

**DIOCESE OF SPOKANE
BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORT**

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

1. Route(s) of Exposure: (Example: eyes, break in skin, nose, mouth, skin pierced by object)

2. Circumstances surrounding the event.

3. Description of exposed employee's duties as they relate to the exposure incident:

4. State fully what happened, clearly and concisely mentioning circumstance indicating all parties involved and the extent of their involvement.

5. State where and when discovered, condition of patient, your investigation:

6. Were Parent(s)/Guardian notified: YES NO Time _____ By Whom: _____

Written Consent given for Hepatitis B Testing YES NO Date: _____

Written Consent given for HIV Testing YES NO Date: _____

7. Vital information pertaining to Exposed Employee:

Written Consent given for Hepatitis B Testing: YES NO Date: _____

Written Consent given for HIV Testing: YES NO Date: _____

8. Vaccination status of exposed employee:

1st Vaccination Date: _____

2nd Vaccination Date: _____

Date Completed: _____

OR

I, _____, refused the HBV/HIV vaccination offered by my employer.

9. Test Results:

Copy of actual Lab Test result attached for Hepatitis B antibody YES NO

Copy of actual Lab Test result attached for HIV antibody YES NO

I, _____, refused clinical evaluation, HIV and HBV testing on this the _____ day of _____, 20_____.

10. WITNESS: *(Please Print)*

Name: _____

Address: _____

Employed By: _____

Version: _____

WITNESS *(Please Print)*

Name: _____

Address: _____

Employed By: _____

Version: _____

11. Person completing the form: _____ *Print Name* _____ *Signature*

Title: _____ Date: _____

Mailed to the Diocesan School Office on (date): _____