



BLOODBORNE PATHOGEN EXPOSURE PROCEDURES

This is a quick reference of actions and requirements after an exposure incident. Please refer to the SPPS Bloodborne Pathogen Written Program or 29 CFR 1910.1030 Bloodborne Pathogens for further information and compliance requirements.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

*Other potentially infectious materials**, for purposes of this document, means any body fluid that is visibly contaminated with blood.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

When an exposure may have occurred:

- 1) The employee is to wash his/her hands and any other exposed skin with soap and water **immediately**, and/or flush mucous membranes with water **immediately**, following contact of such body areas with blood or other potentially infectious materials*. When provision of handwashing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes may be used. When antiseptic hand cleansers or towelettes are used, hands should be washed with soap and running water as soon as feasible. Eyewash stations are located in kitchens and boiler rooms.
- 2) The employee is to report the exposure incident to his/her supervisor. The supervisor then gives to the employee a blank **Bloodborne Pathogen Exposure Incident Report**, and the **employee** completes the form. The supervisor signs the completed form, verifying knowledge of the incident, and the form is to be emailed to Facilities – Environmental Services Group at esg@spps.org.

BLOODBORNE PATHOGEN EXPOSURE PROCEDURES (continued)

- 3) **The employee is advised to seek a post-exposure evaluation with a licensed healthcare professional.** *Licensed Healthcare Professional* is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

This evaluation and follow-up, along with corresponding laboratory tests, are available at no cost to the employee by having the clinic billing sent to:

ISD 625 – Saint Paul Public Schools
District Service Facility – ESG
1930 Como Avenue
Saint Paul, MN 55108
Attn: BBP

Fax - 651.744.1867, Attn: BBP

The healthcare provider is to send a copy of his/her written opinion to the employer (at above address), and this is also to be provided to the employee.

The written opinion to the employer should only include: a) whether hepatitis B vaccination was recommended for the exposed employee, b) whether or not the employee received the vaccination, and c) the healthcare provider informed the employee of the results of the evaluation and any medical conditions resulting from exposure which require further evaluation or treatment. Any findings other than these are not to be included in the written report.

- 4) Student education records are official and confidential documents protected by one of the nation's strongest privacy protection laws, the Family Educational Rights and Privacy Act (FERPA). FERPA, also known as the Buckley Amendment, defines education records as all records that schools or education agencies maintain about students.

Because student health information in education records is covered by FERPA, SPPS complies with FERPA's privacy requirements, including protection of personally identifiable information such as the infectious status of the source individual, if a student.

- 5) Incident clean-up should only be performed by qualified individuals trained in the District's Bloodborne Pathogen (BBP) program and with the District's BBP clean-up kit. Contact your building's Head Engineer immediately.

- 6) **Additional Information:**

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

See also US DOL Standards, 29 CFR 1910.1030 Bloodborne Pathogens and the SPPS Bloodborne Pathogen Written Program through the Facilities Department's Environmental Services Group.



**BLOODBORNE PATHOGEN EXPOSURE
INCIDENT REPORT**

Completed by exposed employee.

Personal Information

Today's Date:		School/Bldg:	
Employee Last Name:		Employee First Name:	
Employee ID#:		Date of Birth:	
Job Title:		Home Telephone:	
Address:			
Have you received the HBV vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dose #1 Date:	Dose #2 Date:	Dose #3 Date:	
If NO, did you complete an Employee Vaccination Declination form? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Exposure Incident

Date of Exposure:	Time of Exposure: <input type="checkbox"/> AM <input type="checkbox"/> PM
Where Incident Took Place:	
Description of the Incident:	
Tasks Were You Performing When the Exposure Took Place:	
Blood, Body Fluids, or Other Potentially Infectious Materials You Were Exposed to:	
Body Part(s) Exposed:	
Duration of Exposure (in time):	
If Foreign Body (Needle or Sharp Object) Penetrated Your Body, Identify the Object:	
List Any Personal Protective Equipment You Were Wearing (e.g. gloves, mask, face shield):	

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Employee Signature and Date

Supervisor Signature and Date

Return completed form via email to Facilities – Environmental Services Group at esg@spps.org .