



## 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](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](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>



# 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: \_\_\_\_\_

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**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.