**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 incident**

**NO**

**YES**

**Exposure Incident Report**

**Exposed employee**

**Declines blood tests**

**Medical Provider**

**NO**

**Source individual identified consent to**

**Blood test**

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**Exposed employee**

**Consents to blood test**

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

**Documents & filed**

**YES**

**NO**

**YES**

**See Healthcare Provider**

**Labs drawn**

**Written Opinion provided**

**Forms completed & filed**

**Employer schedules lab tests**

**Counseling provided by employer**

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

**Results shared with exposed employee**

**Counseling provided by employer**



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