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THIS COMPLETED FORM MAY CONTAIN HIPAA – PROTECTED INFORMATION

Currituck County
Infectious Exposure Report

Department: ______________________________

Date of Incident: ___________________________

Name of Employee: ____ Age: _______Sex: ________

Address: ____ Time Incident Occurred: ________

Phone #: __________________________ Employee I.D.#:__________ Time Incident Reported: ________

Location of Incident: ____

Type of Incident: (Injury/Illness/Exposure): ____

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Description of Incident: ____

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____

What were you exposed to: ☐ Blood ☐ Tears ☐ Sputum
☐ Feces ☐ Urine ☐ Sweat
☐ Saliva ☐ Vomitus ☐ Other: _____________________________

What body parts were exposed: ☐ Abdomen ☐ Arms ☐ Hands
☐ Eyes ☐ Face ☐ Mouth
☐ Legs ☐ Chest ☐ Other: _____________________________

Did you have any open cuts, sores, or rashes that became exposed? BE SPECIFIC: ____________________

____

____

Did you seek medical attention? ☐ YES ☐ NO

If YES, location and time: ____

Was appropriate PPE used? ☐ YES ☐ NO

Source Patient: ____
Sex: __________ S.S.#: ________ - ________ - ________ D.O.B. ____________________
Address: ____
Suspected/Confirmed Disease: ____
Transported To: ____
Transported By: ____

Employee Signature: ____ Date: ______________________

Designated Officer Signature: ________________________________ Date: ______________________

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EXPOSURE INCIDENT INVESTIGATION FORM

(continued)

Healthcare Professional's Written Opinion/Comments

The Healthcare Professional's Written Opinion/Comments is to be completed by a healthcare professional that is licensed and trained in Infectious Control Procedures. The healthcare professional will give their opinion as to whether an exposure actually took place and what actions were taken concerning this incident.

Does this incident meet the definition of an exposure as defined by OSHA Rule 29 CFR Part 1910.1030(b)? ☐ YES ☐ NO

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****This form should be sent in conjunction with a copy of the Completed Exposure Incident Investigation Form****

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POST-EXPOSURE EVALUATION AND FOLLOW-UP REPORT

Department: ____

Date of Incident: ____________________ Incident Number: ________________________

Location of Incident: ____

Name of Person: ____________________________ Age: ________ Sex: _____________

Employee I.D.#: _______________ Shift: ____________ Station#: ___________________

Supervisor: ____

THE FOLLOWING STEPS MUST BE TAKEN, AND INFORMATION TRANSMITTED, IN THE CASE OF AN EXPOSURE TO BLOODBORNE PATHOGENS.

ACTIVITY COMPLETION DATE

Personnel furnished with copy of Exposure Report:_________________________________

Source individual notified:____

Name of source individual: ____

Suspected or confirmed disease: ____

Source individual's blood tested: ____

Location of source individual's test: ____________________________________

Test Results: ________ POSITIVE ________ NEGATIVE

Name of disease: ____

Source individual's blood unavailable and reason for unavailability: ____________________

____

Test results given to personnel: ____

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Exposed employee's blood collected & tested: ____

Test Results: __________ POSITIVE Name __________ NEGATIVE

of disease: ____

Appointment arranged for employee with healthcare professional: ______________________

Healthcare Professional Name: ____

Address: ____

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FOLLOW-UP CHECKLIST

If a person is exposed to blood borne pathogens, the following steps must be accomplished:

ACTIVITY DATE COMPLETED

Employee furnished with documentation regarding exposure incident: ____________________

Source identified: ____

Source Individual: ____

Source individual's blood tested, and results reported: _______________________________

Consent has_____ has not_____been able to be obtained: ____________________________

Exposed person's blood collected and tested: _____________________________________

Appointment arranged for exposed person with healthcare professional: __________________

Professional's Name: ____

Documentation forwarded to healthcare professional: _______________________________

Description of exposed personnel's duties: ____

Infectious Exposure Report, including description of incident and routes of exposure: _________

Exposure Incident Investigation Form: ____

Exposed person's Medical Records: ____

*This form will be forwarded to the healthcare professional.
The healthcare professional will return to the originating department.