

REPORT OF BLOOD EXPOSURE

This form is to be filled out, along with the *Staff Accident Report*, if you have any exposure to your skin or mucous membranes with another person's blood.

Employee's name: _____

1. Name of person whose blood you came in contact with. _____

Was this person: ___a Head Start child ___another employee___a volunteer___other

2. What part of your body was exposed to the blood?

___mucous membranes of eyes ___mucous membranes of nose

___mucous membranes of mouth ___your skin (note the body part where skin was exposed to the blood)

3. What measures did you take after the contact to remove the blood from your skin or mucous membrane?

4. Have you received the Hepatitis B vaccine?___yes ___no

This incident must be reported immediately to the Head Start nurse/Health Manager, or in her absence the Health Manager's assistant, the Head Start director or other management staff. Please notify by phone and fax this report, along with the staff accident report, to the Head Start office.

Head Start office phone number: 837-6724 or 1-800-762-8432

Head Start fax number: 423-837-6724

Reported by phone to: _____ at this time: _____

Date and time both forms faxed: _____