

Blood Borne Pathogen Exposure (BBPE) Procedure

Steps for Students Exposed to Blood Borne Pathogens

1. Wash the exposed area for 15 minutes with antimicrobial soap. If the Blood Borne Pathogen Exposure (BBPE) is to the eye(s), irrigate eye(s) with water for 15 minutes.
2. Notify your preceptor/supervisor immediately. Your preceptor/supervisor is responsible for notifying the appropriate site director/manager and can assist in the identification and cooperation of the source patient.
3. Identify the source patient if possible and complete the form on page two below.
4. Call Boynton Health 612-625-7900. After calling:
 - a. During Boynton business hours Boynton's Medical Information Nurse (MIN) who will contact the BBPE Case Management Team.
 - b. When Boynton is closed, an after-hours MIN will contact Boynton's case manager the next business day.
 - c. The MIN will ask for the information in the form below and instruct you on next steps including if and where to seek care within two hours.
 - d. Boynton's case manager will manage your care and answer any questions about payment of your bills for care outside of Boynton.
5. Notify the contact at your school or college as soon as possible after your immediate health needs are addressed.

Residents and Fellows Exposed to Blood Borne Pathogens

The University of Minnesota has a contract with HealthPartners for occupational healthcare services. HealthPartners can be reached at 952-883-6999 from 8 a.m. to 5:00 p.m. or after hours at 612-339-3363.

As a paid University employee, this is a Workers Compensation Claim and Minnesota State law allows you to choose any provider for initial treatment and follow-up care, including Boynton Health.

Complete the form below and call Boynton's Medical Information Nurse: 612-625-7900.

1. Your Demographics

Name (Last, First, M.I.): _____
Date of birth: _____
Address: _____
Contact phone number: _____ OK to leave a message? yes no

2. Source Patient (SP) Information

Was the source patient (SP) identified? yes no unknown/unsure
SP's name, if known: _____
Has the SP's blood been drawn for testing? yes no unknown/unsure
Where are the SP's labs being drawn? _____
Do you know if the SP is: Hep B positive Hep C positive HIV positive
Does the SP have any known risk factors? IV drug use/same sex partner(s)/multiple partners? yes no unknown/unsure
Ensure the SP is getting the following tests drawn:
Rapid HIV, HIV 1 and 2 Antibody/Antigen Combo, Hepatitis B Surface Antigen, Hepatitis C Antibody.

See below about a Release of Information form and Lab Consent form.

3. Incident Information

Date of exposure: _____ Time of exposure: _____ AM / PM
Where did exposure occur (example: HCMC, Dental School, VA):

What setting did this occur in (example: Surgery, Dental Clinic, Pharmacy, Emergency Room) _____
Has the injury site been cleaned? yes no
(By whom): _____
Has your blood been drawn? yes no
Were you given prophylactic medications? yes no

4. Type of Exposure (check all that apply)

Percutaneous (Needle, scalpel, lancet, other?) _____
 Mucous Membrane (eye, ear, nose, mouth)
 Skin
 Bite: Human
What part of your body was exposed? _____ Right _____ Left _____
Circle type of injury: Puncture, Laceration, Abrasion, Other _____



Follow-Up Information for the Exposed Person (EP)

- Your care will be coordinated by the BBPE Case Management Team at Boynton. Call the BBPE Case Management Team at 612-625-6219 with any questions or concerns.
- A BBPE Case Manager will call you with the SP's lab results as soon as they receive them.
- A BBPE Case Manager will contact you within three (3) business days to report your lab results and will provide instructions regarding any follow-up required.
- If the SP has any positive lab results, you may need to do follow-up lab studies at the 6 week, 3 month and 6 month intervals.
- The Case Manager will explain the process for covering the out-of-pocket expenses you may incur.

Treatment for the Exposed Patient (EP)

- Make sure you go to Boynton, an urgent care or an emergency room within two hours.
- Ensure you have the following tests drawn: HIV Antibody/Antigen Combo, Hepatitis B surface antibody and Hepatitis C antibody.

Release of Information to Boynton

If you do not seek initial medical treatment at Boynton, ensure that you complete and sign a Release of Information (ROI) form (specifying Boynton as recipient) at the facility where you received initial medical treatment. Your preceptor/supervisor should ensure that the SP has completed and signed a Lab Consent form and a Release of Information form at the facility where the exposure occurred so that Boynton may get lab results for case management. Have your labs and the SP lab results faxed to Boynton BBPE Case Management Team at 612-626-2817.



Forms for the Exposed Person (EP) to Complete:

Students that are not on the University payroll need to complete a Bodily Injury/Property Damage Incident Report, which is located on the Risk Management website:

<http://www.finsys.umn.edu/riskmgmt/riskmgmt.html>.

1. On the website's front page, scroll down to "Other", select "Reporting Accident and Claims" and click on "Bodily Injury/Property Damage Incident Report". (Form UM 1707).
2. Open, complete and print online form, or print form and complete.
3. Fax completed form to Pam Ubel 612-625-7384.

Staff and Paid Students, Residents or Fellows need to complete a TWO STEP

PROCESS: Complete a Bodily Injury/Property Damage Incident Report as per above instructions for non-payroll students.

1. In addition, complete the First Report of Injury form also located on the Risk Management/Insurance website:
<http://www.finsys.umn.edu/riskmgmt/riskmgmt.html>.
2. On the website's front page, under Risk Management and Insurance, locate Reporting Claims and Events "Injuries to University Employees (Workers Compensation)", click on First Report of Injury Form (pdf).
3. Open, complete and print online form, or print form and complete.
4. For Prescriptions you may need related to your injury, click on Prescription Drug Program Information & ID Card (pdf). (Found in same section as First Report of Injury Form).
5. Fax completed form(s) to Pam Ubel 612-625-7384.

Signature of person completing form (if applicable)

Date/Time

Last updated November 8th, 2016