

Bloodborne Pathogens Post-Exposure Report

Systemwide Safety Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS

This form is to be completed by the employee exposed to blood or other potentially infectious materials as soon as possible after the exposure and given to the examining physician. The employee shall forward a copy to the Employee and Retiree Service Center (ERSC) within five (5) days of the incident. COPY 2 should be sent to Systemwide Safety Programs.

Note: All medical records shall be kept confidential and may not be disclosed or reported without the employee's express written consent to any person within or without the workplace, except as required by law, but may be reviewed and copied by the employee who is the subject of the file. Questions regarding the MCPS Bloodborne Pathogens program may be directed to Systemwide Safety Programs, 240-740-7710.

PART I: EMPLOYEE INFORMATION

Employee _____ Employee ID# _____

Job Title _____

Primary Duties _____

Work Location _____ HBV Vaccination Status: Vaccinated Unvaccinated

PART II: EXPOSURE INFORMATION

Was exposure the result of normal duties? Yes No

Location of occurrence (School/Building, Room Number, etc.) _____

Date ____/____/____ Time ____:____

ROUTE OF ENTRY/EXPOSURE

Eye(s) Mouth Other Mucous Membrane (Describe) _____

Non-Intact skin—Preexisting broken skin, rash, etc. (Describe) _____

Parenteral—Piercing (e.g., needle sticks, human bites, cuts, etc.) (Describe) _____

Descriptive circumstances of exposure _____

Was personal protective equipment used? Yes No

If "Yes" describe (e.g., gloves, clean-up kit, etc.) _____

Were exposure control procedures employed? Yes No

If "Yes" describe (e.g., handwashing, disinfecting surfaces, etc.) _____