BLOODBORNE PATHOGENS EXPOSURE REPORT

Southern Illinois University at Carbondale

In case of exposure to bloodborne pathogen(s), complete this form and return to the Center for Environmental Health and Safety within 24 hours. A copy must be taken to the SIUC Health Service or other healthcare provider for post-exposure evaluation. If other persons were involved, attach additional copies of this form for each person involved.

Date of Report: _____ Time of Report: _____

Name (Last, First, M.I.): _____

Sex: ☐ M ☐ F Social Security Number:_____

Address (Local): _____Date of Birth: _____
Work Phone: _____ Home Phone: _____

Status at time of exposure: Employee ☐ Student ☐ Faculty ☐ Other (Explain): ☐

Job title: _____ Duties related to exposure: _____

Has the exposed individual been immunized against hepatitis B virus? Yes ☐ No ☐
Dates of immunization (1)_____(2)_____(3)_____

Place where exposure incident occurred: Date: Time:

Did incident arise out of and in the course of University employment? Yes ☐ No ☐

Name of individual in charge of area where exposure occurred:

List any witnesses present:
Name: Address: Telephone:

Personal protective equipment in use at time of exposure:

Exposure to:

- ☐ Blood
- ☐ Body fluid with visible blood
- ☐ Vaginal secretions
- ☐ Seminal fluid
- ☐ Internal body fluids (circle one) cerebrospinal, synovial, pleural, amniotic, pericardial, peritoneal

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Type of Exposure:

- ☐ Needlestick/sharps accident
- ☐ Contact with mucous membranes (eyes, mouth, nose)
- ☐ Contact with skin (circle all that apply)
  broken, chapped, abraded, dermatitis, prolonged contact, extensive contact

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Severity of Exposure:

How much fluid? _____
How long was exposure? _____
How severe was the injury _____
Estimated time interval from exposure until medical evaluation: _____

Source of Exposure:
Source individual's name, if known: _____
Address: _____ Phone: _____
Is a blood sample from the source available? _____
Is the source individual's HBV antigen/ antibody status known? Yes ☐ No ☐
Is the source individual's HIV antibody status known? Yes ☐ No ☐

Describe Activity Leading to Exposure:

☐ Giving injection
☐ Recapping needles
☐ Discarding needles
☐ Handling IV lines
☐ Handling disposal box
☐ Other: _____
☐ Cleaning blood spills
☐ Handling waste products
☐ Handling lab specimens
☐ Controlling bleeding
☐ Performing invasive procedure

Describe Situation Precisely: _____
_____

Describe Immediate Interventions:

Was the area ☐ washed ☐ flushed?
Did injury bleed freely? ☐ yes ☐ no
Was antiseptic applied? ☐ yes ☐ no
Other: _____

Describe nature and scope of personal injury, if any:

Was medical treatment obtained?
☐ yes ☐ no

Name and address of hospital, physician or clinic where injured person was taken, if applicable:

Name of person completing form: Job title/occupation:

Signature: Work Phone Number: Date:
Home Phone Number: