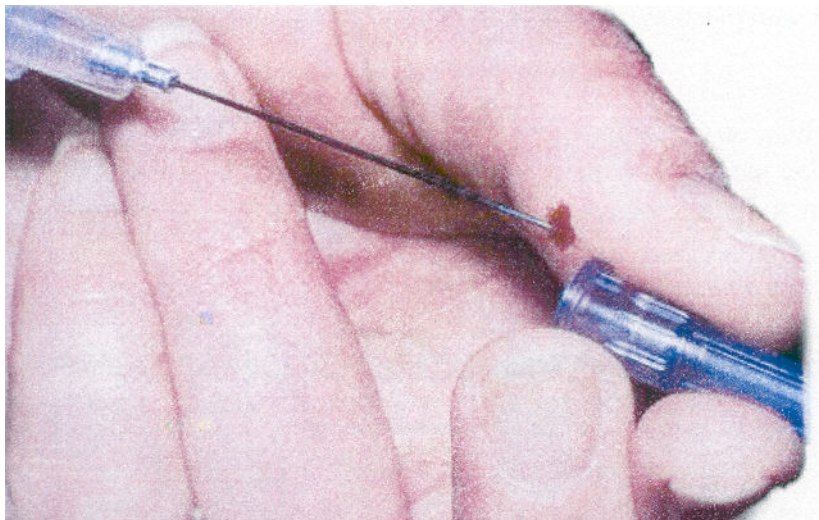


Bloodborne Pathogens Exposure Incident Reporting Kit



Environmental Health and Safety
Administrative Services Annex North
8600 University Blvd.,
Evansville, IN 47712

Any Questions?

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FAX NUMBER: (812) 461-5275

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THE UNIVERSITY OF SOUTHERN INDIANA
 Exposure Incident Reporting Kit
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The chart below indicates the forms required to report a bloodborne pathogens exposure incident and the responsible party for the completion and disposition of each form. Enclosed is one copy of each of the forms needed to file a workers' compensation claim. If you require additional exposure incident reporting kits, please call Environmental Health and Safety at 461-5393.

Form Number	Title of Form and Explanation	Responsibility of:
EHS-1 /BBP	The University of Southern Indiana Environmental Health and Safety Exposure Incident Reporting Form (to be completed by the supervisor and submitted by the end of the work day following the day of injury)	Supervisor
EHS-2 /BBP	The University of Southern Indiana: Authorization for Medical Treatment (authorizes the injured / ill employee to be treated at the Emergency Room WHEN signed by the supervisor)	Supervisor
EHS-3/BBP	The University of Southern Indiana Environmental Health and Safety Post-Exposure Evaluation and Follow-Up Form (to be returned to Environmental Health and Safety. EHS will provide employee with a copy of the healthcare professional's written opinion within 15 days of receiving the results of the evaluation.)	Employee and Evaluating Healthcare Professional
EHS-4/BBP	The University of Southern Indiana Environmental Health and Safety Sharps Injury Log (This form will be completed for all percutaneous injuries resulting from contaminated sharps.)	Environmental Health and Safety

Environmental Health and Safety
 8600 University Boulevard
 Evansville IN 47712
 Telephone: 812 461-5393 / Fax: 812 461-5275

ENVIRONMENTAL HEALTH AND SAFETY EXPOSURE INCIDENT REPORTING FORM

Section One: Complete For All Bloodborne Pathogens Exposure Incidents

Department	Date of Accident	Time Incident Occurred: A.M. P.M.
Location (indicate By Building And Room, Or In Relation To Known Fixed Object)		
Potentially Infectious Materials Involved: Type: _____ Source: _____		
Description of Incident (Be Specific)		
Witness Name and Address		Daytime Phone
Witness Name and Address		Daytime Phone
Factors in Incident (Be Specific) Unsafe Act _____ Unsafe Condition _____		Corrective Action Taken _____
Supervisor's Comments / Recommendations:		
Supervisor Signature	Telephone Number ()	Date

Section Two: Complete For Personal Injuries

Name of Injured Person	Address	City	State	Zip Code
Daytime Telephone ()	Home Telephone ()	Gender Male Female	Age	
Nature of Injury		Body Part Affected (Indicate Left or Right)		
Status of Injured Person Faculty Staff Student Other (Specify) _____	Severity of Injury Minor First-Aid Severe Non-Disabling Disabling Fatality _____			
Cause of Injury (be specific) Sharps Equipment / Tools Needlestick Other: _____	Protective equipment: Was Required Was Available Was Used Was Not Sufficient to Prevent Injury			

Section Three: Complete for USI Employees

Social security number	Average weekly gross \$ _____	Employed by USI ____ Yrs. ____ Mos.	Time in present position ____ Yrs. ____ Mos.
Job title	Status full time part time	Injured on the job Yes No	
Job performing when injury occurred	Stopped work immediately Yes No	Est. time lost from work	
Medical treatment provided by	Date supervisor learned of injury ____ (Month) ____ (Day) ____ (Year)		

**THE UNIVERSITY OF SOUTHERN INDIANA
AUTHORIZATION FOR MEDICAL TREATMENT**

Supervisor to complete:

Employee _____ Date _____

Department _____ Job Title _____

has suffered a work related injury/illness and is authorized to receive treatment at the local hospital emergency room

Signature of Supervisor

Attending physician to complete:

Nature of injury or illness:

Treatment: _____

Disposition (please indicate below):

- _____ Return to work
- _____ Temporarily disabled from _____ to _____. Estimated fit for duty on _____.
- _____ Return to work, limited duty for _____ days. Estimated fit for duty on _____.
- _____ Restrictions on work activity: _____
- _____ Prescribed medications.
- _____ Referred to private physician
- _____ Admitted to the hospital

Date

Signature of Physician

Pharmacy to complete:

Issued the following medications:

Date

Signature of Pharmacist

INSTRUCTIONS:

- 1 Supervisor completes top portion.
- 2 Employee gives form to treating physician.
- 3 Employee returns complete form to supervisor.
- 4 Supervisor sends copy of completed form to:

**WORKERS' COMPENSATION
INSURANCE CARRIER:**

Massachusetts Bay Insurance Company

Environmental Health and Safety
8600 University Boulevard
Evansville IN 47712

Form EHS-2/BBP

POST-EXPOSURE EVALUATION AND FOLLOW-UP FORM

In accordance [with 29 CFR 1910.1030 \(f\)\(3\), Bloodborne Pathogens Standard.](#)

CONFIDENTIAL: MEDICAL RECORDS

Please provide this form to the evaluating healthcare professional before the evaluation.

Upon completion of the evaluation, this form should be sent by the healthcare professional to Environmental Health and Safety

INJURED EMPLOYEE'S NAME: _____ DEPARTMENT: _____

As part of my employment with the University of Southern Indiana, I may have been exposed to blood or other potentially infectious materials on the following date: _____

(INSERT DATE)

A description of job duties as they relate to the exposure incident: _____

The route of exposure was: _____

The name and address of the source individual is: UNKNOWN
OR

(SOURCE INDIVIDUAL'S NAME) (ADDRESS) (CITY) (STATE) (ZIP CODE)

Check the following items that apply:

_____ Exposure Incident Report Form (Form EHS-1/BBP) has been completed (copies forwarded to Environmental Health and Safety)

_____ Source individual's blood has been tested (provided consent obtained)

_____ Exposed employee has been notified and / or Hepatitis B Immune Globulin at no charge to myself. _____
Initial

Please check the following that apply:

_____ I accept the Hepatitis B vaccination series.

_____ I accept the Hepatitis B Immune Globulin.

_____ I decline the Hepatitis B vaccination series.

_____ I decline the Hepatitis B Immune Globulin.

_____ I consent to baseline blood collection and HBV serological testing.

_____ I do not consent to baseline blood collection.

_____ I consent to baseline blood collection but do not consent to any testing at this time. I understand that the blood sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, I elect to have baseline samples tested for either HBV or HIV, such testing shall be done as soon as feasible.

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

To the evaluating healthcare professional:

After your evaluation of this University of Southern Indiana employee, please assure that the following information has been furnished to the employee and provide your initials beside the following statements:

_____ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

_____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ Hepatitis B vaccination is _____ is not _____ indicated.

All other findings or diagnoses shall remain confidential and shall not be included in the written report. The employer is afforded access to the limited information stated above. Any information regarding the results of the employee's evaluation or medical conditions must be conveyed by the health care professional to the employee alone and not as part of the written opinion that goes to the employer.

Healthcare Professional's Name

Healthcare Professional's Signature

Date

EVALUATION OF CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Evaluation of circumstances surrounding an exposure incident is to be done by Environmental Health and Safety or designee. The evaluation will consist of at least:

- A review of the Exposure Incident Investigation Form completed by the supervisor;
- Documentation regarding a plan to reduce the likelihood of a future similar exposure incident;
- Notification to the exposed employee's department and discussion of any similar incidents and planned precautions; and.
- Completion of the "Sharps Injury Log" (**Form EHS-4/BBP**).

Such reports will be maintained in Environmental Health and Safety, and a copy is to be sent to the department where the employee is assigned. Environmental Health and Safety will review these reports on a periodic basis so that reported information can be considered in the review and update of the Exposure Control Plan.

SHARPS INJURY LOG

In accordance with [29 CFR 1910.1030 \(h\)\(5\)](#), Bloodborne Pathogens Standard.

Environmental Health and Safety will complete a log for each employee exposure incident involving a sharp.

PERSONAL INFORMATION:

PRINT: First Name, Middle Initial, Last Name _____ Daytime Phone _____ Social Security Number _____

_____ Male Female

DATE OF BIRTH _____

DEPARTMENT _____ SUPERVISOR _____

LOCATION WHERE INJURY OCCURRED (BUILDING NAME AND ROOM NUMBER) _____ DATE & TIME OF INJURY _____ / ____ / ____ A.M. / P.M.

Brief explanation of how incident occurred: _____

FILL IN THE ONE CIRCLE CORRESPONDING TO THE MOST APPROPRIATE ANSWER.

<p>Procedure:</p> <p><input type="radio"/> Draw venous blood <input type="radio"/> Heparin / Saline Flush</p> <p><input type="radio"/> Draw arterial blood <input type="radio"/> Cutting</p> <p><input type="radio"/> Injection, through skin <input type="radio"/> Suturing</p> <p><input type="radio"/> Start IV/set up heparin lock <input type="radio"/> Removing Trash</p> <p><input type="radio"/> Unknown / Not Applicable</p> <p><input type="radio"/> Other _____</p>	<p>Did the exposure incident occur:</p> <p><input type="radio"/> During use of sharp <input type="radio"/> Disassembling</p> <p><input type="radio"/> Between steps of a multi-step procedure</p> <p><input type="radio"/> After use and before disposal of sharp</p> <p><input type="radio"/> While putting sharp into disposal container</p> <p><input type="radio"/> Sharp left, inappropriate place (table, bed, trash, etc.)</p> <p><input type="radio"/> Other _____</p>	
<p>Body Part: (Check all that apply)</p> <p><input type="radio"/> Finger <input type="radio"/> Face/Head</p> <p><input type="radio"/> Hand <input type="radio"/> Torso</p> <p><input type="radio"/> Arm <input type="radio"/> Leg</p> <p><input type="radio"/> Other _____</p>	<p>Identify sharp involved: (if known)</p> <p>Type: _____</p> <p>Brand: _____</p> <p>Model: _____ <small>(i.e., 18 g needle/ABC Medical/"no stick" syringe)</small></p>	<p>Did the device being used have engineered sharps injury protection?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know</p> <p>Was the protective mechanism activated?</p> <p><input type="radio"/> Yes-fully <input type="radio"/> Yes-partially <input type="radio"/> No</p> <p>Did the exposure incident occur:</p> <p><input type="radio"/> Before <input type="radio"/> During <input type="radio"/> After activation</p>
<p>Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>	<p>Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>	

EMPLOYEE SIGNATURE _____ DATE _____

EHS SIGNATURE _____ DATE _____

This form will be completed by and maintained in Environmental Health and Safety through interviews.
This sharps injury log will be maintained for five years following the end of the year in which the incident occurred.

COPIES TO: EHS, EMPLOYEE AND EMPLOYEE'S DEPARTMENT
The University of Southern Indiana
Bloodborne Pathogens Exposure Control Plan