

CITY OF PHILADELPHIA
Blood Borne Pathogen
EXPOSURE REPORT FORM

1. DEPT./DIVISION	2. UNIT	3. PAYROLL NO.
4. NAME (Last)	(First)	(M.I.)

PART I: EMPLOYEE INFORMATION

5. JOB TITLE

6. HEPATITIS B VACCINE: 1- SERIES COMPLETED (DATE: ___ / ___ / ___) 2 - IN PROGRESS (next shot date: ___ / ___ / ___) 3- NO

7. IMMEDIATE SUPERVISOR

8. IMMEDIATE SUPERVISOR CONTACT NUMBER (S)
 () ()

9. WORK ASSIGNMENT: PLEASE CHECK THE **MOST APPROPRIATE** CATEGORY

1. ROUTINE / NORMAL 3. NON-ROUTINE / SPECIAL ASSIGNMENT

2. EMERGENCY RESPONSE ASSIGNMENT 4. OTHER _____

SOURCE PATIENT INFORMATION

10. NAME (IF KNOWN) (LAST) (FIRST) (M.I.) UNKNOWN

11. EMPLOYEE RELATION
 1- CO-WORKER 3-PUBLIC / STRANGER 5- UNKNOWN
 2- CLIENT 4-DECEASED 6- OTHER _____

12. CASE HISTORY INFORMATION OF SOURCE (If Applicable, provide as much information about the source as possible, including known health status, address or phone number)

PART II: DESCRIPTION OF EXPOSURE (Use additional sheets if necessary)

13. EXPOSURE TYPE

1-HANDLING BLOOD/OPIM SPECIMENS 4 - CLEANING BLOOD/OPIM 7 - NEEDLESTICK (Complete Section 13.1)

2- PROVIDING FIRST AID / CPR 5 - SPLASH OF BLOOD/ OPIM 8 - CONTAMINATED SHARP OBJECT (Complete Section 13.1)

3 - HANDLING BIO-HAZARD WASTE 6 - PICK-UP OF HOUSEHOLD TRASH 9 - OTHER (SPECIFY) _____

13.1 FOR NEEDLESTICKS/SHARPS EXPOSURE PROVIDE:

MANUFACTURER BRAND OF NEEDLE/SHARP: _____ MODEL# _____ SIZE: _____

14. BODILY FLUID TYPE 1 - HUMAN BLOOD 4- SALIVA (with visible blood: Yes / No) 7 - VOMITUS (with visible blood: Yes / No)
 2 - SEMEN 5 -FECES (with visible blood: Yes / No)
 3 - VAGINAL SECRETIONS 6 - URINE (with visible blood: Yes / No)

15. TREATMENT SITE SENT TO: 1- ER 2 - MEDICAL SITE _____

16. POST EXPOSURE PROPHYLAXIS (PEP) COUNSELING ; 1- YES 2- NO
 MEDICAL SITE: _____
 DATE: _____ TIME: _____

17. DESCRIBE INCIDENT IN DETAIL: *WHAT, HOW, WHERE, & WHEN*; with DETAILS OF TASKS BEING PERFORMED and INSTRUMENT, FLUID OR MATERIAL INVOLVED (Use back of page if necessary).

18. AMOUNT OF BLOOD/BODILY FLUID, EXPOSURE SITE & DURATION OF CONTACT (Estimate volume of material, contact site [same as #31 on COPA II] &length of time of contact)

19. SEVERITY OF EXPOSURE (i.e. Percutaneous Exposure - depth & size of injury site; Skin Exposure – condition of skin [i.e. chapped, abraded, or intact]; Mucous-membrane – large mixing)

PART III: COPA II FORM

20. COPA II FORM COMPLETED (You must also complete): 1- YES (DATE: ___ / ___ / ___) 2 - NO

PART IV: SIGNATURE

21. COMPLETED BY: _____ DATE: ___ / ___ / 20___