

**THIS FORM IS TO BE COMPLETED AND FILED WITH THE AGENCY INFECTION CONTROL NURSE, THE GSU NURSING PROGRAM DIRECTOR AND THE STUDENT ONLY. NO ADDITIONAL COPIES ARE TO BE MADE.**

**GOVERNORS STATE UNIVERSITY - NURSING PROGRAM**

**BLOODBORNE PATHOGENS INCIDENT REPORT**

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Faculty: \_\_\_\_\_

Agency where incident occurred: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Please describe exposure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was agency notified of incident? Yes No

Name/Title of person notified: \_\_\_\_\_

**OSHA Standards** [Standard 1910.1030 Section (f) (3) i – iii]:

Has student been referred to a licensed health care provider for counseling on how to prevent further spread of infection and provide treatment recommendations? Yes No

Was student advised to obtain a blood test to establish sero-negativity for HIV and HBV, with testing repeated at 6 weeks, 3 months, 6 months and one year post-exposure? Yes No

Was student advised of right to have (known) source tested and be informed of the results of these tests? Yes No

Was Hepatitis-B vaccine recommended for this student? Yes No

\_\_\_\_\_  
FACULTY (signature)

\_\_\_\_\_  
DATE

I acknowledge that I have read this incident report in its entirety and agree the information is correct. Any questions have been answered to my satisfaction. I understand that the decision for testing and follow-up care is my responsibility.

\_\_\_\_\_  
STUDENT (signature)

\_\_\_\_\_  
DATE

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