

BLOOD OR BODY FLUID EXPOSURE REPORT FORM

(See Reverse For Specific Instructions)

AUTHORITY: Section 133, 1071-87, 3012, 5031 & 8012, Title 10, United States Code and Executive Order 9397

PURPOSE: The form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate & document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

ROUTINE USES: The primary use of this information is to provide, plan & coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state & local agencies; compile statistical data federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims & determine benefits; other lawful purposes, including law enforcement & litigation; conduct authorized investigations; evaluate care rendered; determine professional certification & hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

DISCLOSURE: MANDATORY for military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights & benefits. VOLUNTARY In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

EXPOSED EMPLOYEE INFORMATION (To Be Completed By Emergency Worker At The Time Of Incident)

Name:	Rank:	SSN:	Phone No.:			
Street Address:		City:	State: Zip Code:			
Emergency Worker Category:	Ambulance Attendant	<input type="checkbox"/>	Law Enforcement	<input type="checkbox"/>	Fire Fighter	<input type="checkbox"/>

INCIDENT INFORMATION

Run No.:	Shift:	Company:	District:
Incident Location:		Type of Incident (i.e. Auto Accident, Trauma, etc.):	

EXPOSURE DESCRIPTION

Date of Exposure:	Time of Exposure:
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What Body Fluid(s) Were You In Contact With?

Blood	<input type="checkbox"/>	Feces	<input type="checkbox"/>	Saliva	<input type="checkbox"/>	Sputum	<input type="checkbox"/>	Sweat	<input type="checkbox"/>	Tears	<input type="checkbox"/>	Urine	<input type="checkbox"/>	Vomit	<input type="checkbox"/>
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Other (Describe):

What Was The Method Of Contact

<input type="checkbox"/>	Needlestick With A Contaminated Needle
<input type="checkbox"/>	Blood or Body Fluids into Natural Body Openings (i.e. nose, mouth, eye, etc)
<input type="checkbox"/>	Blood or Body Fluids into a Cut, wound, sores or rashes less than 24 hours old*
<input type="checkbox"/>	*If Checked, Please specify here:
<input type="checkbox"/>	Blood or body Fluids on Intact Skin
<input type="checkbox"/>	Other (Describe Specifically Here):

How Did The Exposure Occur? Be Specific

What Action Was Taken in Response To The Exposure To Remove the Contamination (i.e. Handwashing)?

What Personal Protective Equipment Was Being Used at the Time of Exposure?

Please Describe Any Other Information Related to the Incident (Use a separate piece of paper, if necessary):

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

SOURCE OF EXPOSURE

Name of Patient (Source of Exposure):	Sex:	Receiving Health Care Facility:
Transported By:		Patient's Physician:

MEDICAL INFORMATION

Did You Seek Medical Attention?	YES*	<input type="checkbox"/>	*If YES, Where?	Date		
	NO	<input type="checkbox"/>				
Did You Contact Infection Control Officer?	YES*	<input type="checkbox"/>	*If Yes, Give Time & Date:	Name of Infection Control Officer:		
	NO	<input type="checkbox"/>				
Employee's Signature				Date		
Infection Control Officer's Signature				Date		
Communicable Disease Follow-Up Needed?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

TO BE COMPLETED BY THE INFECTION CONTROL OFFICER

*If YES, infection control officer must complete the 'Communicable Disease Exposure follow-Up Form' This procedure applies either if this is a known disease exposure or if such information is determined at a future date.

INSTRUCTIONS FOR USING THE EXPOSURE REPORT FORM**INSTRUCTIONS FOR EMERGENCY WORKER**

When to Complete This Form: The form should be completed when an exposure occurs that may pose a health risk. This form should be completed so that the department infection control officer and physician can advise you regarding appropriate medical actions.

Significant Exposure Defined: A situation in which the body fluids (such as blood, saliva, urine, feces, etc.) of a patient are suspected of having entered your body through either a body opening (such as nose, mouth, eye) or a break in your skin (a cut, rash or abrasion) a needlestick with a contaminated or used needle; intimate respiratory contact (such as CPR without a barrier); or any other situation in which a patient's body fluids may have entered your body.

What to Do With the completed Form: Make one copy. Promptly give the original to your infection control officer and keep the copy for yourself.

INSTRUCTIONS FOR PHYSICIANS

Patient's Physician: This form indicates that an emergency worker (a member of an ambulance service, fire department, or law enforcement agency) was exposed to body fluids of the patient identified on the first page of this form. Should the exposure as described on this form pose a health risk to the emergency worker, the emergency worker's physician as identified on the form may contact you for information so the appropriate medical interventions may be initiated. If information pertinent to the exposure incident develops during the course of treatment (during treatment for the emergency worker can be re-evaluated. For further information, contact your local or state health department.

Emergency Worker's Physician: A copy of this report is being given to you as the primary physician of the emergency worker named on this form. This report is to notify you that your patient has sustained a significant exposure to blood or body fluids during their duties as an emergency worker. It does not necessarily mean they were exposed to a contagious or communicable disease; however, should the exposure pose a health risk to your patient, please contact the source patient's physician as identified on this form so appropriate medical interventions may be initiated. For further information, contact your local health department. A copy of this report has also been provided to the transported patient's physician through the health care facility to which the patient was taken