

**NELL HODGSON WOODRUFF SCHOOL OF NURSING  
INCIDENT, INJURY & Pathogen Exposure REPORT**

STUDENTS SHOULD COMPLETE THIS FORM; Emory Faculty member will add follow up comments.

NEEDLESTICK HOTLINE: 404-616-4PEM (4736)

Student's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Program: BSN MSN Specialty: \_\_\_\_\_

Student's Immunization Status:  
Tetanus \_\_\_\_\_ Hepatitis B Vaccine \_\_\_\_\_ Titer \_\_\_\_\_ Last PPD \_\_\_\_\_ Other (specify) \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM PM

Location/Facility Name: \_\_\_\_\_

Dept/Unit \_\_\_\_\_

Type of Facility: Hospital Private Practice Community Agency

Other: \_\_\_\_\_

Site Preceptor \_\_\_\_\_

Work Phone & Cell # \_\_\_\_\_

Site Contact for follow up: \_\_\_\_\_ Title: \_\_\_\_\_

Phone \_\_\_\_\_

**TYPE OF INCIDENT**

- Needlestick Type of Needle \_\_\_\_\_  Other sharp object \_\_\_\_\_
- Other Injury (explain below)  TB Exposure  Other (explain below) \_\_\_\_\_

**TYPE OF EXPOSURE**

- Body fluid splash Blood Urine Saliva Wound drainage Animal scratch Animal bite  Mucous membrane
- Eye Mouth Nose Broken skin Intact skin Inhalant  other \_\_\_\_\_

Who witnessed the incident? \_\_\_\_\_

To whom at the facility was it reported? \_\_\_\_\_

When was Emory faculty member notified? \_\_\_\_\_

Was an incident report created by the site? Yes No Please attach a copy.

Where were you treated for the needlestick? Facility Name: \_\_\_\_\_

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Please attach a copy of the Emergency Center Report \_\_\_\_\_

Were baseline labs obtained from the source or source patient? No Why not?

Yes Which serology?? \_\_\_\_\_

Attach copy of results (without patient name) or list: \_\_\_\_\_

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Was acute serology drawn on you (the student)? No

Yes By: \_\_\_\_\_

Note: what will be tested: (rapid HIV, Hep B, etc.) \_\_\_\_\_

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Did you call the Needlestick Prevention Center Hotline? Yes No

FULLY describe the incident/injury/exposure and explain in detail what you were doing when the injury/exposure/incident occurred, including the use of tools, equipment or materials. What body part was affected? Have you ever required medical treatment for this part of your body or condition before? Please use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by EMORY FACULTY: Clinical Instructor's Comments**

In addition: please review and provide additional information/clarification to the student's statement.

Emory Faculty Clinical Instructor \_\_\_\_\_ Work # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_

Faculty Member notified: Date \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Faculty Report:

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**Follow Up Actions by student already conducted and to be conducted** (please note timeline)

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**Are student's clinical activities restricted?** No Yes (If yes, please describe and give beginning and end dates for date for review by student's personal health care provider.)

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**Signatures Department** (Chair should also be notified)

Faculty Member/Specialty Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Dean for BSN Education: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Present original to Assistant Director for Nursing Education within 24 hours

Date Received by Office of Education \_\_\_\_\_ by \_\_\_\_\_

Notes:

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