BLOODBORNE PATHOGENS EXPOSURE INCIDENT DETERMINATION

Blood or bodily fluid VISIBLY contaminated with blood (i.e. saliva, urine, vomit)

Entered any of the following:
- Eye(s)
- Mouth
- Laceration (i.e. cut gash, rip)
- Abrasion (i.e., scratch, scrape)
- Open skin (i.e., acne, sore, blister)
- Other mucous membrane
- Piercing of skin barrier or mucous membranes (i.e., needle stick, human bite with broken skin)

Not considered an exposure

NO

Source individual identified consent to Blood test

Document s & filed

NO

Employer schedules lab tests

Results shared with exposed employee

YES

Exposed employee Consents to blood test

Exposure Incident Report

Exposed employee Declines blood tests Medical Provider

NO

Forms complete d & filed

Employer schedules lab tests

YES

See Healthcare Provider Labs drawn Written Opinion provided

Post-exposure Prophylaxis consistent with US Public Health Service and/or Hepatitis B vaccination (if determined by medical provider)

Counseling provided by employer

Post-exposure Prophylaxis consistent with US Public Health Service and/or Hepatitis B vaccination (if determined by medical provider)

Counseling provided by employer

Mar. 2012