

**GENERAL SUPPORT—FACILITIES AND TRANSPORTATION SERVICES**

**Security, Safety, and Emergency Procedures**

**Bloodborne Pathogens-Postexposure Medical Evaluation and Follow-up**

This regulation supersedes Regulation 7355.3.

**I. PURPOSE**

To specify a procedure for obtaining postexposure medical evaluation and follow-up in accordance with Virginia Occupational Safety and Health Regulation 1910.1030 and Section 32.1-45.1 of the Code of Virginia when a School Board employee is exposed to human blood in the course of his or her employment.

If an exposure has occurred, the exposed employee shall be eligible for a confidential medical evaluation and follow-up, including a determination of the source individual's infectivity status, if recommended by the attending physician. The cost of these postexposure medical follow-up services shall be paid by the school division.

**II. EXPOSURE**

An exposure to blood is not simple contact. It is a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral (piercing) contact with human blood or human body fluids containing blood. Contact with urine, feces, vomitus, perspiration, or saliva does not constitute exposure unless these fluids contain blood.

For purposes of this regulation, the term "exposed" or "exposure" will refer to an exposure that may, according to the current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses.

For purposes of this regulation, an "exposed employee" means any person who is both (i) employed by FCPS and (ii) acting in the course of employment at the time of exposure.

For purposes of this regulation, a "source individual" may be any person, including a minor student, an adult student, a school volunteer, a member of the public, and/or a fellow FCPS employee.

**III. POSTEXPOSURE PROCEDURES**

A. If an exposure occurs, the immediate response should be the cleansing of the affected site to reduce contact with contaminated materials. If an injury is

incurred at the time of exposure, the employee shall seek first aid or call the emergency medical system (911), if necessary.

- B. The exposed employee shall report the exposure incident to his or her supervisor or program manager and to the Office of Safety and Security (OSS), 703-658-3760, as soon as possible.
- C. The exposed employee and/or the employee's supervisor must complete and sign a postexposure report form (Attachment A). The report shall include a description of the exposed employee's duties as they relate to the exposure incident, documentation of the route of exposure, and the circumstances under which exposure occurred. The report will be given to the health care provider at the time of the postexposure evaluation. A copy of the report shall be sent within 24 hours to the OSS.
- D. When the source individual is an FCPS student, the exposed employee or the employee's supervisor shall notify the school administrator with access to the student's health records. The school administrator shall provide copies of the student's vaccination records, with references to the source individual's identity omitted, to the health care provider, who will conduct a postexposure medical evaluation of the exposed employee. This disclosure is permitted by the health and safety exception to the Family Educational Rights and Privacy Act (FERPA).
- E. The exposed employee shall seek medical attention from an FCPS-authorized health care provider within 24 hours if feasible and, in any event, as soon as possible after exposure. FCPS-authorized health care providers are listed in the current version of Regulation 4720, which describes workers' compensation benefits.

#### **IV. POSTEXPOSURE MEDICAL EVALUATION AND FOLLOW-UP**

- A. The medical evaluation shall be conducted by the health care provider in accordance with the recommendations of the United States Public Health Service.
- B. The health care provider's method of treatment is determined by the nature of the exposure, the infectivity status of the source individual, if known, and the hepatitis B vaccination status and the antibody response of the exposed individual.
- C. Following the evaluation, the health care provider shall complete and provide to OSS a Health Provider's Written Opinion form (Attachment B), stating:
  - 1. That the employee has been informed of the results of the evaluation.
  - 2. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

3. Whether the hepatitis B vaccination is indicated for the employee and if the employee has received such a vaccination.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

**V. SEROLOGICAL TESTING OF THE SOURCE INDIVIDUAL'S BLOOD**

- A. For purposes of this regulation, serological testing will refer to the testing of a source individual's blood to determine human immunodeficiency virus, hepatitis B virus, and hepatitis C virus infectivity.
- B. Under Virginia law, whenever a school board employee is directly exposed to body fluids of any person, the source individual shall be deemed to have consented to serological testing and to the release of such test results to the school board employee who was exposed. If the source individual is a minor, consent to serological testing first must be obtained from the minor's parent or legal guardian.
- C. Under Virginia law, a school board employee is deemed to have consented to serological testing whenever, while in the course of the school board employee's duties, any person is exposed to the school board employee's body fluids. The school board employee is also deemed to have consented to the release of such test results to the exposed individual.
- D. When the identity of the source individual is known and the attending health care provider requests serological testing of the source individual, the OSS shall facilitate such testing by providing the source individual with a list of FCPS-authorized health care providers who are available to perform the required testing at no cost to the source individual, and the following notices and/or consent forms:

If the source individual is an adult, the OSS shall provide the source individual: (1) A Notice of Deemed Consent to Collect and to Test Blood (OSS internal form); and (2) An Authorization to Disclose Protected Health Information for Records of Adults (OSS internal form).

If the source individual is a minor, the OSS shall provide the minor's parents or guardian: (1) A Notice of Deemed Consent to Collect and to Test Blood (OSS internal form); and (2) An Authorization to Disclose Protected Health Information for Records of Minors (OSS internal form).

- E. If the source individual or the source individual's parents or guardian refuses to allow serological testing to be performed, the School Board may petition a court of competent jurisdiction for an order requiring the source individual to provide a blood specimen and to submit to testing and to disclosure of the test results. Test results will not be disclosed to FCPS.

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- F. The OSS shall inform the School Board employee of his or her obligation to respect the medical privacy of the source individual and not to disclose the results of the source individual's tests.

**VI. INVESTIGATION OF INCIDENT**

- A. Following the receipt of the postexposure report, the OSS shall conduct an investigation to determine the circumstances that led to the exposure and whether a recurrence can be prevented.
- B. The nature and extent of the investigation shall be determined by the circumstances. The investigation may be conducted as a review of statements of telephone or personal interviews of the exposed employee or witnesses to the incident.
- C. The exposed employee is eligible to receive from the Fairfax County Health Department, by request through the OSS, a determination of whether a potentially harmful exposure has occurred and a recommendation regarding how the employee can reduce any risk from such an exposure.

Legal Reference: Code of Virginia, Section 32.1-45.1.  
Virginia Occupational Safety and Health, Regulation 1910.1030

See also the current version of: Regulation 4720, Employee Work-Incurred  
Injuries—Workers' Compensation Benefits

Attachments

**POSTEXPOSURE REPORT**  
**VIRGINIA OCCUPATIONAL SAFETY AND HEALTH STANDARD 1910.1030**

**Exposed Employee Directions:** Do not complete this form or seek a postexposure evaluation unless an actual exposure has taken place. *An exposure is not simple contact.* An exposure is a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral (piercing) contact with blood or other potentially infectious material. If an exposure has taken place, report the incident by phone (703-658-3760) to the Office of Safety and Security. Complete this form immediately following the occurrence, ask your supervisor to sign it, and take the original to an FCPS-authorized health care provider. Call 703-658-3760 for a list of health care providers. A copy of this report shall be sent within 24 hours to the Office of Safety and Security, Department of Facilities and Transportation Services. It is important that the postexposure evaluation be initiated within 24 hours of the exposure incident.

**Health Care Provider Directions:** This employee or client is in need of a bloodborne pathogen postexposure evaluation. The evaluation is to be conducted in accordance with the recommendations of the United States Public Health Service. The health care provider's written opinion found on the reverse side shall be completed within 10 days and forwarded to the Office of Safety and Security in accordance with VOSH Standard 1910.1030.

**A. EMPLOYEE INFORMATION: (Print or Type)**

<b>Employee Name</b>	<b>S.S. No.</b>
<b>Job Title</b>	Primary Duties
<b>Work Location</b>	HBV Vaccination Status Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/>

**B. EXPOSURE INFORMATION:**

Was exposure the result of normal duties? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location of Occurrence (Building, Room No.)	
Date	Time
<b>Blood Source (Name of Person)</b>	
Route of Exposure: Eye(s) <input type="checkbox"/> Mouth <input type="checkbox"/> Other Mucous Membrane <input type="checkbox"/> Nonintact Skin <input type="checkbox"/> Parenteral <input type="checkbox"/>	
Describe the circumstances of exposure:	
Was personal protective equipment being used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe (e.g., gloves)	
Were exposure control procedures employed during incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:	
What postexposure preventive steps were taken (e.g., hand washing, eyewash, etc.)?	

**C. EMPLOYEE ACKNOWLEDGEMENT**

I _____ have reported this incident by phone to the Office of Safety and Security and to my program manager or supervisor. I have been provided a list of licensed health care providers designated by FCPS to provide postexposure evaluations and follow-up services. I understand that postexposure services are available only through health care providers authorized by FCPS.	
Employee Signature	Date

**D. PROGRAM MANAGER OR SUPERVISOR CERTIFICATION**

As program manager or supervisor, I certify that the Office of Safety and Security has been notified of this exposure incident, that action has been taken to ensure the forwarding of this report to the Office of Safety and Security, and that the employee has received information concerning health care providers authorized by FCPS to provide postexposure evaluations and follow-up services.	
Program Manager or Supervisor Signature	Date

**HEALTH CARE PROVIDER'S WRITTEN OPINION  
VIRGINIA OCCUPATIONAL SAFETY AND HEALTH STANDARD 1910.1030**

EMPLOYEE:		DATE:	
SOCIAL SECURITY NUMBER:			
1. Employee has been informed of the results of his or her evaluation.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Hepatitis B vaccination was:		BATCH NO.	LOT NO.
Not Required <input type="checkbox"/>		Recommended <input type="checkbox"/>	Refused <input type="checkbox"/>
Administered <input type="checkbox"/>			
PHYSICIAN:		DATE:	
ADDRESS:			

SEND TO: Department of Facilities and Transportation Services  
Office of Safety and Security  
Fairfax County Public Schools  
6800-B Industrial Road  
Springfield, VA 22151