

Bloodborne Pathogen Post-Exposure Letter

{Date}

To Whom It May Concern:

_____ is an employee of Transylvania County Schools. He/she has been involved in an accident that may have put this individual at risk for bloodborne pathogen exposure. Please evaluate this individual to determine risk of HIV/HAV/HBV/HCV exposure and to provide appropriate care and follow-up, such as Hepatitis A, Hepatitis B, or HIV prophylaxis.

In accordance with OSHA guidelines, please forward the Healthcare Professional's Written Opinion within 15 days of the completion of evaluation to:

Director of Safe and Healthy Schools
Transylvania County Schools
225 Rosenwald Lane
Brevard, NC 28712

As indicated in the federal standard, the Healthcare Professional's Written Opinion will contain only the following information:

1. The Healthcare Professional's Written Opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

To facilitate the reporting requirement, a form has been provided to fill in the Healthcare Professional's Written Opinion information.

Thank you for your assistance with this matter.

Sincerely,

Director of Safe and Healthy Schools
Transylvania County Schools

Bloodborne Pathogen Post-Exposure Form

Healthcare Professional's Written Opinion

Note: OSHA's Bloodborne Pathogens Standard, cited as 29 CFR 1910.1030, requires that post exposure counseling be given to employees following an exposure incident. Counseling should include USPHS recommendations for transmission and prevention of HIV. These recommendations include refraining from blood, semen, or organ donation; abstaining from sexual intercourse or using measures to prevent HIV transmission during sexual intercourse; and refraining from breast feeding infants during the follow up period. In addition, counseling must be made available regardless of the employee's decision to accept serological testing.

Transylvania County Schools Employee Name: _____

Date of Incident: _____

Healthcare Professional / Medical Facility contact information:

Was individual assessed as having a bloodborne pathogen exposure risk? _____

Was Hepatitis B vaccination indicated for the employee? _____

Was Hepatitis B Immune Globulin given? _____

Was Hepatitis B vaccine series started? _____

Was the employee informed of the results of the evaluation? _____

Was the employee told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment? _____

HIV test recommended for employee? _____

HBsAg recommended for employee? _____

Healthcare Professional Signature: _____

Date of Evaluation: _____

Note: All other findings or diagnoses shall remain confidential and shall not be included in the written report.

~~Bloodborne Pathogen Post-Exposure Checklist~~

~~POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST~~

The following steps must be taken and information transmitted in the case of an employee's exposure to Bloodborne Pathogens:

~~_____ The exposed individual is referred to a Healthcare Provider (or, if after hours, is sent to an emergency room) for evaluation of the potential exposure.~~

~~_____ If the exposed individual is deemed to have a high-risk exposure, the individual will be referred to the appropriate Healthcare Provider or emergency room for further evaluation and treatment initiation if indicated.~~

~~Documentation forwarded to Healthcare Professional / emergency room:~~

~~_____ A letter of introduction and request for services~~

~~_____ Copy of the Bloodborne Pathogens Standard~~

~~_____ Description of exposure incident, including routes of exposure (see Exposure Report Form)~~

~~_____ Source information if known (see Source Individual Form)~~

~~_____ The exposed employee's medical records including:~~

~~A. Hepatitis B vaccination status~~

~~B. Dates of vaccinations~~

~~C. Medical records in relation to ability to receive Hepatitis B vaccination~~