Attachment "B1"
FORM IPD-52A(REV.4/18

ITHACA POLICE DEPARTMENT

Exposure Incident Report

TO BE COMPLETED BY EMPLOYEE

Date completed: _____

Employee's name: _____ SS# _____

Home phone: _____ Business phone: _____

DOB: _____ Job title: _____

Employee vaccination status: _____

Date Of Exposure: _____ Time of Exposure: _____ AM _____ PM

Location of Incident *(Home, Street, Building, etc.) Be specific:* _____

_____

Nature of Incident *(Auto Accident, Trauma, Medical Emergency) Be specific:* _____

_____

_____

_____

Describe what task(s) you were performing when the exposure occurred. *Be specific:*

_____

_____

_____

Were you wearing personal protective equipment (PPE)? ☐ Yes ☐ No

If Yes, List: _____

_____

Did the PPE fail?: ☐ Yes ☐ No If yes, explain how: _____

_____

FORM IPD-52B(REV.4/18)

Attachment "B2"

ITHACA POLICE DEPARTMENT
Exposure Incident Report

What body fluid(s) were you exposed to *(Blood or other potentially infectious material)? Be specific:*

_____

_____

What parts of your body became exposed? *Be specific:* _____

_____

Estimate the size of the area of your body that was exposed: _____

_____

For how long? _____ Did a foreign body (needle, nail, syringe, etc.) penetrate your body? ☐ Yes ☐ No If yes, what was the object? _____

_____

Where did it penetrate your body? _____

Was any fluid injected into your body? ☐ Yes ☐ No

If yes, what fluid? _____ How much? _____

Did you receive medical attention? ☐ Yes ☐ No

If yes, where? _____ When? _____

By whom? _____

Identification of source individual(s): _____

_____

Nature of contact with source individual. *Be specific:* _____

_____

Other pertinent information: _____

_____

Division Commander approval/date _____ IPD Case No. _____

Attachment C

(Sample Request for Source Individual Evaluation)

Infection Control Nurse
Tompkins Community Hospital
101 Dates Drive
Ithaca, New York 14850

Dear:

During, or immediately prior to, a recent transport of a patient to your facility, one of our employees was involved in an event which may have resulted in exposure to a blood borne pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event, please determine whether our employee is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of Source Individual" form which was initiated by the exposed worker. Please complete the Source Individual Section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

_____

Platoon Commander

Enclosure
Copy attached to Exposure Incident Report
Copy to IPD Case No._____

Attachment "D"

FORM IPD-53(REV.4/18)

ITHACA POLICE DEPARTMENT

Documentation and Identification of Source Individual

CONFIDENTIAL

Name of exposed employee: _____

Name and phone number of medical provider who should be contacted:

_____

INCIDENT INFORMATION

Date of the incident: _____

Name of the individual who is the source of the exposure: _____

_____

NATURE OF THE INCIDENT

☐ Blood or body fluid splash onto mucous membrane or non-intact skin

☐ Contaminated needle stick injury ☐ Other _____

_____

REPORT OF SOURCE INDIVIDUAL EVALUATION

Chart review by: _____

Source individual unknown - Researched by: _____ Date: _____

TESTING OF SOURCE INDIVIDUAL'S BLOOD

Consent: ☐ Obtained ☐ Refused

Check One:

☐ Identification of source individual ☐ infeasible ☐ prohibited by law. If infeasible state why. _____

☐ Evaluation of the source individual reflected no known exposure to blood borne pathogen.

☐ Evaluation of the source individual reflected possible exposure to blood borne pathogen and medical follow-up is recommended.

Person completing report: _____ Date: _____

NOTE: Report the results of the source individual's blood tests to the medical provider named above who will inform the exposed employee. Do not report blood-test findings to the employer. ***HIV-related information cannot be released without the written consent of the source individual.***

IPD Case No._____

Attachment "E"

FORM IPD-54(REV.04/18)

ITHACA POLICE DEPARTMENT

Employee Exposure Follow-Up Record

CONFIDENTIAL

Employee's name: _____ Job title: _____

Occurrence date: _____ Occurrence time: _____ Reported date: _____

SOURCE INDIVIDUAL FOLLOW-UP

Request made to: _____

Date: _____ Time: _____

EMPLOYEE FOLLOW-UP

Employee's health file reviewed by: _____ Date: _____

Information given on source individual's blood test results:

☐ Yes ☐ Not Obtained

Referred to healthcare professional with required information:

Name of health care professional: _____

By Whom: _____ Date: _____

Blood Sampling/Testing Offered:

By Whom: _____ Date: _____

Vaccination Offered/Recommended:

By Whom: _____ Date: _____

Counseling Offered:

By Whom: _____ Date: _____

Employee advised of need for further evaluation of medical condition:

By Whom: _____ Date: _____

IPD Case No._____

Attachment F

BIOHAZARD LABEL