CITY OF OAK HARBOR
EXPOSURE REPORT
Exposure to Blood/Body Fluids

Name, Last: _____ First: _____ Middle: _____

Gender: ☐ F ☐ M ☐ Other _____ Date of Birth: ____/____/____ Employee Number: _____

Work Location:_____ Occupation: _____

On the job injury report has been filed: ☐ Y, Date filed: _____ ☐ N ☐ Not required

Section I – General Exposure Information

Date of Exposure: ____/____/_____ Time of Exposure: _____ ☐ AM ☐ PM

Location of Incident: _____ Incident #: _____

Type of Exposure: (Check all that apply)

- ☐ Percutaneous: Did exposure involve a clean, unused needle or sharp object? ☐ Y ☐ N
- ☐ Mucous membrane
- ☐ Bite
- ☐ Skin: Did you have any open cuts, sores, or rashes that became exposed? ☐ Y ☐ N ☐ Unknown

  If Yes or unknown, explain (be specific): _____

Type of fluid/tissue involved in the exposure:

- ☐ Blood/blood products
- ☐ Solutions (IV fluid, irrigation, etc.)
  - ☐ Visibly bloody ☐ Not visibly bloody
- ☐ Tissue
- ☐ Other (specify): _____
- ☐ Unknown
- ☐ Body Fluids:
  - ☐ Visibly bloody ☐ Not visibly bloody

If body fluid, indicate one type:

- ☐ Saliva ☐ Vomit
- ☐ Tears ☐ Urine
- ☐ Feces/Stool ☐ Amniotic
- ☐ Other (specify):_____

_____

Body site of exposure: (check all that apply)

- ☐ Hand / Finger ☐ Foot
- ☐ Eye ☐ Mouth
- ☐ Arm ☐ Nose
- ☐ Other (specify):_____

_____

_____

Section II – Source Information

Name of Patient: _____ Was the source patient known? ☐ Y ☐ N

Patient Address: _____

Patient transported to: _____ Patient transported by: _____

Type of Incident (trauma, MVA, medical): _____

CITY OF OAK HARBOR
EXPOSURE REPORT
Exposure to Blood/Body Fluids

Section III – Initial Care Given to Employee

Post exposure evaluation conducted at: _____ Baseline blood sample taken: ☐ Y ☐ N

Treating doctor: _____ Source of Exposure tested for HBV / HIV: ☐ Y ☐ N

Medical treatment recommended: ☐ Y ☐ N Medical treatment received: ☐ Y ☐ N

Doctor's release or recommendation letter or note received: ☐ Y ☐ N Cleared for Duty: ☐ Y ☐ N

If No, projected time off: _____

Section IV – Narrative

In the employee's own words, how did the injury occur?

Section V – Prevention

In the employee's words, what could have prevented the injury?

Section VI – Signatures

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Infection Control Officer: _____ Date: _____

Human Resources Director: _____ Date: _____

cc: ☐ Personnel Medical File ☐ Exposure File ☐ Affected Employee

Section VII – Post Exposure Follow-up