

Bloodborne Pathogen Exposure/Sharps Injury Incident Report



Exposed Employee Instructions: You are completing this form because you have experienced either 1) an actual or a potential exposure to blood or other potentially infectious material; and/or, 2) a “sharps” injury, as defined below.

An exposure incident occurs when non-intact skin or mucous membrane and/or eyes, nose, mouth come into contact with human blood or other potentially infectious material.

A sharps injury occurs when: (a) An object, such as a needle, broken glass, razor blade, etc., penetrates the skin or mucous membrane; and, b) This object was or is reasonably anticipated to have been contaminated with human blood, body fluids, or any other substance that could possibly be infected with HIV or Hepatitis-B.

To determine if you had an exposure incident or sharps injury, answer the following the questions:

1) Did you puncture your skin or mucous membrane and come into contact with human blood or other body fluids that were not your own? ___yes ___no

2) Did your eyes, nose, mouth, or non-intact skin come into contact with human blood or other body fluids that were not your own? ___yes ___no

If yes to either question, fill out this form and return it as soon as possible after exposure to your department manager or division director/park superintendent. If no, it may not be necessary to complete this form and a BBP Program Administrator can be contacted with any questions.

An evaluation of exposure incidents is required by the District, and a medical evaluation for suspected exposure to blood or other potentially infectious material is strongly encouraged. The medical evaluation should be done as soon as possible after exposure as the effectiveness of certain vaccines or other medication which might prevent illness resulting from exposure is greatest if given shortly after the exposure.

Exposed Employee Name	Phone	E-Mail
Job Assignment	Date/Time of exposure/injury	Location of incident
Body part exposed/injured	Type of potentially infectious material exposed to:	
Procedure being performed at time of exposure/injury		
Describe Incident (including circumstances of the exposure):		
If Sharps Injury, identify sharp involved (needle, broken glass, razor blade, etc. _____ If known, specify: Type: _____ Brand Model: _____ (18g needle, ABC Medical, "no stick" syringe) Was the sharp contaminated: ___yes ___no If yes, what was the contaminant? _____ Name of source individual if known: _____ Phone or email: _____		
Action taken:		
What do you think could have been done to prevent the exposure/injury?		

Exposed Employee Signature _____ **Date** _____

Department Manager, Division Director, or Park Superintendent Instructions: Fill out section below and attach this form to a completed Park District "Employee Injury Incident Report". Give to HR Department as soon as possible.

Supervisor Name	Phone	E-Mail
Describe Incident (Please describe the employee's duties as they relate to the exposure/injury incident):		
What do you think could have been done to prevent the exposure/injury?		

Supervisor Signature _____ **Date** _____

BBP Administrator/Safety Committee Instructions: Once provided a copy of this (redacted of names) report by the HR Department, review, make comments below, and return to the HR Manager.

BBP Administrator/Safety Committee Comments & Recommendations:

BBP Administrator Signature _____ **Date** _____