

Item G Exposure Incident Report

Ephrata School District 165
499 C ST SW
Ephrata, WA 98823

To be completed by the Exposure Control Officer within 24 hours of the Exposure

This information to be treated CONFIDENTIALLY for release as authorized by law.

VOLUNTEER/EMPLOYEE INFORMATION

Volunteer/Employee Name

Social Security Number

Birth date

Department

Certification Level

Did you seek Medical Attention

Yes

No

From Who

Time

Date

EXPOSURE INFORMATION

Date of Exposure

Time of Exposure

Exposed to

Blood

_____ Vomits

Feces

_____ Other

Explain Other

TYPE OF EXPOSURE

Needle Stick

Cut

Splash/Spray

____ Other

Explain Other

SOURCE INDIVIDUAL INFORMATION

Source Individual

Address

Phone

Social Security Number

Birth date

Source consented to HIV Testing

Hepatitis B Testing

TB Testing

Source Hepatitis B vaccine status:

#1

____ #2

__ #3

Source Blood Sample sent to Health Department Lab: Date

Time ____

Source Would **NOT** consent to testing: Health Department Notified on

Source Individual Transported to

Ephrata School District

Infection Control Program Policy 6512

3/06

Item G. *[continued]* Describe in detail what happened:

What personnel protection was in use at the time of the exposure?

What measures can be taken to prevent this type of exposure in the future:

Volunteer/Employee Signature

Exposure Control Officer Signature