

BLOODBORNE PATHOGEN EXPOSURE INCIDENT PACKET



Use the forms in the packet to report occupational Bloodborne Exposure incidents.

29 CRF 1910.1030 Definitions:

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

Other potentially infectious materials (OPIM) means (1) the following human body fluids: semen vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue of organ (other than intact skin) from a human(living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Employee Forms		
Name of Form	Page	Action
BBP Exposure Incident Report	5	<ul style="list-style-type: none"> Completed by Employee and Principal/Supervisor (Sections 1 & 2) Employee receives two (2) copies. (One for their records, one for their Health Care Provider) Principal/Supervisor send BBP incident Report to Workers’ Compensation Specialist
Exposed Employee Consent Form	6	<ul style="list-style-type: none"> Completed by Employee Employee returns form to Workers’ Compensation Specialist
Exposed Employee Declination Form	7	<ul style="list-style-type: none"> Completed by Employee, if choosing <i>not</i> to receive post exposure follow-up Employee returns form to Workers’ Compensation Specialist
Health Care Professional’s Written Opinion For Post-Exposure Evaluation	8	<ul style="list-style-type: none"> Employee gives the blank form to Physician performing post exposure follow-up Physician completes form and returns to Workers’ Compensation Specialist
Student Post-Exposure to BBP		
Procedures for Student Post-Exposure	9	<ul style="list-style-type: none"> Principal/Supervisor contacts Parent/Guardian of affected students informing them of the potential exposure
Source Forms		
Letter to Source or Parent/Guardian	10	<ul style="list-style-type: none"> Principal/Supervisor completes and forwards to Source or Parent/Guardian
Source Information & Consent Form	12	<ul style="list-style-type: none"> Principal/Supervisor completes sections 1 & 3 and forwards to Source or Parent/Guardian Source or Parent/Guardian completes section 2 and returns to Workers’ Compensation Specialist

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EMPLOYEE CHECKLIST

- Wash exposed area with soap and water immediately
 - For exposure to eyes, mouth, and/or nose, flush area with water.
- Immediately seek medical treatment for a post-exposure medical evaluation. *Do not delay treatment. CCS has contracted with Pittsboro Urgent Care to provide this evaluation, eliminating any potential co-pays by you.*
- Notify Principal/Supervisor immediately
- If you are **declining** follow-up evaluation, complete the Employee Declination Form and forward completed form to the Workers' Compensation Specialist (See page 7)
- Obtain Work Injury-Illness Report available on the district Health & Safety website or from your school treasurer.
- Complete the following documents:
 - Employee Accident/Exposure Report Form, available online under Quicklinks, Health & Safety
 - Bloodborne Pathogen (BBP) Exposure Incident Report, section 1: Can be completed by your or your supervisor. (See page 5)
 - Exposed Employee Consent Form: For blood collection and testing. Return completed form to Workers' Compensation Specialist (See page 6)Or Exposed Employee Declination Form: If choosing *not* to receive post-exposure follow-up. Return completed form to Workers' Compensation Specialist (See page 7)
- Take the following documents with you to your Doctor's appointment:**
 - Work Injury-Illness Report: Your doctor will forward the completed form to the Workers' Compensation Specialist
 - BBP Exposure Incident Report: Sections 1 & 2 are to be completed by you and/or your Principal/Supervisor prior to your Doctor's appointment. (See page 5)
 - Health Care Professional's Written Opinion for Post-Exposure Evaluation: Your doctor will complete and return to the Workers' Compensation Specialist. (See page 8)

Employee bloodborne exposure incident will be handled **confidentially** and as a work-related injury. If you have questions regarding the Workers' Compensation and/or BBP Exposure Incident process, or preventative safety concerns, contact Chelsey Mason, Workers' Compensation Specialist at (919) 542-3626.

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PRINCIPAL/SUPERVISOR CHECKLIST

- Advise employee to wash the exposed area with soap and water immediately
- Refer employee for post-exposure follow-up evaluation immediately. **CCS has contracted with Pittsboro Urgent Care to provide this evaluation**, eliminating any potential co-pays by the employee.
- Inform Workers' Compensation Specialist at (919) 542-3626 of the exposure incident. Inform School Nurse, if source individual is a student.
- Complete Section 2 of the BBP Exposure Incident Report. Provide two (2) copies of this form to the exposed employee and forward a copy to the Workers' Compensation Specialist. (See page 5)
- If employee **declines** follow-up evaluation, ensure the employee completes the Employee Declination Form and forward the completed form to the Workers' Compensation Specialist. (See page 7)
- Contact the source individual or, if under age 18, contact the parent/guardian to advise them of the incident and obtain consent to have source blood testing conducted (See page 9 If source is a student)
- Completed the Letter to Source Parent/Guardian and the Source Information & Consent Form (sections 1 & 3) (See page 10)
- Provide Letter and Consent Form to the source or parent/guardian. Enclose an envelope addressed to Workers' Compensation Specialist to ensure the consent form is returned. (Source packet is five (5) pages total) (Pages 9-13)
- Provide an extra copy of the Source Information & Consent Form for the source or parent/guardian to take to the health care provider who will perform the blood test. **CCS has contracted with Pittsboro Urgent Care to provide this evaluation and blood test**, eliminating any payment required by the source or parent/guardian. (Page 12)
- Ensure the employee completes the following forms:
 - Employee Accident/Exposure Report Form: available online under Quicklinks, Health & Safety (may be completed by school treasurer)
- Ensure the employee takes the following documents to their Doctor's appointment:**
 - Work Injury-Illness Report: Your doctor will forward the completed form to the Workers' Compensation Specialist
 - BBP Exposure Incident Form: Sections 1 & 2 are to be completed by you and/or your Principal/Supervisor prior to your Doctor's appointment. (See page 5)
 - Health Care Professional's Written Opinion for Post-Exposure Evaluation: Your doctor will complete and return to the Workers' Compensation Specialist. (See page 8)

Human Resources Responsibilities

- Place the following documentation of the exposure incident in the employee's file:
 - BBP Exposure Incident Form – completed by the employee or principal/supervisor
 - ✓ Human Resources completes Section 3 when consent is received from the source.
 - Exposed Employee Consent Form – signed by the employee
 - Declination of Post-Exposure Evaluation (completed by the employee when applicable)
 - Source Information & Consent Form – when completed and received from the source.
 - Health Care Professional's Written Opinion for Post-Exposure Evaluation – when received from the Healthcare Professional.
 - Ensure exposed employee has received a copy of the Health Care Professional's Written Opinion.
- Establish and maintain an accurate record for each employee with occupational exposure in accordance with OSHA Bloodborne Pathogens Standard 1910.1030 including:
 - Name and social security number of the employee
 - Copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
 - A copy of the hepatitis B vaccination declination form, if applicable.

Recordkeeping

- Human Resources will ensure employee medical records are:
 - Kept confidential
 - Not disclosed or reported without the employee's express written consent to any person within or outside the work place except as required by law.
 - Maintain employee medical records for at least the duration of employment plus thirty (30) years. If an employee works for the district for less than one (1) year, the employee's medical records will be given to the employee prior to separation. It is not necessary to maintain these records for the thirty (30) years post-separation.

Exposed Employee Consent Form

PLEASE READ ALL AND CHECK ONE OF THE THREE FOLLOWING CONSENT STATEMENTS

RETURN COMPLETED FORM TO HUMAN RESOURCES

Date of exposure incident: ____/____/____

Consent for Blood Collection and Testing

Following exposure to blood or potentially infectious materials during the performance of my duties, *I consent to having my blood collected as soon as feasible and tested for HBV and HIV serological status.* I understand that blood test(s) will be provided by the school district and at no cost to me. I also understand that the source individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual/exposed employee, including the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

I further understand the results of my blood test(s) will remain confidential and will not be release to the school district.

Consent for Blood Collection Only

Following exposure to blood or potentially infectious materials during the performance of my duties, *I consent to having my blood collected as soon as feasible. I do not consent to having my blood tested for HBV and HIV status at this time.* I understand that my blood sample will be preserved for at least ninety (90) days and if, within ninety (90) days of the exposure incident in which I was involved, I elect to have my blood tested for HBV and HIV, such testing shall be done as soon as feasible. I understand that blood test(s) will be provided by the school district and at no cost to me. I further understand that the results of my blood test(s) will remain confidential and will not be released to the school district.

Refusal of Consent for Blood Collection and Testing

Following exposure to blood or potentially infectious materials during the performance of my duties, *I do not consent to having my blood collected as soon as feasible and tested for HBV and HIV serological status.* I understand the blood test(s) would be provided by the school district at no cost to me. I further understand that the results of my blood test(s) would remain confidential and would not be released to the school district.

Signature of the consenting employee:

Date: ____/____/____

Exposed Employee Declination of Post-Exposure Evaluation

TO BE COMPLETED BY THE EXPOSED EMPLOYEE
RETURN COMPLETED FORM TO HUMAN RESOURCES

I was exposed to blood and/or other potentially infectious body fluids at my worksite on ____/____/____. As a result of this incident, I have completed the BBP Exposure Incident Report and the online Employee Accident/Exposure Report. I have been advised by my principal/supervisor to seek medical evaluation and follow-up by a Health Care Provider immediately.

I decline medical evaluation

*complete social security # is required

Employee's Last Name: _____

Employee's First Name: _____

Job Title: _____

*Social Security #: _____

Work Site: _____

Site Address: _____

Site Phone #: _____

Other Contact Phone #: _____

Signature of Exposed Employee:

_____ Date: ____/____/____

Principal/Supervisor Name: _____

Principal/Supervisor Signature: _____

Date: ____/____/____

NOTE: Completed form will be placed in exposed employee's file.

**Health Care Professional's Written Opinion For
Post-Exposure Evaluation**

As required by 29 CRF 1910.1030
Occupational Safety and Health Standards: Bloodborne Pathogens



CONFIDENTIAL

Employee Name: _____

Date of Incident: ____/____/____

Date of Evaluation: ____/____/____

Health Care Professional's Evaluation

- The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials. This includes the results of the source individual blood test(s), if consent was obtained.
- The employee named above has been told about any health conditions results from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- Hepatitis B vaccination is _____ is not _____ indicated. (check one option)

**All other findings or diagnoses shall remain confidential and shall not be included
in this report.**

Health Care Professional's Name (Please Print):

Health Care Professional's Signature:

Date: / /

Health Professional's Address:

Health Professional's Telephone #:

Fax #:

Please provide a copy of this form to the employee and return this form to the address below within 15 days of the evaluation. Please label the outside of the envelope "Confidential."

Employer's Name: Chatham County Schools, ATTN: Workers' Compensation

Employer's Address: P.O. Box 128 / 369 West Street
Pittsboro, NC 27344

Employer's Phone: (919) 542-3626

Confidential Fax: (919) 542-7400

STUDENT POST-EXPOSURE TO BLOODBORNE PATHOGENS **PROCEDURES** **(Hepatitis, HIV)**

In the event that a student comes into contact with another person’s blood or body fluids by direct contact to their eyes, mouth, mucous membranes, or a break in the skin, do the following:

- If possible, *immediately* have the student thoroughly wash the “exposed” area with soap and water and report the incident to the principal or supervisor. Note: For areas that cannot be washed with soap such as the mouth and eyes, rinse repeatedly with copious amounts of water as soon as possible.
- Immediately contact parents of students affected. Inform them that their child was involved in a “potential BBP exposure incident” and that they should contact their doctor as soon as possible for direction. Details of the exposure incident should be shared with the parent including potential exposure route(s). Note: The name of the involved students is not shared with other parents without parent permission as obtained by the building administrator or designee. Contact the Student Services Director (919-542-6400) if any confidential health information is requested.
- In the event that Chatham County Schools employee is the source of exposure to the student, please provide the Source Information & Consent Form to the employee. Sections 1 and 3 need to be completed by the principal or supervisor to provide the student’s doctor information. If the employee consents to a source evaluation, this form will be provided to the employee’s doctor so results of the testing can be provided to the student’s doctor.
- Complete the Student Incident Report

IMPORTANT NOTE: In various encounters among students, they may need to be considered both as sources and as parties at –risk for bloodborne pathogen exposure, particularly those involving bloody injuries, lacerations, or puncture wounds. Some examples are:

- Fights
- Biting Incidents
- Contact-sport athletic injuries
- Accidental, traumatic events with multiple victims (e. g., hallway collisions, parking lot motor vehicle collisions, site structure failures)
- Events in which one student comes to the aid of another injured student

If you have questions, please contact the Student Services Director at (919) 542-6400.

Administration

Derrick D. Jordan, Ed.D.
Superintendent

Janice A. Frazier
Assistant Superintendent

Amanda J. Hartness, Ed.D.
Assistant Superintendent

Chris D. Blice
Chief Operations Officer

Tony M. Messer
Chief Finance Officer



Board of Education

Gary Leonard
Chair

Jane Allen Wilson
Vice-Chair

David Hamm

Del Turner

CONFIDENTIAL

Date: _____

To: _____

From: _____

RE: Request for Source Individual Evaluation

Dear _____,

During the course of duty, one of our employees was involved in an incident in which exposure to your child’s blood and/or body fluids occurred. I am writing to request that you have an evaluation of your child, the source individual, performed as soon as possible.

When a Chatham County Schools employee is exposed to blood or other potentially infectious materials as a result of his or her duties, the school district is legally required to ask the source individual, or the source individual’s parent/guardian in the case of a minor, for consent to have the source individual’s blood tested for the presence of Hepatitis B virus (HBV) or the human immunodeficiency virus (HIV). The results are then provided to the exposed employee and the employee’s health care provider. Given the circumstances surrounding this incident, this evaluation helps the employee’s health care provider determine whether our employee requires medical follow-up.

Chatham County Schools works with Pittsboro Urgent Care to perform this evaluation. Billing is sent directly to CCS eliminating any out-of-pocket expenses for you. You may bring your child to Pittsboro Urgent Care for testing or to your own health care provider, if you prefer.

Attached is the Source Information & Consent Form. Chatham County Schools has completed Sections 1 and 3. Please complete Section 2, which provides your consent to have the blood test performed, and return to Chatham County Schools Workers’ Compensation Specialist within 3 days.



Please take a copy of this form to Pittsboro Urgent Care or your own health care provider. This will let the provider forward the results of the evaluation to the employee's health care provider. Any communication regarding the medical findings is to be handled at the medical provider level and results will not be released to the school district.

Information relative to communicable diseases has specific protection under the law and cannot be disclosed or released without written consent of the parent or except as otherwise provided by law. It is further understood that persons who receive such information are obligated to hold it confidential. The exposed employee will be informed of such obligation.

Please return the consent form within 3 days to:

Chelsey Mason, Workers' Compensation Specialist
c/o Chatham County Schools
P. O. Box 128
Pittsboro, NC 27344
Phone: (919) 542-3626
Fax: (919) 542-7400

Thank you for your assistance in this very important matter.

If you have any question, please contact me at the school. (919) 542-2303

Sincerely,

Principal/Supervisor

C: Workers' Compensation Specialist



SOURCE INFORMATION & CONSENT FORM

Note: This form MUST BE SIGNED AND RETURNED to Chatham County Schools within THREE (3) DAYS of the date on which it was received. This signed document will be placed in the exposed employee’s confidential medical file. THE TEST RESULTS REMAIN CONFIDENTIAL BETWEEN THE PHYSICIAN AND PATIENT.

SECTION 1: DESCRIPTION OF THE EXPOSURE INCIDENT

(TO BE COMPLETED BY THE PRINCIPAL/SUPERVISOR)

On (date of incident) _____ a school district employee came in contact with blood or other potentially infectious material of the person designated below as the source person. The exposure incident occurred in this way:

SECTION 2: CONSENT FOR BLOOD TESTING AND RELEASE OF THE INFORMATION

(TO BE COMPLETED BY THE SOURCE OR PARENT/GUARDIAN)

I give my consent to have the blood of (name of source person)

_____ tested for Hepatitis B virus (HBV) and/or human immunodeficiency virus (HIV) and to have the results made available to the exposed employee and their professional health care provider. I understand that the test will be done at no cost to me. I also understand that the exposed individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source person named above, including the following statement:

“This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose.”

I understand that the results of my blood tests will not be release to the school district.

I refuse to give consent to have blood tested for Hepatitis B virus (HBV) and/or human immunodeficiency virus (HIV) at this time:

Signature of source person: _____ Date: ____/____/____

OR if under age 18, signature of source person’s parent or guardian:

_____ Date: ____/____/____



SECTION 3: EXPOSED EMPLOYEE'S PROFESSIONAL HEALTH CARE PROVIDER TO WHOM BLOOD TESTS WILL BE RELEASED.

(TO BE COMPLETED BY PRINCIPAL/SUPERVISOR)

Physician's Name/Medical Facility Name:

Address:

Telephone Number:

Fax Number:

PLEASE TAKE A COPY OF THIS TWO-PAGE DOCUMENT TO GIVE TO YOUR HEALTH CARE PROVIDER

Instructions to health care provider: Pursuant to this signed consent form, please release the source person's test results to the employee's health care provider, listed in SECTION 3 above.

To Source or Parent/Guardian:

Please Note:

This signed document will be placed in the exposed employee's medical record.

These two pages must be signed and returned to the school district within three days of the date on which it was received.

Fax: 919-542-7400 Attention: Workers' Compensation –**CONFIDENTIAL**

OR

Mail to:

Workers' Compensation - **CONFIDENTIAL**
c/o Chatham County Schools
P. O. Box 128
Pittsboro, NC 27312