

Cornerstone Behavioral Healthcare

HS.3.B Blood Borne Pathogens Exposure Incident Report

Staff Name _____ Date of possible exposure ____/____/____

Reported to _____ Date Reported ____/____/____

Describe the incident. Include where on the staff's body there may have been an exposure and what you were exposed to:

Was there a break in the skin where the exposure occurred? Yes No

Did the staff member wash the exposed area with anti-bacterial soap? Yes No

Was staff member wearing latex protection on the exposed body area? Yes No

Has the staff ever had the Hepatitis vaccination series? Yes No

If yes, when: month____, year____ Where: _____

Recommendations to Executive Director:

Staff Signature _____

Supervisor Signature _____

FORWARD TO EXECUTIVE DIRECTOR

Executive Director:

Approval for staff to be seen by a medical professional. Where:

Approval denied. Reason:

Other:

Executive Director Signature _____ Date ____/____/____