

*Complete form for actual exposure (contact) with blood/fluid to skin or mucous membranes.*

Name (Exposed Employee): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Department Director: \_\_\_\_\_  
Print Name Print Name

**POST-EXPOSURE CHECKLIST**

1. Employee must immediately wash exposed area with soap and water, remove exposed clothing/equipment and place the same in a sealed bag/container.
2. Employee must immediately alert the supervisor on-duty, who must ensure that the Employee is offered medical attention, and must ensure this Exposure Incident Form is completed (copy to the Employee). Regardless of whether employee accepts medical attention, the end of this form must be signed by both supervisor and employee.
3. Employee should give the **medical professional** a copy of this Exposure Incident Form. Supervisor must send the original Exposure Incident Form to the **Exposure Control Program Coordinator, Cheryl Buckley, [cbuckley@rockyhillct.gov](mailto:cbuckley@rockyhillct.gov), cell phone 860-897-7586.**

Exposure Control Program Coordinator will ensure that appropriate documentation is provided to Director of Human Resources & Legal Compliance, Dana McGee, [dmcgee@rockyhillct.gov](mailto:dmcgee@rockyhillct.gov), phone 860-258-2700.

**POST-EXPOSURE INCIDENT EVALUATION**

The purpose of this form is to document the routes of exposure and how the exposure occurred.

<b>SUPERVISOR:</b>	
Ensure that the medical professional is provided with a copy of the <u>employee's job description</u> .	
Where did the exposure occur (department and work area)?	

What task(s) was being performed?	
Describe how the injury happened – the circumstances of exposure.	
Describe the route of exposure.	
What caused the injury? If the device involved in the injury was a “sharps” device, please describe the device brand and type.	
What part of body was exposed or injured?	
What were you exposed to? <i>(Example: blood, OPIM, be specific where possible)</i>	
What is the general amount of blood or OPIM that you were exposed to? <i>(Example: less than 1 teaspoon, between 1 teaspoon and 1 tablespoon, etc.)</i>	
What PPE was being worn at the time of the injury?	
Have you received the Hepatitis B Vaccine previously?	

<p>Describe the chain of events after exposure, including initial treatment, witnesses, and outcome (further treatment or follow-up needed).</p>	
<p>Is the source individual known? Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).</p>	
<p>Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.</p>	
<p>If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.</p>	
<p>Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality). <u>This item requires the written consent of the Source Individual.</u></p>	
<p>After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.</p>	

**MEDICAL PROFESSIONAL:**

If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

**Employee Sign and Date:** (Please circle one)

1. I went to MedWorks, LLC (375 East Cedar Street, Newington, CT 06111; 860-667-4418) OR the Emergency Room of \_\_\_\_\_ if after hours.
2. I chose not to seek medical evaluation or follow-up. I understand I may seek evaluation anytime in the future at no cost.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**POST – EXPOSURE FOLLOW-UP**

Conducted by the Exposure Control Program Coordinator

Cheryl Buckley

Cell Phone 860-897-7586

[cbuckley@rockyhillct.gov](mailto:cbuckley@rockyhillct.gov)

Provide to the health care professional evaluating employee after exposure incident the following:

1. A copy of this completed form.
2. Results of source individual's blood test.
3. Hepatitis B vaccination status documents.
4. OSHA Bloodborne Pathogen standard.
5. Provide relevant employee medical records, including vaccination status.