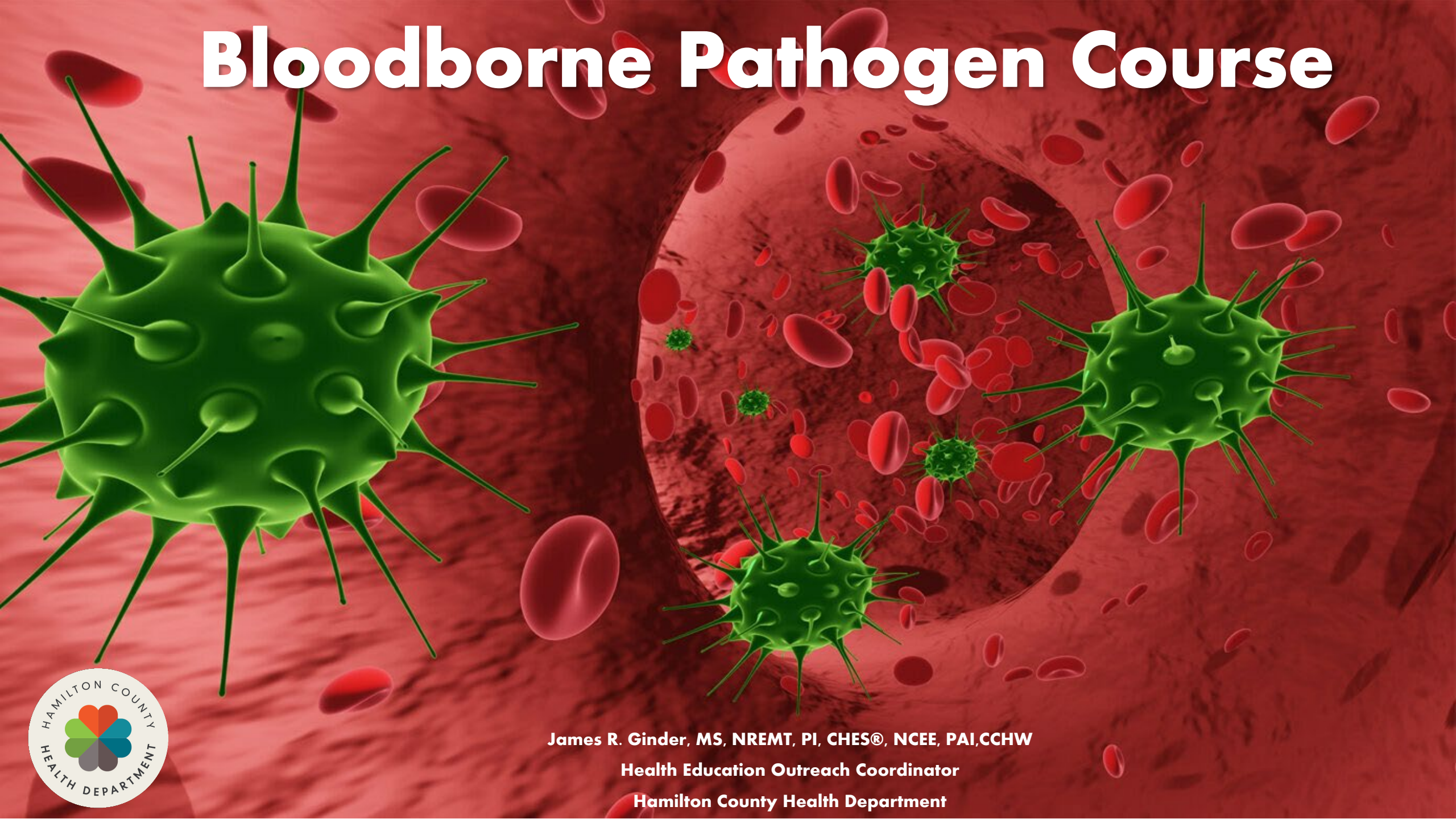
Bloodborne Pathogen Course



James R. Ginder, MS, NREMT, PI, CHES®, NCEE, PAI,CCHW
Health Education Outreach Coordinator
Hamilton County Health Department

The Learner Will Be Able To…

List three bloodborne pathogens.

Define what universal precautions are.

Describe three ways diseases are transmitted.

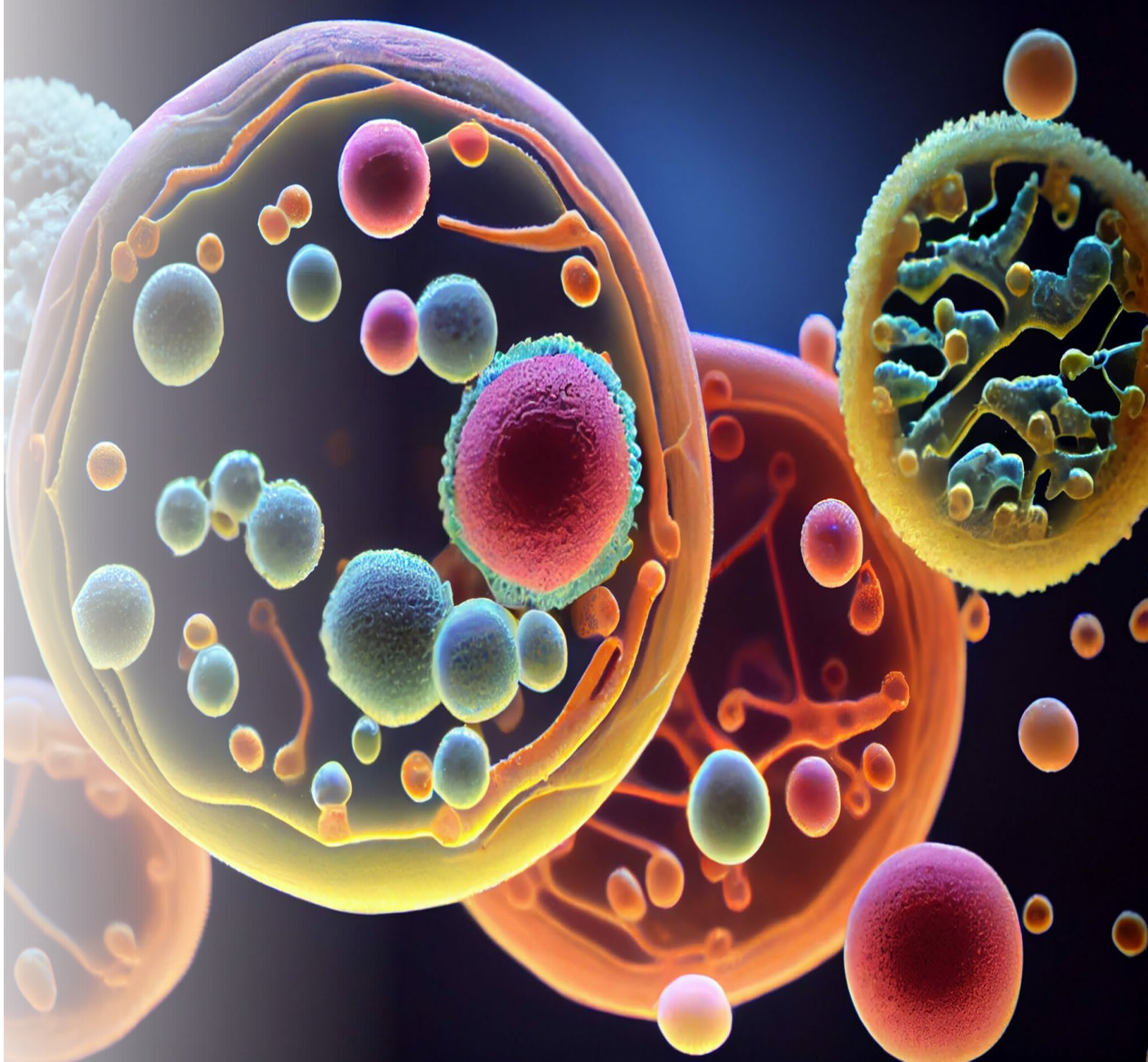
Name three transmissions potential of exposure.

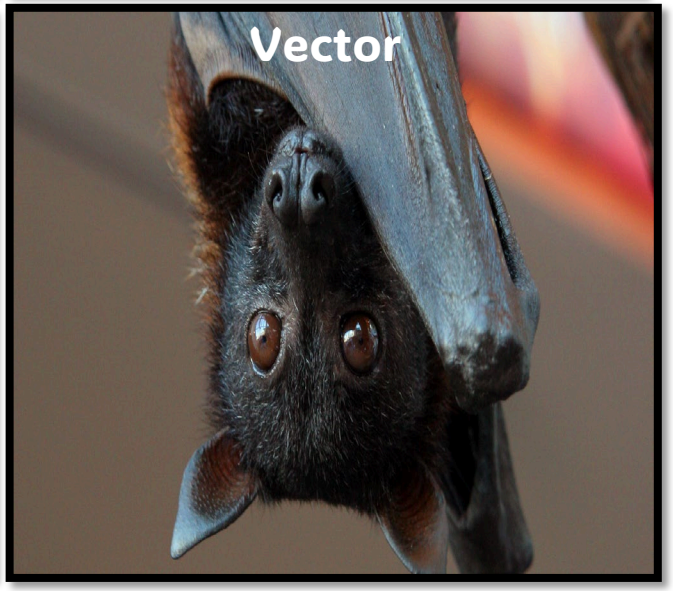
Explain the types of PPE.

Review the procedure for reporting a bloodborne pathogen exposure.

What Are Bloodborne Pathogens…

- Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans.
- These pathogens include, but are not limited to:
  - Hepatitis B (HBV)
  - Hepatitis C (HCV)
  - Human Immunodeficiency Virus (HIV)





How Are Diseases Transmitted?

- Direct Contact:
  - Physical contact with an infected person, without using PPE.
- Indirect Contact:
  - In contact with on object that is contaminated with blood or a body fluid.
- Airborne:
  - In contact with airborne droplets.
- Vector:
  - Bite by an infected animal or insect.

What Are Universal Precautions…

- Universal precautions are an approach to infection control to **treat all human blood** and **certain human body fluids** as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.
- Remember, many times you may not know if a person is infected with a disease, so you treat everyone if they have a disease.
- Universal Precautions also means using the **correct** personal protective equipment (PPE).

The Purpose Of Bloodborne Pathogen Standards…

- The purpose of OSHA'S Bloodborne Pathogens Standard is to **reduce occupational exposure** to Hepatitis B, Hepatitis C, HIV and other bloodborne pathogens that employees may encounter in their work place.

Exposure To Pathogens…

The Occupational Safety and Health Administration (OSHA) **regulates exposure to bloodborne pathogens** and has developed a Bloodborne Pathogen Exposure Control standard.

Any employee who could reasonably anticipate coming in contact with bloodborne pathogens as part of their job duties are covered by this standard.

What Is Occupational Exposure…

- Reasonably **anticipated** skin, eye, mucous membrane, or any contact with blood, bodily fluids, or other potentially infectious material.

- May result from performance of an employee's duties such as:
  - Providing first aid.
  - Cleaning up a spill.
  - Handling sharps (needles or sharp objects that are contaminated with a body fluid).

Who Is At Risk For A Blood Exposure…

- OSHA has developed a list of jobs that are at increased risk of developing bloodborne pathogens:
  - Healthcare providers
  - Building and grounds
  - Law enforcement
  - Coroners
  - Teachers
  - Childcare workers
  - Fire/EMS
  - Any first responders

Modes of Bloodborne Pathogen Transmission…

- Sexual contact
- Sharing of needles or drug equipment.
- From mother to infant before birth and breast feeding.
- Accidental puncture from:
  - Contaminated needles
  - Broken glass
  - Other sharp objects
- Contact between broken or damaged skin and infected body fluids.
- Contact between mucous membranes and infected body fluids.
- Anywhere there is contact with infected blood or body fluids.

Other Potentially Infectious Materials (OPIM)…

- Blood products
- Semen
- Vaginal fluids
- Cerebrospinal fluid (CNS)
- Pleural fluid (Fluid around the lungs)
- Synovial fluid (Fluid around the joints)
- Amniotic Fluid (Fluid around the infant in the uterus)
- Peritoneal fluid (Fluid in the body cavity)
- Saliva in dental procedures with blood
- **Any body fluid that is contaminated with blood!**

Not All Body Fluids Carry Disease…

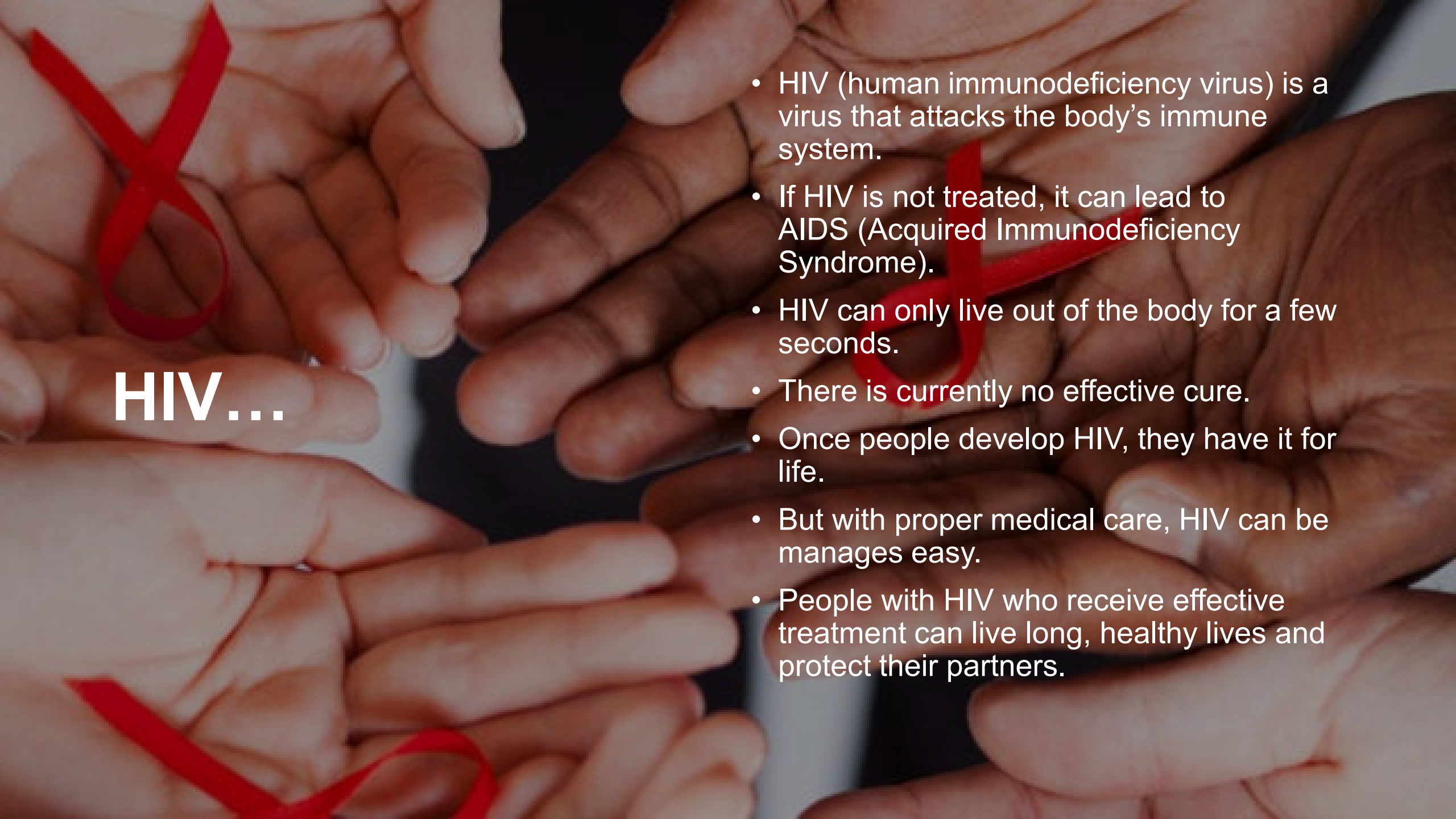
- These body fluids are infectious **ONLY** if blood is present in them:
  - Urine
  - Feces
  - Vomit
  - Tears
  - Sweat
  - Nasal Secretions
  - Sputum (from lungs)

How Does Transmission Of BBP Occur…

- Contact with another person's infected blood or body fluid that contains blood.
- In contact with someone's mucous membranes who are infected:
  - Eyes
  - Mouth
  - Nose
- Contact with a person who has non-intact skin and is infected.
- Contaminated drug equipment and drug supplies.

Transmission Potential…

- Disease can enter the body through:
  - Open sores
  - Lacerations (cuts)
  - Abrasions
  - Acne
  - Any damaged or broken skin such as blisters.



HIV…

- HIV (human immunodeficiency virus) is a virus that attacks the body's immune system.
- If HIV is not treated, it can lead to AIDS (Acquired Immunodeficiency Syndrome).
- HIV can only live out of the body for a few seconds.
- There is currently no effective cure.
- Once people develop HIV, they have it for life.
- But with proper medical care, HIV can be manages easy.
- People with HIV who receive effective treatment can live long, healthy lives and protect their partners.

How Is HIV NOT Spread…

- Casual contact
- Saliva
- Sweat
- Spit
- Tears
- Insects

How Is HIV Transmitted…

- Sexual contact
- Contact with infected blood.
- Sharing needles or drug equipment.
- Mom to infant or during breast feeding.
- Contact with another's body fluids that have the HIV.
- Body piercing and tattooing at a non-certified shop.

PrEP…

- Every nine-and-a-half minutes a person is infected with HIV in the United States (CDC).
- Pre-Exposure Prophylaxis (PrEP) can be given to people who are at high risk for HIV.
- PrEP can help prevent the spread of HIV if taken every day.
- HIV is a very **easy** disease to manage with medication.
- If HIV is not managed, the infection can turn into AIDS
- In our world today, **NO ONE** should move into AIDS due to the great medication.

1

Acute infection

flu-like symptoms that occur within first 2-4 weeks of contracting HIV infection

2

Clinical latency

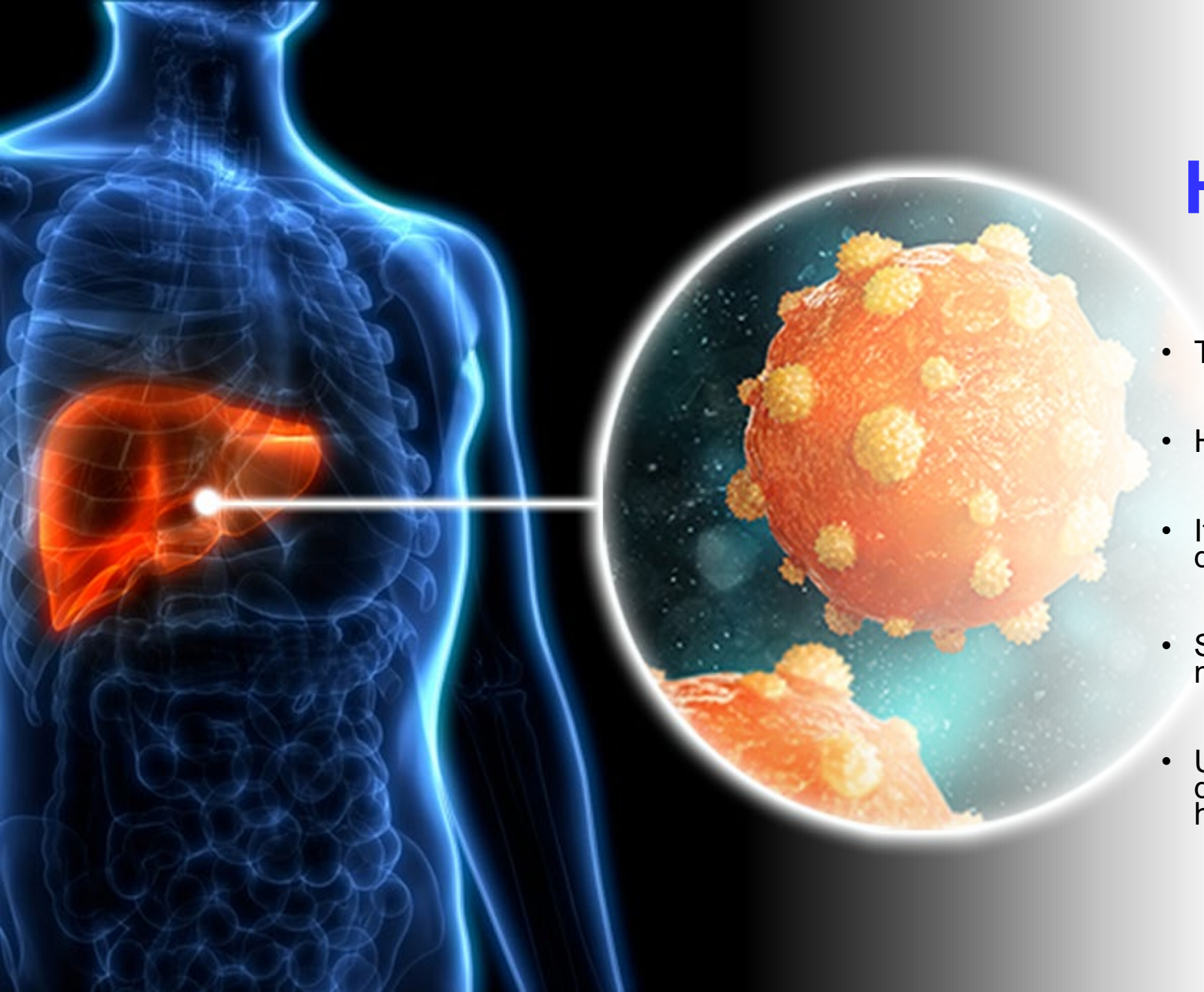
chronic HIV infection after acute infection stage, can last for decades

3

AIDS

occurs when CD4 cell count falls below 200 cells/mm3, and vulnerable to opportunistic infections

How HIV Develops Into AIDS…



Hepatitis B…

- This is a virus that affects the liver.
- Hepatitis B is a strong virus.
- It can live outside the body for 7-14 days.
- Some people’s immune system may be able to “fight” off the virus.
- Up to 10% of adults who have the disease will not recover and will have chronic Hepatitis B.

Transmission Of Hepatitis B…

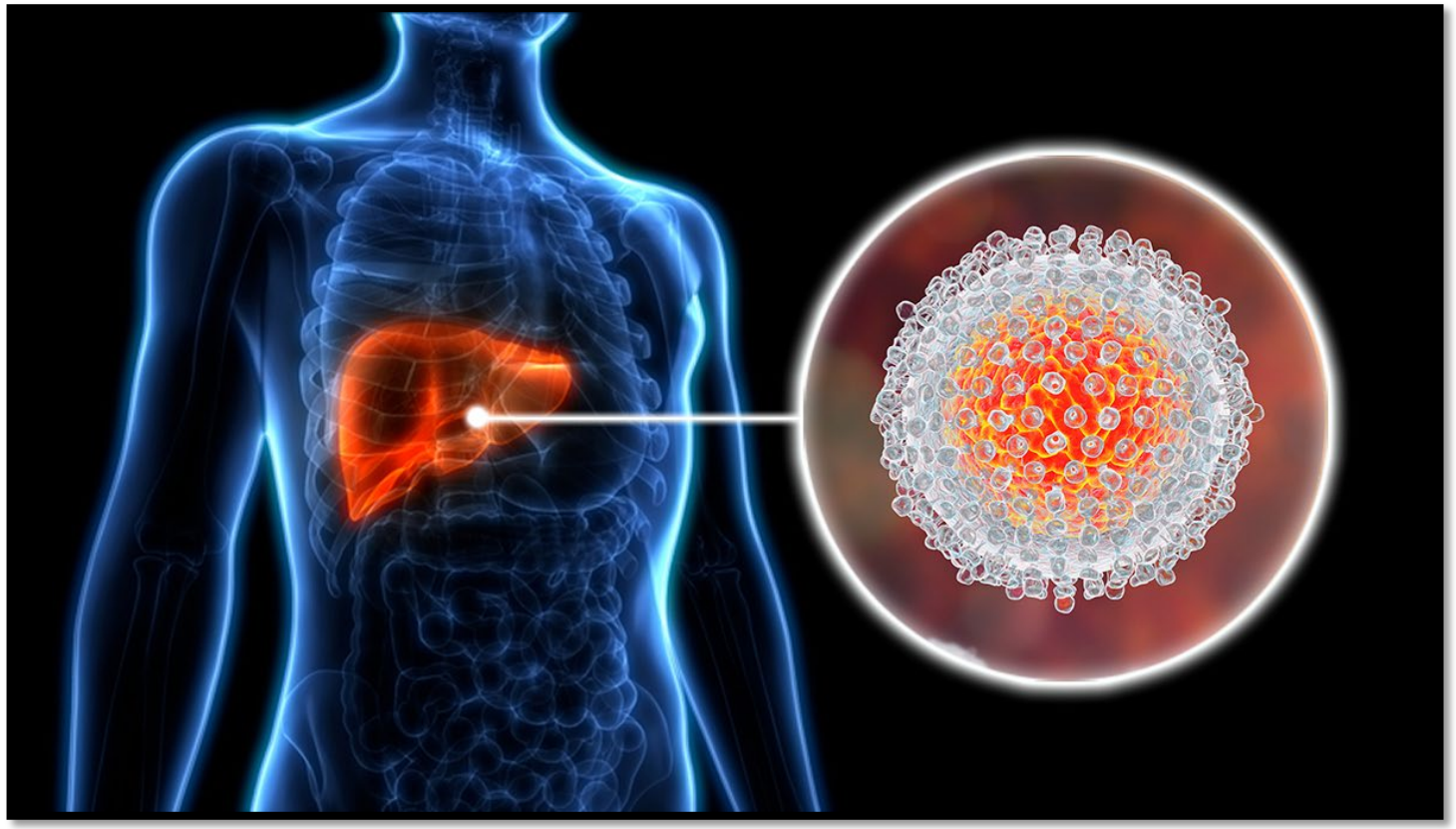
- Sexual contact
- Sharing drug equipment
- Men who have sex with men
- Sharing:
  - Toothbrushes
  - Razors
  - Fingernail clippers
- Infants born to infected mothers
- Tattoo or body piercing or microblading not from an inspected shop.

Symptoms Of Hepatitis B…

- Fever
- Fatigue and loss of appetite
- Joint pain
- Jaundice
- Nausea and Vomiting
- Abdominal Pain
- Dark Urine
- Clay-colored stools

Hepatitis B Vaccine…

- No risk for developing Hepatitis B from the vaccine.
- Anyone who is at risk for developing Hepatitis B, should receive the complete series.
- Most people have had all three doses of the vaccine.
- You must complete the series to be vaccinated.
- The vaccine is 90%+ effective.
- The vaccine is given in three doses:
  - Dose # 1 Initial dose
  - Dose # 2 ~30 days after does 1
  - Dose #3 ~ 4 months after dose 2



Hepatitis C…

- Hepatitis C affects the liver.
- Hepatitis C is the MOST chronic bloodborne disease in the United States.
- 80% of people with Hepatitis C have no signs or symptoms.
- Most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs.
- It is estimated that 2.4 million people in the United States are living with Hepatitis C (CDC).

Risk For Hepatitis C…

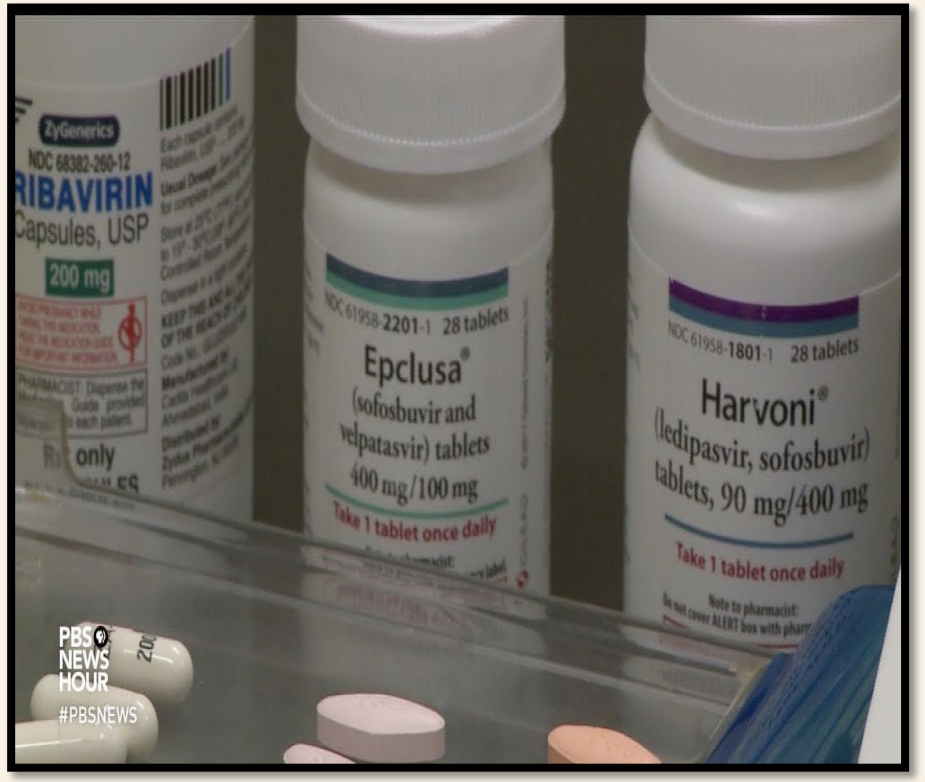
- People who used or are currently using drugs or drug equipment.
- Recipients of clotting factor concentrates made before 1987, when less advanced methods for manufacturing those products were used.
- Recipients of blood transfusions or solid organ transplants prior to July 1992, before better testing of blood donors became available.
- Chronic hemodialysis patients
- People who are HIV+
- Needlestick injuries in healthcare settings.
- People who share razors or toothbrushes and fingernail clippers.
- People who get tattoos and body piercings and microblading, not from a certified shop.

Symptoms Of Hepatitis C…

- Fever
- Fatigue
- Dark urine
- Clay-colored stool
- Abdominal pain
- Loss of appetite
- Nausea and Vomiting
- Joint pain
- Jaundice

Treatment For Hepatitis C…

- Hepatitis C disease is treated with antiviral medication.
- This medication is intended to clear the virus from the person's body.
- The goal of treatment is to have the virus gone from the body in at least 12 weeks.



HIV/ Hep C Co-Infections…

- Both HIV and HCV can be spread by blood contact, a major risk factor for both HIV and HCV infection is injection drug use.
- Approximately 25% of people with HIV in the United States also have HCV (CDC).
- 60%-80% have HIV & Hep C who inject drugs.
- In people with HIV/HCV co-infection, HIV may cause chronic HCV to advance faster.

How Can We Protect Ourselves From Infections…

- Universal precautions.
- Personal Protective Equipment (PPE):
  - Gloves
  - Mask
  - Gowns
  - Eye protection
- Hygiene measures
  - Handwashing
- Hepatitis B Vaccine

Personal Protective Equipment (PPE)…

- Anything that is used to protect you from contact with a person's blood or body fluids.

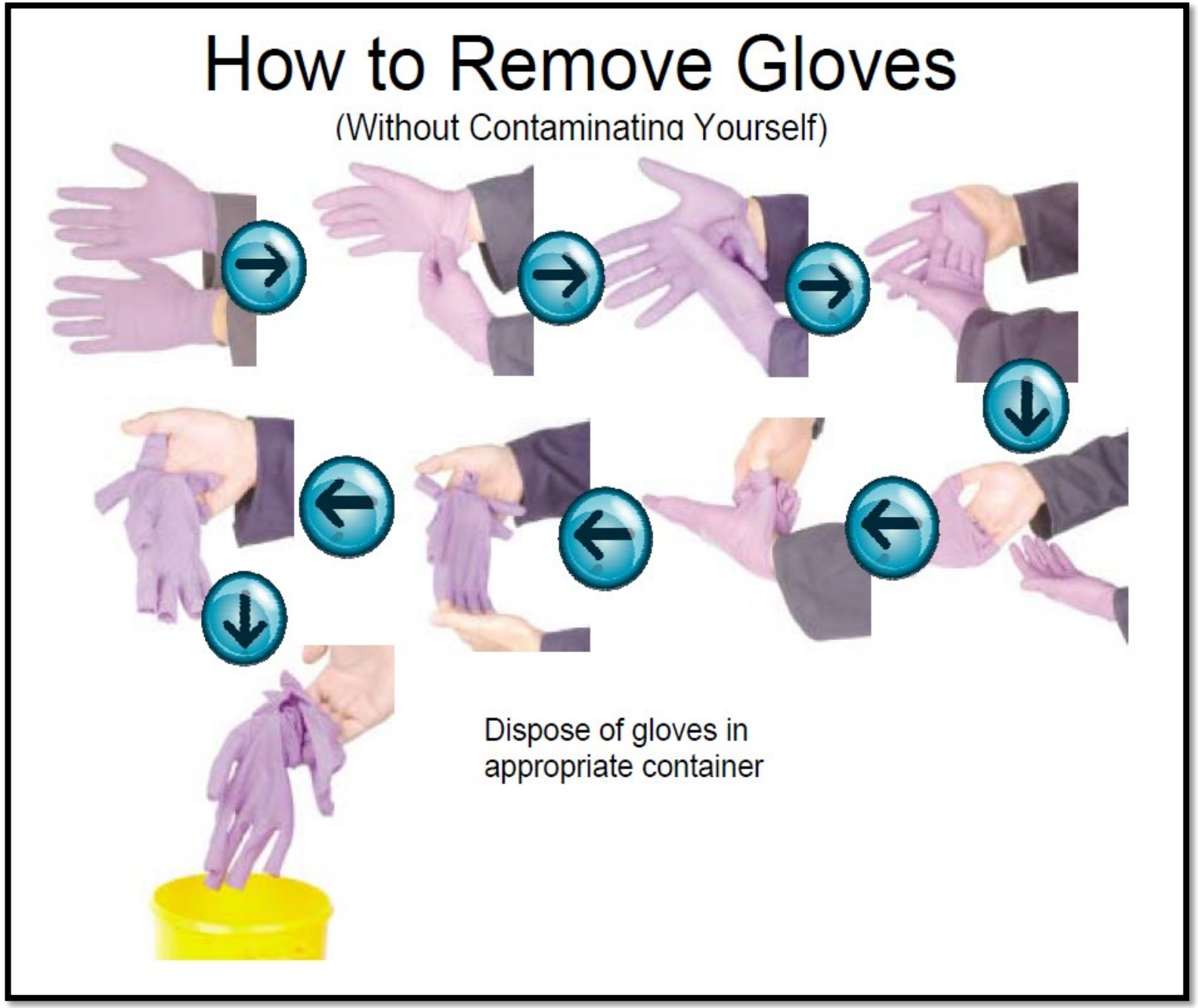
- Your employer **MUST** provide PPE for you at no cost.

- They include:
  - Latex or Nitrile gloves and Aprons
  - Goggles or Face Shields
  - CPR Masks
  - N95 masks and Respirators

PPE Use Guidelines…

- Always wear PPE in any exposure potential situation.
- Remove and replace any PPE that is torn, punctured, or has lost its ability as a barrier to body fluids.
- Keep PPE out of this heat.
  - Heat can break down the gloves.
- After using your PPE, take them off properly and dispose of the PPE before leaving the work area.
- Always wash your hands after removing your PPE.

How To Remove Gloves…



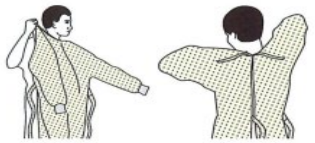
Donning & Doffing PPE…

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

CDC

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

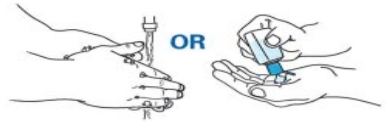
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

Handwashing…

- Wash hands immediately after removing PPE.
- Use an antibacterial soap.
- You need to wash your hands for at least 15-20 seconds or to the song “Happy Birthday”.
- The water needs to be at least 110º.
- A hand antiseptic can be used but wash with soap and water as soon as possible afterward.

HOW TO WASH YOUR HANDS

1. CLEAN YOUR HANDS WITH WATER AND APPLY SANITIZER

2. RUB YOUR HANDS TOGETHER

3. RUB THE BACK OF YOUR HAND AND CLEAN BETWEEN THE FINGERS

4. RUB THE BACK OF YOUR FINGERS AGIANST YOUR PALMS

5. RUB YOUR THUMB WITH YOUR OTHER HAND

6. RUB THE TIPS OF YOUR FINGERS ON THE PALM

7. RUB ALL OVER YOUR HANDS AND WRISTS

8. RINSE YOUR HANDS WITH CLEAN WATER

Source: Norfok Health Department

HOW TO USE HAND SANITIZER

APPLY A SQUIRT OF SANITIZER
IN THE PALM OF YOUR HAND.

RUB YOUR HANDS
PALM TO PALM.

RUB TIPS OF HAND WITH
PALM OF OTHER HAND.

COVER ALL SURFACES UNTIL
HANDS ARE DRY (ABOUT 20 SEC.).

PREVENTIVE MEASURES…

Why Do We Not Get 100% Compliance…

- Lack of training.
- Busy, hectic, & rushing, cut conners.
- Decreased awareness of hazards.
- “It won’t happen to me”.

What Is In An Exposure Control Plan?

- The Bloodborne Pathogens Exposure Control Plan is designed to minimize risks to the Hamilton County employees from exposure to human blood, blood products, and other potentially infectious materials, and to meet regulatory expectations mandated by the Occupational Safety and Health Administration (OSHA).

- Hamilton County Exposure Control Plan:
  - Final - Exposure Control Plan - Approved 7.10.23.pdf

Parts Of the Exposure Plan Include…

- Introduction/Purpose of the Plan:
  - Why do we have or need a plan.
- Program Management:
  - Who is responsible for the plan.
  - Who reviews the plan each year.
- Exposure Determination:
  - Job classifications that are at risk.
- Compliance:
  - Who is responsible for making sure staff are safe.
  - Personal protective equipment (PPE).
  - Work practice controls.
  - Handwashing.

Parts Of the Exposure Plan Include…

- Compliance:
  - Who is responsible for making sure staff are safe.
  - Personal protective equipment (PPE).
  - Work practice controls.
  - Handwashing.
- Housekeeping:
  - How to clean up a spill.
- Medical Waste:
  - How to deal with medical waste.
  - Red bags.
  - How to deal with sharps.
- Hazardous Communications:
  - Labels and signs.
- Training and Record Keeping:
  - Within 10 days of hire and every year after.

Parts Of the Exposure Plan Include…

- Sharps Log:
  - How the person was stuck.
- Appendix:
  - OSHA definitions
  - Exposure forms
- Hepatitis B Vaccination Program:
  - What job classifications are at high risk for HBV.
- Post Exposure Evaluation and follow-up:
  - What to do after an exposure occurs.
- Record Keeping:
  - What information will be kept.
  - What information is needed.

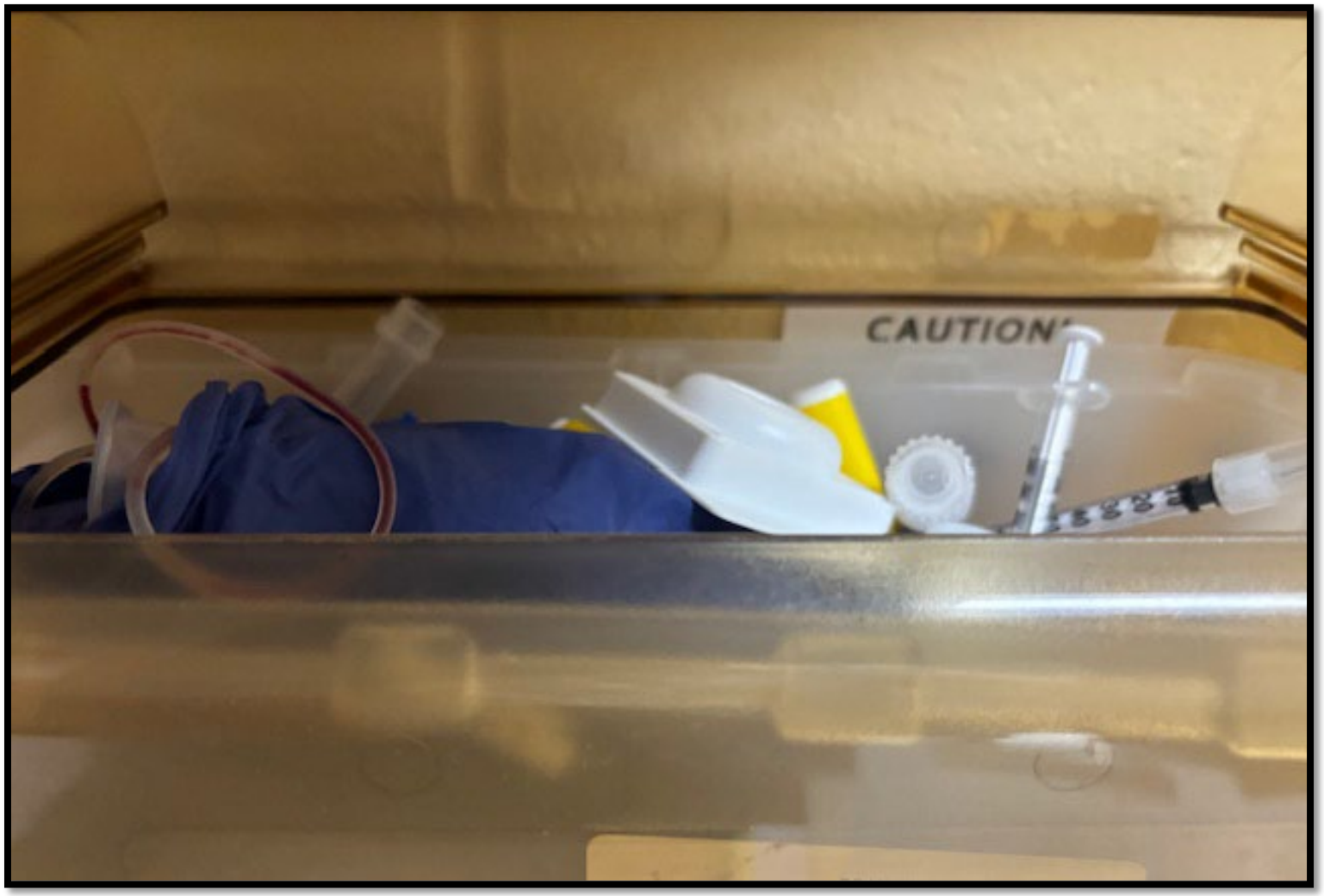
Regulated Medical Waste…

- Liquid or semi-liquid blood or other potentially infectious materials and sharps.

- Must be placed in a closeable, leak-proof container built to contain all contents during handling, storage, transport or shipping and be appropriately labeled or color-coded.

Sharps Containers…

- Sharps containers are intended for the disposal of sharps waste.
- Sharps are defined as any object which could readily puncture or cut the skin of an individual when encountered.
- Examples of items that should be put in a sharp container are:
  - Glass
  - Needles, scalpels, syringes, knives, razor blades, metal shavings, etc.
  - Broken glass, capillary tubes, plastic, metal, pottery with sharp edges, etc.
  - Anything that could puncture through a garbage bag risking the bag to rupture and spill,or risking unexpected injury and exposure to custodial or cleanup personnel.



What Is Wrong With This ?

* Too **FULL**!

* The syringe should **never be recapped!**

Decontamination Procedures…

- When cleaning up surfaces, use a diluted bleach solution or other approved EPA solution.
- If you use bleach, you need to use **1:10 Bleach solution.**
- Put on your PPE.
- Do an initial wipe up of the spill.
- Spray the disinfectant and allow it to stand for 10 minutes, then wipe up.

Decontamination Procedures…

1 Survey the Scene

- Injured person? Apply first aid or call 911
- Are there sharps within the spill?
- Determine the amount of spilled material

2 Gather Supplies

- Locate Biohazard Spill Kit
- Mix appropriate disinfectant
- Don Personal Protective Equipment (PPE)

3 Remove Sharps

- Never use hands to handle sharps
- Survey the area for sharps fragments
- **Using tongs**, place sharps in sharps container

4 Cleanup Spilled Material

- Unfold towel and place over material
- Saturate with disinfectant and wait for specific contact time
- Wipe with towel & repeat steps until area is clean

5 Discard & Decontaminate

- Place disposable materials in biohazard bag
- Place sharps into sharps container
- Spray non-disposable items with disinfectant

6 Remove PPE & Wash Hands

- Remove PPE
- Decontaminate & dispose of PPE
- Inspect hands for cuts & wash hands thoroughly

Source: Iowa State University

Decontamination Procedures…

- Dispose of all wipes in a biohazard container.
- PPE should be taken off and disposed of in a biohazard container.
- Wash your hands!

Contaminated Laundry…

- Contaminated laundry must be handled as little as possible and gloves must be worn:
  - Bag or contain at its location of use.
  - Place and transport bags or containers that are labeled or color-coded.
  - Place in a container that will prevent soak through to the exterior.
  - You can wash contaminated laundry in the wash, making sure the water is **hot** and that you use gloves when you put the contained laundry in the washer.

Exposure Determination…

- Employers are required to identify job classifications where occupation exposures can occur:
  - Job classification in which **ALL** have occupational exposure.
  - Job classification in which **SOME** have occupational exposure.
  - List of all task and procedures in which occupational exposures occur.

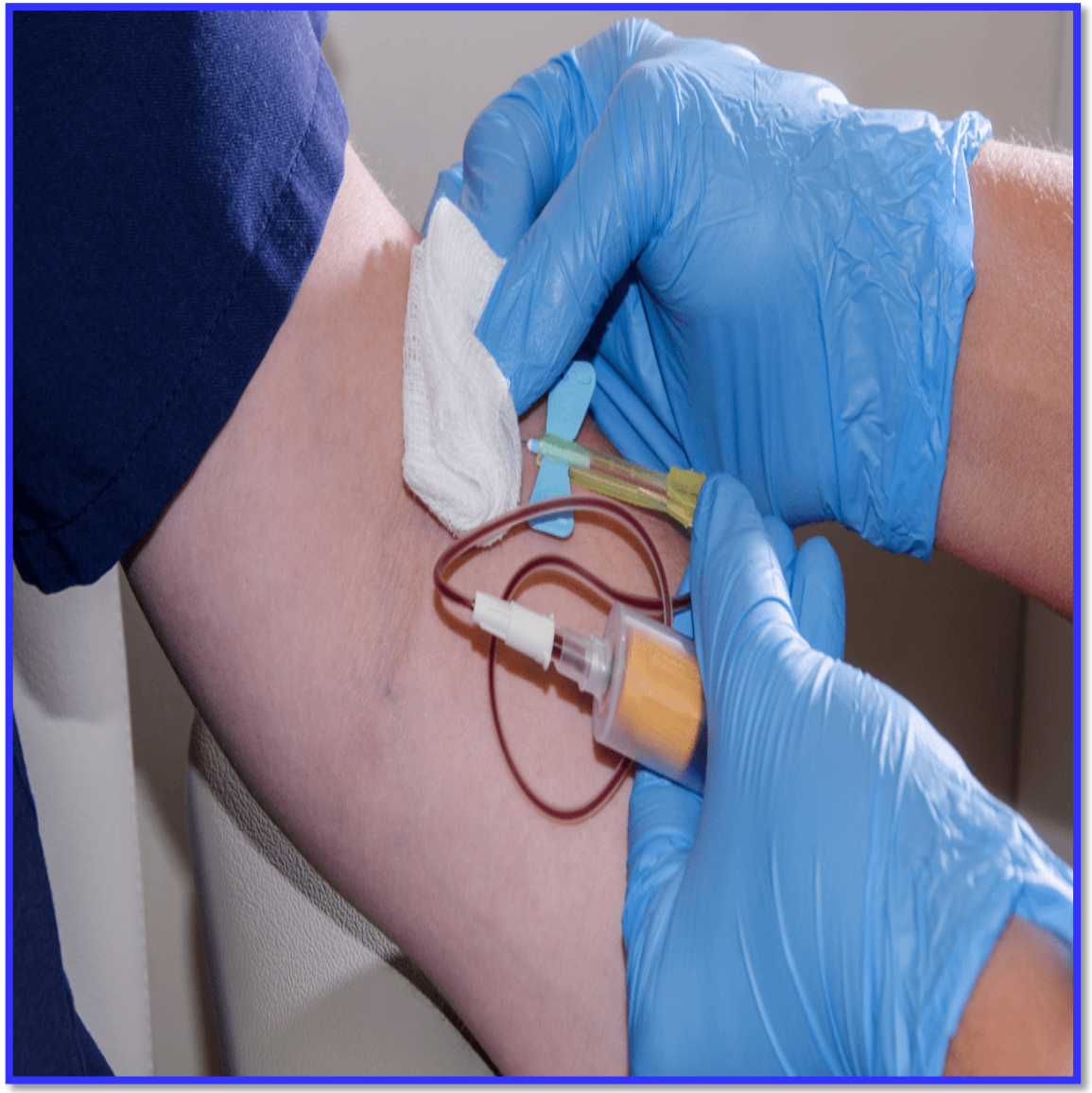
Exposure Incident…

- **Keep Calm!**
- Tell a supervisor **ASAP!**
- If body fluid enters eyes or mouth, **wash with water for 20 minutes.**
- If body fluid comes in contact with broken or chapped skin or needle stick, **wash with soap and water for 20 minutes!**
- **Call Riverview Work-Med ASAP at 317-502-7577 (24 hours a day).**
- **If You Do Have A True Exposure, You Have *TWO HOURS* To Start Treatment!**

Exposure Incident…

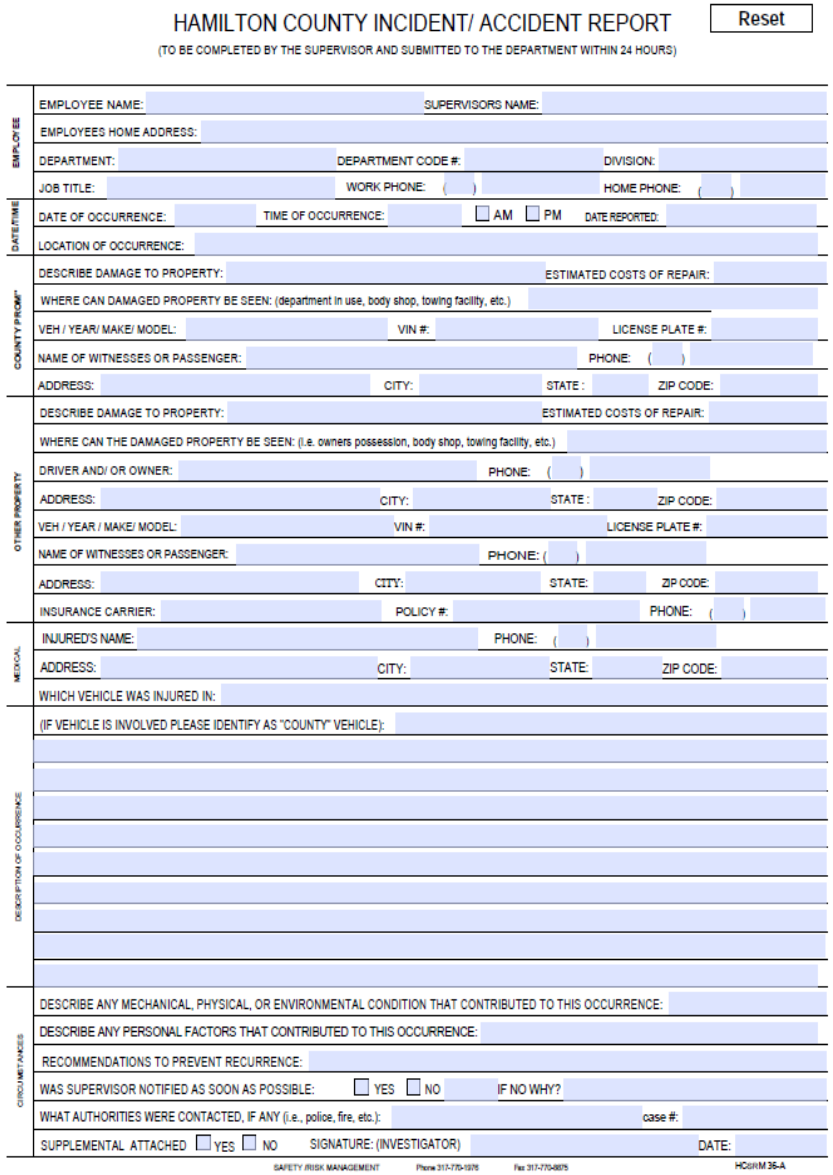
- Post-Exposure Evaluation:
  - Confidential medical evaluation.
  - Document route of exposure.
  - Identify the source individual.
  - Test the source blood with consent.
  - In some instances, your blood may be taken to look for your antibodies.
  - If source can not be identified, your blood will be taken.

- The results will be given to you from the staff at Riverview Health Work-Med.



Exposure Incident…

- This form can be found on the Internet.
- **Click here and it will take you to the form.**



HAMILTON COUNTY INCIDENT/ ACCIDENT REPORT

Reset

(TO BE COMPLETED BY THE SUPERVISOR AND SUBMITTED TO THE DEPARTMENT WITHIN 24 HOURS)

EMPLOYEE

EMPLOYEE NAME: SUPERVISORS NAME:

EMPLOYEES HOME ADDRESS:

DEPARTMENT: DEPARTMENT CODE #: DIVISION:

JOB TITLE: WORK PHONE: ( ) HOME PHONE: ( )

DATE/TIME

DATE OF OCCURRENCE: TIME OF OCCURRENCE: ☐ AM ☐ PM DATE REPORTED:

LOCATION OF OCCURRENCE:

COUNTY PROPERTY

DESCRIBE DAMAGE TO PROPERTY: ESTIMATED COSTS OF REPAIR:

WHERE CAN DAMAGED PROPERTY BE SEEN: (department in use, body shop, towing facility, etc.)

VEH / YEAR/ MAKE/ MODEL: VIN #: LICENSE PLATE #:

NAME OF WITNESSES OR PASSENGER: PHONE: ( )

ADDRESS: CITY: STATE : ZIP CODE:

OTHER PROPERTY

DESCRIBE DAMAGE TO PROPERTY: ESTIMATED COSTS OF REPAIR:

WHERE CAN THE DAMAGED PROPERTY BE SEEN: (I.e. owners possession, body shop, towing facility, etc.)

DRIVER AND/ OR OWNER: PHONE: ( )

ADDRESS: CITY: STATE : ZIP CODE:

VEH / YEAR / MAKE/ MODEL: VIN #: LICENSE PLATE #:

NAME OF WITNESSES OR PASSENGER: PHONE: ( )

ADDRESS: CITY: STATE: ZIP CODE:

INSURANCE CARRIER: POLICY #: PHONE: ( )

MEDICAL

INJURED'S NAME: PHONE: ( )

ADDRESS: CITY: STATE: ZIP CODE:

WHICH VEHICLE WAS INJURED IN:

DESCRIPTION OF OCCURRENCE

(IF VEHICLE IS INVOLVED PLEASE IDENTIFY AS "COUNTY" VEHICLE):

CIRCUMSTANCES

DESCRIBE ANY MECHANICAL, PHYSICAL, OR ENVIRONMENTAL CONDITION THAT CONTRIBUTED TO THIS OCCURRENCE:

DESCRIBE ANY PERSONAL FACTORS THAT CONTRIBUTED TO THIS OCCURRENCE:

RECOMMENDATIONS TO PREVENT RECURRENCE:

WAS SUPERVISOR NOTIFIED AS SOON AS POSSIBLE: ☐ YES ☐ NO IF NO WHY?

WHAT AUTHORITIES WERE CONTACTED, IF ANY (i.e., police, fire, etc.): case #:

SUPPLEMENTAL ATTACHED ☐ YES ☐ NO SIGNATURE: (INVESTIGATOR) DATE:

SAFETY /RISK MANAGEMENT Phone 317-770-1976 Fax 317-770-8875 HC/RM 36-A

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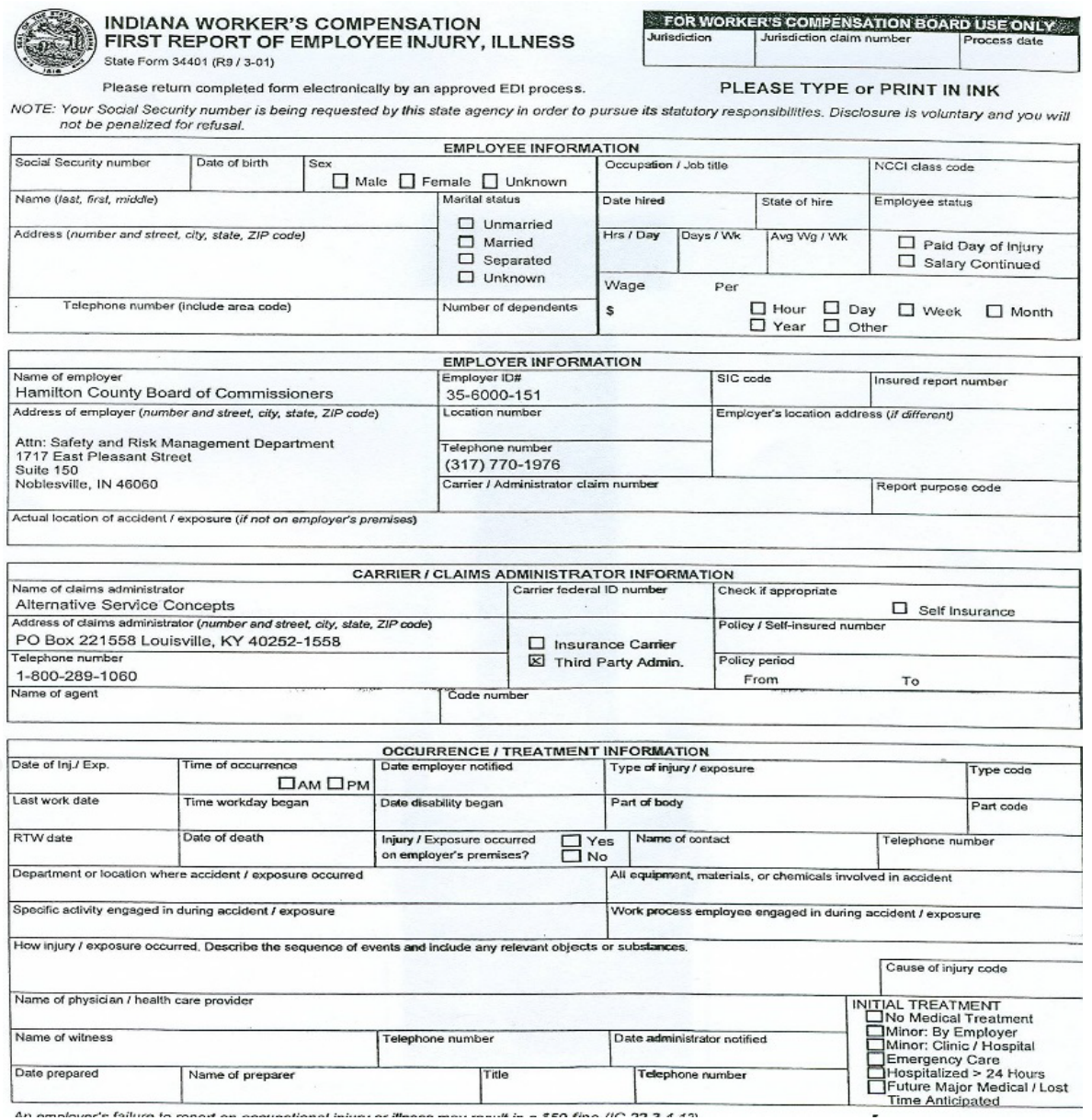


INDIANA WORKER'S COMPENSATION
FIRST REPORT OF EMPLOYEE INJURY, ILLNESS
State Form 34401 (R9 / 3-01)

FOR WORKER'S COMPENSATION BOARD USE ONLY
Jurisdiction | Jurisdiction claim number | Process date

Please return completed form electronically by an approved EDI process.

PLEASE TYPE or PRINT IN INK

NOTE: Your Social Security number is being requested by this state agency in order to pursue its statutory responsibilities. Disclosure is voluntary and you will not be penalized for refusal.

EMPLOYEE INFORMATION

Social Security number | Date of birth | Sex ☐ Male ☐ Female ☐ Unknown | Occupation / Job title | NCCI class code

Name (*last, first, middle*) | Marital status ☐ Unmarried ☐ Married ☐ Separated ☐ Unknown | Date hired | State of hire | Employee status

Address (*number and street, city, state, ZIP code*) | Hrs / Day | Days / Wk | Avg Wg / Wk | ☐ Paid Day of Injury ☐ Salary Continued

Wage Per $ ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year ☐ Other

Telephone number (include area code) | Number of dependents

EMPLOYER INFORMATION

Name of employer: Hamilton County Board of Commissioners | Employer ID#: 35-6000-151 | SIC code | Insured report number

Address of employer (*number and street, city, state, ZIP code*): Attn: Safety and Risk Management Department, 1717 East Pleasant Street, Suite 150, Noblesville, IN 46060 | Location number | Employer's location address (*if different*)

Telephone number: (317) 770-1976

Carrier / Administrator claim number | Report purpose code

Actual location of accident / exposure (*if not on employer's premises*)

CARRIER / CLAIMS ADMINISTRATOR INFORMATION

Name of claims administrator: Alternative Service Concepts | Carrier federal ID number | Check if appropriate ☐ Self Insurance

Address of claims administrator (*number and street, city, state, ZIP code*): PO Box 221558 Louisville, KY 40252-1558 | ☐ Insurance Carrier ☒ Third Party Admin. | Policy / Self-insured number

Telephone number: 1-800-289-1060 | Policy period From To

Name of agent | Code number

OCCURRENCE / TREATMENT INFORMATION

Date of Inj./ Exp. | Time of occurrence ☐ AM ☐ PM | Date employer notified | Type of injury / exposure | Type code

Last work date | Time workday began | Date disability began | Part of body | Part code

RTW date | Date of death | Injury / Exposure occurred on employer's premises? ☐ Yes ☐ No | Name of contact | Telephone number

Department or location where accident / exposure occurred | All equipment, materials, or chemicals involved in accident

Specific activity engaged in during accident / exposure | Work process employee engaged in during accident / exposure

How injury / exposure occurred. Describe the sequence of events and include any relevant objects or substances. | Cause of injury code

Name of physician / health care provider | INITIAL TREATMENT ☐ No Medical Treatment ☐ Minor: By Employer ☐ Minor: Clinic / Hospital ☐ Emergency Care ☐ Hospitalized > 24 Hours ☐ Future Major Medical / Lost Time Anticipated

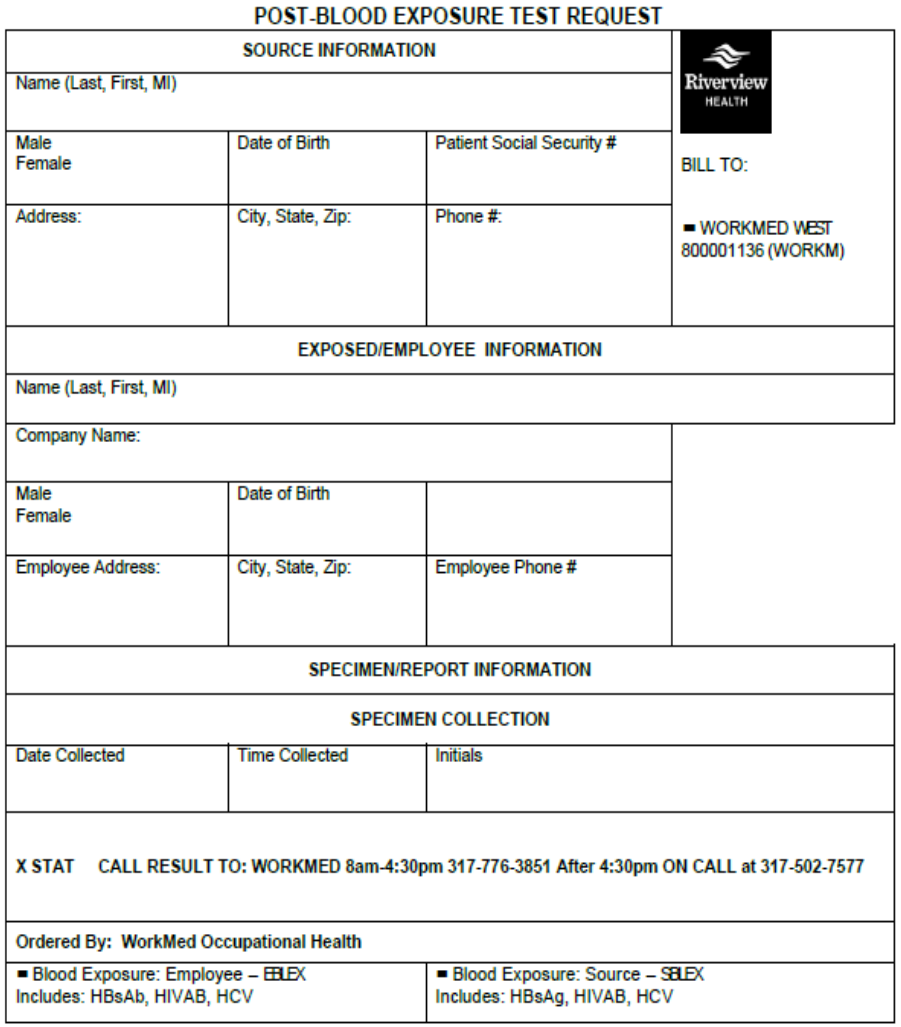
Name of witness | Telephone number | Date administrator notified

Date prepared | Name of preparer | Title | Telephone number

An employer's failure to report an occupational injury or illness may result in a $50 fine. (IC 22-3-4-13)

Post-Blood Exposure Test Request…

- This will be completed before blood is drawn.
- Provide as much information as you can to complete this form.



POST-BLOOD EXPOSURE TEST REQUEST

SOURCE INFORMATION			Riverview HEALTH
Name (Last, First, MI)			
Male Female	Date of Birth	Patient Social Security #	BILL TO:
Address:	City, State, Zip:	Phone #:	▪ WORKMED WEST 800001136 (WORKM)

EXPOSED/EMPLOYEE INFORMATION		
Name (Last, First, MI)		
Company Name:		
Male Female	Date of Birth	
Employee Address:	City, State, Zip:	Employee Phone #

SPECIMEN/REPORT INFORMATION		
SPECIMEN COLLECTION		
Date Collected	Time Collected	Initials

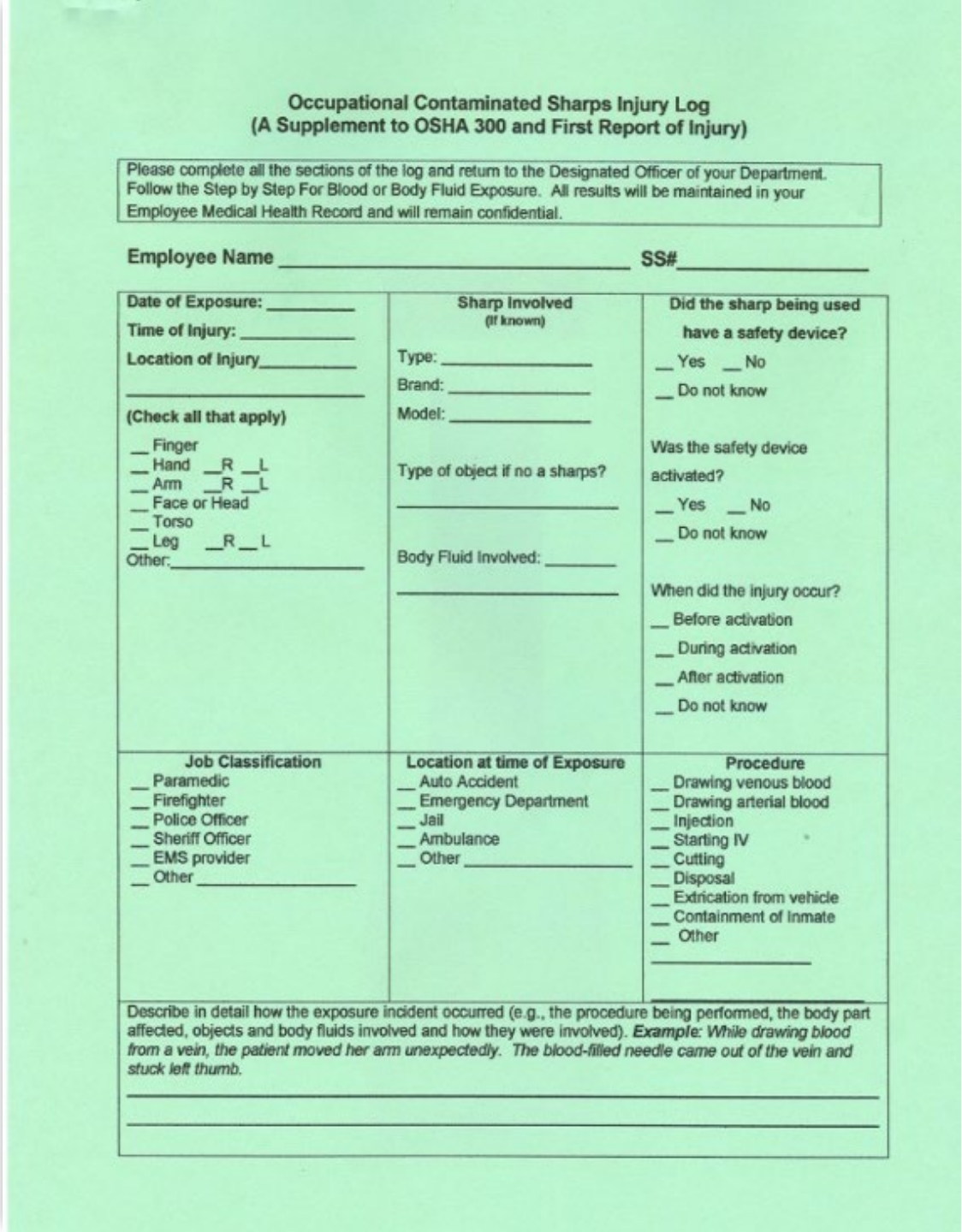
X STAT CALL RESULT TO: WORKMED 8am-4:30pm 317-776-3851 After 4:30pm ON CALL at 317-502-7577

Ordered By: WorkMed Occupational Health

▪ Blood Exposure: Employee – EBLEX Includes: HBsAb, HIVAB, HCV	▪ Blood Exposure: Source – SBLEX Includes: HBsAg, HIVAB, HCV

Sharps Log…

- This form is **ONLY** used when a needle or other sharp object that was contaminated with blood or body fluid has punctured the skin.



Occupational Contaminated Sharps Injury Log
(A Supplement to OSHA 300 and First Report of Injury)

Please complete all the sections of the log and return to the Designated Officer of your Department. Follow the Step by Step For Blood or Body Fluid Exposure. All results will be maintained in your Employee Medical Health Record and will remain confidential.

Employee Name _____ **SS#**_____

Date of Exposure: _____ **Time of Injury:** _____ **Location of Injury**_____ _____ **(Check all that apply)** __ Finger __ Hand __R __L __ Arm __R __L __ Face or Head __ Torso __ Leg __R __L Other:_____	**Sharp Involved** **(If known)** Type: _____ Brand: _____ Model: _____ Type of object if no a sharps? _____ Body Fluid Involved: _____ _____	**Did the sharp being used have a safety device?** __ Yes __ No __ Do not know Was the safety device activated? __ Yes __ No __ Do not know When did the injury occur? __ Before activation __ During activation __ After activation __ Do not know
Job Classification __ Paramedic __ Firefighter __ Police Officer __ Sheriff Officer __ EMS provider __ Other _____	**Location at time of Exposure** __ Auto Accident __ Emergency Department __ Jail __ Ambulance __ Other _____	**Procedure** __ Drawing venous blood __ Drawing arterial blood __ Injection __ Starting IV __ Cutting __ Disposal __ Extrication from vehicle __ Containment of Inmate __ Other _____

Describe in detail how the exposure incident occurred (e.g., the procedure being performed, the body part affected, objects and body fluids involved and how they were involved). ***Example:*** *While drawing blood from a vein, the patient moved her arm unexpectedly. The blood-filled needle came out of the vein and stuck left thumb.*

_____

_____

Ryan White Law…

- The Ryan White Law mandates that the source patient's test results be provided to the designated infection control officer of the employee involved in an exposure incident.

IF IT'S WET AND NOT YOURS, DO NOT TOUCH IT WITHOUT GLOVES!


QUESTIONS

Congratulations, You Are Bloodborne Pathogens Trained

References…

- Centers for Disease Control and Prevention (CDC)
- Indiana State Department of Health
- Indiana Occupational Safety and Health Administration
- Iowa State University
- Norfolk Health Department
- Occupational Safety and Health Administration
- Riverview Health- Work Med