

**INSTRUCTIONS:** For each exposure incident, complete the requested information for all persons exposed. A separate form must be utilized for each incident. An incident can be exposures of one or more people to one or more animals over the course of a period of time (on-site petting zoo) or to a single animal one time. The local health department Rabies Coordinator must be consulted to arrange for and determine the appropriateness of post-exposure prophylaxis (PEP). A copy of the Children's Camp Potential Rabies Exposure Report should be sent to the Rabies Coordinator for their records. When an exposure occurred over a period of time, indicate the first exposure date and time as that for the incident and specify each patient's exposure date and time in the patient information section. When an exposure is a result of a bat inside a building, the path of entry must be identified and the appropriate exclusion techniques to prevent future exposure(s) must be employed.

**TYPE OF EXPOSURE:** Using the coding scheme below, indicate the letter that corresponds to each patient's type(s) of exposure; up to four letters may be selected, if appropriate. When multiple animals are involved with a single incident, consistency must be maintained between the animal number designation in the "Rabies Analysis" section and the animal number designation in the "Type of Exposure" section. The below exposure types have a reasonable probability of transmitting rabies and must be reported to the Local Health Department by the camp. In general, PEP is recommended for these exposures when rabies exposure cannot be ruled out. A-C can be used for all exposures, D-M are for bats only. **Note to LHD:** N should be selected only after consultation with the Bureau of Community Environmental Health and Food Protection.

- A** = Bite.
- B** = Scratch.
- C** = Saliva or nervous tissue contact.
- D** = Direct physical contact with live or dead bat.
- E** = Person touched bat without seeing the part of bat touched.
- F** = Bat flew into person and touched bare skin.
- G** = Bat flew into person on part of body with lightweight clothing and the person reports feeling an unpleasant sensation at the point of contact.
- H** = Person with bare feet stepped on bat.
- I** = Person awakens to find a bat in the room with them.
- J** = Live bat found in room with unattended infant, child, or person with sensory or mental impairment.
- K** = Person slept in small, closed-in camp cabin, bats swooping past while sleeping.
- L** = Bat found on ground near unattended infant, child, or person with mental impairment.
- M** = Unidentified flying object hits person and time of day (dusk or dawn), presence of mark where hit, and place where flying object came from (e.g., good site for roosting bats) all support likelihood that it was a bat.
- N** = Other.

**SECTION A: FACILITY INFORMATION**

Camp Name: \_\_\_\_\_  
 Camp Address: \_\_\_\_\_  
 Exposure Date: \_\_\_\_\_ Time of Occurrence (Military time): \_\_\_\_\_  
 Date Reported to Local Health Department: \_\_\_\_\_

<b>LHD USE ONLY</b>
eHIPS Incident #: _____

**SECTION B: RABIES ANALYSIS – Provide the following information for each animal involved in the incident.**

Animal Description	Submitted for Rabies Analysis	If Submitted for Analysis, Indicate Results
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Untestable
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Untestable
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Untestable
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Untestable

If exposure was a result of a bat entering a building, were bat exclusion techniques utilized after the incident to prevent future bat entry and potential human exposure?    Yes    No

**SECTION C: VICTIM INFORMATION – Complete for all person(s) involved in the exposure incident**

The victim information in the boxes below is confidential information that must be collected by the LHD for follow-up, and will be protected against unauthorized disclosure.

**1. VICTIM 1 INFORMATION**

LHD USE ONLY
eHIPS Victim ID #: _____

Exposure Date: \_\_\_\_\_ Time (Military time): \_\_\_\_\_

Name of Patient (Last, First, MI): _____
Name of Parent or Guardian (Last, First, MI): _____
Home Address: _____
Home Phone Number: _____

Age: \_\_\_\_\_ Gender:  Female  Male  X  Other

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  Other\*

\*For status types marked with an asterisk, please specify the individual's role: \_\_\_\_\_

Animal 1, Type of Exposure (Selected from page 1): \_\_\_\_\_ Animal 3, Type of Exposure (Selected from page 1): \_\_\_\_\_

Animal 2, Type of Exposure (Selected from page 1): \_\_\_\_\_ Animal 4, Type of Exposure (Selected from page 1): \_\_\_\_\_

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered?  Yes  No  Refused

**2. VICTIM 2 INFORMATION**

LHD USE ONLY
eHIPS Victim ID #: _____

Exposure Date: \_\_\_\_\_ Time (Military time): \_\_\_\_\_

Name of Patient (Last, First, MI): _____
Name of Parent or Guardian (Last, First, MI): _____
Home Address: _____
Home Phone Number: _____

Age: \_\_\_\_\_ Gender:  Female  Male  X  Other

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  Other\*

\*For status types marked with an asterisk, please specify the individual's role: \_\_\_\_\_

Animal 1, Type of Exposure (Selected from page 1): \_\_\_\_\_ Animal 3, Type of Exposure (Selected from page 1): \_\_\_\_\_

Animal 2, Type of Exposure (Selected from page 1): \_\_\_\_\_ Animal 4, Type of Exposure (Selected from page 1): \_\_\_\_\_

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered?  Yes  No  Refused

**3. VICTIM 3 INFORMATION**

LHD USE ONLY
eHIPS Victim ID #: _____

Exposure Date: \_\_\_\_\_ Time (Military time): \_\_\_\_\_

Name of Patient (Last, First, MI): _____
Name of Parent or Guardian (Last, First, MI): _____
Home Address: _____
Home Phone Number: _____

Age: \_\_\_\_\_ Gender:  Female  Male  X  Other

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  Other\*

\*For status types marked with an asterisk, please specify the individual's role: \_\_\_\_\_

Animal 1, Type of Exposure (Selected from page 1): \_\_\_\_\_ Animal 3, Type of Exposure (Selected from page 1): \_\_\_\_\_

Animal 2, Type of Exposure (Selected from page 1): \_\_\_\_\_ Animal 4, Type of Exposure (Selected from page 1): \_\_\_\_\_

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered?  Yes  No  Refused

**4. VICTIM 4 INFORMATION**

**LHD USE ONLY**  
eHIPS Victim ID #: \_\_\_\_\_

Exposure Date: \_\_\_\_\_ Time (Military time): \_\_\_\_\_

Patient (Last, First, MI): \_\_\_\_\_

Name of Parent or Guardian (Last, First, MI): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Female  Male  X  Other

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  Other\*

\*For status types marked with an asterisk, please specify the individual's role: \_\_\_\_\_

Animal 1, Type of Exposure (Selected from page 1): \_\_\_\_\_ Animal 3, Type of Exposure (Selected from page 1): \_\_\_\_\_

Animal 2, Type of Exposure (Selected from page 1): \_\_\_\_\_ Animal 4, Type of Exposure (Selected from page 1): \_\_\_\_\_

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered?  Yes  No  Refused

**SECTION D: NARRATIVE - Note to LHD:** When entering the narrative into eHIPS, do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Provide a description of the exposure incident (use additional sheets if necessary). When the exposure was a result of a bat entering a building, state which building the exposure occurred in.

**LHD USE ONLY** (Note: eHIPS will assign the incident and patient ID numbers when entered into the system.)  
The LHD Rabies Coordinator must be consulted to arrange for and determine the appropriateness of postexposure prophylaxis (PEP). A copy of the Children's Camp Potential Rabies Exposure Report should be sent to the Rabies Coordinator for their records.

Children's Camp Inspector: \_\_\_\_\_ Title: \_\_\_\_\_

Local Health Department: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Rabies Coordinator Consulted: \_\_\_\_\_ Date Form Sent to Rabies Coordinator: \_\_\_\_\_