

ECU PROSPECTIVE HEALTH

NON-PATIENT INCIDENT REPORT

NAME _____ SS# _____ DOB _____
HOME ADDRESS _____
HOME PHONE _____ WORK PHONE _____ DEPT/WK STATION _____
JOB TITLE _____ SUPERVISOR'S NAME _____
DATE OF INCIDENT _____ TIME OF INCIDENT _____
LOCATION OF INCIDENT _____

NATURE OF INCIDENT

Blood or Body Fluid Exposure Infectious Respiratory Exposure Body Accident
stick inhalation sprain
splash other _____ strain
spray Radiation Exposure hit
cut internal struck
bite external puncture
scratch Chemical Exposure fall
scrape/abrasion Inhalation other _____
other _____ skin absorption Electrical Injury
Source pt. _____
MR# _____

BRIEF NARRATIVE OF INCIDENT _____

Was protective equipment used? Yes ___ No ___ Were appropriate work practices followed? Yes ___ No ___
Employee Signature _____ Title _____ Date _____
Supervisor Signature _____ Date _____
Seen By: ___ Employee Health Nurse ___ Physician ___ Physician Extender

Nature of Injury
___ laceration ___ abrasion
___ chemical burn ___ thermal burn
___ dermatitis ___ fracture
___ contusion ___ strain/sprain
___ puncture/needlestick ___ blood/body fluid exposure
___ other _____

Medical Evaluation _____

RESULTS
___ first aid Hepatitis B vaccine _____ indicated _____ given
___ blood/body fluid exposure protocol
___ return to work ___ work restriction _____
___ followup ___no ___ yes 6 wk ___ 3 mo ___ 6 mo ___ 12 mo ___ other _____

Provider _____ Date _____

Blood/body fluid exposure:
___ The results of this evaluation have been discussed with the employee. The employee has been informed regarding medical conditions which may result from exposure to blood or other potentially infectious materials, educated regarding risk reduction practices and had the surveillance program explained in detail.