

BERRIEN REGIONAL EDUCATION SERVICE AGENCY
711 St. Joseph Avenue
Berrien Springs, Michigan 49103

STAFF ACCIDENT/EXPOSURE INCIDENT REPORT

EMPLOYEE NAME: _____ BUILDING: _____

ROOM # _____ TIME OF INCIDENT: _____ AM/PM

DATE OF INCIDENT: _____

POTENTIALLY INFECTIOUS MATERIALS:

TYPE: _____

SOURCE INDIVIDUAL: _____

HISTORY OF WHAT HAPPENED: (How was incident caused - give brief description of what occurred)

PERSONAL PROTECTIVE EQUIPMENT BEING USED:

TYPE OF BEHAVIOR: (✓ one that applies)					
	Spitting		Biting		Urination
	Defecation		Masturbation		Bleeding
	Other	Specify:			

ACTIONS TAKEN (decontamination, clean-up, reporting, etc.):

EMPLOYEE'S SIGNATURE: _____

AN EXPOSURE INCIDENT OCCURRED: Yes No

SUPERVISOR/NURSE SIGNATURE: _____

If an exposure incident has occurred, notify supervisor immediately and complete remainder of form. Also complete BLOOD/BODY FLUID EXPOSURE WORKSHEET.

EMPLOYEE STATUS PRIOR TO EXPOSURE:			
	YES	NO	DATE AND/OR NAME
RECOMBIVAC Series			
Test for Anti-BHs			
HBIG			
RECOMBIVAC Booster			
Notify Health Department			
Notify Company Physician			
Reported to Human Resources			

REPORTED BY: _____

SUBMIT TO IMMEDIATE SUPERVISOR FOLLOWING INCIDENT.

COPIES TO:

- Employee medical file
- Physician

