

Town of Vernon Fire Department

Blood / Body Fluid Exposure Incident Form

(Return to CAR 341)

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 needlestick (non-contaminated needle only):
Complete both pages of this form and First Report of Injury report (no exposure issue).
3. If Type 3 exposure exist 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 clothesd or wash appropriately.

Blood / Body Fluid Exposure Incident Form

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 _____