***CHERRYFIELD SCHOOL DEPARTMENT***

***NEPN/NSBA CODE: GBGAA-E6***

**EXPOSURE INCIDENT REPORT**

**Part I-Exposed Individual**

Name:

Address:

SSN:

1. Using the list below, check off the parts of the body that were exposed:

 [ ] Eye

 [ ] Mouth

 [ ] Mucous membrane

 [ ] Non-intact skin

 [ ] Puncture

2. What was the employee exposed to?

 [ ] Blood

 [ ] Vomit

 [ ] Urine

 [ ] Feces

 [ ] Other (explain):

3. Describe the exposure incident:

 What work was being done?

 What caused the incident?

 What personal protective equipment was worn?

 What actions were taken immediately following the accident?

**Part II -Source Individual**

Name:

Address:

 1. Does your state have a confidentiality requirement? [ ] yes [ ] no [ ] unknown

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 2. Is the source individual infected with HBV, HCV or HIV?

 [ ] yes [ ] no [ ] unknown

 3. Has the source individual consented to blood testing? [ ] yes [ ] no [ ] unknown

**Part III-Medical Examination Checklist**

Provide the following information to the health care provider who performs the follow-up medical evaluation on the exposed employee.

Initial and date when each step is completed.

 1. Copy of the Bloodborne Pathogens Standard Initials \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

 2. Copy of this Exposure Incident Report Initials \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

 3. Results of the Source Individuals’ blood test Initials \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

 4. Copy of the exposed employee’s medical records

 relevant to the exposure Initials \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

**Part IV-Prepared By**

Signature of person completing this form:

Print Name: Date:

**Part V-Exposed Employee Medical Release**

I hereby affirm that the information found in the Exposure Incident, Report is a true and correct account of my exposure incident. I further authorized my employer to release all relevant medical records to the health care provider who will be performing the medical evaluation and follow-up for this exposure incident. I understand that all information collected during this evaluation and the contents of this report will remain confidential.

Employee Signature: Date:

DATE ADOPTED: January 13, 2015

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