

Incident Report: Employee Exposure to Bloodborne Pathogens

Complete questions 1-9. Give completed report to supervisor or designated person.

1. Employee Name _____ Job Title _____
2. School _____ Supervisor _____
3. Date of Exposure _____ Time of Exposure _____
4. Type of Exposure (needle stick, cut, splash, etc) _____
Type of Fluid _____ Amount of Fluid (if known) _____
Severity (depth of injury, fluid injected, etc) _____
5. Part of Body Exposed (mouth, eyes, skin break, etc) _____
6. Location of Exposure (clinic, lab, etc) _____
7. Please describe how and why the exposure occurred (include job duty being performed at the time, extent and duration of the exposure) _____

8. Personal Protective Equipment Used (gloves, mask, etc) _____
9. Date Exposure Reported _____ Time Reported _____ Reported To _____

Questions 10-15 to be completed by Health Care Provider/Designated Person.

10. Did the employee see a physician regarding the exposure? _____ yes _____ no
If yes, name of Physician _____
Physician Phone Number _____ Date Seen _____ Time Seen _____
Physician's Instructions _____

11. Did the employee request to be monitored for HBV and HIV antibodies following the exposure? _____yes _____no
If no, why not _____
12. Source of exposure, if known _____ HBV+ _____ HIV+ _____
13. Evaluation/treatment (include condition of skin, if applicable) _____

14. Follow up of employee (including referrals) _____
15. Describe the corrective action taken to prevent recurrence of exposure _____

