

# Trinity Christian College

## Appendix C: Report of Exposure to Blood or Other Potentially Infectious Material

COMPLETED BY EXPOSED INDIVIDUAL

Name \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

Location of incident (building, room, etc)

\_\_\_\_\_

What body fluid were you exposed to?

\_\_\_\_\_

Explain what parts of your body became exposed, how long were you exposed, and if an object penetrated your body?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe what task(s) you were performing and what specific equipment (include the product number) when the exposure occurred:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain what caused the exposure (accident, equipment malfunction, etc.)

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List any Personal Protective Equipment that you were wearing

Did the Personal Protective Equipment fail? Yes \_\_\_ No \_\_\_ If yes, explain how

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Explain any reasons for not wearing PPE as required by the college's exposure control plan

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What actions were taken after your exposure (decontamination, first aid received, reporting, etc.)? \_\_\_\_\_

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Have you had the Hepatitis B vaccination? Yes \_\_\_ No \_\_\_ If yes, when and where?

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How many doses did you receive? \_\_\_\_\_

When was your last tetanus shot? \_\_\_\_\_

Can the source individual be identified? Yes \_\_\_ No \_\_\_

Source's name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_