

Accident / Incident Investigation Plan – Form 2: Bloodborne Pathogens Incident Report

Instructions: This report must be completed by the employee's supervisor or manager for any exposure as defined in the Plan. A copy of this completed form must be given to the exposed employee to give to his/her healthcare provider.

A copy of this completed form must be sent to Risk Services at DC 2nd Floor

Name of Exposed Person: _____

Position of Exposed Person: _____

Date of Exposure: _____ **Date of Report:** _____

Circumstances of Exposure: _____

Route of Exposure: (Choose One: eye, nose, mouth, bite, skin puncture, or describe other).

Source Individual's Name (if known): _____

Consent obtained to test source individual's blood? Yes _____ No _____

Other pertinent information: _____

Has the Hepatitis B Vaccine full series been given? Yes _____ No _____

If No: 1st vaccine date: _____ **2nd vaccine date:** _____

Has the OR-OSHA Standard been given to employee or his/her healthcare provider?

Yes _____ No _____

Exposed Person DECLINES Medical Follow-up Attention

Exposed Person's Signature

Date of Declination

Exposed Person ACCEPTS Medical Follow-up Attention

Exposed Person's Signature

Date of Acceptance

Blood or Other Potentially Infectious Material

EXPOSURE

Wash/rinse/flush
exposed areas

Immediately Report to Supervisor or Instructor
AND
Complete the Bloodborne
Pathogen Incident Report on the
Backside of this Sheet.

**Immediately seek care at Occupational
Health Clinic (Providence or Kaiser)**

Providence Occupational Medicine

The Plaza, 5050 NE Hoyt, Suite B48, Portland, Monday-Friday 7:00 am to 5:30 pm

Tanasbourne, 10670 NE Cornell Road, Suite 204, Hillsboro, Monday-Friday 7:00 am to 6:00 pm

Bridgeport, 18040 SW Lower Boones Ferry Rd, Suite 100, Tigard, Monday - Friday 8:00 am to 5:00 pm

Newberg, 1001 Providence Dr., Newberg, Monday - Friday 8:00 am to 5:00 pm

Kaiser (Monday - Friday 8 am- 5 pm) Call 503-571-3366 or 1-888-414-3531

Kaiser (afterhours)- 1-800-813-2000 for Kaiser's Medical Advice Nurse

Alert **Kaiser** facility of exposure and your estimated time of arrival

Report exposure to Risk Services (Nickie Blasdell 971-722-2870 or Rob Gabris 971-722-2869) within 24 hours. If neither are available leave message with name, date, time, brief description of incident and a contact number.

Document the incident utilizing The PCC Injury or Property Incident Report. You may also have to complete workers' compensation forms. Contact Nickie Blasdell in Risk Services at 971-722-2870.