

APPENDIX C: EXPOSURE INCIDENT INFORMATION

- [1\) Exposure Incident Checklist](#)
- [2\) BBP Exposure Incident Worksheet](#)
- [3\) Instructions for the Evaluation Medical Professional](#)
- [4\) Written Opinion of the Healthcare Professional](#)

Exposure Incident Checklist

Employee:

- First Aid – wash exposed area with water or soap and water
- Report the Incident to Your Supervisor – immediately or as soon as possible
- Seek Medical Attention – the Occupational Health Clinic or other licensed healthcare professional
- Complete Incident Report Forms – working with your supervisor

Supervisor:

- Complete Incident Report Forms – working with the employee
 - o [Ohio University Incident Report Form](#)
 - o BBP Exposure Incident Worksheet (on next page)
 - o [Needlestick Report Form](#) – if applicable
- Submit Incident Report Forms:
 - o To Workers Compensation Office within 1 working day
 - o To the OHC or the employee's licensed health care professional
- Inform EHS (593-1666) and the OHC (593-4747) of the exposure incident
- Source Material – work with EHS and the Occupational Health Clinic, within the confines of applicable regulations to:
 - o Identify the source material
 - o Identify the source individual

Occupational Health Clinic

- Provide Medical Evaluation to Employee – if applicable
- Provide Relevant Medical Information to the Employees' Healthcare Professional – if applicable
 - o All medical records, which are relevant to treatment of the exposed employee (i.e. the record of HBV vaccination).
 - o Any information available about the source material in the exposure incident, for which the university has proper consent to share.
- Source Material – working with the supervisor and EHS
 - o Obtain any necessary consent from the source individual for testing
 - o Maintain documentation of consent or non-consent
 - o Arrange or perform any testing of source material or source individuals and ensure laboratory testing is performed by an accredited laboratory
 - o Disclose testing results to the employee and their healthcare professional, as allowed by law.
- Provide a copy of the health care professional's Written Opinion to the employee.

EHS

- Provide necessary paperwork to the health care professional, if it is not the OHC.
 - o A copy of the federal regulation 29CFR1910.1030, with emphasis on paragraph F.
 - o Copies of the forms found in this appendix.
- Work with the supervisor and the Occupational Health Clinic to:
 - o Document the incident
 - o Provide necessary information to the healthcare provider
 - o Identify the source material

Bloodborne Pathogens – Exposure Incident Worksheet

Supplemental Evaluation of Incident – Attached to the [Incident Report Form](#) and send to Workers Compensation at 121A HRTC.

Please print legibly

Employee's Name _____ Date _____

Location of Exposure Incident _____

List any procedures being used and any equipment or devices being used at the time of the exposure incident:

What potentially infectious material were you exposed to?

What was the route of exposure, e.g. mucosal contact, contact with skin, percutaneous, etc.?

Describe any personal protective equipment, devices, or systems in use at the time of exposure incident:

Did the personal protective equipment fail? _____ If "yes", how? _____

Identify the source of the potentially infectious material

Other pertinent information _____

Instructions For The Evaluating Medical Professional

_____, an employee of Ohio University, may have suffered an exposure incident as defined in the OSHA Bloodborne Pathogens Standard. In accordance with the standard's provision for post-exposure medical evaluation and follow-up, this employee is seeking your evaluation. The following items are included with this form to assist you in your evaluation:

1. A copy of 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.
2. A copy of the Exposure Incident Report. Note, this report describes the exposed employee's duties related to the incident and documents the route of exposure.
3. All medical records concerning the exposed employee including vaccination status, any previous blood tests for the employee or source individual can be requested from Ohio University Occupational Health Clinic (740-593-4747).

After completing the medical evaluation:

1. Inform the employee regarding medical evaluation results, and indicate any appropriate follow-up you deem necessary.
2. Complete the attached written opinion form and send a copy to:

Occupational Health Clinic
Hudson Health Center, RM 101
Ohio University
Athens, OH 45701-2979

CONFIDENTIAL: MEDICAL RECORDS

The copies you send will be maintained as part of the employee's confidential medical record as defined in the Bloodborne Pathogens Standard. **No other medical information is to be sent to Ohio University.**

Written Opinion: Post-Exposure Medical Evaluation

After evaluating _____, employee of Ohio University, please assure the following information has been furnished to the employee, and provide your initials besides the following statements:

The Hepatitis B vaccine is /is not recommended for this employee.
(circle one)

The employee has /has not received the Hepatitis B vaccine.
(circle one)

_____ *(initial)* The employee has been informed of the results of these medical evaluations.

_____ *(initial)* The employee has been informed about any medical conditions resulting from the exposure incident of exposure to blood or other potentially infectious materials that require further evaluation and treatment.

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

Thank you for your evaluation of this employee.

_____ Healthcare Professional's signature

_____ Healthcare Professional's name printed

_____ Date

The Occupational Health Clinic will provide a copy of this written report to the employee.

Mail this report to:

Occupational Health Clinic
Hudson Health Center, RM 101
Ohio University
Athens, OH 45701-2979

CONFIDENTIAL: MEDICAL RECORDS