

STUDENT INJURY/EXPOSURE INCIDENT REPORT FORM



Privacy Notice: The information on this form together with any attachments is the property of Maricopa County Community Colleges. State Law requires that you be informed that you are entitled to: (1) request notification of the information collected about you by use of this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge to you.

Instructions: Complete this form within 24 hours of any incident involving injury to a student or exposure of a student to an infectious or contagious disease in conjunction with their coursework. **DO NOT LIST INFORMATION REGARDING A SOURCE PATIENT FOR A BBP EXPOSURE.**

STUDENT	Name		Email Address		Phone	
	Address				MEID	
COURSE OF STUDY			COLLEGE			
TIME & PLACE	Date/Time of incident		Location: Street, City, Building, Room No. (Be specific)			
	AM PM					
LOCATION OF INCIDENT	Type of Premise				Conditions	
	Clinical	Stairway	Lobby/Entrance	Dry		
	Classroom	Clinical @Patient's Residence	Parking Lot	Wet		
	Hallway	Community Health Event	Sidewalk	Icy		
	Office	Experiential Site	Street	Uneven surface		
	Lab	Other Location:		Other:		
INCIDENT DESCRIPTION	Describe What Happened & If at Clinical/Experiential site include process steps taken (Use addtl sheet if needed):					
DESCRIPTION OF INJURY	Injury - Describe the type, severity, and body part involved					
DETAIL OF INJURY	Was First Aid Given?		Will seek treatment later?		Transported for Care?	
	Yes	No	Yes	No	Yes	No
DETAIL OF INJURY	MARK AFFECTED AREAS WITH X					
	Body Part	L	R	Body Part	L	R
	Head			Arm		
	Face			Wrist		
	Neck			Thigh		
	Chest			Knee		
	Back			Calf		
	Groin			Foot		
	Buttock/Hip			Toe		
	Hand Part	L	R	Finger	L	R
	Palm			Thumb		
	Dorsum			Index/First		
	Thumb base			Middle/Second		
	Heel of Hand			Ring/Third		
	Other			Pinky/Fourth		

DETAIL OF INCIDENT	MARK ALL THAT APPLY Item marked with an asterisk (*) require completion of a Contaminated Sharps Report Form		
	Exposure to communicable disease Source known	Face/Head/Eye Injury	Slip/Trip/Fall
	Exposure to Communicable disease Source unknown	Rash/Allergic Reaction	Fracture
	Human blood/body fluid exposure (Splash/spray into eyes, nose, mouth skin)	Burn (chemical/thermal/radiation)	Sprain/Strain
	Human blood/body fluid exposure * (Needle stick/sharps exposure)	Abrasion/Contusion/Bruise	Crush injury
	Sharps Injury – uncontaminated sharp	Other:	
COURSE INSTRUCTOR OR SUPERVISOR FOR STUDENT	Name	Email Address	Phone No.
	Address		HAS THIS PERSON BEEN NOTIFIED?
			Yes No
WITNESSES	Name	Email Address	Phone No.
	1.		
	2.		
	3.		
REPORTED BY	Name	Email Address	Phone No.
	Title	Department	Date
CLINICAL NAME & ADDRESS			
DID YOU SEEK TREATMENT?	Yes No	DETAILS	
DID YOU REFUSE TREATMENT?	Yes No	DETAILS	

INSTRUCTIONS FOR COMPLETION OF INJURY/EXPOSURE INCIDENT REPORT

THIS FORM SHOULD BE COMPLETED BY THE INJURED STUDENT.

- BE DETAILED – DOCUMENT AS MUCH INFORMATION AS POSSIBLE ABOUT THE FACILITY, ENVIRONMENT CIRCUMSTANCE OF THE INCIDENT AT THE TIME OF THE REPORT, INCLUDING ANY WITNESSES' CONTACT INFORMATION.

ONLY LIST INFORMATION REGARDING A SOURCE PATIENT FOR A BBP EXPOSURE ON PAGE 3 OF THIS FORM.

DO NOT DISCUSS THE ACCIDENT WITH ANYONE - EXCEPT A RESPONDING INSTRUCTOR OR CLINICAL PRECEPTOR OR COLLEGE POLICE (POLICE ONLY IF THE INCIDENT OCCURRED ON CAMPUS PROPERTY).

Declination Statement

I understand that due to my exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B, Hepatitis C or HIV infection. I am aware of the risks of not seeking post-exposure testing and prophylactic treatment; however, I decline decline these measures at this time. I understand that by declining, I continue to be at risk of acquiring these blood borne diseases.

Student Signature: Date:

REPORT OF SIGNIFICANT EXPOSURE TO BODILY FLUIDS OR OTHER INFECTIOUS MATERIAL

(This form is NOT a claim form; but ONLY a report of exposure).

1. Exposed Student
Last Name First M.I. Birth Date Curriculum
2. Address Phone No.
3. Employer's Full Name
4. Employer's Address
5. Date of Exposure Time of Exposure
6. Address or Location of Exposure
7. Describe the circumstances surrounding the exposure, including (if applicable) personal protective equipment worn and the names of any witnesses to the exposure (be specific)
8. What were you exposed to? (Directly or indirectly via bandages, personal items, etc.) Check all that apply.
Blood Vaginal fluid Broken skin Urine Any other fluid(s) containing blood or infectious material (Describe)
Semen Surgical fluid(s) Mucous membrane Feces Airborne/Respiratory/Oral Secretions Other (specify):
Saliva Vomitus Skin infection (e.g. abscesses, boils, or pus-filled/red/swollen/painful skin lesions)
9. Source person(s) information Unknown Known
Name DOB Phone No.
Address City State Zip
10. What part(s) of your body was exposed to bodily fluids/infectious material? Did exposure take place through your skin or mucous membrane (be specific)?
11. Did you have any open cuts, sores, rashes, or other breaks/ruptures in your skin or mucous membrane that were exposed to bodily fluids/infectious material (please describe)?

I HAVE GIVEN THIS FORM TO MY INSTRUCTOR AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

STUDENT SIGNATURE _____ **DATE** _____

Other Required Steps to Establish Prima Facie Claim for HIV, AIDS or Hepatitis C

1. You must file this report with your Instructor no later than ten (10) days after your exposure.
2. You must have blood drawn no later than ten (10) calendar days after exposure. (Baseline testing)
3. You must have blood tested for HIV or Hepatitis C by Antibody Testing no later than thirty (30) calendar days after exposure and test results must be negative.
4. You must be tested or diagnosed as HIV positive no later than eighteen (18) months after the exposure, or tested and diagnosed as positive for the presence of Hepatitis C within seven (7) months after the exposure.

Other Required Steps to Establish Prima Facie Claim for MRSA

1. You must file this report with your Instructor no later than thirty (30) days after your exposure.
2. For a claim involving MRSA, you must be diagnosed with MRSA within fifteen (15) days after you report in writing to your
3. Instructor the details of the exposure.

Other Required Steps to Establish Prima Facie Claim for Spinal Meningitis or TB

1. You must file this report with your Instructor no later than ten (10) days after your exposure.
2. For a claim involving spinal meningitis, you must be diagnosed within two (2) to eighteen (18) days of the possible significant exposure and for a claim involving tuberculosis, you must be diagnosed within twelve (12) weeks of the possible significant exposure.