



WEST LINN - WILSONVILLE SCHOOL DISTRICT

Bloodborne Pathogen Exposure Checklist

Steps to take in the event of a Bloodborne Pathogen Exposure incident:

- Notify your immediate supervisor.
- Contact the district nurse designated for your school site.
- Employee completes their portion of the post-exposure packet with the Human Resources Department.
- District nurse works with building principal to connect with family regarding the completion of the source individual forms of the post-exposure packet.
- Employee completes workers compensation paperwork with Human Resources and goes to an occupational healthcare provider for a medical evaluation and a follow-up as soon as possible (Occupational Healthcare Providers listed below).
- Employee returns post-exposure packet and medical paperwork to the Department of Human Resources.
- District nurse receives post-exposure packet back from source individual family.

Occupational Healthcare Providers

Kaiser Occupational Health

10100 SE Sunnyside Road, Clackamas, OR 97015
503.571.3366

Oregon Occupational Medicine

19365 SW 65th Ave, Ste. 100, Tualatin, OR 97062
503.563.5382

Questions? Contact Human Resources at 673-7095 or District Nursing Office at 673-7041.

10.16.2019

22210 SW Stafford Road Tualatin OR 97062
Business: 503.673.7000 Fax: 503.673.7001

www.wlww.k12.or.us

West Linn Wilsonville School District
22210 SW Stafford Road
Tualatin, OR 97062

BLOODBORNE PATHOGEN – EMPLOYEE EXPOSURE HISTORY

This employee has reported an occupational exposure incident to blood or other potentially infectious materials as defined by OR-OSHA Administrative Rules 1910.1030. This exposure is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious material.

Part 1 – Employee Data

Name: _____ **Date of Birth:** _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Job classification: _____ **Building/Location:** _____

Supervisor: _____ **Date referred for evaluation:** _____

Description of duties: _____

Date of exposure incident: _____ **Time of exposure incident:** _____

Description of exposure incident. Include routes (eye, mouth, etc.) and circumstances of exposure incident.

West Linn Wilsonville School District
Bloodborne Pathogen – Employee Exposure History – continued

Part 2 – Employee Consent

I hereby authorize an exchange of information to occur between the West Linn Wilsonville School District and my personal healthcare provider named below.

Physician's name: _____ **Phone number:** _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

I authorize a release and exchange of information pertaining to my occupational exposure incident to blood or other potentially infectious material. All information should be released to:

Director of Human Resources: (*Name*) _____ Kathe Monroe

OR

West Linn Wilsonville School District Nurse: (*Name*) Michelle Bloom, Nancy Buchwald, Roxanne Ellingboe, Mary Groh, Joshua Harrel, Lindsay Nowak, or Karen Pyeatt

The above named person(s) may be reached by telephone at 503-673-7000.

Agency: West Linn Wilsonville School District
22210 SW Stafford Rd.
Tualatin, OR 97062

Part 3 – Physician’s Statement and Written Opinion

Please complete the following information and return it to the West Linn Wilsonville School District nurse. OR-OSHA requires that the employer shall obtain and provide the employee with a copy of this written opinion within 15 days of completion of this medical evaluation. Please note that the following records are accompanied with this form or are available on-line to assist your medical evaluation:

- _____ [OR-OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030](#) (click on link)
- _____ Hepatitis B Vaccination Consent/Waiver and Bloodborne Pathogen Training Documentation, including Hepatitis B Vaccination History.
- _____ Source Individual History and Consent.

Hepatitis B Prophylaxis:

Was Hepatitis B Vaccination indicated? _____ Yes _____ No If yes, date: _____

Are further doses recommended? _____ Yes _____ No

If yes, projected date for next dose: _____

Are there any medical contraindications? _____ Yes _____ No

If yes, please explain: _____

Was HBIG given? _____ Yes _____ No

Antibody Testing:

Date blood drawn: _____ Baseline Hepatitis B result: _____

Baseline HIV completed* _____. *If employee does not give consent initially for HIV serologic testing, the sample must be preserved for at least 90 days. The employee may later elect to have the baseline test done during this 90-day period.

Other Prophylaxis Given:

Post Exposure Follow-Up:

Further recommendations: _____

I certify that the employee has been informed of the results of this medical evaluation, has been advised about any medical conditions resulting from exposure to blood or other potentially infectious material, and has been advised about any further evaluation or treatment.

Physician’s signature _____ Date _____

SOURCE INDIVIDUAL HISTORY AND CONSENT

I hereby authorize an exchange of information to occur between the three agencies/physicians listed below and the exposed individual in accordance with Oregon rules and statutes. The employee's physician will discuss results and recommendations with the exposed employee. I am aware that I, or my child, have been identified as a source individual where a student/employee may have been exposed to blood or other potentially infectious body fluids. The employer will inform the exposed employee of the source individual.

1. Special Services Department/District Nurse
West Linn Wilsonville School District
22210 SW Stafford Road
Tualatin, OR 97062
503-673-7000

2. Exposed Student/Employee's Medical Practitioner:

Name: _____ Phone No.: _____

Street: _____

City: _____ State: _____ Zip: _____

3. Source Individual's Medical Practitioner:

Name: _____ Phone No.: _____

Street: _____

City: _____ State: _____ Zip: _____

Hepatitis B status (if known): _____ HIV status (if known): _____

I am aware of the risks to the exposed employee or other student, and I have agreed to blood testing to be performed for Hepatitis B and HIV. I have been informed that in consenting to this testing, this information will be released to the exposed student/employee, the School District representative, and to the employee's medical provider.

Name: _____ Date: _____

Other names used: _____ Location: _____

Signature of source individual (parent/guardian): _____ Date: _____

Physician Statement on Source Individual

This student/employee is a source individual of a bloodborne or other potentially infectious body fluid exposure incident. Both the above name source individual and the exposed student/employee (or appropriate parent/guardian) has been notified of the exposure guidelines on bloodborne pathogens (1910.1030).

Results of:

HBsAg: _____ Date: _____ HIV: _____ Date: _____

Signature of physician: _____ Date: _____

Signature of School District Nurse: _____ Date: _____

Please return this form to the following address.

Department of Human Resources
West Linn Wilsonville School District
22210 SW Stafford Rd
Tualatin, OR 97062

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SOURCE INDIVIDUAL REFUSAL FOR BLOOD TESTING

Student/Employee Name: _____

Parent/Guardian Name: _____

Phone Numbers: Home _____ Work _____ Cell _____

Date employee or other student exposed: _____

Date source individual (parent/guardian) notified: _____

School District nurse's signature: _____ Date: _____

Please read and sign below.

I have been informed by _____, West Linn Wilsonville School District representative, that I/my child have/has been identified as being a source individual in an employee or another student incident of exposure to blood or other potentially infectious body fluids.

I am aware of the risks to the employee or other student, and I have declined blood testing to be performed for Hepatitis B and HIV. I have been informed that if I had consented to this testing, this information will be released to the exposed employee or other student, the School District representative (nurse), and the exposed employee or other student's medical provider.

Signature: _____ Date: _____

Please return this form to the following address.

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