



Complete this report only for actual exposure “contact” with blood/fluid to skin or mucous membranes.

## BBP Exposure Incident Report

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ SS #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Time of exposure: \_\_\_\_\_

Where did exposure incident occur (be specific):											
What task was being performed when the exposure occurred (describe the incident):											
What caused the exposure (it was the result of what condition or behavior):											
Who is the source individual (name and phone #):	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Staff</td> <td style="width: 25%;">Faculty</td> <td style="width: 25%;">Student</td> <td style="width: 25%;">Other</td> </tr> <tr> <td>Name:</td> <td colspan="3">Phone:</td> </tr> </table>	Staff	Faculty	Student	Other	Name:	Phone:				
Staff	Faculty	Student	Other								
Name:	Phone:										
What part(s) of your body was exposed (circle):  Specific Location:	<table style="width: 100%; border: none;"> <tr> <td>intact skin</td> <td>non-intact skin</td> <td>eyes</td> <td>nose</td> <td>mouth</td> </tr> <tr> <td colspan="2">If skin: good condition</td> <td colspan="3">abrasion/chapped/dermatitis</td> </tr> </table>	intact skin	non-intact skin	eyes	nose	mouth	If skin: good condition		abrasion/chapped/dermatitis		
intact skin	non-intact skin	eyes	nose	mouth							
If skin: good condition		abrasion/chapped/dermatitis									
What body fluids were you exposed to (circle):	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">blood</td> <td style="width: 33%;">vomit</td> <td style="width: 33%;">urine</td> </tr> <tr> <td colspan="3">OPIM:</td> </tr> </table>	blood	vomit	urine	OPIM:						
blood	vomit	urine									
OPIM:											
Did the body fluid (circle):	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">touch unprotected skin</td> <td style="width: 40%;">soak through clothing</td> </tr> <tr> <td colspan="2">other:</td> </tr> </table>	touch unprotected skin	soak through clothing	other:							
touch unprotected skin	soak through clothing										
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How much body fluid came in contact (circle):	< 1 teaspoon    several teaspoons    several tablespoons
What personal protective equipment were you wearing:	latex/vinyl gloves    safety glasses/goggles    mask other:    NO PPE
If no PPE was worn, explain clearly why it was not:	
Was a medical sharps device involved : Was it a “safety designed device” If yes, what failed to prevent injury:	No    Yes: specific device: Yes    No
Have you received pre-exposure HBV vaccine:	No    Yes:    Date:
How could this exposure have been prevented:	
Circle all BBP training you have received:	written training module    classroom training departmental instruction on job related tasks    none
Employee Signature:    Date:	
Supervisor Signature:    Date:	
Human Resources Signature:    Date:	
Safety Officer Signature:    Date:	

Complete immediately and proceed to Human Resources Office M-F 8:00am – 5:00 pm Exposure incident will be reviewed and exposed employee may be sent to Concentra Medical for evaluation/treatment.

Complete immediately and proceed to “Emergency Room” for off hours or off campus incidents – exposed employee should sign consent form and request that all medical records be sent to: Concentra Medical: 117B Louis Henna Blvd., Suite 200, Round Rock, Texas, 78664

Take a copy of this report to medical provider – a copy must also go to S.U. Human Resources Office