

**OCCUPATIONAL EXPOSURE REQUISITION – EMPLOYEE**

<p style="text-align: center;"><b>Patient Label</b></p> <p>MRN: _____</p> <p>Full Name: _____</p> <p>Date of Birth: _____ Sex: _____</p>	<p style="text-align: center;"><b>Specimen Collection Information</b></p> <p>Date: _____ Time: _____</p> <p>Collected By: _____</p>
<p><b>Occupational Health Facility</b>          CHS 67 – 120          Mail Code: 172518          Phone: 56771</p>	<p>Ordering Physician _____</p> <p>Physician ID _____</p> <p>Pager / Phone _____</p> <p>Fax _____</p>
<p><b>Select Test/s Below – Do Not Order In CareConnect</b></p>	
<p><input type="checkbox"/> <b>Employee Exposure Panel [LAB5526] – 3 GOLD/SST TUBES REQUIRED</b></p> <p>Includes:</p> <ol style="list-style-type: none"> <li>1. HIV ½ Ag/Ab 4<sup>th</sup> Generation with Reflex</li> <li>2. HCV Ab Screen</li> <li>3. HBc Ab, Total</li> <li>4. HBs Ab, Quant</li> </ol>	
<p><b>Additional Labs if Employee is placed on Medication – 1 Additional Lavender Tube Top Required</b></p> <p><input type="checkbox"/> CMP [LAB17] CBC &amp; DIFF [LAB293]</p> <p><input type="checkbox"/> Pregnancy Test, Blood [LAB144] - for women of childbearing age only</p>	
<p><input type="checkbox"/> <b>If employee has opted to postpone HIV Testing – 1 Gold/SST Tube Required</b></p> <ol style="list-style-type: none"> <li>1. Serology Hold Specimen [LAB5682]</li> </ol>	
<p><b>* For LAB/OHF Use Only *</b></p>	
<p><b>Submitter:</b> 12300057 - Occupational Health Facility Participating (CP)</p> <p><b>Diagnosis:</b> Z00.00 (Routine general medical examination at a health care facility)</p> <p><b>Authorizing Provider:</b> SABY, ADAM H [31945]</p>	
<p><b>Requisition Number:</b> _____</p>	
<p><b>Comments:</b> _____</p> <p>_____</p>	
<p><b>UCLA Health   Westwood Clinical Laboratory   757 Westwood Plaza, Los Angeles, CA 90095-1713</b>  <b>Alyssa Ziman, M.D., Director</b></p> <p><b>UCLA Health   Santa Monica Clinical Laboratory   1250 16<sup>th</sup> Street, Santa Monica, CA 90404</b>  <b>Steven Hart, M.D., Director</b></p>	

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Individual	Action
<p><b>Employee</b> with an occupational exposure</p>	<ul style="list-style-type: none"> <li>• Immediately wash the wound or skin site with soap and water; thoroughly flush mucous membranes with water.</li> <li>• Know that if exposure to HIV has occurred, post – exposure prophylaxis (PEP) is most effective within 1-2 hours of exposure so make every effort to move quickly; be able to start within this window if indicated.</li> <li>• Report the incident to your Supervisor.</li> </ul>
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<p><b>Supervisor</b></p>	<ul style="list-style-type: none"> <li>• Provide the injured Health Care Worker with:               <ul style="list-style-type: none"> <li>⌚ A signed UCLA Incident Report and Referral for Medical Treatment</li> <li>⌚ A Worker’s Compensation Claim form (DWC-1) and Notice of Potential Eligibility.</li> </ul> </li> <li>• Send the Health Care Worker to the Occupational Health Facility (OHF) during clinic hours (0700 - 1600) <b>OR</b> to the Emergency Department (ED) after hours or weekends.</li> </ul>
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<p><b>Employee</b> with an occupational exposure</p>	<ul style="list-style-type: none"> <li>• Bring this form (Form #10934) and the source patient’s name (and medical record number if known) <b>immediately</b> to OHF or the ED for HIV prophylaxis (PEP).</li> <li>• If the initial exposure is processed in the ED, the Health Care Worker must complete a follow-up evaluation on the next weekday in OHF. ⌚ Either walk-in or call 56771 to make the OHF appointment.               <ul style="list-style-type: none"> <li>⌚ Bring the source patient’s name (and medical record number if known) to the OHF appointment.</li> </ul> </li> <li>• If the exposed Health Care Worker is informed of the communicable disease status of a source patient, ALL information shall be kept strictly <b>CONFIDENTIAL (no further disclosures other than OHF nurse)</b>.</li> </ul>
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<p><b>OHF or ED Physician</b> (Certifying Physician)</p>	<ul style="list-style-type: none"> <li>• Contact <b>ASAP</b> the intern/resident/fellow house staff on-call for the source patient to obtain source testing – see Form 10935.</li> </ul>
<p><b>Source Patient’s Physician</b></p>	<ul style="list-style-type: none"> <li>• Complete page 1 of Form 10935 to order source testing on source patient (<b>Do not place orders in CareConnect</b>)</li> <li>• Inform source patient of need for this to be performed (if source alert).</li> <li>• Provide information to source patient about the tests being ordered.</li> <li>• If the source patient refuses to be informed of the HIV test results, complete the “Refusal of Patient to Receive Results of HIV/Communicable Disease Test” form associated with policy HS1348.</li> </ul>