



Infectious Exposure Report

Department: _____

Date of Incident: _____

Name of Personnel: _____ Age: _____ Sex: _____

Address: _____ Time Incident Occurred: _____

Phone #: _____ Personnel I.D.#: _____ Time Incident Reported: _____

Location of Incident: _____

Type of Incident: (Auto Accident, Trauma, etc.): _____

Description of Incident: _____

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 infectious exposure protection used? ___ YES ___ NO

Name of Patient: _____

Sex: _____ S.S.#: _____ - _____ - _____ D.O.B. _____

Address: _____

Suspected/Confirmed Disease: _____

Transported To: _____

Transported By: _____

Personnel's

Signature: _____ Date: _____

Designated Officer Signature: _____ Date: _____

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

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

POST-EXPOSURE EVALUATION AND FOLLOW-UP REPORT

Department: _____

Date of Incident: _____ Incident Number: _____

Location of Incident: _____

Name of Person: _____ Age: _____ Sex: _____

Personnel I.D.#: _____ Shift: _____ Station#: _____

Supervisor: _____

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

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: _____

Exposed personnel's blood collected & tested: _____

Test Results: _____ POSITIVE _____ NEGATIVE

Name of disease: _____

Appointment arranged for personnel with healthcare professional _____

Healthcare Professional Name: _____

Address: _____

FOLLOW-UP CHECKLIST

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

ACTIVITY	DATE COMPLETED
Personnel 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.

