



EXPOSURE REPORT

This form is to be used to report Miami-Dade County employee exposures to potentially infectious or toxic substances. Please read and follow the instructions on the cover page of this form.

SECTION A: DESCRIPTION OF EXPOSURE INCIDENT

This section must be completed for ALL incidents.

Employee name (print): _____ Emp. ID# _____ SS #: _____

Job title: _____ Department: _____ Division: _____

Work ph. #: _____ Home ph. #: _____ Cell ph. #: _____

Address and location where exposure occurred: _____ City _____ St _____ Zip _____

Date of exposure: ____/____/____ Time of exposure: AM PM Supervisor's Name: _____

Supervisor's Title: _____ Supervisor's Work ph. #: _____ Supervisor's Other ph. #: _____

Please describe the exposure incident: _____

Check all items that employee was wearing when exposure occurred:

Gloves Protective gown/coveralls Goggles Face shield Respirator Other: _____

If employee was wearing a respirator, state type of respirator: _____ Filter type: _____

Was exposed area washed after exposure occurred? No Yes If yes, how soon after exposure? _____

Hospital, Clinic or Doctor's name (if Known): _____ Date of medical attention: _____ Time: ____:____ AM PM

Address of Hospital, Clinic or Doctor (if Known): _____ City _____ St _____ Zip _____

Responding Fire Rescue: Municipality: _____ Unit # _____ Case #: _____

Responding Police: Municipality: _____ Officer Name: _____ Badge ID #: _____ Case #: _____

Print name of person completing this Exposure Report: _____ Date: _____

Signature: _____ Title: _____ Work ph. #: _____ Other ph. #: _____

SECTION B: CHEMICAL EXPOSURE

Complete this section ONLY if incident involved exposure to Chemicals, Smoke, Fume, Dust, Gas, Spray (DO NOT use this section to report blood or biological exposures, go to Section C.)

Type of exposure: Inhaled Ingested Skin Contact Skin Puncture Radiation Other, describe: _____

Name of chemical(s), if known: _____

(Attach copy of Material Safety Data Sheet (MSDS) if available.)

Would you describe the exposure as: Light Moderate Heavy

Estimate employee's length of exposure: ____ seconds or ____ minutes, or ____ hours or ____ day(s)

Describe symptoms experienced & their duration: _____

Exposure Report (continued)

Employee name (print): _____ Emp. ID#: _____ SS #: _____

SECTION C: BIOHAZARD EXPOSURE

Complete this section ONLY if incident involved exposure to Blood, Body Fluids, or Other Potentially Contagious Biological Substances. (DO NOT use this section for chemical exposures.) When possible, employee should wash or flush exposed body area promptly after exposure incident.

A blood or body fluid exposure incident is defined as specific eye, mouth, other mucous membrane or non-intact skin contact with blood or other potential infectious materials. If an employee experiences an on-duty blood or body fluid exposure he/she should promptly report to the: Occupational Health Center at Mt. Sinai Hospital, Lowenstein Building, 1st Floor, 4300 Alton Rd, Miami Beach Phone: (305) 674-2312 Hours: M-F 8 AM to 4 PM.

Note: If emergency medical treatment is required, call 9-1-1 or go to the nearest emergency room.

Check the body fluid(s) that employee was exposed to:

- Blood
- Urine
- Sputum
- Vomit
- Feces
- Airborne droplets
- Saliva
- Other: _____

Estimate quantity of blood/body fluid that employee was exposed to: _____

Estimate the length of time of the employee's contact with the blood or body fluid: _____ seconds or _____ minutes or _____ hours

How was employee exposed: In Eyes In Nose In Mouth By Needle or Puncture of skin

By Contact with unbroken skin By Contact with broken skin or open wound Other: _____

The "Source Individual" is the person (if known) whose blood or body fluids contacted the employee.

If source individual is known, provide Name: _____

Address: _____ City _____ St _____ Zip _____

Home ph. #: _____ Work ph. #: _____ Cell ph. #: _____

If known, name of hospital or other location where Source Individual was taken: _____

If known, address of hospital or other location where Source Individual was taken: _____ City _____ St _____ Zip _____

SECTION D: REFUSAL OF MEDICAL EVALUATION

Complete this section ONLY if the employee REFUSES a medical evaluation following a blood or body fluid exposure incident.

Note: An employee who has an occupational exposure to the blood or other potentially infectious materials of another individual will have a post exposure medical evaluation made available at no cost. The purpose of the medical evaluation is for a health care provider to discuss the exposure incident, potential hazards and medical options with the employee.

I **REFUSE** a medical evaluation of the exposure incident described in Section A above. I understand that the purpose of a medical evaluation is to determine the possible effects that the exposure incident may have upon my health.

Employee signature: _____ Date: _____

Submittal:

Original to Miami-Dade County Medical Records (111 NW 1 Street, 20th floor).

Copy or fax to:

Risk Management Division, GSA (Phone 305-375-4280/fax 305-372-6129); Office of Safety (Phone 305-876-8000/Fax 305-876-8020); Dept. Safety Specialist/Rep.; and Employee.



Instructions for EXPOSURE REPORT

Miami-Dade County employees with injuries or illnesses requiring emergency medical treatment should call 9-1-1 or go to the nearest Hospital Emergency Room.

The Exposure Report form is to be used to report Miami-Dade County employee exposures to potentially infectious or toxic substances.

Exposure to Blood or Other Body Fluids: A blood or body fluid exposure incident is defined as eye, mouth, other mucous membrane, or non-intact skin contact, with blood or other potentially infectious materials that results from the performance of the employee's duties. If an employee has an on-duty exposure to blood or other potentially infectious body fluids:

- a) The employee should, when possible, remove contaminated clothing/equipment and wash or flush the exposed body area.
- b) The employee or supervisor must report the incident to Teleclaim at 1-877-632-7475; and complete Sections A and C of the Exposure Report form. The supervisor should complete the Supervisor's Investigation Report (form 160.05-11B).
- c) Within 24 hours of the incident, the employee should report for a Post-Exposure Medical Evaluation to the location below, with a copy of the completed Exposure Report and any available support documents.
Occupational Health Center at Mt. Sinai Hospital, Lowenstein Building, 1st Floor
4300 Alton Rd, Miami Beach Phone: (305) 674-2312 Hours: M-F 8 AM to 4 PM.
(On weekends, report to the "Charge Nurse" at the Mt. Sinai Emergency Room.)
- d) If the employee refuses a Post-Exposure Medical Evaluation, the employee or supervisor should still complete **Sections A, C and D** of the Exposure Report to document the incident.

Exposure to Chemicals, Fumes, Vapors, Etc.: If the employee has an on-duty exposure to chemicals, fumes, vapors, etc., the employee should remove contaminated clothing or equipment and wash or flush the exposed body area:

- a) If the employee requires **emergency** medical attention, call 9-1-1 or go to the nearest emergency room. The employee or supervisor must report the incident to Teleclaim at 1-877-632-7475, and complete **Sections A and B** of the Exposure Report form, as soon as possible. The supervisor should complete the Supervisor's Report. When feasible, a completed copy of the Exposure Report should be provided to the health care provider at the emergency room, with a copy of the Material Safety Data Sheet (MSDS).
- b) If the employee requires **non-emergency** medical attention, the employee must report to a Miami-Dade Authorized Care Center. (For a current list of Authorized Care Centers, go to <http://www.miamidade.gov/benefits/Library/AuthCareCenters.pdf> or contact GSA Risk Management at 305-375-4280.) The employee or supervisor must report the incident to Teleclaim at 1-877-632-7475, and complete **Sections A and B** of the Exposure Report form. The supervisor should complete the Supervisor's Investigation Report. The employee should provide a completed copy of the Exposure Report and, if available, the Material Safety Data Sheet (MSDS) to the health care provider at the Authorized Care Center.
- c) If the employee **does not** require medical attention, the employee or supervisor should complete **Sections A and B**, then submit the Exposure Report in order to document the incident. The supervisor should also complete the minor injury log.

Submittal: Original to Miami-Dade County Medical Records (111 NW 1st Street, 20th floor).

Copy or fax to: Risk Management Division, GSA (Phone: 305-375-4280/fax 305-372-6129);

Office of Safety (Phone 305-876-8000/fax 305-876-8020);

Dept. Safety Specialist/Rep.; and Employee.

Questions?: **Contact** your Departmental Safety Specialist/Representative or the Office of Safety (305-876-8000); or

View OSHA's "Most frequently asked questions concerning bloodborne pathogens" at

http://osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=21010&p_text_version=FALSE

View the OSHA Bloodborne Pathogens Standard (29CFR1910.1030) at http://osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051.

View OSHA's Hazard Communication Standard (29CFR1910.1200) and information at <http://osha.gov/SLTC/hazardcommunications/index.html>