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: ___________________________