

# COLLEGE OF SOUTHERN NEVADA

## REPORT of Exposure to Bloodborne Pathogens

Following an exposure to bloodborne pathogens incident, please notify the Infection Control Manager by phone and by sending this completed form to:

**Jean Wolff, Infection Control Manager**  
College of Southern Nevada W3K  
6375 W. Charleston Blvd  
Las Vegas, NV 89146  
Office 702-651-5595 Cell 702-806-1001 Fax 702-651-7490

Do not write in this space
CSN Security Incident Report Number: _____
Exposure to BBP Case Number: _____
Number of Written Statements Taken for the Incident: _____

### EXPOSED INDIVIDUAL

Name: PRINT \_\_\_\_\_ Sex: M / F  
Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Phone: home \_\_\_\_\_ Phone: cell \_\_\_\_\_ Phone: work \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check one:

- Employee; indicate department \_\_\_\_\_
- Student; indicate program where enrolled \_\_\_\_\_
- Campus Visitor

### SOURCE INDIVIDUAL

Identify the source individual (the person to whom the exposed individual was exposed), if one exists:

Name: \_\_\_\_\_ Phone: HOME \_\_\_\_\_ OTHER \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### INCIDENT DETAILS

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Time Incident was reported: \_\_\_\_\_

Name and title of person *initially* notified: \_\_\_\_\_

Location where incident took place: \_\_\_\_\_

Did the accident/exposure result in any of the following? (check all that apply)

- percutaneous exposure (break in skin that caused bleeding)
- mucous membrane contact (eyes, nose, mouth)
- abraded skin, chapped skin, dermatitis
- other, please explain \_\_\_\_\_

Did the incident involve exposure to potentially infectious materials (blood, saliva, body fluids, contaminated solutions)?

- YES  NO describe: \_\_\_\_\_

\*\*\*\* OVER PLEASE \*\*\*\*

**EXPOSED INDIVIDUAL'S STATEMENT**

Describe precisely how the incident occurred. \_\_\_\_\_

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Describe what was done immediately after the incident. \_\_\_\_\_

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Describe how this incident could have been prevented.

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\_\_\_\_\_  
Signature of person making report

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor/Witness

Date \_\_\_\_\_

END OF REPORT