

**Mount Holyoke College
BLOODBORNE PATHOGEN EXPOSURE CONTROL**

Appendix – D

| EXPOSURE INCIDENT REPORT | |
|--|---|
| <p>Date: _____</p> <p>Time: _____</p> <p>Location: _____</p> <p>Exposed Employee: _____</p> <p>Witnesses: _____</p> | <p>What was the employee doing at the time of the exposure?</p> <p style="text-align: right;">First Aid: _____</p> <p style="text-align: right;">Cleaning: _____</p> <p style="text-align: right;">Waste Handling: _____</p> <p style="text-align: right;">Laboratory Procedure: _____</p> <p style="text-align: right;">Medical procedure: _____</p> <p style="text-align: right;">Other [describe]: _____</p> <p>_____</p> |
| <p>What was the route of exposure?</p> <p style="text-align: right;">Non-Intact Skin: _____</p> <p style="text-align: right;">Mucous membrane: _____</p> <p style="text-align: right;">Parenteral: _____</p> <p style="text-align: right;">[e.g., needle sticks, bites] _____</p> | <p>What protective equipment was the employee wearing at the time of the exposure?</p> <p style="text-align: right;">Exam/Surgical Gloves: _____</p> <p style="text-align: right;">Utility Gloves: _____</p> <p style="text-align: right;">Goggles: _____</p> <p style="text-align: right;">Safety Glasses: _____</p> <p style="text-align: right;">Mask/Eye Shield Comb.: _____</p> <p style="text-align: right;">Mask: _____</p> <p style="text-align: right;">Lab Coat/Gown: _____</p> <p style="text-align: right;">Other [describe]: _____</p> |
| <p>Has the Source Individual been identified?</p> <p style="text-align: center;">Yes ___ No ___</p> <p>If the Source Individual can't be identified describe why.</p> <p>_____</p> <p>_____</p> <p>Who contacted the Source Individual to discuss blood testing?</p> <p>_____</p> | <p>Did the employee receive immediate first aid or medical care? _____</p> <p>If yes, where: _____</p> <hr/> <p>Did the employee receive a post exposure medical evaluation? _____</p> <p>If yes, where: _____</p> |
| <p>Describe the specific circumstances of the exposure incident. What was the employee doing?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Describe any procedures intended to prevent exposure which were not being followed.</p> <p>_____</p> <p>_____</p> <p>What steps could be taken to prevent a similar exposure from occurring in the future?</p> <p>_____</p> <p>_____</p> | |
| <p style="text-align: center;">Signature of Investigator: _____ Date: _____</p> <p style="text-align: center;">Signature of Department Head: _____ Date: _____</p> | |
| <p>Attach to Accident Report and send to Human Resources with a copy to the Environmental Health and Safety Office</p> | |