



BOSTON EMS



Unprotected Exposure Report

First Name Last Name Badge #

Date Unit ED# No Exposure Follow up only

Route: Needle Stick Open Cut Bite Puncture Mouth Eye Other
Type Blood Sputum Saliva Other

Detail below the circumstances of the exposure, including whether or not appropriate precautions had been taken to prevent or minimize the exposure, and recommendations for prevention of a similar occurrence in the future.

Was the Patient wearing precautions? If "Yes" explain details below Yes No

Original Department of Public Health Form left at receiving facility? Yes No

Worker's Compensation Form Complete? Yes No

Fax DPH Form and Workman's Comp Form to Occupational Health? 617-638-8406 YES No

Employee advised to call Occupational Health - 617-638-8400 / M-F 08:00-16:00 Yes No

Copy of DPH Unprotected Exposure and Worker's Compensation form to Workman's Comp. Coordinator at BEMS HQ? Yes No

Explanation for any "NO" answers

Supervisor's Name and Badge Number Date

Official Use Only- To be completed by BEMS Designated Infection Control Officer

Date Of Incident Date Received Exposure: Yes No

Date of Follow-up in OHS:

Other

Submit by Email

Print Form