RM0013
Rev. 7/20

BLOODBORNE EXPOSURE INCIDENT REPORT
Risk Management Department
Lincoln Public Schools
(Use Blue or Black ink)

Phone: 402-436-1760
Fax: 402-458-3276

EMPLOYEE SECTION:

Employee Name: _____ ID#: _____

Date of Birth:_____ LPS Start Date:_____ Date of Incident: _____ Time of Incident:_____

Address: _____ City: _____ State: _____ Zip:_____

Phone: _____ LPS Email:_____

School:_____ Position: _____ Special Ed: ❏ Yes ❏ No

Did injury involve a student?: ❏ Yes ❏ No   Student ID#/Name:_____ Special Ed. Student: ❏ Yes ❏ No

On the above date, the employee was involved in an incident (contact with blood or other potentially infectious material). The following information was obtained to assist in a medical evaluation of the incident:

1. **How did contact with blood/body fluid occur?**
    A. Explain: _____

    _____

    B. Specific job duties being performed at time of exposure: _____

    C. Body Part (check all that apply):
    ❏ Eyes   ❏ Other mucous membrane   ❏ Wrist   ❏ Other _____
    ❏ Nose   ❏ Non-intact skin (arm, leg, etc...)   ❏ Arm
    ❏ Mouth   ❏ Needlestick, puncture, bite, scratch ❏ Leg

2. **Type of body fluid/material:**
    ❏ Blood   ❏ Other potentially infectious material; specify (ex. mucus, urine): _____

3. **Estimated amount of blood/body fluid or description of amount:** _____

    (Non-Electronic) Employee Signature: _____   *Date:* _____

HEALTH OFFICE SECTION:
5. **Did handwashing and/or flushing of mucous membrane occur as soon as possible?**   ❏ Yes   ❏ No

    Comments: _____

6. **Was personal protective equipment utilized? (If so, what type, e.g., gloves, face shield, etc.)**   ❏ Yes   ❏ No

    Comments: _____

7. **Was clothing contaminated? If so, did appropriate disposal/laundering procedures occur?**   ❏ Yes   ❏ No

    Comments: _____

8. **Severity of exposure:**
    A. Percutaneous (skin piercing): Depth of injury:_____   Was source fluid present at site of injury?   ❏ Yes   ❏ No

    Comments: _____

    B. Mucous membranes: Area covered:_____   Length of time of exposure: _____

    Comments: _____

    C. Non-intact skin: Condition of skin: ❏ Fresh cuts (24 hrs.)   ❏ Dermatitis   ❏ Chapped   ❏ Other_____

9. **Employee has been referred to District designated medical provider for evaluation and follow up.**   ❏
10. **Has employee been previously immunized to Hepatitis B?**   ❏ Yes   ❏ No
11. **Copies of documentation sent with employee to District Designated Treatment Facility?:**   ❏ Yes   ❏ No

_____   _____
(Non-Electronic) Health Office Signature, if seen   *Date*

Risk Management Use Only

Send Completed Form to Risk Management Department • LPSDO • Box 14