to the Office of Clinical Affairs within one business day of exposure:**

For Clinicians: Centers for Disease Control (CDC) 24-hour assistance is available from the Clinicians' Post Exposure Prophylaxis Hotline (PEpline) at: **1-888-448-4911**. This is for assistance with questions about HIV, Hep C, and Hep B post exposure prophylaxis.

Note: All needle stick and other blood borne exposures must be seen within 2 hours.

Other exposures such as Pertussis must be seen within 24 hours.

Injuries should be seen within 24 hours unless it is deemed an emergency and then should be seen immediately.

General Instructions for Needle Sticks and Blood Borne Exposures:

1. **Immediately cleanse the wound** or mucus membranes with soap and water or if contact is the eye(s), flush with water for several minutes
2. **Contact the appropriate LUCOM personnel immediately**

If the appropriate supervisor cannot be contacted, it is the student's responsibility to continue to seek medical attention as directed below.

- a. **LUCOM Clinical Training Site:** Preceptor/Physician Faculty Mentor or Director of Student Medical Education
 - b. **Community Outreach/campus event:** Event coordinator or faculty preceptor/mentor
 - c. **International Mission/Rotation or International Site:** Faculty Clinic Director and International Preceptor Faculty
 - d. **Non-LUCOM Clinical Site (Domestic and International):** Preceptor/Physician Faculty Mentor or Director of Student Medical Education
3. **Seek medical attention within 2 hours**

When you arrive for care post exposure, inform the provider of the exposure to potential blood borne pathogen(s).

One of the following options is acceptable as medical care for a needle stick or body fluid exposure:

- a. Emergency Department
- b. LU Student Health Clinic
- c. Your personal or preferred physician
- d. Urgent Care Center
- e. Employee Health Center (ONLY if directed by faculty at site)
- f. LUCOM International Clinic or affiliated hospital (International Rotations Only)

<p>Note: All care received (lab testing, prophylactic medications, etc.) will be billed through your personal insurance and you may be responsible for any co-pays or other out of pocket expenses.</p>
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General Instructions for Non-Blood Borne Exposures and Injuries:

1. Ensure your own safety.
2. Contact the appropriate LUCOM personnel immediately
 - a. **LUCOM Clinical Training Site**: Preceptor/Physician Faculty Mentor or Director of Student Medical Education
 - b. **Community Outreach/campus event**: Event coordinator or faculty preceptor/mentor
 - c. **International Mission/Rotation or International Site**: Faculty Clinic Director and International Preceptor Faculty
 - d. **Non-LUCOM Clinical Site (Domestic and International)**: Preceptor/Physician Faculty Mentor or Director of Student Medical Education
4. **Seek medical attention within 24 hours**

When you arrive for care, inform the provider of the exposure/injury.

One of the following options is acceptable as medical care:

- a. Emergency Department
- b. LU Student Health Clinic
- c. Your personal or preferred physician
- d. Urgent Care Center
- e. Employee Health Center (ONLY if directed by faculty at site)
- f. LUCOM International Clinic or affiliated hospital (International Rotations Only)

<p>Note: All care received (lab testing, prophylactic medications, etc.) will be billed through your personal insurance and you may be responsible for any co-pays or other out of pocket expenses.</p>
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INCIDENT/EXPOSURE REPORT FORM

GENERAL STUDENT INFORMATION:

Name of person exposed/injured: _____

Contact #: _____

Email address: _____

Today's date: _____

INCIDENT/EXPOSURE INFORMATION:

Date of incident/exposure: _____

Time of incident/exposure: _____

Location where incident/exposure occurred: _____

Faculty/Preceptor Notified: _____

Date and Time Preceptor/Faculty Notified: _____

Brief description of incident/exposure:

FOLLOW-UP CARE:

Name of facility _____

Name of provider _____

Date _____ Phone Number _____

Student Signature

Date

Note: All care received (lab testing, prophylactic medications, etc.) will be billed through your personal insurance and you may be responsible for any co-pays or other out of pocket expenses.

