

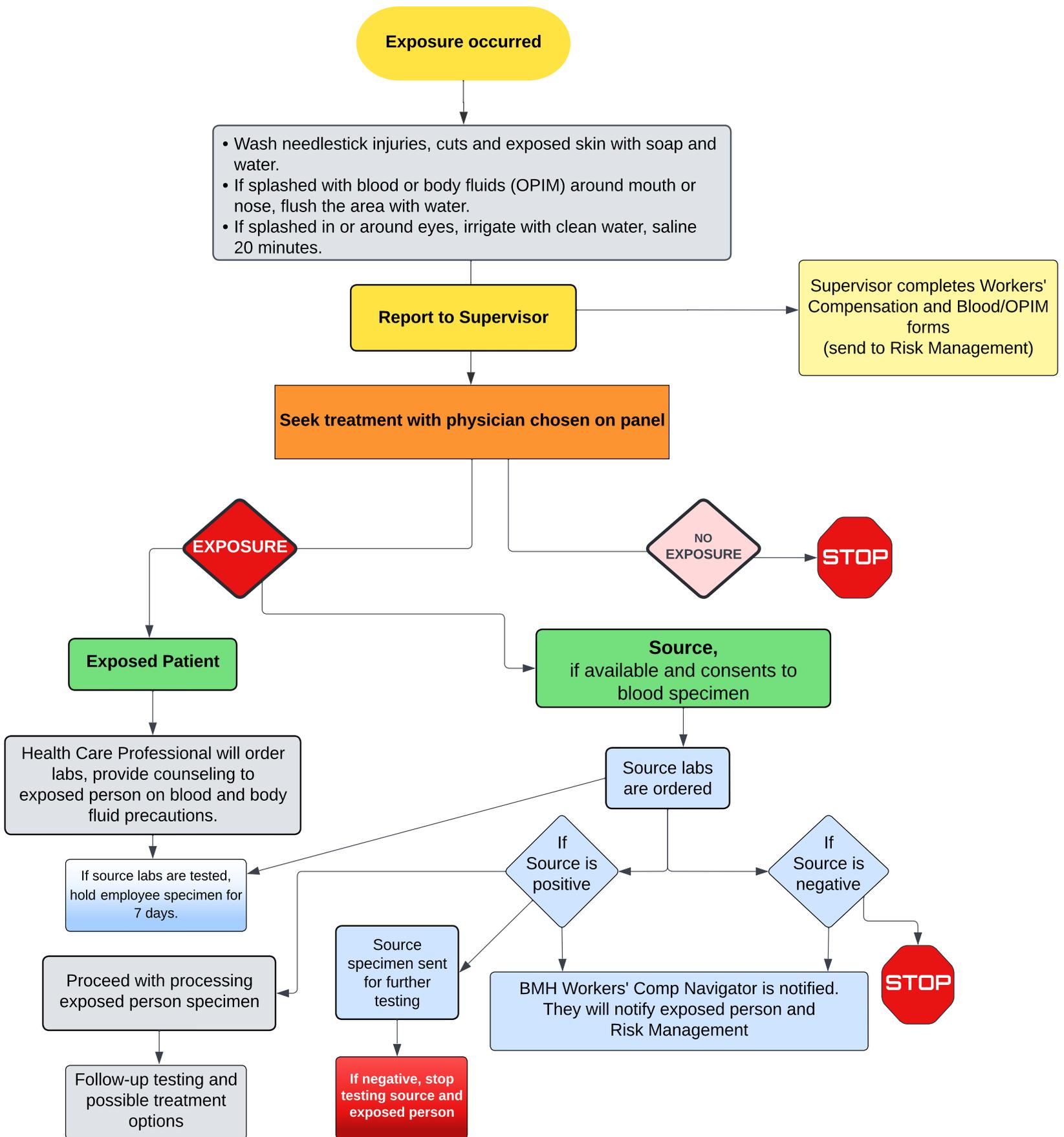
Blount County Government

Blood and Body Fluid (OPIM) Exposure Procedures

Rev. 2023

Blood and Body Fluid Exposure Process

Risk Management





BLOUNT COUNTY GOVERNMENT BLOOD/OPIM EXPOSURE REPORT

EMPLOYEE INFORMATION

Employee Name _____ DOB _____

Place of Employment _____

Job Duties as Related to Exposure _____

Hepatitis B Vaccinated: YES NO Hepatitis A Vaccinated: YES NO

EXPOSURE INFORMATION

Incident Address _____

Type of Exposure: INTACT SKIN OPEN SKIN BITE MUCOUS MEMBRANE

CLOTHES/EQUIPMENT INSTRUMENT/NEEDLE STICK

Source of Exposure: BLOOD VOMIT URINE FECES OTHER _____

Body Part Exposed _____ Length of Exposure (hours/minutes) _____

How Exposure Occurred _____

Signs and Symptoms Experienced at Time of Exposure _____

Delayed Symptoms: _____

PPE Used: GLOVES DISPOSABLE MASK EYE WEAR

Describe Decontamination Procedure Followed _____

SOURCE OF EXPOSURE INFORMATION

Full Name _____ DOB _____

Source Transported to Medical Facility? YES NO Facility Name _____

Source blood specimen obtained? YES NO

Is the Person Suspected of Having a Communicable Disease? If Yes, What? _____

Location of Source and Additional Information _____

Risk Management Contacted? YES NO First Report of Injury Completed? YES NO

Signature (Supervisor) _____ Date _____

Signature (Employee) _____ Date _____