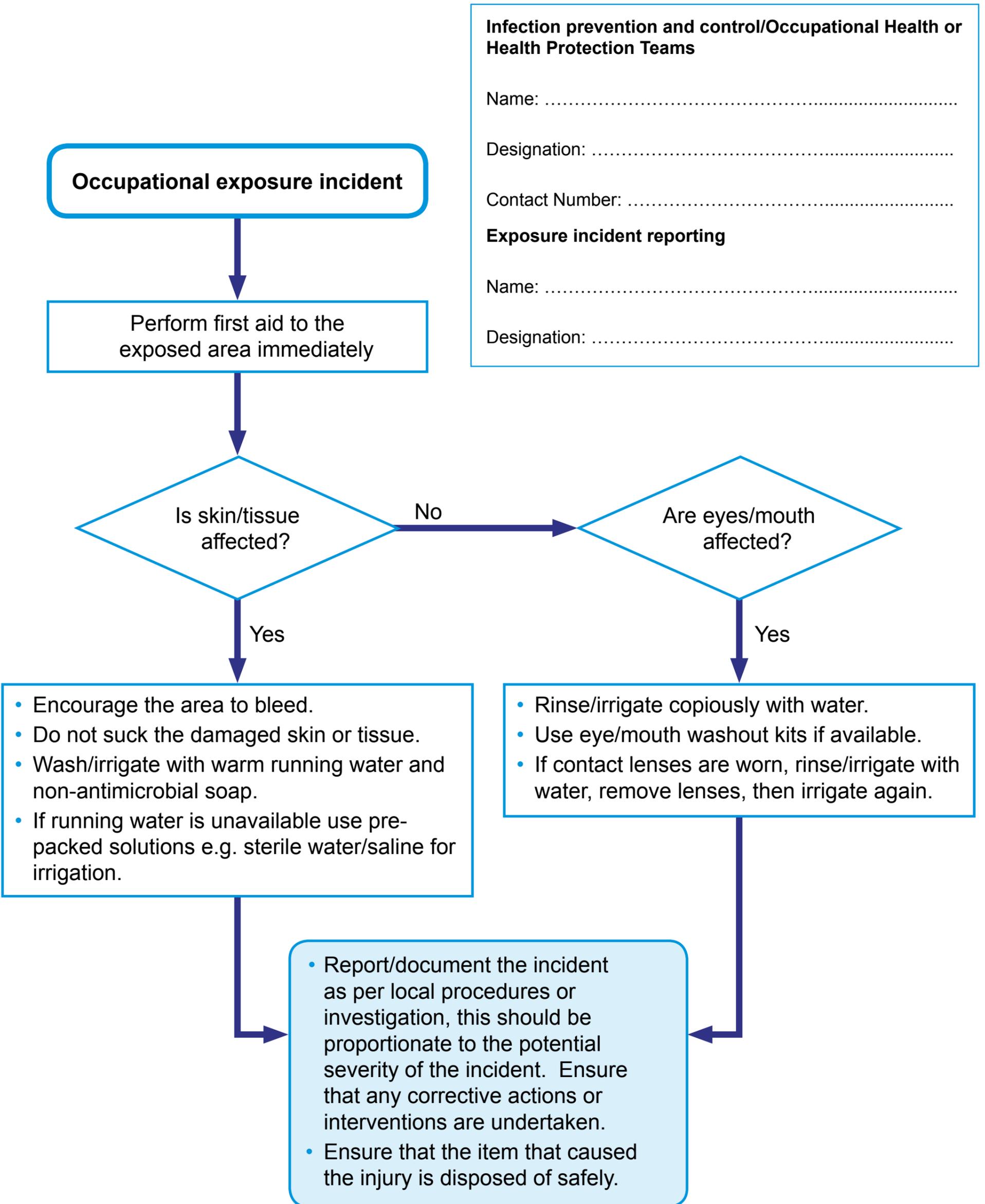


# Best Practice: Appendix 10 – Management of occupational exposure incidents



**Infection prevention and control/Occupational Health or Health Protection Teams**

Name: .....

Designation: .....

Contact Number: .....

**Exposure incident reporting**

Name: .....

Designation: .....