



BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORT

CCS employee exposure to blood and/or other potentially infectious material.

This report is to be completed as soon as possible after the exposure incident. Please print legibly.

Exposure Incident: Contact with blood/body fluids or other potentially infectious materials on your skin, in your eye, nose, or mouth or parenteral contact (a piercing of the mucous membranes or the skin barrier, e.g., needlesticks, human bites, cuts, and abrasions) with blood or other body fluids resulting from the performance of an employee's duties.

1. Name of exposed employee _____

2. Date of incident _____ Time incident occurred: Hour _____ AM PM

3. Unit: SCC SFCC Work phone _____

4. Location where incident occurred: SCC SFCC

5. Building _____ Room number _____

6. Other location _____

7. Describe route(s) of exposure and circumstances under which the exposure incident occurred:

8. Body surface area(s) exposed _____

9. Type and amount of fluid or material _____

10. Severity of exposure: (extent and duration of contact) _____

11. Exposure source, if known (name of individual) _____ Phone _____

12. Your Hepatitis B vaccination status: None Received Immunization date

I acknowledge that a confidential medical evaluation and follow-up is available to me from a health care professional within twenty-four (24) hours of this incident as part of the post-exposure process to determine my immune status to the hepatitis B virus and to receive baseline information to determine if exposure to the HIV virus has occurred. I understand that this incident should be reported to my health care provider as an on-the-job injury.

Exposed employee's signature _____ Date _____

Supervisor's signature _____ Date _____

Health care provider _____ Date _____