

## INSTRUCTIONS

### For Possible Exposure to Blood

1. Report to the First Position Secretary.
2. Complete the Bloodborne Pathogen Exposure Incident Report.
3. If the answer to all the questions is no, this is not an exposure. If you have any questions contact the Risk Manager.
4. If the answer to questions 1, 3 or 6 is yes, this could be an exposure and you must contact the Risk Manager.
5. If the incident is determined to be an exposure, complete the following forms. They need to be taken to the healthcare provider:
  - ☐ Healthcare Professional's Written Opinion
  - ☐ Workers' Compensation forms as directed by your secretary (authorization form and prescription form)
6. The First Position Secretary must contact the School Health Nurse to make her aware that an exposure has occurred and follow up may be needed. If the source is a student, the nurse will need to know the student's name. The School Health Nurse will conduct any necessary follow up with the student and/or parent.
7. The healthcare provider will complete the Healthcare Professional's Written Opinion and send it to Dawn Fox, Workers' Compensation Administrator.
8. Waiver to Submit to Follow-Up Procedures After Possible Exposure to Infectious Disease is filled out by employee only if employee chooses not to go for medical treatment.

#### Definition of Bloodborne Pathogen Exposure

A bloodborne pathogen exposure as defined by the Federal Standard is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (*needlestick from used needle, human bites*) contact with blood or other potentially infectious material. Potentially infectious material is described as semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and any body fluid containing visible blood.

# ROWAN-SALISBURY SCHOOLS

## BLOODBORNE PATHOGEN EXPOSURE INCIDENT REPORT

This report is to be completed before going to the physician and within 24 hours of exposure. This form and the Healthcare Professional's Written Opinion Form goes to the physician at the time of initial visit. These forms are used in conjunction with the Workers' Compensation forms.

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

		Yes	No
1.	Was this:		
	a needle stick injury from a used needle?		
	a bite resulting in broken skin?		
2.	Did someone else's blood come in contact with your body?		
3.	Did someone else's blood come in contact with your eyes, mouth or broken skin?		
4.	Did body fluid (saliva, vomitus, urine, feces) from the other person come in contact with your body?		
5.	Did this body fluid contain <b>VISIBLE</b> blood?		
6.	Did this body fluid containing <b>VISIBLE</b> blood come in contact with your eyes, mouth, or broken skin?		
7.	What personal protective equipment were you using? ____ none ____ gloves ____ mask ____ goggles ____ face shield ____ other (describe) _____		

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**If employee goes to the doctor due to an exposure complete the following information.**

Have you received the Hepatitis B vaccination series? \_\_\_\_Yes \_\_\_\_No

Source's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Cell No. \_\_\_\_\_

If source is a minor state parent/guardian name \_\_\_\_\_

Source's Physician \_\_\_\_\_ Phone No. \_\_\_\_\_