

APPENDIX 4-7C – POST EXPOSURE PLAN

Last reviewed and adopted February 15, 2022, to be effective July 1, 2023

General Policy

HPU SDMOH and OHN will follow the post-exposure plan policy, that is made consistent with OSHA and state regulations. An Exposure Incident is defined by OSHA as specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. Scratches, cuts and puncture wounds from contact with needles and other sharp instruments are among the most common type of injuries in the healthcare environment. Accidental "sticks" have the potential to be not only painful but to also spread infectious disease.

Provision of medical evaluation and treatment to employees who may be involved in an exposure incident is law. For this reason, this facility has a Post-Exposure Evaluation and Follow-Up Program. The following procedures must be followed in the event of an exposure incident:

- Record the route(s) of exposure, HBV, HCV and HIV antibody status of the source individual (if known), and the circumstances under which the exposure occurred;
- If the source individual can be determined and permission is obtained, the source individual's blood will be collected and tested to determine the serological status, if not already known;
- The source individual must be informed that the employee involved in the exposure incident will have access to testing results. After permission has been granted, blood will be collected from the exposed employee as soon as possible after the exposure incident for the determination of serological status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date if the employee so requests; provided blood is collected within 24 hours and or collected immediately and held for 90 days prior to analysis.

- The exposed employee will be sent to the healthcare provider designated by this facility for post-exposure testing and follow-up which may include a confidential medical evaluation, counseling, and post-exposure prophylaxis when medically indicated and as recommended by the U.S. Public Health Service.
- Beyond the requirements to maintain this program by law, this recordkeeping method allows this facility to track incidents and/or identify trends if they develop.

In the event that an employee/student is injured in an incident that involves potentially infectious materials and the employee/student chooses not to take advantage of the confidential examination described above, the employee will be asked to sign a copy of the form *MS1030.006, Employee Post-Exposure Follow Up and Examination Status Form* found in the “Forms” section of this platform.

The healthcare professional designated by this facility to evaluate an employee involved in an exposure incident will be provided with the following information:

- A copy of the *Bloodborne Pathogens Standard*, and the revised standard (found in Appendix C in your OSHA Reference Guide);
- A description of the exposed employee’s duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual’s blood testing, if available;
- All medical records the facility is required to maintain relevant to appropriate treatment of the employee, including vaccination status. (A completed copy of “*Form MS1030.002, Hepatitis B Vaccine Status Sheet*,” can be used for vaccination status. A blank copy is available in the “Forms” section of this platform.)

The Chief Dental Officer will receive a copy of the evaluating healthcare professional’s written opinion and make it available to the exposed employee/student within 15 days of the completion of the evaluation. The healthcare professional’s written opinion for HBV vaccination will be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional’s written opinion for post-exposure evaluation and follow-up will be limited to the following information:

- That the employee has been informed of the results of the evaluation;
- 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.

All other findings or diagnoses, such as test results, will remain confidential and will not be included in a written report to the employer.

All medical evaluations and procedures including the HBV vaccination series and post-exposure evaluation and follow-up procedures will be made available to the employee and at a reasonable time and place and at no cost to the employee. Testing and evaluation will be performed by or under the supervision of a licensed healthcare professional and will be provided according to recommendations of the U.S. Public Health Services current at the time these evaluations and procedures take place. All laboratory tests associated with the post-exposure evaluation and follow-up will be conducted by an accredited laboratory.

Any employee/student's medical records will be maintained by this facility for the term of employment plus thirty (30) years. Medical records will be kept in accordance with 29 CFR 1910.1020, *Access to Employee Exposure and Medical Records*. A copy of this regulation can be found in *Appendix A* of the "Forms" section of this online platform.

Copies of the forms used in the Post-Exposure and Evaluation process can be found in the "Forms" section of this platform.

An OSHA 300 Log, 301 and 300A log has been provided to keep track of exposure incidents, as well as other reportable injuries that occur in this facility. These forms can be found in "*Forms*" section of this platform. The Sharps Injury Log is also provided in the "Forms" section of this platform.

Post-Exposure Packet

The following forms will be used in the event of an employee exposure to blood or OPIM.

Form MS1030.003

Post-Exposure Evaluation Packet Summary

HPU SDMOH and OHN will have a mandatory procedure that must be followed if you are involved in an exposure incident. This "Post-Exposure Check-Off List" and the other forms in this "Post- Exposure Packet" have been developed in an attempt to make the process as easy as possible.

An "exposure incident" is defined by the Occupational Safety and Health Administration (OSHA) as a "specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties."

In efforts to facilitate the post-exposure evaluation and follow-up process, we organized

appropriate documentation in a format that should serve to guide you through the process, from start to finish. Begin by filing out the forms attached to this check-off list and attach copies of them where requested on the pre-assembled documentation packets. Medical records are to be kept by this facility for the duration of your employment plus 30 years.

Source Individual

- Form MS1030.004, *"Source Individual Post-Exposure Notification"*(copy)

Source Individual's Physician

- OSHA Reg. 29 CFR 1910.1030 (can be found in Appendix C in your OSHA Reference Guide)
- Form MS1030.004: *"Source Individual Post-Exposure Notification"*(copy)
- Form MS1030.007b: *"Healthcare Professional Opinion Form" (Source Individual)*(copy)

Exposed Individual

- OSHA Reg. 29 CFR 1910.1030 (can be found in Appendix C in your OSHA Reference Guide)
- Form MS1030.006: *"Employee Post-Exposure and Follow-Up Examination Status"* (copy)

Exposed Individual's Physician

- OSHA Reg. 29 CFR 1910.1030 (can be found in Appendix C in your OSHA Reference Guide)
- Form MS1030.005: *"Accident Investigation/Incident Report"*(copy)
- Form MS1030.006: *"Employee Post-Exposure and Follow-Up Examination Status"* (copy)
- Form MS1030.007a: *"Healthcare Professional Opinion Form" (Exposed Individual)* (copy)
- Completed Form MS1030.002: *"Hepatitis B Vaccination Status Sheet,"* for the exposed individual (obtained from employee's medical record file; a blank copy is also available in the "Forms" section of this platform) (copy)

Form MS1030.003

Post-Exposure Evaluation Packet Summary (continued)

In efforts to properly document and track any exposure incidents that might occur within this facility, the following check-off list has been developed:

1. Fill out the "Accident Investigation/Incident Report"

- ☐ *"Form MS1030.005, Accident Investigation/Incident Report;"* make a copy for the employee.

2. Notify the source individual of the exposure incident:

- ☐ Offer appropriate blood testing.
- ☐ Fill out *"Form MS1030.004, Source Individual Post-Exposure Notification."*

1. If the source individual chooses to not have his/her blood tested:

- ☐ Check the appropriate box on *"Form MS1030.004;"* make a copy for the source individual; then file the original.

2. If the source individual chooses to have his/her blood tested:

- ☐ Check the appropriate box on form *"MS1030.004;"* make copies for the source individual and the treating physician; then file the original.
- ☐ Provide the source individual with a copy of the following forms: *"Form MS1030.004"* (which you provide for the source individual), *"29 CFR 1910.1030"* (in Appendix C of your OSHA Reference Guide), *"Form MS1030.004"* and *"Form MS1030.007b"* (for the treating physician.)
- ☐ Direct the source individual to the healthcare provider designated by this facility to do the lab work.

3. Complete the "Healthcare Worker Post-Exposure and Follow-Up Examination Status Sheet"

- ☐ *"Form MS1030.006, Employee Post-Exposure and Follow-Up Examination Status"* -- make a copy for the treating physician; then file the original in the medical file for the exposed employee.

4. If the exposed employee chooses to not have his/her blood tested:

- ☐ Check the appropriate box on *"Form MS1030.006;"* make a copy for the exposed employee and file the original in the employee medical file.

5. If the exposed employee chooses to have his/her blood tested:

- ☐ Check the appropriate box on Form *"MS1030.006;"* make copies for the exposed employee and the treating physician; then file the original in the employee medical file.
- ☐ Provide the employee with a copy of the following forms or documents:
 1. *"29 CFR 1910.1030"* (in Appendix C in your OSHA Reference Guide),
 2. Two copies of *"Form MS1030.006"* —one for the employee and one for the treating healthcare provider,
 3. *"Form MS1030.005"*
 1. A copy of the employee's HBV status sheet [when appropriate] and
 2. *"Form MS1030.007a, Healthcare Professional Opinion Form"* for the treating

healthcare provider.

A healthcare provider/laboratory contracted with HPU SDMOH will do blood work in the event of an Exposure Incident is:

NOVANT HEALTH

If you have any questions or concerns, please do not hesitate to ask your Faculty Supervisor or Chief Dental Officer:

Or your employer: **High Point University School of Dental Medicine and Oral Health**

Completed by:

Signature

Date

Print Name

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Form MS1030.005

Accident Investigation/Incident Report

Part I • General Information

Name of Injured or Exposed Worker
(print)

Date of Birth

Job Title

Job Responsibilities

Street Address

City, State, Zip

Name of Source Individual (Print):

Pertinent Source Individual Information:

Street Address:

City, State Zip:

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Accident Investigation/Incident Report
(continued)

Part II • Description of Incident

Date of Incident:

Time:

☐

a.m.

☐

p.m.

Exact Location within the Facility:

Route of Exposure (puncture, needlestick,
splash, etc.):

Job or Activity at the Time of Incident:

A detailed description of the exposure incident follows:

Part III - Medical Attention

1. Minor incident requiring only first-aid.
2. Source individual has chosen to seek medical attention.
3. Source individual has chosen to not seek medical attention.
4. Exposed worker has chosen to seek medical attention.
5. Exposed worker has chosen to not seek medical attention.

Name of Person Filing Report
(print)

Title

Date

Form MS1030.004- Source Individual Post–Exposure Notification

I have been notified that during or after my treatment at (HPU SDMOH/OHN) on _____(day)_____(date) a healthcare worker, who is an employee at this facility, was involved in an exposure incident. The Occupational Safety and Health Administration (OSHA) defines an exposure incident as 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.”

This document serves as formal request for my participation in blood testing being provided by my doctor. Test results will be used to aid in development of proper treatment to the person who was involved in the exposure incident mentioned above. I understand that my healthcare provider is required by federal law to make this request of me, (copy of the Bloodborne Pathogens Standard, 29 CFR 1910.1030 attached)

I also understand that the results of this testing are confidential and will be made available only to the exposed healthcare worker. This exposed healthcare worker shall be informed of applicable laws and regulations concerning disclosure of my identity and infectious status as the "source individual."

☐ I have elected to have the medical evaluations requested by the exposed healthcare worker. I will seek this baseline blood analysis from:

(NOVANT HEALTH)

I understand my responsibility to seek this medical attention as soon as possible. I give consent for HBV _____ (initial) and/or HIV _____ (initial) and/or HCV _____ (initial) serologic status testing.

☐ I, of my own free will and volition, and despite the exposed healthcare worker's request, have elected not to have a medical evaluation.

Source Individual Information:

Name (Print)

Signature

Date

Street Address

City

State

Zip Code

Witness

Date

Form MS1030.007b

Healthcare Professional Opinion Form (Source Individual)

Dear Healthcare Professional:

This opinion sheet is being provided for your use, along with a copy of the Bloodborne Pathogens Standard, to help maintain compliance with the Occupational Safety and Health Administration (OSHA), Post-Exposure Evaluation and Follow-Up exposure incident requirements.

We are submitting this blank form to you in order to collect information specific to an exposure incident that involved a worker employed by **HIGH POINT UNIVERSITY SCHOOL OF DENTAL MEDICINE AND ORAL HEALTH**

This Healthcare Professional Opinion Sheet is for your written opinion with regard to information that would be of relevance to the physician who will be treating the individual who was "exposed" while at work in our facility. Please forward this evaluation to the address shown below.

Thank you in advance for your assistance in this matter.

Sincerely,

Employer or Facility Program Coordinator

Signature

Print Name

Name of Injured or Exposed Worker (Print)

Date of Birth

Injured or Exposed Worker's Street Address

City

State

Zip Code

Healthcare Professional Comment

Hepatitis B vaccination:

☐ necessary

☐ not necessary

Other medical conditions that may warrant consideration as a result of exposure to blood or other potentially infectious materials and that might necessitate further evaluation or treatment:

Healthcare Provider Physician Name (print)

Signature

Date

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Form MS1030.006

Employee Post-Exposure and Follow-Up Examination Status Form

I, _____, am employed at **HPU SDMOH/OHN** as a
_____. On _____ (date) I was involved in an
exposure incident. OSHA defines an exposure incident as a "specific eye, mouth, other mucous
membrane, non-intact skin, or parenteral contact with blood or other potentially infectious

materials that result from the performance of an employee's duties." A copy of the Accident Investigation/Incident Report is attached.

I understand that the purpose of post-exposure evaluation is to assure my full understanding of whether or not I have been exposed to or been infected with an infectious disease as a result of this incident.

☐ I have elected to have the medical evaluation. I will seek this baseline blood analysis from:

NOVANT HEALTH

I understand my responsibility to seek this medical attention as soon as possible. I give consent for HBV _____ (initial) and/or HIV _____ (initial) serologic status testing. I understand that if I choose to not provide consent for HIV serologic testing, the sample may be preserved for 90 days. If within that period I choose to have the sample tested, such testing shall be done as soon as feasible.

☐ I, of my own free will and volition, have elected not to have a medical evaluation.

Name (Print)

Signature

Date

Street Address

City

State

Zip Code

Witness

Date

Form MS1030.007a

Healthcare Professional Opinion Form (Exposed Individual)

Dear Healthcare Professional:

This opinion sheet is being provided for your use, along with a copy of the Bloodborne Pathogens Standard, the Accident Investigation/Incident Report, and all medical records

relevant to treatment of the exposed healthcare worker, including hepatitis B vaccination status, to help maintain compliance with the Occupational Safety and Health Administration (OSHA), Post–Exposure Evaluation and Follow–Up exposure incident requirements.

The Accident Investigation/Incident Report has been completed in order to give you information specific to an exposure incident that involved a healthcare worker, _____, employed by **HPU SDMOH**.

This Healthcare Professional Evaluation Form is for your professional written opinion with regard to further treatment only. We are required to obtain a written opinion within 15 days of the completion of this evaluation.

Thank you in advance for your assistance in this matter.

Sincerely,

Employer or Facility Program Coordinator

Signature

Print

Healthcare Professional Comment

Hepatitis B vaccination:

☐ necessary ☐ not necessary

Other medical conditions that may warrant consideration as a result of exposure to blood or other potentially infectious materials and that might necessitate further evaluation or treatment:

Healthcare Provider Physician Name (print)

Signature

Date

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Form MS 1030.002

Hepatitis B Vaccination Status Form

I, (print name) _____ am employed by/ student at HPU
SDMOH/OHN

My employment position is: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. If I decline hepatitis B vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the series at no charge to me. Should I elect to be vaccinated with hepatitis B vaccine, I may elect to be tested for presence of the hepatitis B antibody (an indicator of immunity to the hepatitis B virus) approximately (but no sooner than) 2 months following the final and third dose of the hepatitis B vaccine. Antibody testing will also be provided at no cost to myself or my insurance carrier.

- ☐ I have been vaccinated for hepatitis B. If possible, I will be in contact with my personal health care provider to ask that confirmation is forwarded to this facility.
- ☐ I have not been vaccinated for hepatitis B. I am electing to have the vaccine series administered to me. My employer will make arrangements for administration of the vaccine and confirmation of immunity to hepatitis B.
- ☐ I have not been vaccinated for hepatitis B. I am electing to have the vaccine series administered to me. My employer will make arrangements for administration of the vaccine. I do NOT wish to be screened for immunity to hepatitis B following the vaccination series.
- ☐ I decline the hepatitis B vaccine at this time.

Other: _____

Name (print): _____ Date of Birth: _____

Address: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

This record should be maintained for the duration of employment plus 30 years. 29 CFR
1910.20, 29 CFR 1910.1030, Appendix

