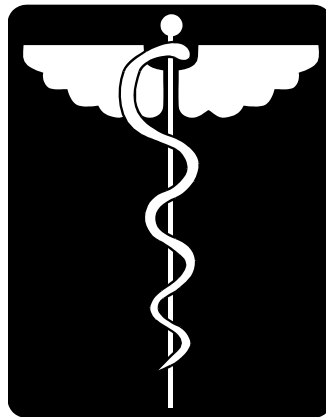


BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN



EMINENCE INDEPENDENT SCHOOLS
254 WEST BROADWAY
EMINENCE, KY 40019

2016-2017

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

PROCEDURE

The Eminence Independent School District is committed to providing a safe working environment and believes employees have a right to know about health hazards associated with their work. So that employees can make knowledgeable decisions about any personal risks of employment, this Exposure Control Plan is established to include policies, procedures and responsibilities designed to develop an awareness in employees of potentially infectious materials in the work place and to train employees on appropriate, safe working conditions. This plan is reviewed and updated annually and is available for all employees in the Board's Policy and Procedure manuals kept in every Principal's office and in the central office.

A training program has been designed for the benefit and protection of all Eminence Independent School District employees. Necessary information is available to inform employees how to best handle potentially infectious materials.

Buddy Berry
Superintendent

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

INTRODUCTION

The purpose of this plan is to eliminate or minimize Eminence Independent School District Employees' occupational exposure to bloodborne pathogens.

Bloodborne pathogens refer most commonly, in the educational setting, to:

Hepatitis B Virus (HBV)

Human Immunodeficiency Virus (HIV)

The intent of the OSHA standard is to minimize occupational exposure to these and other applicable hazards that can occur in the educational setting.

DEFINITIONS

ASSISTANT SECRETARY means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

BLOOD means human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGENS means pathogenic organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

CLINICAL LABORATORY means a workplace where diagnostic or other screening procedures are performed on human blood or other potentially infectious materials. (Unlikely to apply to an educational setting with the exception of medically affiliated schools.)

CONTAMINATED means the presence of reasonably anticipated presence of blood or other potentially infectious materials on an item or surface

CONTAMINATED SHARPS means any contaminated object that can penetrate the skin including, but no limited to, needles, scalpels, broken glass, broken capillary tube, and exposed ends of dental wires. (May apply to school clinics, medically affiliated schools, and any location where injections may be given.)

DECONTAMINATION means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling use or disposal.

DIRECTOR means the Director of the National Institute for Occupational Safety and Health, U. S. Department of Health and Human Services, or designated representative.

ENGINEERING CONTROLS means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

EXPOSURE INCIDENT means a specific eye, mouth, or 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.

HAND-WASHING FACILITIES means facility providing an adequate supply of running potable water, soap and single use towel or hot air drying machines.

LICENSED HEALTHCARE PROFESSIONAL is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up.

HBV means Hepatitis B Virus.

HIV means Human Immunodeficiency Virus.

OCCUPATIONAL EXPOSURE means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may 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 or organ (other than 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, organ, or other tissues from experimental animals infected with HIV or HBV.

PARENTERAL means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

PERSONAL PROTECTIVE EQUIPMENT (PPE) is specialized clothing or equipment worn by an employee for protection against hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

REGULATED WASTE means liquid or semi-liquid blood or other potentially infectious materials' contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during the handling; contaminated sharps; pathological and microbiological wastes containing blood or other potentially infectious materials.

SOURCE INDIVIDUAL means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to

the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

UNIVERSAL PRECAUTIONS is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

WORK PRACTICE CONTROLS means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. All other employees will be covered after exposure, should one occur.

JOB CLASSIFICATION
School Nurse
Secretaries
Principals/Assistant Principal
Coaches/P.E. Instructors
Special Education Teachers & Instructional Assistants
Custodial Department
Maintenance Department
Bus Drivers
Before/After School Child Care Program

TASKS AND PROCEDURES WHERE EMPLOYEES MAY COME IN CONTACT WITH BLOODBORNE PATHOGENS THROUGH EXPOSURE TO HUMAN BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS:

1. ADMINISTERING FIRST AID/CPR
2. PERSONAL CARE OF STUDENTS WITH DISABILITIES
3. SEIZING OF DEADLY WEAPON AND/OR DANGEROUS INSTRUMENT
4. HOUSEKEEPING CHORES AFTER BODY FLUID SPILLS

IMPLEMENTATION SCHEDULE AND METHODOLOGY

OSHA also requires that this plan include a schedule and method of implementation for the requirements of the standard. The following complies with this requirement:

COMPLIANCE METHODS

Universal Precautions are observed in the facilities operated by the Eminence Independent Board of Education in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Antiseptic hand cleaner may be used if clean running is not available.

ALL EMPLOYEES OF THE EMINENCE INDEPENDENT SCHOOL DISTRICT ARE ENCOURAGED TO WASH THEIR HANDS FREQUENTLY, USING WARM, RUNNING WATER AND SOAP, AND DRYING WITH DISPOSABLE TOWELS OR MECHANICAL DRYERS.

HANDWASHING SHOULD BE DONE AFTER REMOVING GLOVES OR OTHER PERSONAL PROTECTIVE EQUIPMENT USED TO PREVENT CONTACT WITH BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS. ANY OTHER POTENTIALLY CONTAMINATED SKIN SURFACES SHOULD ALSO BE WASHED AS SOON AS POSSIBLE.

The following table lists the areas in which hand washing facilities are located in Eminence Independent School District buildings:

Department/Area	Hand-washing Facilities
Central Office	Restroom-front of building
Elementary School	Restroom-next to nurse's office
	Boys and Girls Restrooms-each end of hall
	Restroom in Primary classroom

	Nurse's office
	Art classroom
EdHub	Boys and Girls Restrooms next to Music classroom
	Biology classroom & Chemistry lab
Administrative Offices	Restroom and outside of restroom
Middle School	Boys and Girls Restrooms-middle of hall
Gym	Boys and Girls Restrooms-main lobby
	Boys and Girls Locker Rooms
High School	Boys and Girls Restrooms
	Science classroom
	Foods & Nutrition classroom
	Room 214

OTHER ENGINEERING CONTROLS AND LOCATION IN BUILDING:

1. *Sharps Containers*: Nurse's Office, Administrative office and Custodial Supply Storage Areas
2. *Red Trash Bags/Biohazard Labels*: First Aid Kits. Areas where first aid is administered, nurse's office and custodial supply storage areas.

Engineering controls are examined, maintained and replaced on a regular schedule to ensure their effectiveness. This includes an annual review of policies.

NEEDLES

- Safer medical devices such as sharps with engineered sharps injury protection and needleless systems will be used. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needles be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

CONTAINERS FOR RESUSABLE SHARPS

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility, the sharps containers are puncture resistant, labeled with a biohazard label, and are leakproof. Sharps containers will be disposed of by the school nurse, at least at the end of the school year if container has been used or whenever container becomes filled.

WORK AREA RESTRICTIONS

In work areas where there is reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

CONTAMINATED EQUIPMENT

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined before servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

METHOD FOR IMPLEMENTATION

The method for implementation of this plan will be by formal training sessions that will occur in the workplace. Training will be conducted following the guidelines set forth in this compliance package and in the December 6, 1991, Federal Register, in which Bloodborne Disease Pathogen Standard appears.

PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used at this facility will be provided without cost to the employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit

blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

Protective equipment will be provided to employees in the following manner: Personal protective equipment will be issued by the school nurse and made available to personnel as indicated below.

Personal Protective Equipment	Location
Disposable latex/vinyl gloves (Vinyl gloves are used only for personal care of students/employees sensitive to latex.)	<ul style="list-style-type: none"> *Each first aid kit *Nurse's office *Every classroom and office *Each area where first aid is provided *School buses *Each area where student receives personal care
Barrier Kits (contain gown, face shield, cap, gloves, shoe covers, etc.)	<ul style="list-style-type: none"> *Each area where first aid supplies are stored *Nurse's office *Each school bus *Athletic Trainers kit *Classrooms for Special Needs Students
CPR shields (1-way mouthpiece)	<ul style="list-style-type: none"> *Each area where first aid supplies are stored *Nurse's office *Each school bus *Classrooms for Special Needs Students
Utility gloves (Can be decontaminated for reuse provided the integrity of the glove is not compromised. Will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.)	<ul style="list-style-type: none"> *Custodial supply area

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to the employees.

All garments penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed before leaving the work area.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become

contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin-length face shield, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments.

HOUSEKEEPING

The Eminence Independent School District Custodial department determines an appropriate written schedule for cleaning and decontaminating. All equipment and work surfaces are decontaminated with quaternary ammonia after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work day if surfaces may have been contaminated since the last cleaning.

Equipment is checked routinely for blood or other potentially infectious materials before servicing or shipping, and is decontaminated as necessary.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular scheduled basis.

Any broken glassware that may be contaminated will not be picked up directly by hand. It is handled by using mechanical means, such as brush and dust pan, tongs, forceps, or tweezers.

Spills of bodily fluids are decontaminated as soon as possible. Small spills from nosebleeds are blotted with paper towels, or other absorbent materials, and wiped clean with disposable towels soaked in quaternary ammonia. Large spills (e.g., a pool of blood from a head injury, or approximate two square feet of vomit) are absorbed with disposable paper towels, then flooded and mopped with a premixed solution of quaternary ammonia and covered with Volban™*, stored in the Custodial Supply Closet. Spill sites are then wiped clean with dry paper towels and absorbent chemicals. All contaminated items are placed in biohazard bags and disposed of accordingly. Spill clean-up requires using protective equipment (gloves).

LAUNDRY

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will use personal protective equipment to prevent contact with blood or other potentially infectious materials.

BIOHAZARD LABELS

Warning labels are affixed to containers of regulated waste; other containers used to store, transport, or ship blood or other potentially infectious materials.

Labels required by this section must include the following legend:

These labels are predominantly fluorescent orange or orange-red with lettering or symbols in contrasting color. Labels are either an integral part of the container or are affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent them from being lost or unintentionally removed.

Red bags or red containers may be substituted for labels.

Regulated waste that has been decontaminated is not labeled or color coded.

WASTE DISPOSAL

Class A infectious waste, defined in Kentucky according to CDC guidelines, includes used disposable sharps.

Class B infectious waste in Kentucky is considered “regulated waste” by OSHA and includes the following:

1. Contaminated items that would release blood or other bodily fluids if compressed.
2. Items that are caked with dried blood or other bodily fluids that are “capable of releasing these materials during handling” (This means lots of caked blood, enough to cause a dusty aerosol if shaken, NOT an item like a gauze pad which has been used to cover a finger stick OR a shirt smeared with blood from a nosebleed.)

Eminence Independent School District waste is segregated at the point of use into categories that include but are not limited to the following:

1. Needles/Sharps
2. Regulated Waste
3. Regular Trash

Sharps containers are, by definition, disposable and are NOT opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

All sharps and glassware are disposed of immediately (or as soon as possible) in containers that are closable, puncture-resistant, leak-proof on the sides and bottom, appropriately labeled with a biohazard label. When containers of sharps are moved from the area of use, the containers are closed and placed in a secondary container if they may leak.

Regulated waste is placed in containers that are closable and constructed to contain all contents and to prevent fluids from leaking during handling, storage, transport, or shipping. The containers are labeled and closed before removal to prevent the contents from spilling or protruding during handling, storage, transport, or shipping. If outside contamination of the regulated waste container occurs, it is placed in a second container that has the same specifications as the first (e.g., closable, leak proof) and is handled in the same manner.

Regular trash includes the remainder of waste in the department that poses no health or environmental risk. This is disposed of through routine facility waste streams and appropriate containers.

HEPATITIS B VACCINE

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee.

The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing that shows the employee to have sufficient immunity.

Employees who initially decline the vaccine but who wish later to have it while still covered under the standard may then have the vaccine provided at no cost.

The Eminence Independent Board of Education will be responsible for assuring that the vaccination is offered to the employees. The vaccination will be

performed by or under the supervision of a licensed physician or, by or under the supervision of another licensed health care professional.

POST-EXPOSURE EVALUATION and FOLLOW-UP

When the employee incurs an exposure incident, it should be reported to the school nurse and the principal. In turn, they notify the central office.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained for HIV/HBV infectivity).
- Results of the testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides before that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U. S. Public Health Service.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be alert for and to report any related experiences to appropriate personnel.
- The Eminence Independent Board of Education has been designated to assure that the policy outlined is effectively carried out as well as to maintain records related to the policy.

INTERACTION WITH HEALTHCARE PROFESSIONALS

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions shall be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine

2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

TRAINING

Training for all employees will be conducted before initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

- ✓ An accessible copy OSHA Standard for Bloodborne Pathogens
- ✓ A general explanation of the epidemiology and symptoms of bloodborne diseases.
- ✓ An explanation of the modes of transmission of bloodborne pathogens.
- ✓ An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- ✓ An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- ✓ An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- ✓ Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- ✓ An explanation of the basis for selection of personal protective equipment.
- ✓ Information of the Hepatitis B vaccine, including information on the safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge.
- ✓ Information on the appropriate actions to take and person to contact in an emergency involving blood or other potentially infectious materials.
- ✓ An explanation of the procedure to follow if an exposure incident occurs, including the method for reporting the incident and the medical follow-up that will be made available.
- ✓ Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- ✓ An explanation of the signs and label and/or color-coding required by OSHA.

- ✓ An opportunity for interactive questions and answers with the person conducting the training sessions.
- ✓ Employees determined at risk will receive annual training.

RECORDKEEPING

All records required by the Bloodborne Pathogen Standard will be maintained by the Eminence Independent Board of Education in accordance with 29CFR 1910.20.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training programs as it relates to the workplace that the training will address.

EMINENCE INDEPENDENT SCHOOL DISTRICT

APPENDIX A

Declination Form for Hepatitis B Vaccine

I, _____ (employee name), understand that due to my occupational exposure to blood and other potentially infectious materials at the *Eminence Independent School District*, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to me.

I understand that if I decline this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the series at no charge to me.

Employee Signature _____

Date _____

Signature of Witness _____

_____ I decline hepatitis B vaccine at this time.

_____ I wish to receive hepatitis B vaccination.

_____ I have already received the hepatitis B series.

Eminence Independent Schools

Appendix C

Unusual Occurrence Report
Exposure to Blood or Other Potentially Infectious Materials

Employee Name: _____ Position: _____

Date of Exposure: _____ Time: _____

Source of Exposure:

How Exposure Occurred:

Immediate Action Taken:

Was Protective Equipment used? _____ Yes _____ No _____ N/A

If protective equipment was not used, explain why

Incident Reported to: _____

Physician Referral Scheduled: _____

_____ I am aware of the potential risks identified with the exposure incident that occurred and agree to receive an examination and/or treatment for the exposure, as recommended by the attending physician. This includes serological testing for Hepatitis B and HIV, if necessary.

_____ I understand the potential risks identified with the exposure incident that occurred and I DO NOT agree to an examination or treatment for the exposure.

Employee Signature Date

Supervisor Signature Date

Eminence Independent School District

Appendix D

Source Individual Consent Form

I, _____, as a
_____ of the Eminence Independent School District
agree to have my blood drawn for serological evidence of infectious diseases that
include but are not limited to, Hepatitis B and HIV. This consent is given because
an employee of the EMINENCE INDEPENDENT SCHOOL DISTRICT was
accidentally exposed to my blood or other potentially infectious material. The
potential physical problems to me are identified with the routine procedure of
taking a blood sample. My signature confirms that I have read this consent form
and understand the reasons the tests are needed, and I agree to have these tests
completed.

Source Individual Signature

Date

I have read the consent form and understand why I have been asked to undergo
these tests. However, I do not agree to these tests at this time although my
physician has ordered it.

Source Individual Signature

Date

Eminence Independent Schools

Appendix E

Physician Treatment Related to Unintentional Exposure to Blood or Other Potentially Infectious Materials

Type of Exposure: _____

Location of Exposure on body: _____

Wound Appearance: _____

Exposure Source: Known _____ Unknown _____
Infection evident from Source: Yes _____ No _____

Blood Tests Ordered: _____

Treatment Provided: _____

Additional Care Needed: Yes _____ No _____
Explain:

Follow-Up Visit: Yes _____ No _____ Date: _____

_____ This individual was treated by me and understands the nature and reasons for the care and the follow-up treatment.

_____ This individual refused treatment and understands the possible consequences of refusing the care recommended.

Physician Signature

Date