



BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORT FORM

Supervisors **must** complete this form immediately after a first aid incident where blood or other potentially infectious materials was present. Notify and consult with Human Resources Risk Management (909-469-5384) regarding the proper procedures in response to a confirmed exposure incident. Return this form to Human Resources Risk Management upon completion.

An **exposure incident** is defined as a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials. Parenteral contact means piercing mucous membranes or the skin through needlesticks, human bites, cuts or abrasions.

Date of Incident: _____ Time: _____ Circle AM or PM

Location of Incident: _____

Name(s) of Injured Person(s): _____

Name(s) of Designated First Aid Responders Who Rendered Assistance: _____

Name(s) of Others Who Rendered Assistance: _____

Briefly describe the first aid incident: _____

Were all unvaccinated first aid responders offered a HBV vaccination as required? Circle YES or NO.

Did an exposure incident occur? Circle YES or NO. If yes, the list name(s) of exposed persons and describe the nature of the exposure (type and source of bloodborne pathogen, how contact occurred, extent of exposure, clean up of exposed area). _____

Were all exposed employees offered an opportunity to receive a medical evaluation, HBV vaccination and medical follow-up as required? Circle YES or NO.

Supervisor's Name: _____ Date: _____