

Employee Information

Name of Exposed Employee: _____	
Employee ID: _____	Phone: _____
Date of Exposure: _____	Time of Exposure: _____
Job Title: _____	Supervisor: _____
Body Part Exposed (mouth, eyes, elbow): _____	
Physical Location of Exposure (truck, ER, patient home): _____	
Employee wants the OHN to follow up with them on the source results if applicable? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section I – Type of Exposure

<input type="checkbox"/> Percutaneous – A needle or other sharp object has penetrated the skin. <i>Complete Sections II, III, and IV</i>
<input type="checkbox"/> Mucocutaneous – <i>(Check Type)</i> ____ Mucous membrane - Contact of employee’s mucous membrane (e.g., eyes, nose, or mouth) with a patient’s fluids, such as blood, visibly bloody fluids, and other body fluids (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, or tissues. ____ Non-intact skin - Contact of employee’s skin with patient fluids, such as; blood, visibly bloody fluids, and other body fluids (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, or tissues. Non-intact skin (broken skin) is any area of the skin that is open by cuts, abrasions, dermatitis, chapped skin, etc. <i>Complete Sections III, and IV</i>
<input type="checkbox"/> Human Bite - A human bite sustained by employee that resulted in non-intact skin. <i>Complete Sections III and IV</i>

Section II – Needle/Sharp Device Information

A sharp can be any object that penetrates the skin including, but not limited to, needles or broken glass.
Type of Sharp: _____
Name of Device: _____
Brand/Manufacturer: _____

Section III – Employee Narrative

Please describe how the exposure occurred and how it might have been prevented:

Section IV – Exposure and Source Information

A. Hospital account number: _____

B. Exposure Details

 a. Type of fluid or material: _____

C. Source Information

 a. Source individual name: _____

 b. Source transported to: _____

 c. Source date of birth (if known): _____

 d. Source address (if known): _____

 e. Was source testing requested? ___ Yes ___ No

 f. Who requested the source testing: _____

D. Source Testing Results
(To be completed by OHN)

 a. Date Results Requested _____

 b. Date Results Received _____

 c. Date Employee Notified _____

Immediate Actions Taken/Needed:

Employee Signature

Date

Supervisor or Designee Signature

Date