

MESSIAH COLLEGE ATHLETIC TRAINING  
Blood Borne Pathogen Exposure Incident Report  
Blood and Body Fluid Contamination

Date/Yr/Time of Incident: \_\_\_\_\_

Individual (ATS) Involved/Exposed: \_\_\_\_\_

Employee Involved/Exposed: \_\_\_\_\_

Brief Summary of Incident/Exposure: \_\_\_\_\_

\_\_\_\_\_

Route of Contamination (e.g. pinprick, etc.):

\_\_\_\_\_

\_\_\_\_\_

Were proper precautions taken: \_\_\_\_\_

If not, explain why:

\_\_\_\_\_

\_\_\_\_\_

Was incident due to equipment or procedure error? \_\_\_\_\_

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Plan: All Athletic Training Students who are involved/ exposed must receive follow-up care and evaluation in the Engle Health Center.

Date/Yr/Time the ATS was referred to Engle Center: \_\_\_\_\_

If individual (ATS) is involved/exposed, did they receive care/referral to the Engle Health Center? \_\_\_\_\_

Blood work drawn after incident:

Employee: \_\_\_\_\_

Individual (ATS): \_\_\_\_\_

Signature of Involved/Exposed Individual: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Engle Health Center Nurse/ Nurse Practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

Date/Yr E.I.R. filed in the record: \_\_\_\_\_