

**PITTSFORD CENTRAL DISTRICT
BLOOD AND BODY FLUIDS INCIDENT FORM**

5690F.1

Name _____ S.S. # _____

Home Address _____ Home Phone _____

School _____ School Code _____

Position _____ Supervisor/School Nurse _____

DESCRIPTION OF INCIDENT

- 1) Briefly describe what happened _____
Date of Incident _____ (use back if necessary)

- 2) Complete the following section:
 - a. Wounds
 1. Did the incident involve a wound yes no
 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
 - b. Blood/Body fluid exposure to mucous membranes
 1. Did the individual's blood/body fluids come in contact with your body? yes no
 2. What was the substance to which you were exposed?
 N/A; I was not exposed blood feces emesis (vomit) sputum sexual fluids
 3. If the substance was anything other than blood, was there any blood visible in the fluid?
 N/A yes no unknown
 4. What part of your body was exposed to the substance? (check all that apply)
 mouth eyes nose ears skin (specify location) none
 other (specify) _____

- 3) How long was your body part in contact with substance?
 - a. If the exposure was to your skin, was your skin bruised in any way? yes no
 - b. What was the nature of your skin abrasion? acne dermatitis cracks due to dry skin
 unhealed cuts or scratches no skin abrasion other (specify) _____

- 4) 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) _____

- 5) First line intervention - after exposure, what did you do? washed hands/exposed area
 changed clothes flushed eyes/rinsed mouth showered other (specify) _____

- 6) The supervisor/school nurse was notified as follows: Date _____ Time _____

- 7) Medical Intervention - in the event of contact with blood and/or body fluid it is suggested that you discuss with school nurse:
 - a. HBV antibody or previous vaccination status for HBV.
 - b. The need for HBV/HIV antibody testing.
 - c. Notifying your physician or health care provider of the exposure to blood and body fluids immediately.

- 8) Return this completed form to supervisor/school nurse.

- 9) In case of incident or injury to the school nurse/health professional:
 - a. Report incident to supervisor.
 - b. Complete form.