

BLOODBORNE PATHOGEN INCIDENT (ACCIDENT) REPORT

*Please read this form and the instructions thoroughly before filling out the form.
Immediate supervisor should complete this form promptly with employee input.
Please print clearly and forward to the Risk manager.*

1. _____
Employee
2. _____
Immediate Supervisor
3. _____
Date of Incident/Accident
4. _____
Time
5. _____
Incident/Accident Location and case number (if applicable)

6. Describe the Incident Fully (route of exposure, circumstances; describe type of controls in place at time of incident including engineering controls and personal protective equipment worn; identify unsafe conditions and/or actions; relevant police reports).

7. Describe employee's injury (part of the body/type of injury)

8. Describe first aid/medical treatment (when and by whom)

9. When was the incident reported _____ To whom? _____
If not immediately reported, WHY? _____

10. List Names of Witnesses _____

11. Is the source individual known? Yes ____ No ____, if yes, please provide name/address so that a consent for blood testing can be obtained.

Name: _____ Address _____

DID THE SOURCE CONSENT TO BLOOD DRAW AND TESTING? Yes ____ No ____

12. What corrective action was taken or is planned, to prevent similar accidents from occurring in the future?

13. Referral to medical evaluator? Yes ____ No ____, Date: _____

If not explain: _____

NOTE: THE OREGON HEALTH DIVISION "SOURCE CONSENT" FORM WILL BE SENT BY THE EMPLOYEES TREATING PHYSICIAN TO THE SOURCE OR HIS/HER MEDICAL PROVIDER TO ATTEMPT TO OBTAIN PERMISSION FOR SOURCE HIV/HBV BLOOD TESTING. THE MEDICAL EVALUATOR HAS BEEN INFORMED AS TO OUR POLICY AND THE OSHA RULES. ALL MEDICAL DATA IS CONFIDENTIAL.

NAME OF INVESTIGATOR: _____

TITLE: _____ DATE: _____

For additional comments please use additional paper

INSTRUCTIONS ON COMPLETING THE INCIDENT (ACCIDENT) REPORT FORM

The information request on this incident form is required by the OSHA regulations. The form is to allow the investigator a method of summarizing the findings so a written record of the County's investigation can be retained as part of our overall OSHA compliance plan.

An exposure incident as defined by this plan and the OSHA rules means: *a specific eye, mouth, other mucous membrane, non-intact skin, or skin piercing contact (parenteral contact) with blood or other potentially infectious materials that results from the performance of an employee's duties.*

TEM #	INSTRUCTION
1. Employee	Enter the name of the employee reporting an exposure incident.
2. Supervisor	Enter the name of the employee's immediate supervisor.
3. Incident Date	Enter the date of the specific exposure incident.
4. Time	Time of day the specific exposure incident occurred.
5. Location # case number	Physical location of the employee at the time of the exposure incident.
6. Description of the Incident	<p>A detailed description of the incident is required by the OSHA rule. The investigator needs to include the following information:</p> <ul style="list-style-type: none">> The route of exposure, circumstance which resulted in the exposure.> Controls that were in place at time of the incident including: engineering controls and personal protection equipment worn.> Identify any unsafe conditions or action by the employee.
7. Employee's injury	Describe what part of the body the employee had contact with blood or OPIM and injuries that may have been suffered.
8. First aid given	Describe any first aid that was provided to the exposed employee.
9. Date of Incident Reported	When did the employee inform management of the incident and to whom
10. Witnesses	List the names of other County employees who may have witnessed the incident.
11. Source	Is there a known source and will the person consent to blood testing?
12. Corrective actions	What are the recommended procedural or program changes to reduce or prevent reoccurrence of this exposure incident.
13. Referral	Has medical referral been done, if not, explain

> Bottom of the Page List the name of the investigator(s), job title(s) and date of report.