

BLOODBORNE EXPOSURE INCIDENT REPORT
Risk Management Department
Lincoln Public Schools

Complete this form when going to the District designated medical provider for assessment.

Date of Incident: _____ Time of Incident: _____ a.m. p.m.

Employee Name: _____ Social Security Number: _____

School: _____ Position: _____

On the above date, the employee was involved in an incident (contact with blood or other potentially infectious material). The following information was obtained to assist in a medical evaluation of the incident:

1. How did contact with blood/body fluid occur?

A. Body Part:

- Eyes Other mucous membrane Needlestick, puncture, bite, scratch
- Nose Non-intact skin Other _____
- Mouth If from student, student I.D. No. _____

B. Explain: _____

2. Type of body fluid/material:

- Blood Other potentially infectious material; specify _____

3. Estimated amount of blood/body fluid or description of amount: _____

4. Specific job duties being performed at time of exposure:

5. Did handwashing and/or flushing of mucous membrane occur as soon as possible? Yes No

Comments: _____

6. Was personal protective equipment utilized? (If so, what type, e.g., gloves, face shield, etc.) Yes No

Comments: _____

7. Was clothing contaminated? If so, did appropriate disposal/laundrying procedures occur? Yes No

Comments: _____

8. Severity of exposure:

A. Percutaneous (skin piercing):

Depth of injury: _____ Was source fluid present at site of injury? Yes No

Comments: _____

B. Mucous membranes:

Area covered: _____ Length of time of exposure: _____

Comments: _____

C. Non-intact skin

Condition of skin: Fresh cuts (24 hrs.) Dermatitis Chapped Other _____

9. Has employee been referred to Company Care for evaluation and follow up? Yes No

10. Has employee been previously immunized to Hepatitis B? Yes No

11. All documents required were provided to professional clinic on the following date: _____

Health Office Signature

Date