

Appendix F

Birkam Health Center Exposure Incident Investigation Form

Instructions:

This form will be utilized by the healthcare provider to document the patient's history.

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Name of Exposed Employee: _____

Potentially Infectious Materials Involved: _____

Type: _____

Source: _____

1. How the incident was caused (accident, equipment malfunction, etc.)?

2. Describe the exposed individual's duties as they relate to the potential exposure incident.

3. List all the personal protective equipment being used at the time of the incident:

4. Describe the actions taken following the potential exposure (decontamination, clean-up, reporting, etc.):

5. List all the recommendations for avoiding repetition of the incident:

Report filled out by: _____

Instructions for Ferris State University Use:

1. Original to be filed in patient's file at Birkam Health Center
2. Copy sent to SHERM