

School Exposure Incident Investigation Form

Date of Incident: _____ Time of Incident: _____

Location: _____

Person(s) Involved: _____

Potentially Infectious Materials Involved:

Type and Amount of body fluid exchanged: _____

Source (needle stick, human bite, slash, CPR, cut, etc.): _____

Source (person's name & phone number, if person): _____

Circumstances (what was occurring at the time of the incident): _____

How was the incident caused (accident, equipment malfunction, etc.)? List any tool, machine or equipment involved.) _____

Was the employee immunized for Hepatitis B? When? _____

Personal Protective Equipment (PPE) being used at time of incident: _____

Actions taken (decontamination, clean-up, reporting, prophylaxis, etc.): _____

Recommendations for avoiding repetition of incident: _____

Completed by: _____

Date: _____

Please send copies of completed form to Troy Hamblin and Larry Savage.