

Blackwood Fire Company

Blood / Body Fluid Exposure Incident Form

(Return to IC)

Today's Date: _____ Time of Report: _____

Employee Name: _____ Employee No. _____

Employee Soc. Sec. No.: _____ Title: _____

Date of Exposure: _____ Time of Exposure: _____

Length of Exposure: _____ minutes Run Report No: _____

Type of Body Fluid (check all that apply)

____ blood ____ Saliva / Sputum ____ amniotic fluid ____ urine
____ feces ____ Cerebrospinal fluid ____ synovial fluid ____ wound discharge
(pus)

Type of Exposure (check all that apply)

TYPE 1 - Mucous Membrane

____ eye ____ mouth ____ nose ____ other _____

TYPE 2 - Skin Exposure

____ puncture, incision ____ laceration, abrasion ____ pierced ears
____ eczema ____ open sore, lesion ____ exposure to intact skin

(see follow-up instruction # 3 below)

TYPE 3 - Clothing

____ soaked through ____ drops / spray ____ dried / caked ____ diluted

FOLLOW-UP ACTIVITIES

1. If Type 1 or 2 Exposure exists:

Send staff for medical follow-up, complete both pages of this form and First Report of Injury report.

2. If Type 2 needle stick (non-contaminated needle only):

Complete both pages of this form and First Report of Injury report (no exposure issue).

3. If Type 3 exposure exists ONLY (no associated Type 1 or Type 2 exposure):

Complete both pages of this form and file it, counsel the employee and review work practices to prevent re-occurrence. Have employee change contaminated clothes or wash appropriately.

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Post -Incident Investigation

P.P.E. used by exposed staff member (check all that apply):

Gloves goggles mask gown
 jumpsuit lab coat turnout gear pocket mask / resuscitator

Brief Description of Exposure:

Preparer's Conclusion:

careless error training failure equip failure unavoidable
sit.

Action Taken:

employee counseled / retrained on _____ (date) by

employee sent for medical follow-up _____ (date) to:

(medical facility name and address)

Paperwork sent to medical facility:

copy of report employee's written incident report
 employee's job description copy of standard (1910.1030) pages 64179
&64180)

**Work practice change / Exposure Control Plan amended on _____
(date)**

Healthcare professional's written report received on:

_____ (date)

Copy of the healthcare professional's report given to employee on:

_____ (date)

Report Closed and Filed on: _____ (date)

Person completing this report:

Print Name: _____

Sign _____ **Date** _____