

**GRANTS PASS SCHOOL DISTRICT #7
GRANTS PASS, OR 97526**

UNANTICIPATED/ACCIDENTAL BODY FLUID EXPOSURE FORM

Policy Statement:

An exposure incident (a specific mouth, eye or other mucous membrane, non-intact or parenteral contact with blood or other potentially infectious material that result from the performance of a staff member's duties) shall be reported immediately to the building administrator and/or supervisor.

School: _____

Address: _____

Exposure Control Officer: Sherry Ely _____

Name of exposed: _____

Circle one: Student Staff

Source individual (if known): _____

Reported by: _____ Title: _____ Date/Time: _____

Description of exposure (including route(s) and circumstances):

Was health care consultation sought? **Yes** **No**
(EMPLOYEE ONLY - If seeking treatment you must complete a SAIF 801 form and submit to the District Office)

If yes, Provider Name: _____ Date of Treatment: _____

Follow Up:

See Attached Physician's Statement/recommendation

- ❖ *EMPLOYEE ONLY - you must return your physicians Work Release document to the District Office or Principal before returning to work*

Comments: _____

Signature of Building Administrator/Supervisor: _____ Date: _____