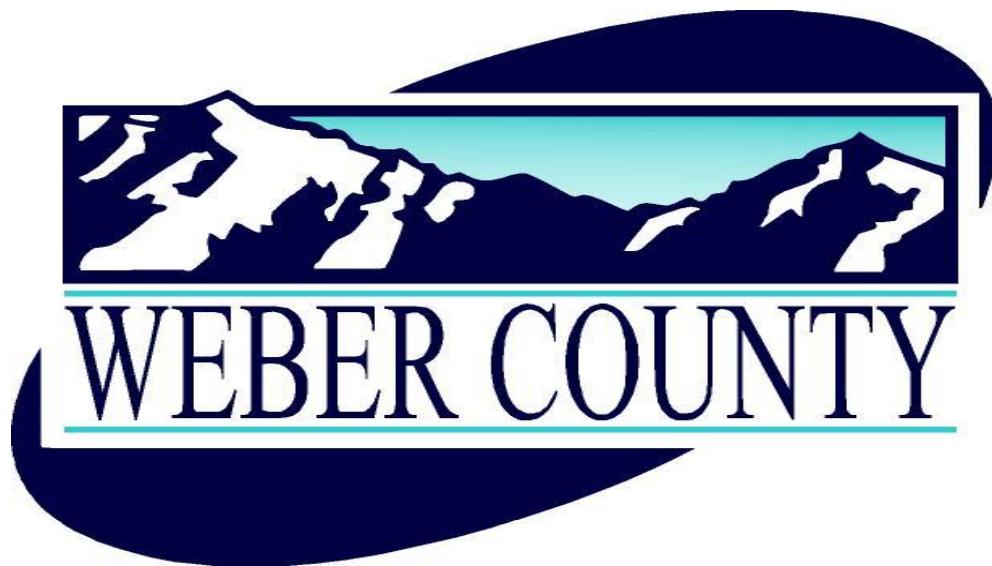


# EXPOSURE PACKET



- What is a bloodborne pathogen significant exposure?
- Bloodborne pathogen exposure instructions
- Bloodborne pathogen checklist
- Bloodborne pathogen exposure report
- Exposed Employee provider letter
- Provider report
- Source person provider letter
- Consent to blood draw (source person)

# What is a bloodborne pathogen significant exposure?

## Significant Exposure:

An exposure is contact with blood or bodily fluids that contain blood and have the potential to be infectious through

- A needlestick or other sharp puncture
- Broken or non-intact skin
- Mucous membranes (eyes, nose, mouth)

## Body Fluids Capable of Transmitting Bloodborne Pathogens:

- Blood
- Amniotic Fluid
- Pericardial Fluid
- Cerebrospinal Fluid
- Vaginal/Cervical Secretions
- Peritoneal Fluid
- Synovial Fluid
- Semen
- Breast Milk
- Or any fluid contaminated with blood

## Body Fluids NOT Known to Transmit Bloodborne Pathogens: (If blood is not present)

- Feces
- Nasal Secretions
- Sputum
- Sweat
- Tears
- Urine
- Vomitus

If a significant exposure has occurred, refer to Bloodborne Pathogen Exposure Instructions & Checklist.



# Bloodborne Pathogen Exposure Instructions

The following information is to be used if a significant exposure occurs:

1. Contact supervisor as soon as possible
2. See a health care professional as soon as possible for medical counseling, testing for HIV, Hepatitis B & C, possible treatment and follow-up recommendations. The two facilities listed below have been designated by your employer for exposure follow-up:

## **Work-Med Ogden**

1355 Hinckley Drive  
Ogden, UT 84401  
(801)387-6150  
Monday – Friday 7:30am-5:30pm  
No Holiday or weekends

## **McKay Dee Hospital**

4401 Harrison Blvd.  
Ogden, UT 84403  
(801)387-2800  
Only when WorkMed is closed  
Follow up will be at WorkMed

- a. If source person is known HIV positive or at high risk for HIV, you should be evaluated immediately. Antiviral chemotherapy should be started as soon as possible (within 2 hours) if the treating physician deems this therapy necessary.
- b. Complete page one and two of the Weber County Bloodborne Pathogen Exposure Report. Page three is to be completed by the health care provider at WorkMed or hospital as part of the initial evaluation. Submit completed forms to Carrie Crawley, Risk Manager, within 3 days.
- c. Complete the Employee First Report of Incident form and any department specific incident forms as directed by your supervisor.
- d. Compile pertinent information pertaining to each significant exposure and forward to Carrie Crawley, Risk Manager.

3. It is your responsibility to ensure that appropriate testing is completed for yourself. Recommended tests are as follows:
  - a. Exposed Employee: HIV Ab, HBsAg, HBsAb, HCV Ab

It is in your best interest to obtain samples from the source person. This can be accomplished under any of the following situations:

- If the source person is transported to a hospital, you must request that emergency department staff collect appropriate samples and submit to the lab. If you are unable to accompany the source person to the hospital, call and inform the receiving hospital emergency department of the exposure. Send the “Source Person Provider Letter” with the source person.
- If the source person is not transported to the hospital, the employee or their representative must:
  - Inform the source person of the exposure
  - Obtain completed “Consent for Blood Draw”
  - Collect appropriate samples. Contact Carrie Crawley, Risk Manager
- In the event of a source person’s death, samples may be collected at the time of death or through the medical examiner (when necessary).
- If the source person refuses testing, consult with the Weber County Human Resources/Risk Management for assistance with court-ordered testing.

4. Each year, it is your responsibility to read and be familiar with the OSHA standard concerning occupational exposure to blood, certain body fluids, and other potentially infectious material (29 CFR part 1910.1030), and also your department/agency bloodborne pathogen exposure control plan. Your employer should have the above on file for you.
5. After termination of employment, you have 3 months to obtain testing for HIV, Hepatitis B, and Hepatitis C. Follow up with Risk Manager.

This information is provided as a guideline to assist you in the event of an exposure. The information is not legal or binding.

# Weber County Exposure Checklist

It has been determined that a significant exposure has occurred. In order to protect your health and worker's compensation benefits, please complete the following:

- Wash exposed area with soap and water. Hand sanitizer or aseptic towelette should be used until soap and water are available. If mucous membranes are involved (eyes, nose, mouth), flush with copious amounts of water. **Do not use bleach for any type of exposure.** Bandage and control bleeding – if necessary.
- Contact supervisor as soon as possible.
- Go directly to one of the medical facilities listed below for post exposure follow-up:

**WorkMed – Ogden**  
1355 Hinckley Drive  
Ogden, UT 84401  
(801)387-6150  
M-F 7:30am – 5:30pm

**McKay Dee Hospital**  
4401 Harrison Blvd.  
Ogden, UT 84403  
(801) 387-2800  
When WorkMed is closed

- Sign the appropriate release form to allow the hospital to provide Weber County test results and treatment plan information. Instruct the hospital to send results to Carrie Crawley, Weber County Risk Manager.
- Complete pages **one** and **two** of the Weber County Bloodborne Pathogen Exposure Report. Page three is to be completed by the health care provider at one of the above facilities as part of the initial evaluation. Submit completed form to Weber County Risk Manager, Carrie Crawley, within 3 days of evaluation.
- If source person is transported to an emergency department, it is your responsibility to ensure that emergency room staff counsel the source person, obtain permission for hepatitis and HIV testing, and collect samples. The “Source Person Provider Letter”, should accompany the source person to the hospital. (Included in this packet)
- If source person does not go to the hospital, it is you and your representative's responsibility to:
  - a. Inform source person of the exposure and request testing
  - b. Obtain “Consent for Blood Draw” (included in this packet)
  - c. Collect sample. Contact Carrie Crawley
- If source person refuses testing, consult with Weber County Risk Management for assistance with court-ordered testing.
- Complete the First Report of Incident form and any other department incident reports as directed by your supervisor.
- Return the completed forms from this packet along with any documents given to you by clinic/hospital to Carrie Crawley, Risk Manager.

# Weber County Bloodborne Pathogen Exposure Report

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Name of Employee: \_\_\_\_\_

Employee DOB: \_\_\_\_\_ Employee Phone #: \_\_\_\_\_

Department: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name of Source Person: \_\_\_\_\_

Source Person DOB: \_\_\_\_\_ Source Person Phone #: \_\_\_\_\_

What body fluids were involved (blood, cerebrospinal fluid, etc.):

Work related activity employee was engaged in:

Description of exposure incident:

Was PPE used? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What PPE was used?

Gloves: \_\_\_\_\_ Face Mask/Shield: \_\_\_\_\_ Safety glasses/googles: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Vaccinated for Hepatitis B? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, Given dates: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

Any other comments:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Weber County Human Resources  
2380 Washington Blvd. #340  
Ogden, UT 84401  
(801)399-8709

Dear Provider:

A Weber County employee has had a possible bloodborne pathogen exposure. We request that a post-exposure evaluation be performed. Please provide treatment as appropriate, determine need for post-exposure prophylaxis, and establish a plan for follow-up. According to CDC guidelines, the following tests should be performed:

**Exposed Employee:**

HIV Ab  
ABsAg  
HBsAb  
ACV Ab

**Source Person:**

HIV Ab  
ABsAg  
HCV Ab

As part of this evaluation, please complete Medical Provider Report attached to this document and return to employee at discharge.

Please forward all results to Weber County Risk Manager:

Weber County Risk Management  
Attn: Carrie Crawley, Risk Manager  
2380 Washington Blvd. #340  
Ogden, UT 84401  
Phone: (801)399-8709  
Fax: (801) 399-8307

Thank you for your assistance in this matter.

Sincerely,

*Carrie Crawley*

Risk Manager

Weber County Human Resources  
2380 Washington Blvd. #340  
Ogden, UT 84401  
(801)399-8709

Dear Provider:

A Weber County employee has had a possible bloodborne pathogen exposure related to the individual named on the Consent For Blood Draw and testing form attached to this document. In order for us to ensure proper treatment and follow-up, please perform the following lab tests on the blood sample provided by this individual (source person):

HIV Ab  
ABsAg  
HCV Ab

Please bill Workers Compensation Fund for the services provided related to the testing of source blood. Refer to the claim number assigned to the affected Weber County employee when billing.

Please forward all results to Weber County Risk Manager:

Weber County Risk Management  
Attn: Carrie Crawley, Risk Manager  
2380 Washington Blvd. #340  
Ogden, UT 84401  
Phone: (801)399-8709  
Fax: (801) 399-8307

Thank you for your assistance in this matter.

Sincerely,

*Carrie Crawley*  
Risk Manager

# Medical Provider Report

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Medical Provider **ONLY**

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**Exposed Employee:**

HIV:	Yes _____	No _____
HBsAg:	Yes _____	No _____
HBsAb:	Yes _____	No _____
HCV Ab:	Yes _____	No _____

**Source Person:**

HIV:	Yes _____	No _____
HBsAg:	Yes _____	No _____
HCV Ab:	Yes _____	No _____

## Healthcare Professional's Written Opinion

**Check All That Apply:**

- HBV vaccine is indicated for this employee – however, vaccine was not given because:  
\_\_\_\_\_
- HBV vaccine is not indicated for this employee – vaccine not given
- HBV vaccine is indicated for this employee – vaccine given
- HBV vaccine series previously completed

**The following have been completed:**

- Employee has been informed of evaluation results.
- Employee has been counseled on medical conditions that could result from exposure to blood or body fluids.
- Employee has been evaluated for antiviral therapy.
- Employee has been informed of schedule for further evaluation and/or treatment.

All results need to be forward to Weber County Risk Manager, Carrie Crawley  
2380 Washington Blvd. #340 Ogden, UT 84401

[ccrawley@webercountyutah.gov](mailto:ccrawley@webercountyutah.gov)

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Healthcare Facility Name

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Date

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Healthcare Professional Signature

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Title

## **Consent for Blood Draw and Testing**

It has been explained to me and I understand that a Weber County employee has had a possible exposure to my blood and/or body fluid. I give my permission to have my blood (body fluid) drawn and tested for the purpose of HIV and Hepatitis identification. Results may be given to myself and the person exposed, as defined in the OSHA bloodborne pathogen standard (29CFR 1910-1030 (f)(3)(ii)(A,B,C)

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Source Person's Name (please print)

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Date of Birth

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Address

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Phone Number

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Signature

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Date

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Parent/Guardian Signature (if a minor)

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Date

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Witness Name (please print)

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Date

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Witness Signature