

Exposure Incident Checklist

OSHA defines an *exposure incident* as a specific incident involving contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, other mucous membrane, non-intact skin, or parenteral under the skin (e.g. needlestick) that occurs during the performance of an employee's duties.

When an exposure incident occurs, immediate action must be taken to assure compliance with the OSHA Bloodborne Pathogen Standard and to expedite medical treatment for the exposed employee.

1. Provide immediate care to the exposure site.

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.
- If the employee was injured with a sharp instrument, DO NOT USE that instrument on patient!
- Employee must report incident immediately to supervisor/employer

2. Determine risk associated with exposure by

- Type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious fluid or tissue).
- Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposure, or bites resulting in blood exposure).

3. Evaluate exposure source

Assess the risk of infection using available information. If not known or listed on the patient's (source individual) health history form, the patient must be asked if they know their status of Hepatitis B (HBV), Hepatitis C (HCV), or Human Immunodeficiency Virus (HIV) if not known, will they consent to testing (at employer's expense).

4. The exposed employee is referred *as soon as possible* * to a health care provider who will follow the current recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures

- Note "ASAP*" because certain interventions that may be indicated must be initiated promptly to be effective.
- The exposed employee may refuse any medical evaluation, testing, or follow-up recommendation. This refusal is documented.

5. Send all of the following with the exposed employee to the health care provider:

- A copy of the Bloodborne Pathogen Standard.
- A description of the exposed employee's duties as they relate to the exposure incident. (Accidental Bodily Fluid Exposure Form)
- Documentation of the route(s) of exposure and circumstances under which exposure occurred. (Accidental Bodily Fluid Exposure Form).
- All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual's HBV/HCV/HIV status, if known.

6. Health Care Provider (HCP)

- Evaluates exposure incident.
- Arranges for testing of employee and source individual (if status not already known).
- Notifies employee of results of all testing.
- Provides counseling and post-exposure prophylaxis.
- Evaluates reported illnesses.
- HCP sends written opinion to employer:
 - Documentation that employee was informed of evaluation results and the need for further follow-up.
 - Whether Hepatitis B vaccine is indicated and if vaccine was received.

7. Employer

- Receives HCP's written opinion.
- Provides copy of HCP written opinion to employee (within 15 days of completed evaluation).
- Documents events on
 - Employee Accident/Body Fluid Exposure and Follow- Up Form and Employee Medical Record Form.
 - If the exposure incident involved a sharp, a Sharps Injury Log is completed within 14 days. This requirement varies from state to state.
- Treat all blood test results for employee and source individual as *confidential*.