

See instruction on back of form before completing.

Camp Name: \_\_\_\_\_

eHIPS Incident Number: \_\_\_\_\_  
 (LHD use only)

Camp Address: \_\_\_\_\_

Exposure Date: \_\_\_\_\_ Time: \_\_\_\_\_ (Military time) Date Reported to Local Health Department: \_\_\_\_\_

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

**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 Information: Exposure Date \_\_\_\_\_ Time \_\_\_\_\_ (military)

eHIPS Victim ID Number: \_\_\_\_\_  
 (LHD use only)

Name: (Last, First, M.I.) \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Age: \_\_\_\_ Gender:  Male  Female Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  
 Gender X  Other  Counselor  Other Staff\*  Other\* (Specify\*) \_\_\_\_\_

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures	Animal	Type of Exposures
#1		#2		#3	

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

2. Victim Information: Exposure Date \_\_\_\_\_ Time \_\_\_\_\_ (military)

eHIPS Victim ID Number: \_\_\_\_\_

Name: (Last, First, M.I.) \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Age: \_\_\_\_ Gender:  Male  Female Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  
 Gender X  Other  Counselor  Other Staff\*  Other\* (Specify\*) \_\_\_\_\_

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures	Animal	Type of Exposures
#1		#2		#3	

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

3. Victim Information: Exposure Date \_\_\_\_\_ Time \_\_\_\_\_ (military)

eHIPS Victim ID Number: \_\_\_\_\_

Name: (Last, First, M.I.) \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Age: \_\_\_\_ Gender:  Male  Female Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  
 Gender X  Other  Counselor  Other Staff\*  Other\* (Specify\*) \_\_\_\_\_

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures	Animal	Type of Exposures
#1		#2		#3	

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

4. Victim Information: Exposure Date \_\_\_\_\_ Time \_\_\_\_\_ (military)

eHIPS Victim ID Number: \_\_\_\_\_

Name: (Last, First, M.I.) \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Age: \_\_\_\_ Gender:  Male  Female Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  
 Gender X  Other  Counselor  Other Staff\*  Other\* (Specify\*) \_\_\_\_\_

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures	Animal	Type of Exposures
#1		#2		#3	

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

# Instructions for Completing the Children's Camp Rabies Exposure Report Form

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 (onsite 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 postexposure prophylaxis (PEP). A copy of the Children's Camp Potential Rabies Exposure Incident Report should be sent to the Rabies Coordinator for their records. When an exposure occurred over a period of time, indicated the first exposure date and time as that for the incident and specify each victim's exposure date and time in the victim 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 victim'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. Select N only after consultation with the Bureau of Community Sanitation and Food Protection and describe the exposure in the narrative.

- 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 (i.e., good site for roosting bats) all support likelihood that it was a bat.
- N = Other

## Narrative:

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. 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 Incident Report should be sent to the Rabies Coordinator for their records. (Note: eHIPS will assign the incident and victim ID numbers when entered into the system.)**

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

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

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