Student Report of Exposure to Bloodborne Pathogens

This form is for reporting STUDENT bloodborne pathogen exposure and near-miss incidents. Employees should report exposure incidents through the C-1 Workers' Compensation process, not this form. This report may be completed by using digital form or online form. Please send the completed digital form to ehs@csn.edu.

STUDENT INFORMATION

Student Name: _____

NSHE ID Number: _____ Phone: _____

Email Address: _____

Academic Program where enrolled: _____

Clinical Coordinator/Responsible Faculty Name: _____

INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____

Facility & Department where incident occurred: _____

Type of Incident (check one):

☐ Bloodborne Pathogen Exposure (contact with potentially infectious materials i.e., blood, saliva, body fluids, contaminated solutions)

☐ Clean Needlestick/Near Miss (no blood/potentially infectious material contact or exposure)

☐ Other, describe: _____

Did the incident/exposure result in any of the following? (check all that apply)

☐ Percutaneous exposure (break in skin that caused bleeding)

☐ Mucous membrane contact (eyes, nose, mouth)

☐ Abraded skin, chapped skin, dermatitis

☐ Other, please explain _____

Did the student seek post-exposure medical evaluation and care?

☐ Yes ☐ Not Yet ☐ Declined Care ☐ N/A – no exposure was involved

STUDENT STATEMENT

Describe precisely how the incident occurred.

Describe the medical device type, brand, etc. (*e.g., 25-gauge BD Vacutainer blood collection needle*)

Describe the PPE and/or controls in use at the time of the incident.

Who was notified at the time of the incident?

Describe what was done immediately after the incident.

Describe how this incident could have been prevented.

Signature of Student

Date

Signature of Clinical Coordinator/Responsible Faculty

Date