

Ionia County Intermediate School District  
2191 Harwood Road ● Ionia Michigan 48846

**REPORT OF STAFF INJURY/EXPOSURE INCIDENT &/or  
PROPERTY DAMAGE**

Date of Alleged Accident/Injury/Damage \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Occupation \_\_\_\_\_  
Birthdate \_\_\_\_\_ S S # \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Where Did Accident/Injury/Damage Occur?  
\_\_\_\_\_

For staff injury/exposure only, mark the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Life Threatening           | <input type="checkbox"/> Non-Life Threatening                         |
| <input type="checkbox"/> Medical Treatment Required | <input type="checkbox"/> Medical Treatment Not Sought<br>at this time |
| <input type="checkbox"/> Blood Exposure Incident    |   |

All accident/injuries should be reported immediately to your supervisor. If they are not available, you need to report it to the ICSD's Office of Human Resources. If the alleged accident/injury necessitates medical treatment, the ICSD's Office of Human Resources will give you a form to take to the ICISD physician.

Nature of Accident/Injury \_\_\_\_\_

Part of the Body Injured \_\_\_\_\_

If Blood Exposure or Other Potentially Infectious Materials exposure incident, complete the following:  
\*Potentially Infection Materials Involved:

Type: \_\_\_\_\_ Source: \_\_\_\_\_

For Items Damaged only:

Describe item that was damaged:  
\_\_\_\_\_

Cost to repair/replace item is estimated to be (attach receipts):  
\_\_\_\_\_

What was the staff member doing when Injured or property was damaged?  
\_\_\_\_\_

Over→

**How did the alleged injury/damage to Property Occur?**

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**Name the object or substance That Directly Injured the Employee and/or Damaged the Property:**

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**Personal protective equipment being used at the time of the incident:**

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**How Could This Have Been Prevented?**

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**If Due to Site or Equipment, Date of Correction** \_\_\_\_\_

**The Incident was witnessed by** \_\_\_\_\_

**Actions Taken:**

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\_\_\_\_\_  
**Staff Member Signature/Date**

\_\_\_\_\_  
**Supervisor's Signature/Date**

**Nurse Notes (if applicable):**

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Send to Shelley Devers, Director of Human Resources  
Ionia County ISD  
2191 Harwood Road  
Ionia, MI 48846  
[sdevers@ioniaisd.org](mailto:sdevers@ioniaisd.org)

\*PROTOCOL FOR EXPOSURE INCIDENTS

- 1) Any exposure to any blood must be reported to immediate supervisor and school nurse immediately after cleansing contaminated skin with soap and water, or flushing contaminated mucous membrane(s) with water.
- 2) Counseling will be provided by school nurse to determine if post exposure follow-up is necessary.
- 3) If follow-up is necessary, employee will be sent to worker's compensation doctor.
- 4) A copy of the Exposure Incident Form is to be taken by the employee to the worker's compensation doctor for post-exposure care.
- 5) The health care provider will send a written statement back to the ISD within 15 days which will include vaccination record and statement verifying that employee has been informed of all results obtained from tests. The results of any employee tests will remain confidential and are not included in this written report.