



Bloodborne Pathogen Occupational Exposure Incident Report Protocol

PROTOCOL FOR ALL QCC EMPLOYEES

Bloodborne Pathogen Occupational Exposure Incident Report Protocol

This protocol applies to all QCC campus employees who have an occupational exposure to human blood or body fluids.

EXPOSURE DETERMINATION

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this Exposure Control Plan.

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.

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), and human immunodeficiency virus (HIV). Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens.

<https://www.osha.gov/bloodborne-pathogens>

A category assignment is made for all common job classifications to determine potential exposure risks that may be expected to occur during routine job tasks. This exposure determination is made without regard to the use of Personal Protective Equipment (PPE).

Category 1—All Healthcare Faculty and Lab personnel that perform tasks that involve exposure to blood, body fluids or tissues.

Category 2 –All Campus Police, Facility personnel and The Children’s School: Early Childhood Education Lab School staff that normally perform tasks that do not involve exposure to blood, body fluids or tissue: however, his/her work may require the unplanned performance of such tasks.

Category 3 –All Administrators, office staff and remaining faculty and staff that do not perform tasks that require contact with blood, body fluids, or tissue.

If an employee has an occupational exposure incident, the following protocol should be followed:

1. Immediately wash the area that has been in contact with blood or bodily fluids with soap and water; for mucous membrane exposure, including splashes to nose, mouth, or

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skin exposures, flush with copious amounts of water. Irrigate eyes with clean water, saline, or sterile irrigants.

2. Report the incident to your supervisor.
3. Immediately seek medical care to determine the risk associated with the exposure. Have an evaluation of the incident exposure at the Emergency Department or with your own physician. Inform the intake personnel that you have had an occupational exposure.
4. Notify Campus Police at 508-854-4221 of the Incident as soon as possible - with incident reports to be completed within 24 hours. Incident report will be forwarded to Human Resources by Campus Police.

Post - Exposure checklist:

The employee must complete all sections of the incident report and sign, date and submit to Campus Police within 24 hours of the incident to ensure that you receive appropriate follow-up care. Keep a copy of the completed incident report for your own personal records.

Incident report forms can be found in Human Resources and can be accessed on the Intranet under Frequent Forms and Manuals.

http://www.qcc.mass.edu/qcchome/Path_O_Gens.asp

If the employee refuses to seek treatment or to consult with his/her physician, have the employee check the appropriate box and sign with a witness (I, of my own free will and volition, have elected not to have a medical evaluation) on part III of the Exposure Incident Report.



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CDC Exposure Management Resources

Hospitals:

Heywood Hospital – Emergency Department
242 Green Street, Gardner, MA 01440
978-632-3420

Milford Regional Medical Center – Emergency Department
14 Prospect Street, Milford, MA 01757
508-422-2240

Saint Vincent Hospital – Emergency Department
123 Summer Street, Worcester, MA 01608
508-363-6025 or 508-363-5000

UMass Memorial – Harrington Hospital Emergency Department
100 South Street, Southbridge, MA 01550
508-765-3195

UMass Memorial – Memorial Campus Emergency Department
119 Belmont Street, Worcester, MA 01605
508-334-6481

UMass Memorial – University Campus Emergency Department
55 Lake Avenue North, Worcester, MA 01655
Main: 508-421-1750
Fast Track: 508-421-5750

OSHA

<https://www.osha.gov/bloodborne-pathogens>

CDC /NIOSH Bloodborne Pathogens Topic Page www.cdc.gov/niosh/topics/bbp

For additional information:

National Institute for Occupational Safety and Health (NIOSH) www.cdc.gov/niosh

Ask a workplace safety and health question:

1-800-CDC-INFO (1-800-232-4636) · TTY 1-888-232-6348

Customer Service Representatives are available in English en Español 8:00am-8:00pm EST,
Monday – Friday (Closed Holidays)



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BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE INCIDENT REPORT

This must be submitted to Campus Police within 24 hours of incident.

CONFIDENTIAL

Part I • General Information

Name of Injured or Exposed Employee

Date of Birth

Address

City

State

Zip

Part II • Description of Incident

Date of Incident

Time

Location (i.e., department or area where incident happened)

Location of body affected

Route of Exposure (puncture, needle stick, splash, non-intact skin exposure, parenteral contact, or other)

A detailed description of the exposure incident follows:

Explain how the exposure occurred and what part of the body was affected. Include specific location of injury on body, type and amount of fluid, depth of injury if percutaneous, volume of fluid if skin or mucous membrane, and condition of injured skin (chapped, abraded, intact)



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I understand that the purpose of post-exposure 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 a medical evaluation. I will seek emergency medical care from:

My own personal physician

Name of Physician	Address	Telephone Number
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Emergency Department (please specify)

Other (please specify)

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

Witness Name (print)

Witness Signature

Date
