

 MOREHOUSE SCHOOL OF MEDICINE	Potential Infectious Exposure Incident Report	CONFIDENTIAL This is for internal use only for Risk Management and Quality Improvement Activities. [Report Bloodborne Pathogen Exposures]
Date of Incident / / Date Reported / / REPORT within 24 hours of exposure	Persons Involved: _____ _____ _____	Witnesses: _____ _____ _____
PERSON AFFECTED		
<input type="checkbox"/> Student <input type="checkbox"/> MSM <input type="checkbox"/> PA <input type="checkbox"/> MSMS Classification _____		
Name (Last, First, MI) _____		
Address _____ City, State, Zip _____		
Phone #(____) _____ Age: _____ Sex: ____M ____F		
ELEMENTS OF Incident		
Time of incident _____ Location: Hospital: <input type="checkbox"/> Office: <input type="checkbox"/> Other <input type="checkbox"/> _____ Address of Facility: _____	Equipment/ Procedure involved (type of exposure) i.e. Blood, Fluid _____ _____ Body Part Affected <i>Action taken after incident: i.e. cleanse site, eye wash, labs drawn</i> _____ _____	PPE required: Yes <input type="checkbox"/> No <input type="checkbox"/> PPE used: Gloves <input type="checkbox"/> N95 mask <input type="checkbox"/> Surgical mask <input type="checkbox"/> Gown <input type="checkbox"/> Comments: _____ _____
Procedure Involved in Incident 1. _____ 2. _____ 3. _____ _____	Clinician Notified: Yes <input type="checkbox"/> No <input type="checkbox"/> Name of site clinician: _____ Student Health notified: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Time: _____	Immediate treatment needed: <input type="checkbox"/> No <input type="checkbox"/> Yes Type of Tx: _____ _____
Brief Objective Statement of Facts: (include if blood testing done on source patient) _____ _____ _____		

Please submit to: SEHWCrequests@msm.edu

OR

Download Facility incident report

