



## BBP Exposure Incident Form

This form must be completely filled out after any employee exposure incident. This form is to remain confidential and placed in employee's medical records and be kept under lock and key.

### EXPOSED EMPLOYEE

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Name Social Security No.

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Date of Incident Type of Incident

Employee's duties as they relate to the incident:

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Description of exposure routes and circumstances under which incident occurred:

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Check appropriate responses below:

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> NO | Exposed employee has been counseled as to applicable laws and regulations concerning disclosure of the identity and infectious status of the source patient.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> NO | Exposed employee has legally consented to blood testing.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> NO | Exposed employee has agreed to have baseline blood collection, but doesn't give consent at this time for HIV serologic testing and understands that the sample shall be preserved for 90 days in case employee decides to complete testing. |

### Medical Attention

The exposed employee was referred to the following doctor for medical evaluation, counseling and follow-up:

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Name Phone

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Address

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Date of Exam Date of Follow-up

Exposed employee's vaccination records were made available to the attending doctor on:

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A copy of the 'Occupational Exposure to Bloodborne Pathogens' was delivered to the attending doctor on:

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A copy of the doctor's written opinion was delivered to the employee on:



**SOURCE PATIENT**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Check appropriate responses below:

- Yes     NO    Source Patient has legally consented to have his/her blood tested for HIV and HBV infectivity.
- Yes     NO    The legally required consent cannot be obtained.  
Reason \_\_\_\_\_
- Yes     NO    Source Patient is known to be infected with HBV.
- Yes     NO    Source patient is known to be infected with HIV.
- Yes     NO    Results of source patient's tests have been made to the exposed employee.

**RECORD KEEPING**

The following items will be maintained IN STRICT CONFIDENTIALITY and not disclosed without the employee's expressed written consent to anyone within or outside the workplace.

Records must be kept for duration of employment plus 30 (thirty) years.

1. The employee Exposure Incident Form.
2. A record of the employee's hepatitis B vaccination status including the dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of examinations, medical testing and follow-up procedures.
4. The employee's copy of all results of the Healthcare professional written opinion.
5. Identity of source patient and source patient's blood test results.

Forms Completed by:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Exposed Employee Signature Date

\_\_\_\_\_  
Employer Signature Date