Employee Occupational Exposure Incident Form Montana State University Billings

Employee/Student Employee Name:		
SS #:	Date:	
Department/Building:	Job Title:	
Date of Incident:	Date Reported:	
Type of Exposure:		
 ☐ Human bite ☐ Blood/Body fluid splash ☐ Open wound, scratch, or abrasion contaminated with blood/body fluid/urine/stool ☐ Puncture or cut from instrument set, lancet, or other sharp object ☐ Needle stick following venipuncture ☐ Needle stick from IVP or VIPB ☐ Needle stick following injection ☐ Other (Describe) Describe exposure incident in detail:		
What actions were taken immediately following the incident?		
What precautions were in use at the time of incident? Check all that apply. □ Gloves □ Gown/Apron □ Mask □ Eyewear □ CPR shield □ None □ Other (Specify):		
Source individual known: Yes No		
Source Individual labs requested for F	IV, HBC, and HCV: ☐ Yes	□ No □ NA
Dates of HBV vaccinations:		
Employee Signature:	Date:	
Supervisor Signature:	Date:	
FOLLOW-UF		DATE
 □ Employee referred to physician of ch □ Seen by Physician: □ Office □ ER □ Pro-Med □ Declined to be seen by physician 	oice	
Employee's blood drawn?	□ yes □ no	
□ Employee offered HIV testing□ Accepted□ Decline	ed	

Corresponds to BBP Policy/Procedure #110.4

UPD Form #110.4.2 Revised 4/27/2017