

**SCHOOL NURSE INJURY REPORT:  
(Blood Borne Pathogens Exposure)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Time: \_\_\_\_\_

Location and nature of potential blood borne pathogens exposure:

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Immediate post-exposure care:

- \_\_\_ 1. Wash the exposure site thoroughly with soap/disinfectant and water for 10 minutes.  
Flush mucus membranes for 15 minutes.
- \_\_\_ 2. Immediately report the injury to the building principal and nurse.
- \_\_\_ 3. Employee referral to Occupational Health.
  - \_\_\_ A. Information provided to employee
  - \_\_\_ B. Employee declined
  - \_\_\_ C. Declination attached
- \_\_\_ 4. Forms completed:
  - \_\_\_ A. Employee incident report.
  - \_\_\_ B. Supervisor incident report
- \_\_\_ 5. All forms forwarded to principal's office

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cross Reference: GBGA-R – Blood Borne Pathogen Exposure Control Plan

Adopted: August 26, 2002