

Bloodborne Pathogens Post-Exposure Guide

Employees who experience a bloodborne pathogen exposure (review Exposure Control Plan for Bloodborne Pathogens) are encouraged to immediately seek medical care. The purpose of medical care is to obtain baseline blood antibody levels for HIV, Hepatitis B, and Hepatitis C and/or receive relevant vaccines. If you have questions regarding the **Post-Exposure Guide**, please contact the RSD nurse at 715-425-1800 ext 1108.

SECTION 1: CRITERIA

Employee Name:	Position:	Date Guide Completed:
Source Individual Name:		Date Event Occurred:
Location of Event:		Time Event Occurred:
Synopsis of Event:		

Did the contact with blood OR other potentially infectious material (OPIM) include any of the following:

Blood or OPIMs in exposed employee's eyes, nose or mouth?	Yes	No
Blood or OPIMs in contact with exposed employee's broken skin (less than 24 hours old), including cuts or open skin rashes, or breaking of the skin in a bite?	<input type="checkbox"/>	<input type="checkbox"/>
Penetration of exposed employee's skin by a blood or OPIM-contaminated sharp (needle, lancet, glass, teeth, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **NO** to ALL of the questions above, an exposure did not occur. Other medical attention may still be appropriate.

If you answered **YES** to any of the above questions, the employee may be at risk of exposure to a bloodborne pathogen.

SECTION 2: FIRST REPORT OF INJURY

Has the employee completed a First Report of Injury? If no, please do so at this time.	Yes	No
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SECTION 3: MEDICAL EVALUATIONS

Medical results will be kept confidential and will not be disclosed unless necessary to comply with provisions of 29 CFR 1910.1030. If you are the Source Individual, disclosure will be made to the exposed Employee and their healthcare professional. Employee and Source Individual can go to their own licensed health care practitioner or seek medical evaluation thru the District's preferred provider. 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, we will not be able to determine whether you have been infected by either the hepatitis B virus (HBV), human immunodeficiency virus (HIV), or other bloodborne disease as a result of this exposure. If the Source Individual is a minor, consent or declination to have your blood drawn and tested must be given by your parent or guardian.

Will the employee obtain a professional post-exposure medical evaluation at no cost to them to determine if known to be infected with a bloodborne disease?	Yes	No
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If no, employee is declining post-exposure medical evaluation. Please document that refusal below:

Employee Refusal – Name: _____ Date of Refusal: _____

Will the source individual obtain a professional medical evaluation at no cost to them to determine if known to be infected with a bloodborne disease?	Yes	No
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If no, source individual is declining post-exposure medical evaluation. Please document that refusal below:

Source Individual Refusal – Name: _____ Date of Refusal: _____

In the event the Employee and/or the Source Individual participate in a medical evaluation, they should bring with this completed form. The clinic is required to perform a confidential medical evaluation, counseling and evaluation of illness. The clinic is responsible for providing a written opinion to the District within 15 days of the evaluation.

District Preferred Provider:
 Vibrant Health Clinic
 1687 E Division
 River Falls, WI 54022 Phone# 715-425-6701

Form Completed with Assistance by (Print Name): _____ Position: _____ Date: _____