

# 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** \_\_\_\_\_