



Physician's Written Opinion Following BBP Exposure

Print Form

Risk Management
Mat-Su Borough School District
501 N. Gulkana St.
Palmer, AK 99645
P: (907) 746-9213 || F: (907) 761-4091

Special Instructions: Review the procedures outlined below. The Physician's Written Opinion must be completed and submitted to Risk Management.

Medical Exam and Testing of Employee

Following any verified potential occupational exposure to Bloodborne Pathogens (BBPs), the District will immediately direct the employee to his/her medical care provider. This medical follow-up should occur within 24 hours of the exposure. The District will pay the cost of the medical exam and lab test. An accredited laboratory must conduct all lab tests. The medical exam and treatment must include:

- Collection of the employee's blood.
- Baseline testing of the employee's blood for HBV and HIV serological status and, as recommended by the physician, testing for related conditions (such as HCV).
- Administration of post-exposure prophylaxis, such as HBIG, when medically indicated, as recommended by the U.S. Public Health Service / CDC
- If the exposure came from a human bite, administration of a diphtheria tetanus shot.
- Counseling of the employee regarding the exposure incident (including recommended safe practices during the first 12 months after the exposure incident, including safe protected sex and safe contact with family members and coworkers).
- Evaluation of the employee's current health status.
- Additional tests or treatment if recommended by the physician.

NOTE: Employees may initially decline HIV testing. An employee has 90 days following initial baseline blood collection to decide if he/she wishes to have his/her blood tested for HIV. During that time, the physician is required to preserve the blood. If, after 90 days, the employee still declines to have HIV testing, the blood sample must be discarded.

To assist physicians in consulting with District employees following an exposure incident, the District will provide the physician with the following:

- The District's procedure for medical follow-up after an exposure.
- A copy of the District's Exposure Control Plan, if requested.
- A copy of OSHA Occupational Exposure to BBP standard, if requested.
- A copy of the completed Exposure Incident form.
- The name of the physician who evaluated the source individual's blood tests, if completed.

Testing of Source Individual

Risk Management will work with the school nurse to refer the source individual or his/her parent or guardian to a physician for blood tests to identify his/her HBV and HIV status. The District will pay for the source individual's blood test. In some cases, the source individual may also be at risk for BBP exposure. Risk Management will keep the identity of the source individual confidential. The source individual is not compelled to consent to blood tests. If the source individual consents, then the following procedures should be allowed:

- A physician of the source individual's choice will test the source individual's blood for HBV and HIV.
- The physician evaluating the source individual's blood will communicate the results of these blood tests to the physician treating the exposed employee.
- The physician treating the exposed employee will communicate to the employee whether there is a risk of transmission of HBV or HIV from the exposure incident.

Physician's Written Opinion

The physician must provide Risk Management and the employee with the Physician's written opinion following a BBP Exposure within 15 days of consultation with the employee. The physician's written opinion will contain only the following information to maintain confidentiality:

- Whether the Hepatitis B vaccination is indicated for the employee.
- Whether the employee has already begun receiving the Hepatitis B vaccination.
- Confirmation that the employee was informed of the results of the medical exam, blood tests, and evaluation.
- Confirmation that the employee was advised of medical conditions that may result from the exposure incident which requires further evaluation of treatment.

Medical Follow-Up

Medical follow-up treatment should be provided to the employee, as recommended by the U.S. Public Health Service. For HBV exposure, follow-up treatment may include:

- For a non-immunized employee, administer: HBIG (Hepatitis B Immune Globulin) if medically indicated and the Hepatitis B Vaccine (three injection series).
- For a previously immunized employee, follow-up treatment may include: a follow-up blood sample to confirm existence of Hepatitis B antibodies (immunity) and repeat HBV vaccination, if necessary.

For HIV exposure, follow-up treatment may include:

- Blood test for HIV virus - ELISA (Enzyme-Linked Immunosorbent Assay)
 - > Repeat test six (6) weeks from the date of exposure.
 - > Repeat test twelve (12) weeks from the date of exposure.
 - > Repeat test six (6) months from the date of exposure.
 - > Repeat test twelve (12) months from the date of exposure.
- Prophylaxis treatment if it is medically indicated and the employee consents to receive it.

If test results are negative after one year and the employee has not experienced any symptoms of exposure, the physician should determine the schedule for any additional testing. If test results are positive at any time after a baseline test, a blood specimen should be drawn for the Western Blot Test (a more accurate test). If the Western Blot Test is positive, the employee's physician will certify to Risk Management that the employee has experienced a positive HIV exposure on the job. At that time, the District will complete a safe "Report of Occupational Illness or Injury" and the physician will make recommendations to the employee and the District Worker's Compensation Insurer about future medical care for the employee.



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Special Instructions: Please answer the following questions and sign below. This form must be returned to Risk Management within 15 days of your evaluation of the employee.

Employee Name Exposure Date Evaluation Date

Do you recommend that this employee be provided with the Hepatitis B vaccination series?

Yes

No

Was the Hepatitis B vaccination administered?

Yes

No

Has the employee been informed of the results of the medical evaluation and blood tests?

Yes

No

Has the employee been advised of medical conditions that may result from the exposure incident?

Yes

No

Was the employee advised that he/she should have additional follow-up blood tests, medical evaluation, or treatment?

Yes

No

Physician Name

Physician Signature

Date