

Form A — Part One BLOOD AND BODY FLUIDS INCIDENT EVALUATION FORM

Employee Information (Completed by Employee)

Note: This form is part of your CONFIDENTIAL Medical Record.

PLEASE PRINT OR TYPE

Name: _____ Home Address: _____
 Police Fire EMS Health Airport Safety _____
 Other: _____
Rank: _____ badge # and/or Payroll # _____
Job Title: _____
Supervisor's Name: _____
Assignment / Work Location: _____
Phone: Work: _____ Home: _____

DESCRIPTION OF INCIDENT

Date of Incident: ____/____/____ Time: ____ : ____ am pm Incident Number: _____

A. Briefly describe what happened.

B. Complete the appropriate sections

1. WOUNDS

A. Did the incident result in a wound to you No (go to Section B2)
 Yes (answer questions immediately below)

b. Did the wound result in visible bleeding No (go to Section B2)
 yes (continue below)

c. Was the wound caused by: Needle
(Check all that apply) Human Bite

1. Did the bite cause you to bleed? No Yes

2. Was the person who bit you bleeding? No Yes

If yes, where from? _____

Other sharp instrument (specify) _____

Other (specify) _____

d. Was the object causing the wound obviously covered with blood or body fluids? No (go to Section B2)
 Yes (continue below)
 Unknown (continue below)

e. Had the object been exposed to the air for an hour or more before the
wound was inflicted? No
 Yes
 Unknown

2. BLOOD/BODY FLUID EXPOSURE TO YOUR MUCOUS MEMBRANES — THAT IS, YOUR EYES, EARS, OPEN MOUTH, NOSTRILS

- a. Did the individuals blood or body fluids come in contact with your body? No (go to section C)
 Yes (continue below)
- b. What was the substance to which you were exposed? Blood Stool Emesis (vomit)
 Urine Sputum Sexual Fluids
- c. If the substance was blood, was the blood (Check all that apply): Fresh Blood Dried Blood
 Actively Flowing Pooled
- d. If the substance was anything other than blood,
was there any blood visible in the fluid? No
 Yes
 Unknown
- e. What part of your body was exposed to the substance?
(Check all that apply)
 Mouth Nose Skin — describe size of area affected: _____
 Eyes Ears
 Other: _____
- f. If the exposure was to the skin, was the skin abraded in any way? No (go to section C)
 Yes (continue)
 Unknown
- g. What was the nature of the skin abrasion? Acne Cracks due to dry skin
- h. How long was your body part in contact with the substance
before you took appropriate measures to decontaminate? _____

C. Which of the following procedures did you perform at the time of the incident? (Check all that apply)

- Cuts/Open wounds covered with bandages Pocket ventilator/ambu bag in use
- Wearing rubber gloves Wearing goggles/glasses/face shield
- Wearing mask Suspect asked to empty pockets
- Wearing vinyl/Latex gloves Used assistive devices to search hidden areas
- Sharps container in use at scene
- Other (Specify): _____

D. First Line intervention

How soon after the exposure did you:
(check all that apply and enter the amount of time in the space provided)

- Shower
- Washed hands/exposed skin
- Changed clothes
- Flushed eyes/rinsed out mouth
- Other (Specify)

Signature _____ Date: ____/____/____ Time: ____ : ____
(Employee completing report)

Signature _____ Date: ____/____/____ Time: ____ : ____
(Shift Supervisor/OIC)

Original to MEDICAL UNIT;
One copy for employee

Supervisor MUST forward original to Medical Unit.