

**BLOODBORNE PATHOGEN INCIDENT (ACCIDENT) REPORT**

Immediate supervisor should complete this form promptly with employee input.

Please print clearly and forward to the Risk manager

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Employee Immediate Supervisor

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of Incident/Accident Time

5. \_\_\_\_\_  
Incident/Accident Location and case number (if applicable)

6. Describe the incident in complete detail (route of exposure, circumstances; describe type of controls in place at time of incident including engineering controls and personal protective equipment worn; identify unsafe conditions and/or actions; relevant police reports).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe employee's injury (part of the body/type of injury)

\_\_\_\_\_  
\_\_\_\_\_

8. Describe first aid/medical treatment (when and by whom)

\_\_\_\_\_  
\_\_\_\_\_

9. When was the incident reported \_\_\_\_\_ To whom \_\_\_\_\_  
If not immediately reported, WHY? \_\_\_\_\_

10. List Names of Witnesses \_\_\_\_\_  
\_\_\_\_\_

11. Is the source individual known? Yes \_\_\_ No \_\_\_ If so, please provide name/address so that consent for blood testing can be obtained.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

DID THE SOURCE CONSENT TO BLOOD DRAW AND TESTING? Yes \_\_\_ No \_\_\_  
Was a court order obtained for female in first /second trimester pregnancy? Yes \_\_\_ No \_\_\_

12. What corrective action was taken or is planned to prevent similar accidents from occurring in the future?

\_\_\_\_\_  
\_\_\_\_\_

13. Referral to medical evaluator? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_  
If not explain: \_\_\_\_\_

**NOTE: THE OREGON HEALTH DIVISION "SOURCE CONSENT" FORM WILL BE SENT BY THE EMPLOYEE'S TREATING PHYSICIAN TO THE SOURCE OR HIS/HER MEDICAL PROVIDER TO ATTEMPT TO OBTAIN PERMISSION FOR SOURCE HIV/HBV BLOOD TESTING. THE MEDICAL EVALUATOR HAS BEEN INFORMED AS TO OUR POLICY AND THE OSHA RULES. ALL MEDICAL DATA IS CONFIDENTIAL.**

NAME OF INVESTIGATOR: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

For additional comments please use additional paper

## **INSTRUCTIONS ON COMPLETING THE INCIDENT (ACCIDENT) REPORT FORM**

The information request on this incident form is required by the OSHA regulations. The form is to allow the investigator a method of summarizing the findings so a written record of the County's investigation can be retained as part of our overall OSHA compliance plan.

### **ITEM #: INSTRUCTIONS**

1. **Employee:** Enter the name of the employee reporting an exposure incident. An exposure incident as defined by this plan and the OSHA rules means: *a specific eye, mouth, other mucous membrane, non-intact skin, or skin piercing contact (parenteral contact) with blood or other potentially infectious materials that results from the performance of an employee's duties.*
2. **Supervisor:** Enter the name of the employee's immediate supervisor.
3. **Incident Date:** Enter the date of the specific exposure incident.
4. **Time:** Time of day the specific exposure incident occurred.
5. **Location case number:** Physical location of the employee at the time of the exposure incident.
6. **Description of the Incident:** A detailed description of the incident is required by the OSHA rule. The investigator needs to include the following information:
  - The route of exposure, circumstance which resulted in the exposure.
  - Controls that were in place at time of the incident including: engineering controls and personal protection equipment worn.
  - Identify any unsafe conditions or action by the employee.
7. **Employee's injury:** Describe what part of the body the employee had contact with blood or OPIM and injuries that may have been suffered.
8. **First aid given:** Describe any first aid that was provided to the exposed employee.
9. **Date of Reported Incident:** When did the employee inform management of the incident and to whom.
10. **Witnesses:** List the names of other County employees who may have witnessed the incident.
11. **Source:** Is there a known source and will the person consent to blood testing? Is a court order required?
12. **Corrective actions:** What are the recommended procedural or program changes to reduce or prevent reoccurrence of this exposure incident.
13. **Referral:** Has medical referral been done? If not, explain.
  - At the bottom of the page, list the name of the investigator(s), job title(s) and date of report.