

FIELD TRIP INFORMATION PAGE WITH STUDENT DOCUMENTS

County College of Morris

Protocols for Academic Field Trips

For purposes of this document, an academic field trip is defined as a course-related activity that serves education purposes and occurs outside of the classroom at a location other than on the campus at which the course is regularly taught. Any academic field trip that is co-sponsored with the Office of Campus Life is excluded from most of these guidelines as there are separate guidelines assigned to those trips as managed by the Office of Campus Life.

GUIDELINES

Faculty Requirements

- Academic field trips are college-sponsored events.
- All **required** academic field trips must be clearly identified in the course syllabus as to location, time, means of transportation and any fees for which the student is responsible.
- In the first class of the semester, the faculty member must discuss with the students in appropriate detail any risks associated with the activity of the field trip, expectations for behavior during the trip, and relevant emergency preparedness information. Such a discussion must be repeated no less than one week in advance of the trip.
- A faculty member must accompany all academic field trip and be Campus Security Authority (CSA) trained prior to the trip.
- Faculty can only transport students in CCM vehicles and cannot use personal vehicles. Deviation from this policy puts the faculty member at personal risk. The college does not provide liability or automobile insurance for faculty or students utilizing personal vehicles. Faculty must be designated as a CCM Approved driver before utilizing CCM vehicles. Faculty should contact the Business Services Coordinator in Business & Finance to become an Approved Driver.
- Any traffic or parking violations are the sole responsibility of the operator of the vehicle.
- A contract may be required for the use of facilities or the procurement of others good and services. **Faculty members are not permitted to sign contracts.** All contracts must be forwarded to the Purchasing Department or the Office of the Vice President for Business & Finance for review and signature. Additionally, all requests for evidence of College insurance should be referred to the Office of the Vice President for Business & Finance.

Student Requirements

- Only students currently enrolled in the course may participate in the field trip. Animals are not permitted, unless they are service dogs consistent with College policy.

Exceptions to these requirements may be made for those trips that are co-sponsored with the Office of Campus Life.

- Students with disabilities who require accommodations for the field trip should discuss them with the Office of Accessibility Services.
- Students participating in the event must conform to the same standards of behavior as published in the Student Code of Conduct.

REQUIRED PAPERWORK

Academic Departments

- The Department and Public Safety must have a complete list of all participating students including emergency contact information on file prior to the event. Contact information is to be maintained in the office of the appropriate Dean.
- Public Safety will be the on-campus contact person with information about the field trip and participants in the event that emergency communication is necessary and will coordinate with the appropriate academic department.
- All records from each field trip must be retained for three years beyond the year in which the field trip occurs.

Faculty

- The faculty member must provide the Department complete information about the location, duration and transportation route for each academic field trip and this must be on file and accessible prior to the event (“Field Trip Information Page” document).
- The faculty member must complete a CCM “Clery Act Reporting for Off Campus Student Trips” form if the trip involves the rental of a room or facility, or overnight lodging. The form is to be completed within one week of the academic trip and sent to Public Safety.
- The faculty member in charge of the academic field trip must ensure that they have access to a cell phone throughout the event and provide that number on the field trip information page.
- A contract may be required for the use of facilities or the procurement of others good and services. **Faculty members are not permitted to sign contracts.** All contracts must be forwarded to the Purchasing Department or the Office of the Vice President for Business & Finance for review and signature. Additionally, all requests for evidence of College insurance should be referred to the Office of the Vice President for Business & Finance.
- **In cases of injury, illness, accident or other incident:**
 - Injuries or illnesses requiring immediate attention should be treated at the nearest healthcare facility. The faculty member should contact 9-1-1 to summon an ambulance or arrange for safe transportation to the hospital.
 - A faculty member must submit an **Incident Report** to Public Safety when they return to campus.
 - In all injury/illness cases when the faculty member is the one injured or ill, the Employee Work-Related Accidents, Injuries or Illnesses Reporting Requirements

must be followed (including the reporting forms).

Students

- All students participating in the trip must sign the Hold Harmless and Indemnification Agreement, which also must be kept on file in the academic department sponsoring the trip.
- **In cases of injury, illness or accident:**
 - An Incident Report must be completed by the student at CCM Health Services or Public Safety when he/she returns to the campus.

ACTION REQUIRED BEFORE TRIP

(Responsible offices: Compliance, Public Safety, School Deans, Academic Departments)

- Contact Public Safety to reserve CCM vehicle.
- Faculty to receive Campus Security Authority Training
- Field Trip Fact Sheet with Student Roster of Hold Harmless Forms
- Complete Hold Harmless and Indemnification Agreement Form
- Scan required forms and save in F:\groups\Student Trips
 - STUDENT TRIPS Group Folder will have subfolders for each academic year:
 - ACADEMIC YEAR
 - 2025 - 2026(for example)
 - Each Academic Year subfolder will have subfolders for:
 - Academic Affairs
 - Create a folder with date and name of trip for each trip filed under one of these subfolders

DURING TRIP

- Faculty member should contact CCM Public Safety at (973) 328-5550 immediately upon a student or guest reporting to them a Clery crime including:
 - Manslaughter, rape, fondling, incest, robbery, aggravated assault, sexual assault, burglary, motor vehicle theft, arson, hate crimes, domestic violence, dating violence, stalking or violations of weapons, drug abuse or liquor laws.
- Faculty member to have communication plan for reporting incidents to:
 - Public Safety
 - Students in attendance

AFTER TRIP

- Original Records are kept by Academic Affairs in the case of field trips offered through courses

- Clery Act Form – if the trip will be overnight or involves the rental of a room or facility
- Records are kept for three years beyond the year in which the field trip took place
- File appropriate incident report as necessary
 - Incident Report with Public Safety for student
 - Workman's Comp/Incident Report with Public Safety, Risk Management, and HR if faculty was injured or became ill

NAME OF EVENT:			
ADDRESS:			
DATE OF EVENT:		Overnight (enter dates):	
Faculty Member		Course	
Cell Phone:		Dept/Division:	

TRANSPORTATION (check one)			
MODE:	CCM PROVIDED	<input type="checkbox"/>	
		<input type="checkbox"/>	
ARRIVAL PLAN:	MEET AT CCM	<input type="checkbox"/>	
	MEET TIME:	<input type="text"/>	
	RETURN TIME:	<input type="text"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
	MEET AT	<input type="text"/>	
	MEET TIME:	<input type="text"/>	
	DEPART TIME:	<input type="text"/>	

[illegible]

HOLD HARMLESS/INDEMNIFICATION FORMS



COUNTY COLLEGE OF MORRIS
214 CENTER GROVE ROAD, RANDOLPH, NJ 07869
Hold Harmless and Indemnification, Emergency Medical Authorization and Travel Waiver
(Domestic Travel)

Travel Event: _____

Travel Location/Dates: _____

1. The Participant agrees to indemnify and hold harmless the County College of Morris, its board members, its administrators, its faculty, its employees, its volunteers and its agents from and against any and all demands, claims, suits, causes of action, bodily injuries, property damages, losses, penalties, and/or expenses, including attorney's fees, arising out of or resulting from any and all actions, accidents and events caused by or incurred by the Participant.
2. The Participant agrees to assume the entire responsibility and liability for all damages or injuries to himself/herself and all other persons and to all property, arising out of or in any manner connected with the County College of Morris due to his/her acts, negligence or alleged negligence and to the fullest extent permitted by law, the Participant shall defend and indemnify the County College of Morris, its board members, its administrators, its faculty, its employees, its volunteers and its agents from all such claims and Participant further agrees to pay all damages and costs resulting from such a claim including reimbursement to the College.
3. This release confirms Participant's understanding that their participation in this activity is on an individual basis, at Participant's own risk, for Participant's personal benefit, and that Participant is solely responsible for their well-being and personal property used in connection with this activity. The terms of this release shall be binding on participant's heirs, executors, administrators and assignees.
4. The Participant agrees to be bound by applicable college policies, including Discrimination, Harassment and Sexual Misconduct and Student Code of Conduct policies.
5. Participant's signature below signifies that they have read this form and understands the terms of the agreement. Participant agrees to abide by CCM's Student Code of Conduct and the College's policies and procedures as a participant on this College sponsored trip.

Emergency Contact Name and Relationship: _____ **Phone #:** _____

Participant Status: _____ **Student** _____ **Faculty** _____ **Staff** _____ **Alumni** _____ **Guest** _____

I hereby certify that I am eighteen years of age or older:

Participant Name (Print): _____ **Phone Number:** _____

Participant Signature: _____ **Date:** _____

If Participant is a Minor:

I certify that I am the legal guardian of the participant and agree to all the terms and conditions noted above.

Legal Guardian Name (Print): _____ **Date:** _____

Legal Guardian Signature: _____ **Date:** _____

CLERY FORM

County College of Morris
Off-Campus Trip Reporting Form
Appendix A

This form **MUST** be completed for all CCM off campus events. This includes day trips, overnight trips, field work, optional meetups at art galleries, courthouses or other venues. The reporting requirement applies to both domestic and international trips. Answer every question. If not known, please enter "unknown".

Is the travel a College sponsored trip? Yes ☐ No ☐

Day trip or overnight trip? Day ☐ Overnight ☐ Number of Nights

Is there a written agreement of any type involved? Yes ☐ No ☐

Attach copies of rental agreements (formal or informal) to this form when submitted.

If yes, explain details (contact person, department, host institution, contact information)

Trip Date(s):

Starting: Ending:

Check In Time: Check Out Time:

College Department / Group Sponsoring Trip (example: Athletics, Campus Life)

Name of Group, Organization or Team, etc. (example: Softball Team, SGA)

College Responsible Person (Clery Act Campus Security Authority - CSA)

CSA's contact information: Office address/Office Phone #/Cell #/Email Address

The Clery Act outlines legal responsibilities of CSAs who must receive annual training.

Has the CSA completed Clery CSA training in the past 12 months: Yes ☐ No ☐

Name of Site / Building / Hotel / Location:

Address (City, State, Zip and Country) of Location:

Lodging Information (name, floor, room #, building, etc.) etc.):

Has your Department / Group used this location before? Yes ☐ No ☐

Name / Title Contact Information for Location Representative:

Telephone and Email Contact Information for Location Representative:

Name of local Law Enforcement Jurisdiction for Clery Reporting Contact:

Did the Host Institution make all the housing arrangements for our visiting students (no College involvement)? Yes ☐ No ☐

Any other pertinent information please include below or attached:

Email the completed form to: publicsafety@ccm.edu

EMPLOYEE WORK-RELATED ACCIDENTS, INJURIES AND ILLNESSES PROCEDURE

COUNTY COLLEGE OF MORRIS

Procedure: EMPLOYEE WORK RELATED ACCIDENTS, INJURIES, OR ILLNESSES PROCEDURES

General

New Jersey Workers Compensation regulations and the Morris County Loss Prevention Manual require that employee work related accidents, injuries or illnesses be reported to the College administration without delay. College administration will direct the employee to the appropriate medical care facility, and will manage reports on the incident, as called for in this procedure.

Policy

All employees of the College, including student aides, are required to **immediately** report **all** incidents of work-related injury or illness, whether on or off campus, to Public Safety and the appropriate supervisor. Public Safety will notify Human Resources Benefits Officer. Failure to report injuries or illness in a timely manner may result in denial of the claim.

Infectious Disease Control

Employees exhibiting symptoms of an infectious disease while at work must notify their supervisor and Human Resources and must leave the campus. This includes employees who have a fever over 100.4 degrees.

Authority

Vice President, Human Resources and Labor Relations
County of Morris Loss Prevention Manual – Section 3:4.0
29 Code of Federal Regulations Part 1904
County College of Morris Bloodborne Pathogens Exposure Control Plan

Responsibility

Human Resources
Benefits Officer
Public Safety
Supervisors
Employees

Procedure

A. SERIOUS MEDICAL INJURIES OR ILLNESS

1. ***The employee or person witnessing an incident*** immediately contacts 9-1-1 and then the ***Department of Public Safety*** (ext. 5550 or 973/328-5550).
2. If contacted directly regarding an emergency, ***The Department of Public Safety*** **immediately** and **always** calls 9-1-1 and then notifies the Benefits Officer.

3. Follow steps (3) through (13) as described below under MINOR INJURIES OR ILLNESSES.

B. MINOR MEDICAL INJURIES OR ILLNESSES

1. **Employee** immediately notifies **Public Safety**. (ext. 5550 or 973/328-5550). If the employee is on college business off campus, they report to the nearest walk-in clinic or emergency department and as soon as possible contact **Public Safety**.
2. When **Public Safety** responds, the officer will complete a Security Investigation Report (Attachment C) and assist the employee with completing an Illness/Injury Report Form (Attachment A).
3. **A Public Safety Officer** will assist the employee in contacting Qual Lynx Hotline **1-800-425-3222** to document the workers compensation case. If medical treatment is required, Qual Lynx will refer the employee to an approved medical provider. Treatment can only be authorized by Qual Lynx. If the employee is unable to drive themselves to the medical provider, Public Safety may be able to provide transport. However, it is the employee's responsibility to provide transport at their own cost, as necessary.
4. **A Public Safety Officer** will provide the injured/ill employee with a Morris County Workers' Compensation Report of Injury Form (Attachment B). **The Employee** completes their portion (first side) of the form as soon as they are physically able and gives it to their Supervisor. **The Supervisor** investigates the incident, completes their portion (second side) of the form, has it signed by the Division or Department Head, and sends it to the Human Resources Office **within 24 hours**.
5. If the incident involves potential exposure to bloodborne pathogens, the **Public Safety Officer** must provide **the Employee** with an Exposure Incident Report (Attachment D) to complete and bring with them to the medical provider.
6. Copies of **all** completed forms must be provided to the Benefits Officer or designee **within 24 hours**.
7. **The Employee** must submit all medical Return to Work Reports and medical bills pertaining to the incident to the **Benefits Officer** who will forward them to Morris County Risk Management for processing.
8. The **Public Safety Environmental Safety Coordinator** reviews the incident reports to determine if any safety issues may require remediation and notifies the **appropriate department**.
9. The **Benefits Officer** or designee completes the on-line PMA Companies Workers Compensation claim application. The **Benefits Officer** or designee forwards the

Illness/Injury Report Form and the Security Investigation Report, medical reports, and any other pertinent documentation to Morris County Risk Management upon receipt.

10. If applicable, the **Benefits Officer** adds the employee injury to the OSHA's Form 300 Log of Work-Related Injuries and Illnesses for the current year. If the injury is percutaneous occurring from contaminated sharps it is also added to the Sharps Injury Log for the year, maintained with the OSHA's Form 300.

Since the College exercises its right under OSHA to appoint a medical provider, employees should be aware that fees to personal physicians might not be paid by the workers' compensation provider. The College will comply with the decision of the assigned medical provider which will involve either a full return to work, no return to work, or return to work with restrictions.

Employees must remain in compliance with the medical provider's orders 24/7 and attend all follow-up appointments as directed until released to full duty or reaching maximum medical improvement. Employees should make all reasonable attempts to schedule appointments outside of their normal business hours when possible. If the appointment with the medical provider is during regular work hours, the employee will be allowed up to a maximum of 2 hours leave for local providers and four hours for providers requiring travel of fifty (50) miles or more.

If the employee does not wish medical attention at the time of reporting but determines they require medical attention at a future date, they must first contact the Qual Lynx Hot Line **1-800-425-3222** to be referred to a medical provider and notify the Benefits Officer at 973-328-5035.

The College does not offer light duty but may offer **alternate duty** which will adhere to any restrictions directed by the medical provider upon a return to work. Under alternate duty, employees may be assigned job tasks not in their usual job descriptions. The College will decide whether the medical provider's restrictions can be accommodated to return an employee to work.

C. FATALITY, IN-PATIENT HOSPITALIZATION, AMPUTATION OR LOSS OF EYE

If a ***fatality or in-patient hospitalization, amputation, or loss of eye*** takes place, the **Benefits Officer** or the **Environmental Safety Coordinator** will call the Department of Labor Office Public Employees Occupational Safety and Health Administration (PEOSH) at 1 (800) 624-1644 within eight hours of a fatality, or within twenty-four hours of an in-patient hospitalization, amputation, or loss of eye. If the Benefits Officer or designee are unavailable, **Public Safety** must perform the notification.

MORRIS COUNTY WORKERS COMPENSATION
REPORT OF INJURY



Must be completed and sent to
CCM Human Resources, HH 106, within 24 hours

Attachment B
(Two sided)
(Rev. 8/18)

MORRIS COUNTY WORKERS' COMPENSATION REPORT OF INJURY

ACCIDENT REPORT OF INJURY TO EMPLOYEE & SUPERVISOR ACCIDENT INVESTIGATION

ALL ACCIDENTS, REGARDLESS OF SEVERITY, MUST BE REPORTED IMMEDIATELY TO QUAL LYNX, AT 1-800-425-3222 (INCLUDING DAYS, NIGHTS, WEEKENDS AND HOLIDAYS). THIS REPORT MUST BE COMPLETED AND SIGNED BY THE EMPLOYEE AND SUPERVISOR AS SOON AS POSSIBLE AND FAXED TO 973-328-5067. IF EMPLOYEE IS UNABLE TO COMPLETE AT THE TIME OF THE INCIDENT, THEY MUST COMPLETE AND SIGN AS SOON AS POSSIBLE. ANY FALSE STATEMENTS MADE ON THIS DOCUMENT MAY RESULT IN DISCIPLINARY ACTION INCLUDING TERMINATION.

1. EMPLOYEE NAME				2. JOB TITLE					
3. HOME ADDRESS STREET		TOWN		STATE		ZIP		HOME PHONE	
4. DEPARTMENT & WORK LOCATION				5. DATE HIRED		6. GENDER () MALE () FEMALE		7. SOCIAL SECURITY NO.	
8. D.O.B.		9. EMPLOYMENT STATUS () FULL TIME HOURS PER WEEK _____ () PART TIME SHIFT _____		10. REGULAR DAYS OFF		11. MARITAL STATUS () SINGLE () MARRIED		12. # OF DEPENDENTS	
13. DATE OF ACCIDENT		14. DAY OF ACCIDENT		15. TIME OF ACCIDENT		16. DATE REPORTED TO SUPERVISOR		17. WERE YOU ABLE TO RETURN TO WORK? () YES () NO	
18. LOCATION OF ACCIDENT BLDG./RM #/LOT #/ETC. FACILITY _____, CCM				19. IF MOTOR VEHICLE ACCIDENT: WAS VEHICLE DAMAGED () YES () NO DID OTHERS CLAIM INJURY () YES () NO # OTHERS INJURED _____					
20. WITNESSES NAME AND ADDRESS				EMPLOYEE _____ () YES () NO _____ () YES () NO					
21. HAVE YOU HAD ANY PREVIOUS INJURIES OF THIS NATURE? () YES () NO GIVE DETAILS, DATE, AND TREATING DOCTOR'S NAME: _____ _____									
22. DETAILS OF HOW ACCIDENT OCCURRED: _____ _____ WHAT JOB DUTIES WERE YOU PERFORMING? _____ WHAT PART OF YOUR BODY WAS INJURED? _____ DESCRIBE SEVERITY AND EXTENSIVENESS OF INJURY: _____ _____ WHAT DO YOU THINK CAUSED THIS ACCIDENT? _____ _____ DO YOU WISH MEDICAL ATTENTION AT THIS TIME? () YES () NO HAVE YOU GONE TO A COUNTY-APPROVED MEDICAL FACILITY? () YES () NO WHICH ONE? _____									
23. STATEMENT OF FACT, AUTHORIZATION TO FURNISH MEDICAL INFORMATION, AND WORK RESTRICTIONS YOU ARE HEREBY REQUESTED AND AUTHORIZED TO DISCLOSE, MAKE AVAILABLE AND FURNISH TO THE COUNTY OF MORRIS OR ANY AUTHORIZED REPRESENTATIVE, ALL INFORMATION, RECORDS, X-RAYS, REPORTS OR COPIES THEREOF RELATING TO ANY MEDICAL EXAMINATION, CONSULTATION, CONFINEMENT OR TREATMENT AND TO PERMIT THEM TO INSPECT AND MAKE COPIES OR ABSTRACTS THEREOF. YOU ARE ALSO AUTHORIZED TO SEND ANY DRUG/OR ALCOHOL INFORMATION IF APPLICABLE. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE, AND I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE THAT I AM SUBJECT TO PUNISHMENT AS PROVIDED BY LAW. I UNDERSTAND THAT ONLY TREATMENT AUTHORIZED BY MORRIS COUNTY WILL BE PAID BY MORRIS COUNTY. I WILL BE RESPONSIBLE FOR PAYMENT OF ALL TREATMENTS NOT AUTHORIZED BY MORRIS COUNTY. I ALSO UNDERSTAND THAT WHILE RECEIVING WORKER'S COMPENSATION BENEFITS, I AM NOT PERMITTED TO PERFORM ANY TYPE OF WORK FOR REMUNERATION OR PROFIT WITHOUT FIRST NOTIFYING THE OFFICE OF RISK MANAGEMENT. I AM ALSO NOT PERMITTED TO PERFORM ANY TYPE OF ACTIVITY, VOLUNTEER OR OTHERWISE, WHICH MAY AGGRAVATE OR RETARD THE HEALING PROCESS. (EXAMPLE: TRAVELING, CHORES, YARD WORK, PAINTING, SHOVELING SNOW, SPORTS, AND VOLUNTEER FIRE / OR FIRST AID SQUAD.) _____ SIGNATURE OF EMPLOYEE (DATE) _____									
24. SIGNED-PERSON IN DIRECT CHARGE OF WORK				TITLE		PHONE #:		DATE	
25. APPROVED-PERSON IN GENERAL CHARGE OF WORK				TITLE		PHONE #:		DATE	

SUPERVISOR'S INJURY/ILLNESS INVESTIGATION REPORT
(TO BE FILLED OUT BY EMPLOYEE'S SUPERVISOR)

Attachment B
(Two sided)
(Rev. 8/18)

Injured/Ill Employee's Name: _____	Injury Date: _____	Injury Time: _____
Department: _____ Position Title: _____		
1. What did you observe at the location where the injury/illness occurred? _____		
2. What activity was the employee performing at time of injury/illness? _____		
3. Was this activity part of the employee's job responsibilities? If no, explain. _____		
4. Was the activity being done according to instruction or standard procedures? _____		
5. What personal protective equipment is required to perform this task? _____		
5a. Were all safety procedures followed, including wearing required personal protective equipment?		
6. Did you find all equipment involved to be in good working order? _____		
IF ANY IMPLEMENT, TOOL, PIECE OF MACHINERY OR OTHER OBJECT WAS THE CAUSE OF, OR WAS IN ANY WAY CONNECTED WITH THE ACCIDENT, IT SHOULD BE INSPECTED IMMEDIATELY. IF OBJECT IS PORTABLE, AND UNLESS ITS CONTINUED USE IS ABSOLUTELY NECESSARY, IT SHOULD BE PLAINLY LABELED AND PLACED IN THE CARE OF THE PERSON IN AUTHORITY. A REPORT OF ANY INSPECTION AND A NOTICE OF THE WHEREABOUTS OF THE OBJECT SHOULD BE SENT WITH THIS REPORT.		
7. After review of these responses, and investigation of the location where the injury/illness occurred, what in your opinion caused this injury/illness? _____		
8. If you answered NO to any questions above, please state corrective action taken to address the questions to which you responded NO.		
ALL QUESTIONS MUST BE ANSWERED OR THIS FORM WILL BE RETURNED TO YOUR DEPARTMENT DIRECTOR		
Name of Supervisor: _____		Signature of Supervisor: _____
Name of Division Head/ Department Head: _____		Signature of Division Head/Department Head: _____
Date of this report: _____		
THE SIGNATURES OF IMMEDIATE SUPERVISOR AND DIVISION HEAD/ DEPARTMENT HEAD ARE REQUIRED		

SEND ORIGINAL TO CCM HR TO BE FORWARDED TO MORRIS COUNTY RISK MANAGEMENT
COPY TO EMPLOYEE FILE

EXPOSURE INCIDENT REPORT

**New Jersey Department of Health
PEOSH Unit
EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)**

(Please print)

Date Completed: _____

Employee's Name: _____ SS# _____ - _____ - _____

Home Phone: _____ Business Phone: _____

DOB: _____ Job Title: _____

Employee Vaccination Status: _____

Date of Exposure: _____ Time of Exposure: _____ ☐ AM ☐ PM

Location of Incident (Home, Street, Clinic, etc.). Be specific.

Nature of Incident (Auto Accident, Trauma, Medical Emergency). Be specific.

Describe what task(s) you were performing when the exposure occurred. Be specific.

Were you wearing personal protective equipment (PPE)? ☐ Yes ☐ No

If Yes, list: _____

Did PPE fail? ☐ Yes ☐ No

If Yes, explain how: _____

What 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:

EXPOSURE INCIDENT REPORT
(Continued)

For how long? _____

Did a foreign body penetrate your body (needle, nail, auto part, dental wires, etc.)? ☐ Yes ☐ No

If Yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? ☐ Yes ☐ No

If yes, what fluid? _____ How much? _____

Did you receive medical attention? ☐ Yes ☐ No

If yes, where? _____

When? _____

By Whom? _____

Identification of source individual(s): _____

Name(s): _____

Did you treat the patient directly? ☐ Yes ☐ No

If yes, what treatment did you provide? Be specific: _____

Identification of source individual(s): _____
