



Cattaraugus-Allegany BOCES

BLOOD & BODY FLUIDS INCIDENT FORM

All information within this form is strictly CONFIDENTIAL as per HIPPA 45 CFR Part 160 and Part 164.

Employee Name: _____ Employee S.S. #: _____

Job Title: _____ School: _____

I. DESCRIPTION OF INCIDENT (to be completed by employee)

A. Briefly describe what happened.

Date & Time of Incident

B. Wounds

1. Did the incident involve a wound? yes no If no, go to section C.
2. Did the wound result in visible bleeding? yes no
3. Was the wound caused by: needle human bite other sharp instrument [specify] other [specify]
4. Was the object causing the wound covered with blood/body fluids? yes no

C. Blood /Body fluid exposure

1. Did the individual's blood/body fluids come in contact with your body? yes no If no, go to section D.
2. What was the substance to which you were exposed?
 blood feces urine emesis [vomit] sputum sexual fluids saliva
3. If the substance was anything other than blood, was there any blood visible in the fluid? yes no
4. What part of your body was exposed to the substance? (Check all that apply) mouth eyes nose ears
 skin [specify location] _____ other [specify] _____

5. How long was your body part in contact with the substance?

6. If the exposure was to your skin, do you have any abrasions which would allow a body fluid to enter your body?
 yes no If no, go to section D. If yes, what was the nature of your abrasion? acne dermatitis [rash or irritation]
 cracks due to dry skin unhealed cuts or scratches
 other [specify] _____

D. Personal Protection

1. Which of the following procedures were being used at the time of the incident? [Check all that apply] () cuts/open wounds covered with bandages () mask () vinyl/Latex gloves () pocket ventilator/ambu bag () goggles/glasses () other [specify] _____

2. After incident, what did you do? () washed hands/exposed area () changed clothes () flushed eyes/rinsed mouth () showered () other [specify] _____

The supervisor was notified as follows: Date: _____ Time: _____

The supervisor notified BOCES school nurse/LPN instructor: Date: _____ Time: _____

II. SIGNIFICANCE OF EXPOSURE (to be completed by BOCES school nurse or appropriate LPN staff)

A. Did an exposure occur which could transmit disease? () yes () no

- 1. If no, inform the employee of no further action needed.
- 2. If yes, refer employee for appropriate evaluation and treatment.

B. For evaluation, provide to the healthcare professional evaluating the employee:

- 1. A copy of the regulation "Occupational Exposure to Bloodborne Pathogens"
- 2. A description of the exposed employee's duties as they relate to the exposure incident
- 3. A copy of the Blood & Body Fluids Incident Form
- 4. All medical records relevant to employee treatment including vaccination status
- 5. Information on the source individual if so provided:

a. Name of source: _____

b. Home address: _____ Home phone: _____

c. Has the source's blood been tested: () yes () no
If no, will the source consent to have his/her blood tested? () yes () no

III. SIGNATURES

Signature of Employee

Date

Signature of BOCES Supervisor/School Nurse

Date