

Pine Island Public Schools

Bloodborne Pathogens

Post-Exposure Incident Packet



An Informational Guide

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This packet has been developed as an informational guide on what to do when an employee is actually (or potentially) exposed to blood or other potentially infectious materials. This packet contains the following important documents:

1. BBP Exposure "Employee Self-Assessment and Immediate Response Process"
2. Additional Post-Exposure Instructions and Response Actions
3. Post-Exposure Forms Routing Process
4. Forms:
 - BBP1: Supervisor's Report of Employee's Exposure to Blood or Other Potentially Infectious Materials
 - BBP2: Exposed Employee Declination of Medical Evaluation
 - BBP3: Transmittal Letter to Healthcare Professional
 - BBP4: Exposed Employees Consent/Declination for Blood Testing
 - BBP5: Source Individual Consent/Declination for Blood Testing
 - BBP6: Healthcare Professional Written Opinion
 - BBP7: Cleaning and Disinfection Procedures for Blood and Body Fluids

The injured employee will begin to use this packet by reading and working through the BBP Exposure Self-Assessment and Response Process.

For assistance with this packet or process, please seek help from the school's health services or the health, safety, and risk management supervisor. Contact numbers are as follows:

Kimberly Pokrandt RN, Licensed School Nurse
Office: (507) 365-8785
Email: kpokrandt@pineisland.k12.mn.us

Krista Despins RN, Licensed School Nurse
Office: (507) 356-3222
Email: krista.despins@pineisland.k12.mn.us

EMPLOYEE NAME: _____

TODAY'S DATE: _____

BBP Exposure Self-Assessment & Response Process

**** ATTENTION INJURED EMPLOYEE ****

Please follow the steps listed below:

1. Immediately flush the affected area with water and if possible wash with warm water and soap.
2. Seek immediate first aid from health services, if required.
3. Answer the following questions to determine if the incident you've been involved in should be considered an "exposure" to bloodborne pathogens or other potentially infectious materials (OPIMs). **Any YES answer means an "exposure" has most likely occurred.** Initial your answers. *Make sure to ask for clarification if you're not sure of any answer!*

4. **Questions:** Did the contact with blood OR other potentially infectious materials (OPIMs) include any of the following:

	YES	NO	Initials
Blood or OPIMs in your eyes, nose, or mouth?			
Blood or OPIMs in contact with your broken skin (less than 24 hours old), including cuts or open skin rashes, or breaking of your skin in a bite?			
Penetration of your skin by a blood or OPIM contaminated sharp (needle, lancet, glass, teeth, etc.)?			

4. **If you answered NO to ALL of the questions above, an exposure did not occur and medical attention for exposure to blood or OPIMs is not required.** Other medical attention may still be appropriate. You may stop here and give this form to your supervisor. Please report other injuries or concerns involved in this event, as applicable. Please ask for help from health services if you're not sure of this result or what to do next.
5. **If you answered YES to any of the above questions, do the following:**
 - 1) Report the incident to your supervisor immediately.
 - 2) Complete a "Supervisor's Report of Employee Exposure to Blood" form (**Form BBP1**) with your supervisor. Send the form to the **School Nurse** as soon as possible (within 24 hrs.).
 - 3) **You are encouraged to obtain medical care within 24 hours of the exposure.** Take all forms indicated in the routing directions on page 5 of this booklet (or bring the entire packet if you're not sure).
 - 4) Call your physician (phone numbers on next page) to notify them that you will be coming in for medical care right away (or as very soon as possible). Ask the clinic for travel directions.
 - 5) If you choose to decline medical services at this time, you must sign the Exposed Employee Declination of Medical Services (Form BBP2), found on page 7 of this booklet. Send the signed form to the **Nurse**. Keep a copy for your records.
 - 6) Ensure that all documentation related to the event is given to the **School Nurse** ASAP.
 - 7) **GO TO THE NEXT PAGE FOR ADDITIONAL DIRECTIONS AND INFORMATION. ADDITIONAL ACTIONS MAY NEED TO BE TAKEN.**



Additional Post-Exposure Instructions and Response Actions

School district employees who experience a work-related exposure to blood or any other potentially infectious agent (OPIM) are encouraged to seek medical care immediately. The purpose of medical care is to discuss the event with a qualified health care provider and obtain baseline blood antibody levels for Hepatitis B and HIV. Both the exposed employee and source individual will be given an opportunity to accept or decline having their blood drawn and tested, or drawn and held for future testing. In addition, the exposed employee could be offered and provided with a hepatitis vaccine and/or gamma globulin to prevent development of hepatitis. Employees may go to their own healthcare provider or **Pine Island Olmsted Medical Clinic**.

General Instructions:

- 1) Review and work through the "[BBP Exposure Self-Assessment & Response Process](#)" form with the assistance of your supervisor or district nurse. The process continues only if you have experienced an "exposure" (indicated by one or more YES answers).
- 2) Complete the "[Supervisor's Report of Employee's Exposure to Blood or OPIMs](#)" form (BBP1) with your supervisor or district nurse and send the form to the **School Nurse**. This should be done as soon after the incident as possible, but in every case, it must be done within 24 hours of the incident.

NOTE

-  If you choose not to seek a medical evaluation, complete the "[Exposed Employee Declination of Medical Evaluation](#)" form (BBP2) with the assistance of your supervisor, district health services, and/or the district safety consultant. Send the original to the **School Nurse** and keep a copy of the form for your records.
 -  If you chose not to seek a medical evaluation and have signed the form, you may stop this process.
- 3) Complete the "[Transmittal Letter to Healthcare Professional](#)" form (BBP3) with the assistance of your supervisor, district health services, and/or the district safety consultant. Take this form to the medical care provider of your choice. Give the form directly to the doctor or nurse and ask that they process the form, as indicated.
 - 4) Complete the "[Exposed Individual – Consent/Declination for Blood Testing](#)" form (BBP4) with the assistance of your supervisor, district health services – OR TAKE TO CLINIC TO COMPLETE THERE.
 - 5) Complete the "[Source Individual – Consent/Declination for Blood Testing](#)" form (BBP5) with the assistance of your supervisor, district health services – OR TAKE TO CLINIC TO COMPLETE. The consent form should go with the source individual and be given to the medical provider administering the test. *If a minor child is involved or you are unable to get the adult source individual to sign this form, involve the school principal or vice principal.*
 - 6) Obtain medical care within 24 hours. You may go to your usual provider of health care for this exam or to an occupational health clinic, **as indicated above**. Take this booklet with you when seeking care from any medical provider not listed below. Give the medical provider a copy of the "[Health Care Professional Written Opinion](#)" form (BBP6) to complete, as appropriate. The provider is asked to send the completed form back to the district.
 - 7) Provide copies of all event-related documents to the **School Nurse**. Communicate with your supervisor regarding job restrictions, return-to-work date, or other appropriate information.

Forms and Routing Directions

- All forms will be ultimately submitted to the **School Nurse**.
- Take the forms indicated below to your physician with the enclosed copy of the OSHA regulation - 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens. (Or, complete the forms and copy and/or route them as indicated below and simply take this booklet to your physician.)
- **Medical Provider:** Send copies of completed forms (BBP3, BBP4, BBP5, BBP6) to the **School Nurse**.
- Complete Forms (BBP2) only if the employee does not want medical attention. Forward the forms to the **School Nurse**.

Form #	Routing		Form Title
	Take with you to the medical provider (as indicated)	Send to the School Nurse	
BBP1	Copy	Original	Supervisor's Report of Employee's Exposure to Blood or OPIMs
BBP2	Not Applicable	Original	Exposed Employee Declination of Medical Evaluation
BBP3	Original	Original	Transmittal Letter to Healthcare Professional
BBP4	Original	Copy	Exposed Individual – Consent/Declination for Blood Testing
BBP5	Original	Copy	Source Individual – Consent/Declination for Blood Testing
BBP6	Original	Original	Health Care Professional Written Opinion
BBP7	Not Applicable	Not Applicable	Cleaning and Disinfection Procedures for Blood & Body Fluids

Please contact your building's school nurse or health aide for additional information or assistance. You may also request assistance from the **District Office** at **507-356-4849**.

Supervisor's Report of Employee's Exposure to Blood or OPIMs

(to be filled out with the Licensed School Nurse)

EMPLOYEE INFORMATION

Employee Name: _____

Birth Date: _____

Social Security Number: _____

Job Title: _____

Work Location: _____

Work Phone: _____

INCIDENT REPORT

Date of Exposure: _____ Time of Exposure: _____ A.M. _____ P.M.

Location / Building: _____ Room # (or location): _____

Describe what happened: _____

Was a needle, lancet, glass or other sharp object involved? ☐ Yes ☐ No

Type of body fluid involved: _____ Blood _____ Other body fluid

What part of employee's body was involved: _____ Eyes _____ Nose _____ Mouth _____ Cut less than 24 hours old

The following information was obtained to assist in a medical evaluation of the incident:

Severity of exposure:

- Percutaneous (skin piercing): Depth of injury: _____ Was source fluid present at site of injury? ☐ Yes ☐ No
- Mucous Membranes: Area Affected: _____ Length of time of exposure: _____
- Condition of non Intact skin: ☐ Fresh Cuts (<24 hours) ☐ Dermatitis ☐ Chapped ☐ Other _____

Was personal protective equipment utilized? (If so, what type, e.g. gloves, face shield, etc.)

☐ Yes ☐ No

Was the integrity of the personal protective equipment compromised (e.g. gloves pierced)?

☐ Yes ☐ No

Was clothing contaminated? Did appropriate disposal/laundrying procedures occur?

☐ Yes ☐ No

Did hand-washing and/or flushing of mucous membrane occur as soon as possible?

☐ Yes ☐ No

Employee has been referred to a healthcare professional for medical evaluation and follow-up.

☐ Yes ☐ No

Name and Location of Professional Clinic: _____

SOURCE INFORMATION

(Person whose blood contacted employee)

Name: _____

Student: _____

Staff: _____

Other: _____

It was explained to the employee that he/she was involved in an incident that could place him/her at risk for HBV (Hepatitis B Virus) or HIV (Human Immunodeficiency Virus).

The employee was informed of his/her rights to obtain post-exposure medical care including an examination and blood testing for HBV and HIV. The employee was also offered the opportunity to have a blood sample drawn and preserved for 90 days in the event that he/she might choose to have that sample tested.

It was explained to the employee that this examination may be obtained at no cost to the employee.

Signature: _____ Date: _____
(Supervisor)

Signature: _____ Date: _____
(Employee)

Post Exposure

Exposed Employee Declination of Medical Evaluation

The exposed employee must complete this form if she/he chooses not to receive medical care for a work-related exposure involving blood or OPIMs.

_____ Employee Name	_____ Job Title
_____ Date of Exposure	_____ School or Building

I understand that I have been involved in a workplace encounter with blood or body fluids that may place me at risk for HBV (hepatitis B virus - a virus which causes liver disease) or HIV (human immunodeficiency virus - the virus which causes AIDS).

I have been given the opportunity for a post-exposure follow-up examination, including testing of my blood for HBV and HIV.

I understand that I may obtain this examination through the physician of my choice.

Medical services will be provided at no cost to me for work-related incidents involving exposure to blood or other potentially infectious materials. I understand that I am eligible for this examination even if I have been previously vaccinated against HBV.

I have been offered the opportunity to have a sample of my blood drawn and preserved for 90 days in the event that I might choose to have that sample tested at some point within the 90 days.

Understanding the information written above, I decline any post-exposure medical evaluation, blood sampling, blood testing, or follow-up examination at this time.

Employee Signature

Date

Witness

Date

Post Exposure
Transmittal Letter to Healthcare Professional

Today's Date: _____

Date of Exposure Incident: _____

Exposed Employee: _____

Social Security Number: _____

The identified employee has been exposed to blood or other potentially infectious body fluids, and requires a medical evaluation, as determined in OSHA Regulation 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

To assist in conducting the medical evaluation, we have attached the following information and forms:

- ☐ Copy of the OSHA standard 29 CFR 1910.1030.
- ☐ Supervisor's Report of Employee's Exposure to Blood or OPIMs (BBP1)
- ☐ Exposed Individual – Consent/Declination for Blood Testing (BBP4)
(results to be transmitted directly)
- ☐ Source Individual – Consent/Declination for Blood Testing (BBP5)
(results to be transmitted directly)
- ☐ Healthcare Professional Written Opinion Form (BBP6)

We request that you complete a confidential medical evaluation for the employee, including all appropriate treatments, counseling and evaluation of illnesses. Your written opinion must be provided to the school nurse, including the limited information requested on the attached form BBP6. All other medical information is maintained by your facility. You may utilize the attached form BBP6 or an alternative form that contains the required information. Please return the written opinion within 12 days for timely distribution to the employee, ATTN: School Nurse.

Thank you for your assistance. Should you have any questions, please contact the employer's representative at the location listed below.

Sincerely,

Pine Island School District Representative (printed name)

Pine Island School District Representative (signature)

Address

Telephone Number

Instructions for FORMS BBP4 and BBP5

"EXPOSED INDIVIDUAL CONSENT OR DECLINATION FOR BLOOD TESTING"

"SOURCE INDIVIDUAL CONSENT OR DECLINATION FOR BLOOD TESTING"

Forms BBP4 and BBP5 ask for permission to test the exposed and/or source individual's blood. The exposed and/or source individual may have their blood drawn and tested by a medical provider of their choice. Forms BBP3 and BBP6 should go with the exposed and/or source individuals and be given to the medical provider administering the test.

If the source individuals decline to sign permission to have their blood tested, send form BBP5 to the school nurse incomplete. The district will review and assist in obtaining permission, as appropriate.

Post Exposure
Exposed Individual – Consent/Declination for Blood Testing
(Review instructions prior to using this form)

Employee Name: _____

Today's Date: _____

Date of Incident: _____

On the above date, an exposure incident as defined by the Federal and Minnesota State Bloodborne Pathogen Regulations occurred involving an employee performing his/her duties.

The regulation requires that a sample of blood be drawn as soon as possible from the source of the exposure and the exposed employee to determine if any infectious diseases (hepatitis B and HIV) are present.

We are requesting to have your blood drawn and tested for HBV and HIV in order to provide appropriate medical direction. If you are a minor, consent to have your blood drawn and tested must be given by your parent or guardian. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, however, we will not be able to determine whether you have been infected by either the hepatitis B virus (HBV) or the human immunodeficiency virus (HIV) or advise or counsel you on appropriate steps to take as a result of such infection.

Please read the following and, if you consent, sign and date the form. Directions will be provided on the location for the test and the cost, if not covered, will be paid by the district. You will be provided with the test results as soon as possible.

If you know you are infected with HBV or HIV and can provide medical records or documentation, no blood test is necessary.

1. I authorize and consent to testing of a sample of my blood for the following (check only one):
 - ☐ Human immunodeficiency virus (HIV)
 - ☐ Hepatitis B virus (HBV)
 - ☐ Both the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV)
2. I understand that a positive HIV test does not necessarily mean a person has AIDS; testing can assist healthcare personnel in medical management and infectious disease control of the virus.
3. I understand that I should rely on my physician for information regarding the nature and purpose of the HIV/HBV test and the meaning and significance of the result of the test.
4. I understand that HIV/HBV testing is not always 100% accurate and that results may be "false negative" (negative results when the virus is actually present) or "false positive" (positive results when the virus is not present). If a positive result is obtained, additional tests will be done to attempt to confirm the test results.

(continued on next page)

Form BBP4 - continued

5. I understand the results of the test will be confidential and will not be disclosed unless necessary for the school district to comply with the provisions of OSHA's Bloodborne Pathogen Regulation (29 CFR 1910.1030). If you are a source individual, disclosure will be made to the exposed employee through their healthcare professional.
6. I understand I can personally make arrangements to have my blood drawn, as authorized, or that arrangements will be made for me, with the assistance of district personnel or other designated parties.
7. I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents. I have been given an opportunity to ask questions about the test and I believe that I have sufficient information to give this informed consent/declination.

CONSENT

☐ I consent to have my blood drawn and tested at this time.

☐ I consent to have my blood drawn and stored for up to 90 days for possible future testing upon my written consent.

Print Name

Date

Signature

Time

DECLINE

☐ I decline to have my blood drawn and tested or drawn and stored for up to 90 days for future testing. I have read the information contained in this form and have had a chance to ask questions.

Print Name

Date

Signature

Time

Post Exposure

Source Individual – Consent/Declination for Blood Testing

(Read form completely prior to completing)

Name of Source Individual: _____

Today's Date _____

Date of Incident: _____

On the above date, an exposure incident as defined by the Federal and Minnesota State Bloodborne Pathogen Regulations occurred involving an employee performing his/her duties.

The regulation requires that a sample of blood be drawn as soon as possible from the source of the exposure and the exposed employee to determine if any infectious diseases (hepatitis B and HIV - human immunodeficiency virus) are present.

We are requesting to have your blood drawn and tested for HBV and HIV in order to provide appropriate medical direction. If you are a minor, consent to have your blood drawn and tested must be given by your parent or guardian. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, however, we will not be able to determine whether you have been infected by either the hepatitis B virus (HBV) or the human immunodeficiency virus (HIV) or advise or counsel you on appropriate steps to take as a result of such infection.

Please read the following and, if you consent, sign and date the form. Directions will be provided on the location for the test and the cost, if not covered, will be paid by the district. You will be provided with the test results as soon as possible.

If you know you are infected with HBV or HIV and can provide medical records or documentation, no blood test is necessary.

1. I authorize and consent to testing of a sample of my blood for the following:
(check only one)
☐ Human immunodeficiency virus (HIV)
☐ Hepatitis B virus (HBV)
☐ Both the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV)
2. I understand that a positive HIV test does not necessarily mean a person has AIDS; testing can assist healthcare personnel in medical management and infectious disease control of the virus.
3. I understand that I should rely on my physician for information regarding the nature and purpose of the HIV/HBV test and the meaning and significance of the result of the test.
4. I understand that HIV/HBV testing is not always 100% accurate and that results may be "false negative" (negative results when the virus is actually present) or "false positive" (positive results when the virus is not present). If a positive result is obtained, additional tests will be done to attempt to confirm the test results.

Continued on next page

Form BBP5 - continued

5. I understand the results of the test will be confidential and will not be disclosed unless necessary for the school district to comply with the provisions of OSHA's Bloodborne Pathogen Regulation (29 CFR 1910.1030). If you are a source individual, disclosure will be made to the exposed employee through their healthcare professional.
6. I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents. I have been given an opportunity to ask questions about the test and I believe that I have sufficient information to give this informed consent/declination.

CONSENT

I consent to have my blood drawn and tested at this time.

I consent to have my blood drawn and stored for up to 90 days for possible future testing upon my written consent.

Print Name

Date

Signature

Time

DECLINE

I decline to have my blood drawn and tested or drawn and stored for up to 90 days for future testing. I have read the information contained in this form and have had a chance to ask questions.

Print Name

Date

Signature

Time

Form BBP6
Post Exposure
Healthcare Professional Written Opinion

Date: _____ Exposed Employee: _____

The above individual received a medical evaluation on _____ (insert date)

- ☐ For an occupational exposure to blood or other potentially infectious material
☐ As source individual involved in a potential BBP exposure incident

Please indicate the following:

- ☐ Hepatitis B vaccine was provided
☐ Hepatitis B vaccine was not provided

Notes: _____

- ☐ The above individual was informed as to the results of the evaluation.
☐ The individual was informed about medical conditions resulting from the exposure that may require further evaluation or treatment.

Notes: _____

All other medical information is maintained at the healthcare professional's facility.

Please forward this form or similar form to the **school nurse** as soon as possible.

Name of Healthcare Professional

Name of Healthcare Clinic/Hospital

Signature of Healthcare Professional

Phone Number

Signature of Parent/Guardian (if applicable)

Date Sent to **school nurse**

Cleaning & Disinfecting Procedures for Blood and Body Fluids

Materials Needed

- ☐ "Caution Wet Floor" or "Do Not Enter" signs.
- ☐ Disposable vinyl or nitrile gloves.
- ☐ Disposable cloth or paper towels or absorbent granules and disposable cardboard pieces.
- ☐ Pail containing soap & water (or spray bottle of general cleaner).
- ☐ Pail (or spray bottle) of rinse water.
- ☐ EPA approved disinfectant (tuberculocidal disinfectant) or fresh bleach & water solution.
- ☐ Plastic trash bag.

1 PROTECT YOURSELF AND THE AREA

- ✓ Secure the area with "Wet Floor" or "Do Not Enter" signs.
- ✓ Put on the disposable gloves.

2 REMOVE BODY FLUIDS SAFELY

- ✓ Soak up liquids with absorbent, disposable towels.
- ✓ If there is a large volume, use absorbing granules. Pick up debris with cardboard pieces.
- ✓ For carpet, vacuum granular remains if necessary.
- ✓ Place debris and disposable materials used in plastic bag.

3 CLEAN AND DISINFECT THE AREA

- ☐ **CLEAN** the area with soap and water or general cleaning agent. Use disposable towels.
- ☐ **RINSE** with clear water. Use disposable towels.
- ☐ **APPLY DISINFECTANT**** and allow to air dry (at least 10 minutes).
- ☐ **CARPET** Use the same process as above. Extra agitation, cleaning agent, and water may be necessary. Repeat wash until blood or body fluids are gone. Rinse and apply disinfectant. Allow to air dry.

**** AN APPROPRIATE DISINFECTANT IS:**

- EPA approved (Environmental Protection Agency Approved as "sterilant") or
- Tuberculocidal (lists on the bottle that it is capable of killing tuberculosis) or
- Bleach & Water Solution

To prepare bleach solution, mix 2 teaspoons of bleach to one-quart water.

BLEACH SOLUTION MUST BE MIXED DAILY.

DO NOT MIX BLEACH WITH ANY OTHER CHEMICALS OR PRODUCTS.

LABEL BLEACH SOLUTIONS AND KEEP OUT OF REACH OF CHILDREN.

4 FINISHING

Clean and disinfect any mops, brooms, brushes, dust pans, etc. used in the cleaning process. Remove your gloves and dispose of in plastic trash bag and seal. Discard in regular trash.

WASH YOUR HANDS COMPLETELY.