

Potential Exposure Incident Report

A copy of this form should be given to the catechist involved, to the parents of the student involved and a copy placed in the catechist's personnel file. If universal precautions were not used or were used and failed, a copy of this report must also be sent to the Diocesan Director of Faith Formation.

**To be completed by person experiencing exposure
Please print**

DATE COMPLETED _____

YOUR NAME _____ SS NUMBER _____

DATE OF BIRTH _____ TITLE _____

WERE YOU PREVIOUSLY VACCINATED FOR HEPATITIS B? YES _____ NO _____

DATE OF EXPOSURE _____ TIME OF EXPOSURE _____ AM ___ PM ___

LOCATION OF INCIDENT BE SPECIFIC: _____

NATURE OF INCIDENT (bloody nose, accident, etc.) BE SPECIFIC:

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (gloves)? YES ___ NO ___

DID THE GLOVES LEAK? YES _____ NO _____

IF YES, EXPLAIN HOW MUCH:

Parish Faith Formation Leader was contacted:

___ YES When: _____

___ NO Why: _____

WHAT, IF ANY, BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL)? BE SPECIFIC:

WHAT PARTS OF YOUR BODY BECAME EXPOSED? BE SPECIFIC:

ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED.

FOR HOW LONG?

DID YOU RECEIVE ANY MEDICAL ATTENTION? YES _____ NO _____

IF YES, WHERE? _____ WHEN? _____

BY WHOM? _____

NAME OF INJURED PERSON #1 _____ **AGE OR GRADE** _____

DID YOU TREAT THE PERSON DIRECTLY? YES _____ NO _____

IF YES, WHAT TREATMENT DID YOU PROVIDE? BE SPECIFIC:

OTHER PERTINENT INFORMATION _____

NAME OF INJURED PERSON #2 _____ **AGE OR GRADE** _____

DID YOU TREAT THE PERSON DIRECTLY? YES _____ NO _____

IF YES, WHAT TREATMENT DID YOU PROVIDE? BE SPECIFIC:

OTHER PERTINENT INFORMATION _____