



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



FIRE DEPARTMENT

Name, Last: _____ First: _____ Middle: _____

Gender: [] F [] M [] Other _____ Date of Birth: ___/___/___ Employee Number: _____

Work Location: _____ Occupation: _____

Insurance: [] L&I [] Board for Volunteer Firefighters

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): _____



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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 received: _____
Medical treatment recommended: _____
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: _____
Command Officer: _____ Date: _____
Infection Control Officer: _____ Date: _____
Fire Chief: _____ Date: _____

cc: [] Personnel Medical File [] Exposure File [] Affected Employee

Section VII – Post Exposure Follow-up