

WORKERS' COMPENSATION EXPOSURE INCIDENT MEDICAL AUTHORIZATION FORM



Risk Management Division

CENTRAL SERVICES OFFICE

Post Office Box 6675

Annapolis, Maryland 21401

410-222-7630

This form is to be used to report all:

- Blood or body fluids on a wound or broken/abraded skin
- Blood or body fluids spashed in the eyes, nose or mouth
- All Needle Stick Injuries
- Disease Exposure

Date of Exposure

Time of Exposure

Exposure was:

Known

Suspected

Employee Name

Contact Information
(Source of the blood or potential infections material, if known)

Name
Street Address
City, State, Zip
Phone

Source of Exposure

Needle Stick
Blood, or bloody fluids on wound, or broken/abraded skin
Blood, or bloody fluid splashed in eyes, nose, or mouth
Other
Disease exposed to:

How did exposure occur? (be specific)

Treatment Authorization Section to be Completed by Immediate Supervisor

Date

Time

TO DOCTOR: Please examine and render necessary treatment to the employee named above.

Signature of Authorizing Supervisor

Supervisor's Printed Name

Phone

Physician's Certification of Treatment

Date of service

Reason for visit

When did incident occur?

Has patient received serial Hepatitis B vaccinations? Yes No
(Check with County/AACPS point of contact if employee does not know)

Will additional treatment be required? Yes No

If yes, please describe

Can this employee return to their normal work? Yes No

If no, please explain

Has the employee been informed of the results of this evaluation? Yes Date No

Has the employee been counseled regarding the results? Yes Date No

Signature of Physician Providing Treatment

Physician's Printed Name

Date

Physician's Address

Physician's Phone

PHYSICIAN: Please return this form with the employee to be given to Supervisor

BLOOD BORNE PATHOGEN OR DISEASE EXPOSURE

1. Employees must report suspected exposures immediately to supervisor or designated medical/nurse staff.
2. Supervisor or medical/nurse staff will review information and determine, with the employee, if an exposure has occurred. If the supervisor cannot be contacted, the employee should not delay needed medical care.
 - A. If a blood exposure did occur - The supervisor shall first call Concentra Medical Center (see below for hours and locations) then send the employee to the appropriate location with the "Workers' Compensation Exposure Incident Medical Authorization Form". The supervisor must begin the process of identifying the source of exposure and provide details as soon as possible to the Department's Designated Coordinator. If source information is known immediately, it should be completed on the Authorization form and sent with the employee to Concentra. Every effort shall be made to get an exposed employee to the medical facility within two hours.
 - B. If disease exposure occurs, such as exposure to suspected active TB, chicken pox, meningitis, etc. - The supervisor shall call Concentra Medical Center (see below) and send the employee with the "Workers' Compensation Exposure Incident Medical Authorization Form". If source information is known immediately, it should be completed on the Authorization form and sent with the employee to Concentra. On diseases that are reportable, the County Health Department will be contacted, as necessary, by Concentra or the Department Coordinator.
 - C. Complete "Workers' Compensation Incident Report Form" within 24 hours. Enter the information into STARSWeb. Place the STARS claim number on the top right corner of side two. Fax side two to Risk Management at (410) 222-7640. Forward the original form to Risk Management at MS 9303.
3. Concentra Medical Center will provide medical care based on the CDC protocol and guidance from the County Health Department. If an employee goes to the emergency room for initial treatment for a possible blood borne pathogen, the employee will report to Concentra Medical Center the next business day for follow-up care.
4. The Department's Designated Coordinator or the appropriate supervisor working with the Designated Coordinator will determine if the source individual will submit to testing or release information from a recent test. This person must be familiar with the laws requiring the release of this information under certain circumstances. Once the information has been obtained, the treating physician at Concentra Medical Center will be notified so that the medical treatment being provided to the employee can be modified accordingly. Risk Management will pay for these tests, if necessary.
5. When notice is received from a hospital or the Medical Examiners Office that a possible disease exposure has occurred, the Designated Coordinator will determine if the employee(s) involved did have an exposure. If they did, the supervisor should complete an exposure report and send the employee to Concentra Medical Center with all the information available.

Monday through Friday 7:30 a.m. to 5:00 p.m.	Concentra Medical Center 811 Cromwell Park Dr, Suite 104-105 Glen Burnie, MD 21061 410-553-0110	Concentra Medical Center 7377 Washington Blvd, Suite 101-104 Jessup, MD 410-379-3051
Evenings and nights 5:00 p.m. to 7:30 a.m. Saturday until noon	Concentra Medical Center 1419 Knecht Avenue Baltimore, MD 21227 410-247-9595	
Saturday 12:00 noon to Monday 7:30 a.m.	Anne Arundel Medical Center Emergency Room	Baltimore Washington Medical Center Emergency Room