

APPENDIX A



BLOODBORNE PATHOGEN EXPOSURE INCIDENT PACKET

Contains information for:

- Exposed employee**
- Principal/Supervisor of exposed employee**
- Source Person**
- Human Resources Department**
- Safety Services Department**

Bloodborne Pathogen Exposure Incident Packet



Use the forms in this packet to report an occupational
Bloodborne Pathogen Exposure incident

WAC 296-823 Definitions:

Exposure incident means 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.

Parenteral contact means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions.

Source person is whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Employee Forms		
Name of Form	Page	Action
BBP Exposure Incident Report	6	<ul style="list-style-type: none"> Completed by Employee and supervisor (Sections 1 and 2) Employee receives two copies. (One for their records, one for their Health Care Provider) Supervisor sends BBP Exposure Incident Report to Human Resources, Claims Technician
Exposed Employee Consent Form	8	<ul style="list-style-type: none"> Completed by Employee, take a copy to Health Care Provider Employee sends copy to Human Resources, Claims Technician
Exposed Employee Declination Form	9	<ul style="list-style-type: none"> Completed by Employee, if choosing <i>not</i> to receive post exposure follow-up. Employee returns form to Human Resources, Claims Technician
Health Care Professional’s Written Opinion For Post-Exposure Evaluation	10	<ul style="list-style-type: none"> Employee gives the blank form to the Physician performing post exposure follow-up. Physician completes form and returns to Human Resources, Claims Technician
Source Person Forms		
Letter to Source or Parent/Guardian	11	<ul style="list-style-type: none"> Supervisor completes and forwards to the Source or Parent/Guardian
Source Information & Consent Form	12-15	<ul style="list-style-type: none"> Supervisor completes Sections 1 and 3 and forwards to Source or Parent/Guardian. Source or Source Parent/Guardian completes Section 2 and returns to Human Resources, Claims Technician
Student Post-Exposure to BBP		
Procedures for student exposure	16	<ul style="list-style-type: none"> Supervisor contacts parents of affected students informing them of the potential exposure.

Bloodborne Pathogen Exposure Incident Packet



EMPLOYEE CHECKLIST

While performing your job duties, you come in contact with another person's blood or potentially infectious fluids by direct contact to your eyes, mouth, or other mucous membranes, or a break in your skin. If this occurs, you may have been exposed to a bloodborne pathogen. Please do the following:

- Wash exposed area with soap and water immediately.
 - For exposure to eyes, mouth, and/or nose, flush area with water.
- Notify supervisor immediately.
- Immediately seek medical treatment for a post exposure medical evaluation. *Do not delay treatment. SPS has contracted with US HealthWorks to provide this evaluation*, eliminating any potential co-pays by you. If preferred, you may seek treatment with your personal Health Care Provider (HCP).
 - **Take the following documents with you to your Doctor's appointment:**
 - Physician's Initial Report (PIR): Your doctor will forward the completed form to the insurance company. (Form is available from your facility office or Human Resources, Claims Technician)
 - BBP Exposure Incident Form: Sections 1 and 2 are to be completed by you and/or your supervisor prior to your Doctor's appointment. (See page 6)
 - Health Care Professional's Written Opinion for Post-Exposure Evaluation: Your doctor will complete and return to Human Resources, Claims Technician. (See page 10)
 - **Be sure to inform the physician that you are a SPS employee. (We are self-insured.)**
- Have your supervisor contact the source or parent/guardian to obtain consent for source evaluation and blood testing.
- If you are **declining** follow-up evaluation, complete the Employee Declination Form and forward the completed form to Human Resources, Claims Technician. (See page 9)
- Ensure the following documents are completed:
 - Employee Incident Report Form: SPS website at <http://intranet.spokaneschools.org/IncidentReports/>
 - BBP Exposure Incident Form: Section 1: Can be completed by you or your supervisor. Section 2: Supervisor completes. Form to be completed prior to the Dr. appointment (See page 6)
 - SPS Self-Insurer Accident Report (SIF-2): This **yellow** form is available in the office at every location. The completed and signed form will be forwarded to Human Resources, Claims Technician. *Keep the pink copy for your file.*
 - Exposed Employee Consent Form: For blood collection and testing. Take completed form with you to the Doctor's office and return a copy to Human Resources, Claims Technician. (See page 8)

Employee bloodborne pathogen exposure incidents will be handled confidentially and as an on-the-job injury. If you have questions regarding the Worker's Compensation process contact Human Resources, Claims Technician, (509) 354-7240.

For questions about this BBP Exposure Incident process or preventative safety concerns, please contact Safety Services, Industrial Hygienist at (509) 354-4634.

Bloodborne Pathogen Exposure Incident Packet



SUPERVISOR CHECKLIST

- Advise the employee to wash the exposed area with soap and water immediately. (For exposure to eyes, mouth, and/or nose, flush area with water.)
- Refer the employee for post exposure follow-up evaluation immediately. ***SPS has contracted with US HealthWorks to provide this evaluation***, eliminating any potential co-pays by the employee. If preferred, the employee may seek treatment with their personal Health Care Provider (HCP).
- Ensure the employee takes the following documents to their Doctor's appointment:**
 - Physician's Initial Report (PIR): The doctor will forward the completed form to the insurance company.
 - BBP Exposure Incident Form: Sections 1 and 2 to be completed by the employee and/or supervisor prior to the Doctor's appointment. Provide two copies of this form to the exposed employee and forward a copy to Human Resources, Claims Technician. (See page 6)
 - Exposed Employee Consent Form: Employee takes a copy of this form to the medical evaluation. Copy is sent to Human Resources, Claims Technician. (See page 8)
 - Health Care Professional's Written Opinion for Post-Exposure Evaluation: After the exposed employee's evaluation the Doctor will complete this form and return it to Human Resources, Claims Technician. (See page 10)
- Inform Human Resources, Industrial Insurance Claims Technician at (509) 354-7240 of the exposure incident.
- If the employee ***declines*** follow-up evaluation, ensure the employee completes the Employee Declination Form and forward the completed form to Human Resources, Claims Technician. (See page 9)
- Contact the source person or, if under age 14, contact the parent/guardian to advise them of the incident and obtain consent to have source blood testing conducted.
- Complete the "Letter to Parent" and the Source Information & Consent Form, sections 1 and 3. (See page 11)
- Provide Letter and Consent Form to the source or parent/guardian. Enclose an envelope addressed to Human Resources, Claims Technician to ensure the consent form is returned. (Source packet is five pages total)
- Provide an extra copy of the Source Information & Consent Form for the source to take to the health care provider who will perform the blood test. ***SPS has contracted with Concentra to provide this evaluation and blood test***, eliminating any payment required by the source or parent.
- Ensure the employee completes the following forms:
 - Employee Incident Report Form found at the SPS website: (may be completed by the office manager)
<http://intranet.spokaneschools.org/IncidentReports/>
 - BBP Exposure Incident Form: Section 1: Can be completed by the employee or their supervisor. Section 2: Supervisor completes. Form to be completed prior to the Dr. appointment (See page 6)
 - SPS Self-Insurer Accident Report (SIF-2): These yellow forms are available in the main office at every location. The completed and signed form will be forwarded to Human Resources, Claims Technician. The employee keeps the pink copy for their file.
 - Exposed Employee Consent Form: For blood collection and testing. Take completed form to their medical evaluation and forward a copy to Human Resources, Claims Technician. (See page 8)

Bloodborne Pathogen Exposure Incident Packet



Human Resources Responsibilities

- Place the following documentation of the exposure incident in the employee's file:
 - BBP Exposure Incident Form- completed by the employee or supervisor. (See page 6)
 - ✓ Human Resources, Claims Technician completes Section 3 when consent is received from the source.
 - Exposed Employee Consent Form- signed by the employee. (See page 8)
 - Declination of Post Exposure Evaluation- completed by the employee when applicable. (See page 9)
 - Source Information & Consent Form- when completed and received from the source. (See page 12)
 - Health Care Professional's Written Opinion for Post-Exposure Evaluation- when received from the Healthcare Professional. (See page 10)
 - Ensure exposed employee has received a copy of the Health Care Professional's Written Opinion. (If the evaluation was conducted by the employee's personal physician, a copy may already have been provided)
- Establish and maintain an accurate record for each employee with occupational exposure in accordance with WAC 296-823-17005 including:
 - Name and social security number of the employee
 - Copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
 - A copy of the hepatitis B vaccination declination form, if applicable.

Safety Services Responsibilities

- Provide technical guidance regarding this procedure.
- Regular review of this procedure.

Recordkeeping

- Human Resources, claims technician will ensure employee medical records are:
 - Kept confidential
 - Not disclosed or reported without the employee's express written consent to any person within or outside the work place except as required by law.
 - Maintain employee medical records for at least the duration of employment plus 30 years. If an employee works for the district for less than 1 year, the employee's medical records will be given to the employee prior to separation. It is not necessary to maintain these records for the 30 years post-separation.

BBP Exposure Incident Form

Employee: take this form to your medical evaluation

Section 1: Exposed Employee Information: *To be completed by the exposed employee and/or supervisor*

Name:		Job position/ Title:	
Work number or other contact number:		Home telephone:	
Work site name:		HBV vaccination series completed ___ Yes ___ No	
Date of exposure: ___ / ___ / ___ Time: ___ : ___ am ___ pm		Location where exposure occurred (bldg, room #)	
Personal protective equipment used: ___ Gloves ___ Goggles/Mask/Face shield ___ Gown ___ Other (please identify) _____		Was a safety device being used? ___ Yes ___ No If so, did it work? ___ Yes ___ No Type & Brand of safety device: _____	
Body part exposed (circle one) hand, eye, mouth, other (please identify) _____		Did this exposure occur during the employee's normal work activities? ___ Yes ___ No	
Type of body fluid exposed to:	Type of exposure: Needlestick ___ Cut ___ Mucous membrane	Non-intact skin (e.g., chapped, abraded, or otherwise non-intact) ___ Fluid injected? ___ Yes ___ No If yes, estimated volume: _____	
Describe how exposure occurred: (include job duties being performed when exposed)			

Section 2: Source Information: *To be completed by the supervisor. If more than one source, attach another page. Forward this form to Human Resources, Claims Technician after section 2 is completed.*

Name of source:	Position: (or other source such as found needles)
Consent Form given to source person? ___ Yes ___ No	Date Consent Form was provided ___ / ___ / ___ <i>To be signed & returned to SPS within 3 days</i>
Supervisor's Signature:	Date: ___ / ___ / ___

Section 3: To be completed by Human Resources, Claims Technician when source consent form is returned.

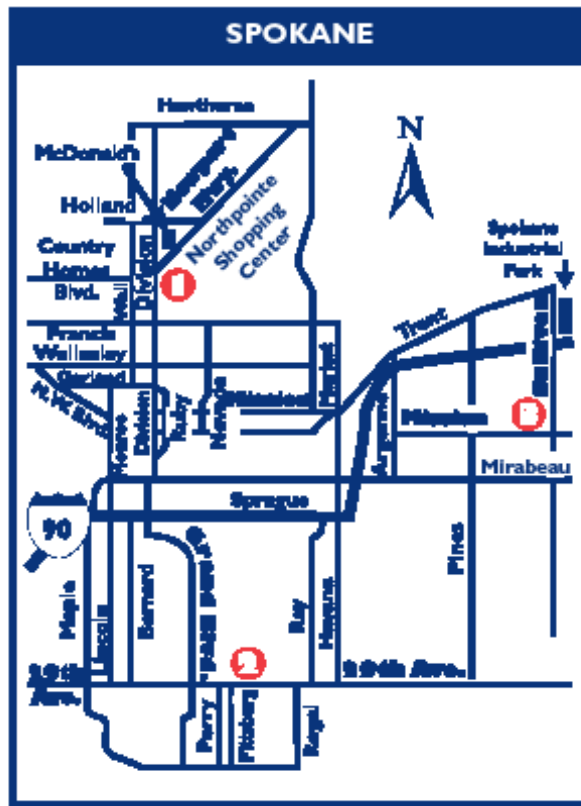
- Date the source consent form was returned to the District: ___ / ___ / ___
 - If the Source Information & Consent Form was NOT signed and returned, document all attempts to secure the signed form:
-
- Name and position of the person who attempted to secure the signed consent form: _____

IN CASE OF INJURY OR ILLNESS

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Spokane Locations



1 North Side
9222 N. Newport Hwy., Ste. 1
(North Division "Y")
Spokane, WA 99218
(509) 467-4545
Mon-Fri: 8am-7pm
Sat: 9am-5pm
Sun: 10am-5pm

2 South Hill
2005 E. 29th Ave.
Spokane, WA 99203
(509) 747-0770
Mon-Fri: 8am-7pm
Sat-Sun: 10am-5pm

3 Spokane Valley
15425 E. Mission Ave.
Spokane Valley, WA 99037
(509) 924-7010
Mon-Fri: 8am-6pm
Sat-Sun: 10am-4pm

Exposed Employee Consent Form

WAC 296-823-16020

COMPLETED BY THE EMPLOYEE. PLEASE READ THE BELOW INFORMATION
SIGN ONE OF THE THREE FOLLOWING CONSENT STATEMENTS

Take the completed form to your medical evaluation and
return a copy to Human Resources, claims technician.

Consent for Blood Collection and Testing

Date of Exposure Incident: ___/___/___

Following exposure to blood or potentially infectious materials during the performance of my duties, *I consent to having my blood collected as soon as feasible and tested for HBV and HIB serological status.* I understand that blood test(s) will be provided by the school district and at no cost to me. I further understand the results of my blood test(s) will remain confidential and will not be released to the school district.

Signature of the consenting employee: _____

Date: ___/___/___

Consent for Blood Collection Only

Date of Exposure Incident: ___/___/___

Following exposure to blood or potentially infectious materials during the performance of my duties, *I consent to having my blood collected as soon as feasible. I do not consent to having my blood tested for HIV status at this time.* I understand that my blood sample will be preserved for at least 90 days and if, within 90 days of the exposure incident in which I was involved, I elect to have my blood tested for HIV, such testing shall be done as soon as feasible. I understand that blood test(s) will be provided by the school district and at no cost to me. I further understand that the results of my blood test(s) will remain confidential and will not be released to the school district.

Signature of the consenting employee: _____

Date: ___/___/___

Refusal of Consent for Blood Collection and Testing

Date of Exposure Incident: ___/___/___

Following exposure to blood or potentially infectious materials during the performance of my duties, *I do not consent to having my blood collected as soon as feasible and tested for HBV and HIV serological status.* I understand the blood test(s) would be provided by the school district and at no cost to me. I further understand that the results of my blood test(s) would remain confidential and would not be released to the school district.

Signature of the consenting employee: _____

Date: ___/___/___

Exposed Employee Declination of Post-Exposure Evaluation

TO BE COMPLETED BY THE EXPOSED EMPLOYEE

Return completed form to Human Resources, Claims Technician

I was exposed to blood and/or other potentially infectious body fluids at my worksite on ___/___/____. As a result of this incident, I have completed the BBP Exposure Incident Report and the online Employee Incident Report Form. I have been advised by my supervisor to seek medical evaluation and follow-up by a Health Care Provider immediately.

I decline medical evaluation

Employee's Last Name:	Employee's First Name:
Job Title:	Social Security #
Work Site Name:	
Work Site Address:	
Work Phone:	Other Contact Phone:
Exposed Employee Signature:	Date:

Principal or Supervisor Name:	Principal or Supervisor Signature:	Date:
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NOTE: This completed form will be placed in exposed employee's file.

Health Care Professional's Written Opinion For Post- Exposure Evaluation

As required by WAC 296-823-16030,
Occupational Exposure to Bloodborne Pathogens



Spokane Public Schools
excellence for everyone

Confidential

Employee's Name:	
Date of Incident:	Date of Evaluation:
Health Care Professional's Evaluation	
<input type="checkbox"/> The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials. This includes the results of the source person blood test, if consent was obtained.	
<input type="checkbox"/> The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.	
<input type="checkbox"/> Hepatitis B vaccination is ___ is not ___ indicated.	

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

Health Care Professional's Name (Please Print)	
Health Care Professional's Signature:	
Date / /	
Health Professional's Address:	Health Professional's Telephone:
	Fax:
Please provide a copy of this form to the employee and return this form to the address below within 15 days of the evaluation. Please label the outside of the envelope "Confidential."	
Employer's Name:	Spokane Public Schools, Attn: Human Resources, Claims Technician
Employer's Address:	200 North Bernard Street Spokane, WA 99201-0206
Employer's Phone:	509 354-7240
Confidential Fax:	509 354-5963

Note to Health Care Provider: WAC 296-823 Bloodborne Pathogens regulation is available at <http://www.lni.wa.gov/Safety/Rules/Find/default.htm/>

CONFIDENTIAL



Date: _____

To: _____

From: _____

RE: Request for Source Individual Evaluation

Dear _____:

During the course of duty, one of our employees was involved in an incident in which exposure to blood and/or body fluids occurred.

A request is being made that you have an evaluation of the source individual (your child) performed as soon as possible and provide the results to the employee's health care provider. Given the circumstances surrounding this incident, this evaluation helps the employee's health care provider determine whether our employee requires medical follow-up. Enclosed is a summary of the Washington State Dept. of Labor & Industries' rule covering this request.

Spokane Public Schools has contracted with US HealthWorks to perform this evaluation. Billing is sent directly to SPS eliminating any out of pocket expenses for you. Enclosed is a flier listing US Healthworks locations.

Attached is the Source Information & Consent Form. Spokane Public Schools has completed *Sections 1 and 3*. Please complete *Section 2*, which provides your consent to have the blood test performed, and return to the Spokane Public School Human Resources, Claims Technician Dept. within 3 days.

Please take a copy of this form to your physician. This will let your physician forward the results of the evaluation to the employee's physician. Any communication regarding the medical findings is to be handled at the medical provider level and results will not be released to the school district.

Information relative to human immunodeficiency virus (HIV) and AIDS has specific protection under law and cannot be disclosed or released without the written consent of the parent. It is further understood that persons who receive such information are obligated to hold it confidential.

Please return the consent form within 3 days to: Human Resources, Industrial Insurance Claims Technician
c/o Spokane Public Schools
N. 200 Bernard St.
Spokane, WA 99201-0206

Phone: (509) 354-7240 Fax: (509) 354-5963

Thank you for your assistance in this very important matter.

If you have any questions, please contact me at the school. _____

Sincerely,

_____, Principal/Supervisor _____, Phone Number

SOURCE INFORMATION & CONSENT FORM

NOTE: This form **MUST BE SIGNED AND RETURNED** to Spokane Public Schools within **THREE DAYS** of the date on which it was received. This signed document will be placed in the exposed employee's confidential medical file. **THE TEST RESULTS REMAIN CONFIDENTIAL BETWEEN THE PHYSICIAN AND PATIENT.**

SECTION 1: DESCRIPTION OF THE EXPOSURE INCIDENT (TO BE COMPLETED BY THE SUPERVISOR)

On (date of incident) ____ / ____ / ____ a school district employee came in contact with the blood or other potentially infectious material of the person designated below as the source person. The exposure incident occurred in this way:

SECTION 2: CONSENT FOR BLOOD TESTING AND RELEASE OF THE INFORMATION:

(TO BE COMPLETED BY THE SOURCE OR PARENT/GUARDIAN)

I give my consent to have the blood of (name of source person) _____ tested for Hepatitis B virus (HBV) and/or human immunodeficiency virus (HIV) and to have the results made available to the exposed employee and their professional health care provider. I understand that the test will be done at no cost to me. I also understand that the exposed individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source person named above, including the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose." RCW 70.24.205 (5)

I understand that the results of my blood tests will not be released to the school district.

Signature of source person: _____ Date signed: ____ / ____ / ____

OR if under age 14, signature of source person's parent or guardian:

_____ Date signed: ____ / ____ / ____

REFUSAL:

I refuse to give consent to have blood tested for Hepatitis B virus (HBV) and/or human immunodeficiency virus (HIV) at this time.

Printed name of source person: _____

Signature of source person: _____ Date signed: ____ / ____ / ____

OR if under age 14, signature of source person's parent or guardian:

_____ Date signed: ____ / ____ / ____

SECTION 3: EXPOSED EMPLOYEE'S PROFESSIONAL HEALTH CARE PROVIDER TO WHOM BLOOD TESTS WILL BE RELEASED. (TO BE COMPLETED BY THE SUPERVISOR)

Physician's Name: _____

Address: _____

Telephone number: _____

Fax number: _____

**PLEASE TAKE A COPY OF THIS TWO-PAGE
DOCUMENT TO GIVE TO YOUR PHYSICIAN**

To Source or Parent/Guardian:

Please note-

This signed document will be placed in the exposed employee's medical record.

These two pages must be signed and returned to the school district within three days of the date on which it was received.

Fax:

(509) 354-5963 Attention: Human Resources, Claims Technician - **CONFIDENTIAL**

Or

Mail to:

Spokane Public Schools
200 North Bernard Street
Spokane, WA 99201-0206

Attention: Human Resources, Claims Technician - **CONFIDENTIAL**

Source Person Information & Consent Form

STATEMENT OF THE LAW:

WAC 296-823-200 defines an “exposure incident” as a “specific eye, mouth, or other mucous membrane, non intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee’s duties”. A “source person” is “any person, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee”. An “occupational exposure” is “reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties.”

WAC 296-823-160 requires that if an employee of Spokane Public Schools comes in contact with blood or other potentially infectious material as a result of the performance of the employee’s duties, the school district must:

1. Identify and document the source person (the person whose blood or other potentially infectious material may be a source of exposure for the employee);
2. Ask the source person for consent to have his/her blood tested for the presence of the Hepatitis B virus (HBV) or the human immunodeficiency virus (HIV); (When the source person is already known to be infected with HBV or HIV, testing need not be repeated.)
3. If consent is not obtained, establish that legally required consent cannot be obtained.
4. Results of the source person’s testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning the disclosure of the identity and infectious status of the source person.

EXPLANATION OF THE LAW:

School district employees may be exposed to blood or other potentially infectious materials as a part of their assigned duties. For example, school district employees frequently provide first aid to injured students or fellow employees. If an employee comes in contact with blood or other potentially infectious material through his/her broken skin or mucous membrane (found in the eyes, mouth, and nose), the employee has been exposed to any infectious agent found in that blood or in those other potentially infectious materials.

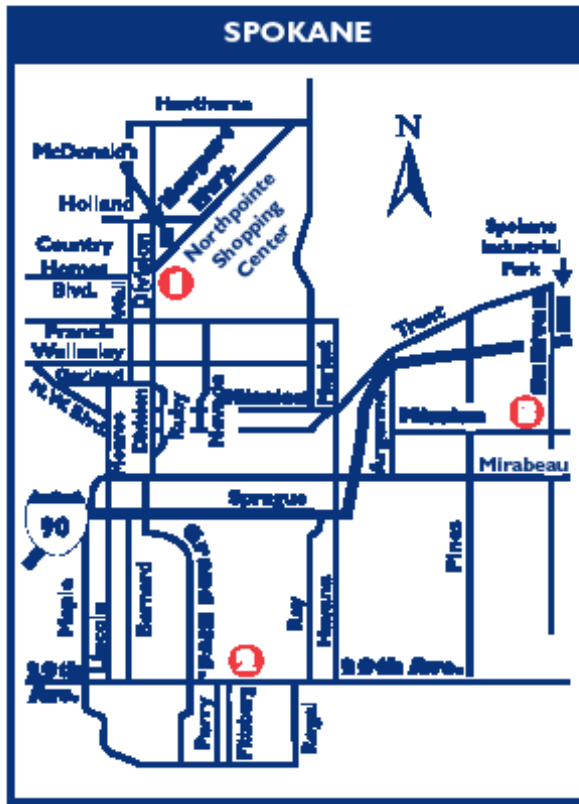
- The law requires that the school district ask the source person (the person whose blood or other potentially infectious body materials were shed, leading to the employee’s exposure) to consent to a blood test in order to discover if there are infectious viruses present in the source person’s blood.
- The source person could be a student or another employee. If the source person is below the age of fourteen years, his/her parent or guardian must be asked to consent to the blood test. *The consent must be given in writing and will be placed in the exposed employee’s medical record. The school district will pay for the cost of the source person’s blood test.*
- The source person or his/her parent or guardian has the right to refuse the blood test, in which case the *school district must document the refusal and place that information in the employee’s medical file.*
- If the source person was known to be infected with HBV or HIV a test for that known virus would not be required. However, it would be necessary to test for viruses that were not known to be present.
- If the source person or his/her parent or guardian consents to a blood test for HBV or HIV, the results of the blood test will be told to the exposed employee so that the employee may consult with his/her private physician to arrange for any needed follow-up or treatment. *The results of the blood test will otherwise remain confidential. The school district will not be told the blood test results, and the employee receiving the results will be informed about the laws, which require that this information remain confidential.*

IN CASE OF INJURY OR ILLNESS

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Spokane Locations



1 North Side
9222 N. Newport Hwy., Ste. 1
(North Division "Y")
Spokane, WA 99218
(509) 467-4545
Mon-Fri: 8am-7pm
Sat: 9am-5pm
Sun: 10am-5pm

2 South Hill
2005 E. 29th Ave.
Spokane, WA 99203
(509) 747-0770
Mon-Fri: 8am-7pm
Sat-Sun: 10am-5pm

3 Spokane Valley
15425 E. Mission Ave.
Spokane Valley, WA 99037
(509) 924-7010
Mon-Fri: 8am-6pm
Sat-Sun: 10am-4pm

STUDENT POST-EXPOSURE TO BLOODBORNE PATHOGENS PROCEDURES **(Hepatitis, HIV)**

In the event that a student comes into contact with another person's blood or body fluids by direct contact to their eyes, mouth, mucous membranes, or a break in the skin, do the following:

- If possible, immediately have the student thoroughly wash the "exposed" area with soap and water and report the incident to the supervisor or principal. **Note:** For areas that cannot be washed with soap such as the mouth and eyes, rinse repeatedly with copious amounts of water as soon as possible.
- Immediately contact parents of students affected. Inform them that their child was involved in a "potential BBP exposure incident" and that they should contact their doctor as soon as possible for direction. Details of the exposure incident should be shared with the parent including potential exposure route(s). **Note:** The name of involved students is not shared with other parents without parent permission as obtained by the building administrator or designee. Contact the Health Services Director, (509) 354-7298, if any confidential health information is requested.
- In the event that a Spokane Public Schools employee is the source of exposure to the student, please provide the Source Information & Consent Form to the employee. Sections 1 and 3 need to be completed by the supervisor to provide the student's doctor's information. If the employee consents to a source evaluation this form will be provided to the employee's doctor so results of the testing can be provided to the student's doctor.
- Complete the online incident report found at the SPS website: <http://intranet.spokaneschools.org/IncidentReports/> and include the following information:
 - A brief description of the exposure incident.
 - The specific potential blood exposure route(s) such as the eyes, mouth, break in skin, mucous membranes or other routes.
 - Identify both the source person(s) and the exposed individual(s).
 - Document that parents were notified and advised to contact their doctor.

IMPORTANT NOTE: In various encounters among students, they may need to be considered both as sources and as parties at risk for blood-borne pathogen exposure, particularly those involving bloody injuries, lacerations, or puncture wounds. Some examples are:

- Fights
- Biting incidents
- Contact-sport athletic injuries
- Accidental, traumatic events with multiple victims (e.g., hallway collisions, parking lot motor vehicle collisions, site structure failures)
- Events in which one student comes to the aid of another injured student

If you have questions please contact the SPS Director of Health Services at (509) 354-7298 or the Industrial Hygienist at (509) 354-4634.