

**City of Portland Bloodborne Pathogen Program
OCCUPATIONAL EXPOSURE WORKSHEET
(Completed by Nurse)**

Caller name: _____ Date: _____ Time: _____

Employee name: _____ Exposure date: _____

Employer: _____ Exposure time: _____

Phone: (w) _____ SS#/EDLOG: _____
(h) _____

Any other agencies responding to same incident? _____

- Type of Exposure:** ID HAZMAT
- Mucous membrane _____
 - Needle/sharp _____
 - Open skin _____
 - Intact skin _____
 - Respiratory _____
 - Clothes/equip _____
 - Airborne _____
 - Other _____

- Source of Exposure:**
- Blood _____
 - Vomit _____
 - Urine _____
 - Saliva _____
 - Feces _____
 - Respiratory _____
 - Smoke _____
 - Other _____

Narrative of exposure incident: _____

Precautions:

- Eyewear Mask SCBA Turnouts
- Gloves Other _____

Immunizations:

- Hep B Vacc Date: _____
- Titer Date: _____
- Tetanus Date: _____
- Tb Date: _____
- Other: _____

Counseling Issues:

- HIV stats PEP
- Hep B Hep C
- Universal Prec Risks
- Blood donation Sex
- Tb/Airborne Meningitis
- Other: _____

Source Patient:

Name: _____
Location: _____
DOB: _____
MR#: _____

Labs: _____
Contact: _____
SS#: _____
Phone: (w) _____
(h) _____

Assessment/Treatment/Recommendations:

- PEP 2 Drug 3 Drug
- Tb test
- HBIG
- Other: _____
- Hep B Booster
- Tetanus
- Meningitis-Cipro

Call taken by: _____

Signature, Health Care Provider