

PASSAIC PUBLIC SCHOOLS
(school address and telephone number)

EXPOSURE INCIDENT FORM

In the event of an incident involving the exposure of a staff person or student to blood or other potentially infectious materials, this form, as required by the Occupational Safety and Health Administration (OSHA), shall be completed as soon as possible. The information collected below is intended to assist with evaluating the control methods used and with preventing future exposures.

Name of Person(s) Exposed: _____
(indicate if staff or student)

District School: _____

Incident Date: _____ Time: _____

Incident: Mark in each column, as appropriate

Exposure:

- Blood
- Other Body Fluids
Specify: _____
- Was blood seen in body fluid?
Yes _____ No _____

Injury Type/Exposure Route:

- Abrasion
- Laceration
- Puncture
- Mucous Membrane
- Human Bite
- Other _____ Specify: _____

Body Part Injured:

- Finger
- Hand
- Arm
- Eye
- Other: _____

- Infectious Material
- Other _____

Description of Incident:

Protective equipment in use at time of incident:

- Gloves
- Goggles
- Face Mask/shield
- Protective Sleeves
- Lab Coat
- Gown
- Other

Referred to: _____

- No Medical Treatment sought
- Emergency Treatment Center

INCIDENT REPORT FORM (Exhibit F continued)

Policy 4112.4/4212.4 Employee Health (covering exposure to bloodborne pathogens)

All staff are trained and familiar with policy _____ - or - Number of staff not currently trained: _____

Engineering controls in place at the time of the exposure incident:

The term "engineering controls" includes all control measures that isolate or remove a hazard from the workplace, encompassing not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Examples include sharps disposal containers and biosafety cabinets.

The work practices and protective equipment or clothing used at the time of the exposure incident:

Notation of any "failures to control" at the time of the exposure incident:

What changes need to be made to prevent reoccurrence?

Report prepared by: _____

_____ Date

Position: _____