

HAMPSHIRE COLLEGE BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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: _____ Cleaning: _____ Waste Handling: _____ Laboratory Procedure: _____ Medical procedure: _____ Other [describe]: _____</p>
<p>What was the route of exposure?</p> <p style="text-align: right;">Non-Intact Skin: _____ Mucous membrane: _____ Parenteral: _____ [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: _____ Utility Gloves: _____ Goggles: _____ Safety Glasses: _____ Mask/Eye Shield Comb.: _____ Mask: _____ Lab Coat/Gown: _____ 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>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>Signature of Investigator: _____</p> <p>Signature of Department Head: _____</p>	<p>Date: _____</p> <p>Date: _____</p>
<p>Attach to Accident Report and send to Human Resources with a copy to the Environmental Health and Safety Office</p>	