



Risk Screen

Agency/Person Involved: _____

Patient Name: _____

Date: _____

Time: _____

Please complete the proper information below. Sign, date, and return this form to the EMS Office via fax (217-359-7408) or email (Shelley.S.Peelman@osfhealthcare.org).

This form is for Quality Improvement only. All information is confidential.

- | | |
|--|---|
| <input type="checkbox"/> Equipment or Vehicle Failure | <input type="checkbox"/> Delay in Response or Transport |
| <input type="checkbox"/> Injury to Patient or Damage to Property | <input type="checkbox"/> Interfacility Transfer Issue |
| <input type="checkbox"/> Policy/Protocol Deviation | <input type="checkbox"/> Significant Exposure* |
| <input type="checkbox"/> Quality of Care | <input type="checkbox"/> Other: _____ |

****Significant Exposure Information Only***

Meets the following significant exposure criteria as per Policy "Significant Exposure to Body Substances and/or Communicable Disease":

- Puncture of the skin with a contaminated needle or other sharps.
- Direct contact of the patient's body fluids with the provider's mucous membranes.
- Patient's body fluids in contact with the provider's non-intact skin
- Exposure to one of the diseases listed in the policy "Exposure to Communicable Disease Notification"

The following Personal Protective Equipment was used (mark all that apply):

- | | | |
|---------------------------------|--|-------------------------------|
| <input type="checkbox"/> gloves | <input type="checkbox"/> eye protection | <input type="checkbox"/> mask |
| <input type="checkbox"/> gown | <input type="checkbox"/> N-95 Respirator | |

Initial treatment received from _____
(name of hospital, ED or Occ Med, physician office)

Follow-up instructions received YES NO

Describe the incident below. Please include only the facts surrounding the incident. Do not include opinions of what happened or should have happened. If additional space is required, please attach a separate sheet.

Person completing Risk Screen (print name): _____

Signature: _____ Date: _____

Contact email (for follow-up): _____