

Expert Panel/OH Review and Decisions

Name of HCW _____ DOB _____

Date of Expert Panel Meeting: _____

Panel Members Present and Title:

1. _____
2. _____
3. _____
4. _____
5. _____

Review of Information: HIV HBV HCV

Review of Lab Studies _____

A. Discuss of Standard Precautions _____

B. Specific Precautions and recommendations/ requirements: _____

C. Notification of need to know staff:

1) _____

2) _____

3) _____

D. Requirement for Physician follow up care and every 6 months letter to panel.

E. Patient notification and consent prior to exposure prone procedures is required?

Yes No

Signature of IC Chairman _____ Date: _____

Acknowledgment and Signature HCW _____ Date: _____