

M.S.A.D. #4

PROCEDURE FOR ACCIDENTAL BLOOD EXPOSURE

An accidental exposure means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. In the event of an accidental exposure to an employee, the procedure is as follows:

1. Immediate first aid- Employee will wash the exposed site thoroughly with soap or disinfectant and water. Flush eyes and/or mucous membranes with water immediately.
2. Immediately report injury to supervisor and school nurse. If immediate supervisor is not available, report to another school administrator.
3. The school nurse or supervisor will arrange for a medical post-exposure evaluation and follow-up.
4. Required forms to be completed within 24 hours are:
 - a. **Employee Injury Report**, using back of form as needed to describe in full how the exposure to blood or body fluid occurred.
 - b. **Supervisor's Injury Report**
5. The school nurse will meet with the employee.
 - a. The employee will be given bloodborne pathogen information.
 - b. Blood collection and testing will be discussed.
 - c. The employee will be referred to the School Doctor's office for a medical post-exposure evaluation. The form, **Medical Care Provider Report** will be accompany.
 - d. The employee will be informed of laws concerning disclosure of identity of source individual.
6. If the source individual is known, the school nurse will assist in making arrangements to have the source individual tested for HIV, HBV, and HCV infectivity.
7. The school nurse will meet with the employee after all data has been collected to complete a **Follow-up Outcome Report** and discussed any additional concerns.
8. Flow of completed forms:
 - a. Original copies to Superintendent's office.
 - b. Retain copy of each form for employee's personnel file.

M.S.A.D. #4

Health Care Provider Report Form for Accidental Blood Exposure

Date _____

Employee's Name _____ DOB _____

The above named individual was seen by me today following an accidental exposure to blood.

Blood was collected for HBV, HCV, and HIV serological testing: YES _____ NO _____

Serological testing was done at this time: _____

Blood was collected, but the employee declined baseline testing at this time: YES _____ NO _____

Blood will be held for 90 days YES _____ NO _____

My recommendation is as follows:

Hepatitis vaccine required: YES _____ NO _____

Initial dose administered: YES _____ NO _____ Date (if yes) _____

Signature _____ Date _____

Please print name and address of Health Care Provider completing this report:

**ACCIDENTAL BLOOD EXPOSURE
FOLLOW-UP / OUTCOME REPORT**

Employee Name: _____

Title _____ Social security # _____

Date of Exposure Incident _____

Employee's Report of Injury Filed _____ Yes _____ No

A. Source Name (if individual known) _____

Consent for Blood Testing Obtained _____ Yes _____ No Date _____

Source Blood Tested for HIV, HBV and HCV and Report Received Date _____

Comments:

B. Employee

Blood Collected _____ HBV _____ HIV

And Tested _____ HCV _____ Declined Blood Testing

Hepatitis B _____ No prior Hepatitis B vaccination or incomplete series

_____ HBIG (Hepatitis B Immune Globulin) received

_____ HBV vaccinated – received three doses previously

_____ HBV series started

HIV & Hepatitis C _____ Risk Counseling Offered

Tetanus _____ Current within 10 years

_____ Suggest booster through employee's physician

Counseled _____ Informed of laws and regulations concerning

Disclosure of source individual identity

_____ Received current/appropriate health ed materials

Comments:

Post exposure Medical Evaluation Completed by: _____

Written opinion form health care professional obtained if appropriate _____

Report Filed By: _____ Date: _____