

## Bloodborne Pathogens Exposure Incident Follow-up

This document outlines the procedures to be completed following any workplace exposure to human blood or other potentially infectious materials (OPIM).

### Exposure Incident Guidance (Employees)

As defined in the UMaine BBP Program, an exposure is “a specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or OPIM” that results from performing work for the University of Maine. Examples of exposures include but are not limited to:

- Getting blood or OPIM on skin that is compromised by abrasions, scrapes, lesions, etc.
- Getting blood or OPIM into the mouth, nose, or eyes.
- Being stuck by a needle, or cut by a sharp object that may be contaminated with blood or OPIM.

Following an exposure:

1. Immediately wash the affected area with soap and running water, or thoroughly flush mucous membranes with water.
2. Collect and save the material to which you were exposed so that it can be tested for bloodborne pathogens (if you are trained to clean up blood spills and have the proper materials and equipment).
3. Report the incident to your supervisor.

### Exposure Incident Report (Supervisors)

The exposed employee’s supervisor must report this incident as a workplace injury according to established University procedure (refer to the Safety and Environmental Management webpage at <http://www2.umaine.edu/SEM/>).

### Medical Follow-Up (Supervisors and Human Resources)

In addition to the workplace incident report, supervisors must complete the information in page 2 of this document and then contact the Dept. of Human Resources, Office of Employee Health and Benefits (581-2366, -2367, -2360). Human resources along with the supervisor will make arrangements to have the exposed employee evaluated by a medical professional. Page 2 of this form must be provided to the healthcare provider at the time the employee is evaluated.

### Healthcare Provider Evaluation (Healthcare Provider and Human Resources)

The circumstances of the employee’s exposure will be evaluated by a healthcare provider, who will make a recommendation regarding any further action. Documentation of the healthcare provider’s recommendation will be sent to the Dept. of Human Resources. Contact UMaine HR to request a Bloodborne Pathogens Healthcare Provider Evaluation form.

### Consent for Testing (Healthcare Provider and Human Resources)

If deemed necessary by the healthcare provider, a blood sample may be collected from the employee and/or source individual to be tested for the presence of bloodborne pathogens. Such procedures require documented consent from the individuals to be tested. Contact UMaine HR to request a Bloodborne Pathogens Testing Consent Form.

## Bloodborne Pathogens Exposure Incident Medical Follow-Up

To the Healthcare Provider- The individual listed below has had an occupational exposure to blood or other potentially infectious materials while performing job related duties at the University of Maine. Your evaluation is requested regarding the severity of the exposure and any/all medically indicated procedures necessary to protect the health of this individual. Please document your findings as appropriate (p. 3) and contact the UMaine Dept. of Human Resources regarding this and any subsequent medical care.

### Employee Information

Employee Name:	Supervisor Name:
Job Title:	Dept. / Work Location:
Phone Contact:	Email contact:
Hepatitis Vaccination Status: <input type="checkbox"/> Vaccinated (Date: ___/___/___) <input type="checkbox"/> Not Vaccinated <input type="checkbox"/> In Process	NOTE: Contact UMaine Dept. of Human Resources (581-2366) to obtain any of the following information: 1. Employee medical/vaccination records 2. Copy of UMaine Bloodborne Pathogens Program 3. Copy of OSHA Bloodborne Pathogens Standard 4. Any additional information regarding this incident

### Exposure Information

Date of Exposure: ___/___/___	Exposure Type: <input type="checkbox"/> Direct Contact <input type="checkbox"/> Indirect Contact	
Description of Task Resulting in Exposure:		
Protective Equipment Used:		
Material Type <input type="checkbox"/> Blood <input type="checkbox"/> Blood products <input type="checkbox"/> Other: _____	Entry Route <input type="checkbox"/> Contact- Skin/Dermis <input type="checkbox"/> Contact- Mucous Membrane <input type="checkbox"/> Injection <input type="checkbox"/> Ingestion	Entry Site <input type="checkbox"/> Hand <input type="checkbox"/> Forearm <input type="checkbox"/> Face <input type="checkbox"/> Eye <input type="checkbox"/> Mouth <input type="checkbox"/> Nose <input type="checkbox"/> Other: _____

### Source Information

Source Individual <input type="checkbox"/> Identified <input type="checkbox"/> Unknown	Source Individual Testing <input type="checkbox"/> Available <input type="checkbox"/> Not-available	NOTE: Contact UMaine Dept. of Human Resources (581-2366) to obtain results of source individual testing.
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## Bloodborne Pathogens Exposure Incident Healthcare Provider Evaluation

The University of Maine is required to obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for post-exposure evaluation and follow-up must be limited to the information below; any and all findings or diagnoses shall remain confidential and shall not be included in this written report.

Healthcare Provider Statement- I have evaluated the circumstances and conditions surrounding this exposure incident and informed the affected employee of my findings. The employee has also been informed about any potential medical conditions resulting from this exposure which require further evaluation or treatment.

- No further action required
- Additional care/testing/procedure required
  - Hepatitis-B vaccination is indicated
  - Hepatitis-B vaccination initiated
  - Other

Remarks: \_\_\_\_\_\*\*\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Healthcare Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Provider Name: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send a copy of this completed form or similar documentation to the UMaine Dept. of Human Resources

## Bloodborne Pathogens Testing Consent Form (Exposed Individual)

Exposure to blood or other potentially infectious materials can cause people to become infected with a variety of bloodborne pathogens which can cause serious illnesses (i.e. Hepatitis, HIV/ AIDS). Not all exposures result in transfer of disease causing pathogens or subsequent infection but it is important that testing be conducted so that, if necessary, adequate measures can be taken to protect the exposed individual(s).

When consent is obtained, a Healthcare Provider will collect your blood and test it for indications of bloodborne pathogens. The testing will be scheduled during work hours and/or at a reasonably convenient time and place, at no charge to you.

Your answers on this form and the results of any and all tests or subsequent treatment will be handled according to the most recent protocols for patient and employee confidentiality. Neither your answers on this consent form, nor the results of any subsequent tests will affect your employment status with UMAINE.

Exposed Individuals- I have been exposed to blood or other potentially infectious materials during the course of my work. I understand that the University of Maine is requesting consent to obtain and test my blood for the presence of Bloodborne Pathogens. By initialing below:

\_\_\_\_ I DO consent to have my blood collected and tested for indications of bloodborne pathogens.

\_\_\_\_ I DO consent to have my blood collected, but DO NOT consent to testing for indications of bloodborne pathogens. I understand that refusing testing could reduce the ability of healthcare professionals to make informed decisions regarding the most appropriate course of treatment for my exposure. I understand my blood will be preserved for at least 90 days. If, within 90 days of the exposure incident, I elect to have the sample tested, I must contact Human Resources and the healthcare provider so that testing can be conducted as soon as feasible.

\_\_\_\_ I DO NOT consent to have my blood collected and tested for indications of bloodborne pathogens. I understand that refusing could reduce the ability of healthcare professionals to make informed decisions regarding the most appropriate course of treatment for my exposure.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Bloodborne Pathogens Testing Consent Form (Source Individual)

Exposure to blood or other potentially infectious materials can cause people to become infected with a variety of bloodborne pathogens which can cause serious illnesses (i.e. Hepatitis, HIV/ AIDS). Not all exposures result in transfer of disease causing pathogens or subsequent infection but it is important that testing be conducted so that, if necessary, adequate measures can be taken to protect the exposed individual(s).

When consent is obtained, a Healthcare Provider will collect your blood and test it for indications of bloodborne pathogens. The testing will be scheduled during work hours and/or at a reasonably convenient time and place, at no charge to you.

Your answers on this form and the results of any and all tests or subsequent treatment will be handled according to the most recent protocols for patient and employee confidentiality. Neither your answers on this consent form, nor the results of any subsequent tests will affect your employment status with UMAINE.

Source Individuals- An employee of the University of Maine has been exposed to my blood or other bodily fluids during the course of their work. I understand that the University of Maine is requesting consent to obtain and test my blood for the presence of Bloodborne Pathogens. I understand that the results of the test shall be made available to the exposed employee and their physician so that appropriate medical action can be taken to protect their health. My identity and any other personal medical information will be protected according to the most recent protocols for patient and employee confidentiality. By initialing below:

\_\_\_\_ I DO consent to have my blood collected and tested for indications of bloodborne pathogens.

\_\_\_\_ I DO NOT consent to have my blood collected and tested for indications of bloodborne pathogens. I understand that refusing could reduce the ability of healthcare professionals to make informed decisions regarding the most appropriate course of treatment for the exposed employee(s) which could result in unnecessary treatment of those individual(s).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_