



BIOLOGICAL EXPOSURE REPORT

Fax Completed Form to: Bureau of Health Services at 718-999-0035

For At-Risk Exposures, immediately call BHS at (718) 999-1918/1919 or Car 32/33 through FDOC at (718) 999-7900

Member's Name			Rank	Payroll Reference Number	Age	
Incident # / CAD #	Borough	Assigned Unit	Work Unit	Phone Number (Home)	Battalion	Division
Exposure Date	Exposure Time	Tour	Group / Platoon	Box # / CAD #	Date Reported	

DESCRIBE OR CHECK ALL TASK(S) PERFORMED WHEN EXPOSURE OCCURRED

- CPR/ Chest Compressions Intubation I.V. Insertion Carry Patient
 Protected Mouth-to-Mouth Airway Mgmt. I.V. Meds Ambulance Cleaning
 Unprotected Mouth-to-Mouth Vital Signs Bandaging No Report

PERSONAL PROTECTIVE EQUIPMENT WORN: CHECK ALL APPROPRIATE ANSWERS

- SCBA Mask N-95 Mask Surgical Mask Air-Purifying Respirator Eye Shield / Goggles
 Latex Gloves Work Gloves EMS Bunker-style Coat EMS Bunker-style Pants EMS Boots
 Pocket Mask Gown Disposable Shoe Covers

Did you wear necessary PPE? Yes No

Did your PPE remain secure and intact? Yes No

If necessary PPE was not worn or did not remain secure and intact provide reason (check all that apply)

- Would have prevented delivery of service Would have posed an increased hazard to self
 Would have posed an increased hazard to co-worker

FLUID EXPOSURE: CHECK ALL APPROPRIATE ANSWERS

- Intact Normal Skin/ Exposure to Blood Blood to Mucosa (Eye) Blood to Mucosa (Mouth/Nose/Other)
 Blood to Open Cuts Blood to Open Sores or Rash Blood to Scratches
 Intact Normal Skin/ Exposure to Non-Bloody Body Fluids Mucosa exposed to Non-Bloody Body Fluids
 If Non-Bloody Body Fluids, check one Vomitus Urine Feces Sputum Fluid and Possible Blood
 Needle Puncture I.V. Needle Puncture Needle / I.V. Needle puncture with fluid injected into body

Indicate area of body exposed: _____

For how long was the fluid touching your body? _____ minutes

Estimate size of the area of your body that was exposed: _____ inches(Length x Width)

Bite Wound: Human Dog Animal Rabies Vaccinated: Yes No Unknown

Water Rescue: Yes No

UNPROTECTED CPR, INTUBATION, OR PROLONGED TREATMENT (WITHOUT PERSONAL PROTECTIVE EQUIPMENT)

- CPR – Known TB Patient Treatment – Known TB Patient Treatment – Known Chicken Pox Patient
 CPR – Known Meningitis Patient Treatment – Known Meningitis Patient

VICTIM / PATIENT ASSESSMENT: CHECK ALL APPROPRIATE BOXES

Information Obtained from: Patient Relative Friend Hospital Notification

- IV Drug User AIDS Hepatitis TB Chicken Pox Measles Meningitis

Name of Source Individual: _____

Individual Deceased Yes No

PCR #: _____

Source DOB: _____

Address of Patient: _____

Borough: _____

Address of Call (Response): _____

Borough: _____

Patient's Phone: _____

Hospital: _____

BHS OFFICIAL USE

Date BHS Notified	Time	Recorder
Date Counseled	Time	Counseled By

* At-Risk Exposures include Needle Sticks, Blood To Blood Contact and Meningitis