

EMPLOYEE EXPOSURE INCIDENT REPORT FORM

If there has been a blood borne exposure, this is considered a true medical emergency and requires immediate follow up by a physician. Timing is crucial.

I. Exposed Employee – General Information

Employee's name: _____ SS #: _____

DOB: __/__/__ Home Phone: () _____ Business Phone: () _____

Job Title: _____ Vaccination Status: _____

School: _____

II. Incident Information

Date of Exposure: __/__/__ Time of Exposure: _____ AM _____ PM

Location of incident (be specific: e.g., Room 302, playground, gym, etc.): _____

Nature of incident (be specific: e.g., fight, trauma, medical emergency): _____

Identification of source individual(s): _____

Names: _____

III. Exposed Employee Activities at Time of Incident

What task(s) were you performing when the exposure occurred (be specific)? _____

What personal protective equipment (PPE) was the employee wearing at the time? If none, write "None".

Did the PPE fail? Yes No If yes, explain how: _____

IV. Exposure

Did the employee treat the source individual directly? Yes No

If yes, state what treatment the employee provided (be specific): _____

What body fluid(s) was the employee exposed to (be specific: blood, saliva, etc.)? _____

V. Medical Intervention

In the event of contact with blood and/or body fluid, it is suggested that **you discuss with school nurse:**

1. HBV antibody or previous vaccination status for HBV.
2. The need for HBV/HIV antibody testing and Td Booster
3. Notifying your physician or health care provider of the exposure to blood or body fluids immediately.
4. School nurse initials here _____ if discussed with employee.
5. Employee will keep a copy and send original to Health Services.
6. Return this completed form to supervisor/Health Services

VI. Post Exposure Activity

After exposure, what did the employee do? Washed hands/washed exposed area
Showered, Changed clothes, Flushed eyes/rinsed mouth, Other (specify) _____

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VII. Return this completed form to supervisor/school nurse.

VIII. Medical Evaluation and Follow-Up

Did the employee receive medical attention? Yes No
If yes, where? _____

When? _____ From Whom? _____

Please add any other pertinent information:

X. Documentation

Employee signature: _____

Date __/__/__ Time _____ AM PM

Principal/Supervisor notified: Date __/__/__ Time AM PM

Note: This document must be maintained with employee's file for the duration of employment plus 30 years.