



Model Plan: Evaluation and Follow-up of an Exposure to Blood and Other Potentially Infectious Material

Special Instructions:

1. Any Vaccinator who sustains a needle stick injury or other parenteral or mucosal exposure to blood or other potentially infectious material (OPIM) shall immediately wash the affected area with soap and water. If washing facilities are not available, the School Vaccinator shall use the alcohol-based hand gel and paper towels. Mucous membranes should be flushed with water. ¹
2. The Vaccinator shall proceed to the closest Urgent Care/Emergency Department for post exposure evaluation and treatment if indicated. NOTE: Postexposure prophylaxis should be initiated as soon as possible, preferably within hours rather than days of exposure. ²
 - i. The Vaccinator who has sustained the exposure with blood or OPIM may enlist the assistance of personnel at the clinic site if needed.
2. The employer of the Vaccinator shall be notified as soon as possible, within 24 hours, of the exposure.
3. The Centers for Disease Control and Prevention (CDC) recommends that the post exposure evaluation and follow-up include¹:
 - i. Documentation of the routes and circumstances of the exposure.
 - ii. Identification and testing of the source individual, if possible, in accordance with state laws. If the source person is known, the source person may be asked to voluntarily submit to a blood test.
 - a. Under certain circumstances, and in accord with [M.R.S.A. 19203-C](#), a source that has refused to voluntarily submit to a blood test may be required by a court order to do so.
 - iii. Testing of the exposed employee's blood for HBV, HVC and HIV.
 - a. The HIV blood test may consist of specimens drawn at the time of exposure and at recommended intervals up to 6 months. Counseling occurs according the state law [M.R.S.A. 19203-B](#), or when requested.

- iv. Postexposure prophylaxis as ordered by the physician.
 - v. Postexposure counseling, as indicated for the employee.
 - a. If the employee declines evaluation or treatment they shall sign a declination form that indicates that the employee has been counseled regarding the risks, treatment has offered, and the employee refused the evaluation and treatment.
4. The school shall maintain strict confidentiality in accordance with statutes, policies and procedures. The employer of the school vaccine provider shall maintain accurate, confidential, separate records for each employee with an occupational exposure. Per OSHA requirements, these records shall be maintained consistent with the maintenance of OSHA records, for a period of 30 years after the termination of the employee.

¹CDC.Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HVC, and HIV and Recommendations for Postexposure Prophylaxis.MMWR.2001.50(RR11);1-42

²CDC.Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV: Recommendations for Postexposure Prophylaxis. MMWR 2005;54(RR09);1-17