

CARSON CITY SCHOOL DISTRICT

POST-EXPOSURE CONTROL INCIDENT REPORT

To be completed by the principal within 24 hours of an exposure incident

(Exposure incident is defined as unprotected contact with blood and/or other potentially infectious materials through skin cuts, the eyes, or mouth or by puncture wounds, human bite, or abrasions)

Name: _____ SSN: _____

Date of Incident: _____ Time of Incident: _____

Date of Report: _____ Time of Report: _____

School or Site of Incident: _____

(POTENTIALLY INFECTIOUS MATERIALS INCLUDE: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluids)

Contact was made with the following body fluid(s): _____

Site(s) on employee's body that was exposed (e.g., eyes, mouth, puncture in hand, etc.): _____

Source of exposure, if identifiable (name person, if possible): _____

Circumstances (work being performed, witnesses, etc.): _____

Was personal protective equipment used? Please Identify: _____

POST-EXPOSURE CONTROL INCIDENT REPORT - CONTINUED

Recommendation to avoid repetition: _____

Was employee referred for a medical evaluation? _____ YES _____ NO

If not, please explain: _____

If yes, where was employee referred? _____

Provider's Name: **ARC**
Address: **2874 North Carson Street, Suite 135**
 Carson City, NV 89706

Telephone Number: **(775) 883-7855**

Date of Medical Evaluation: _____

Please provide the following information:

1. Did the above named employee submit to blood screening? _____
2. As a result of your evaluation, did you recommend vaccination for Hepatitis B or other bloodborne pathogens? _____

3. If vaccination was recommended, did the employee agree to be vaccinated (the School District will assume cost)? _____
4. Was the employee referred for infections disease treatment? _____
5. Additional recommendations/comments: _____

Please return to: School Name: _____
 School Address: _____