

BLOOD AND BODY FLUIDS INCIDENT REPORT

Employee Name _____ Position _____
 Employee S.S. # _____ Home Phone _____
 Home Address _____
 School _____

DESCRIPTION OF INCIDENT

A. Briefly describe what happened: _____

Date of incident: _____ Time: _____ Place: _____

1. Wounds

- a. Did the incident involve a wound? () yes () no
- b. Did the wound result in visible bleeding? () yes () no
- c. Was the wound caused by: () needle () human bite () other sharp instrument (*specify*) _____
- d. Was the object causing the wound covered with blood/body fluids? () yes () no

2. Blood/Body fluid exposure to mucous membranes:

- a. Did the individual's blood/body fluids come in contact with your body? () yes () no
- b. What was the substance to which you were exposed?
 () blood () feces () urine () emesis (vomit) () sputum () sexual fluids
- c. If the substance was anything other than blood, was there any blood visible in the fluids?
 () N/A () yes () no () unknown
- d. What part of your body was exposed to the substance? (*check all that apply*)
 () mouth () eyes () nose () ears () skin () none () other (*specify location*): _____

e. How long was your body part in contact with the substance? _____

- B.
- 1. Skin condition prior to incident: _____
 - 2. If the exposure was to your skin, was your skin bruised in any way? () yes () no
 - 3. What was the nature of your skin abrasion? () acne () dermatitis () cracks due to dry skin
 () unhealed cuts or scratches () no skin abrasion () other (*specify*) _____

C. Initial preventative and protection in place: _____

D. Treatment: _____

E. The school nurse was notified as follows:
 Date: _____ Time: _____

F. Medical Intervention – In the event of contact with blood and/or body fluid it is suggested that you discuss with the school nurse:

- 1. HBV antibody or previous vaccination status for HBV.
- 2. The need for HBV/HIV antibody testing.
- 3. Notifying your physician or health care provider of the exposure to blood or body fluids immediately.

 Signature of Employee

 Date

 Time

 Signature of Supervisor

 Date

 Time