



DEPARTMENT OF DEFENSE
EDUCATION ACTIVITY
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SEP 13 1999

LOGISTICS

DoDEA REGULATION 4800.5

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM

- Reference:
- (a) Title 29, Code of Federal Regulations, Part 1910.1030, "Occupational Exposure to Bloodborne Pathogens"
 - (b) Air Force Joint Instruction 48-110, Army Regulation 40-562, BUMEDINST 6230.15, CG COMDTOMDST M6230.4E, "Immunization and Chemoprphylaxis," November 1, 1995
 - (c) Deputy Assistant Secretary (Clinical Services) Memorandum, "Immunization of DoDDS School Nurses Against Hepatitis B," 30 September 1997
 - (d) DS Regulation 4800.1, "DoDDS Safety Program," September 1993

A. PURPOSE

This Regulation standardizes bloodborne pathogen exposure controls, policy, procedures, and responsibilities for the Department of Defense Education Activity (DoDEA). This Regulation conveys the Exposure Control Plan and communicates authorization for selective medical services support in accordance with references (a), (b), and (c). This Regulation authorizes and encourages coordination with host Service component medical service officials in support of joint Service component efforts to control exposure to bloodborne pathogens.

B. APPLICABILITY AND SCOPE

The provisions of this Regulation apply to all DoDEA personnel responsible for, or concerned with, the safety and health of DoDEA students, staff, or visitors, or with conditions which could promote illness, degrade biological health, or cause death. This Regulation applies to both the Department of Defense Dependents Schools and the Department of Defense Domestic Dependent Elementary and Secondary Schools. In the case of a conflict between a provision in a state plan and a provision in this Regulation, the provision in this Regulation shall govern. This Regulation was coordinated with the Office of the Assistant Secretary of Defense for Health Affairs for applicability with Service component efforts in accordance with references (b) and (c).

C. DEFINITIONS

Terms and phrases used in this Regulation are defined in Enclosure 1.

D. POLICY

It is DoDEA policy that education and support programs and other activities promote a safe, healthful environment and protect students, staff, and visitors from safety and health hazards. To achieve this objective, DoDEA will comply with Occupational Safety and Health Administration (OSHA) standards on occupational exposure to bloodborne pathogens and any applicable host nation statutes.

E. RESPONSIBILITIES

1. The Director, DoDEA, will:

a. Establish and direct the implementation of this Regulation as the DoDEA Bloodborne Pathogen Exposure Control Program in accordance with 29 CFR (reference (a)).

b. Provide assistance to Deputy Directors and District Superintendents to achieve compliance with the provisions of this regulation.

c. Appoint a DoDEA Safety and Health Program Manager who will:

(1) Advise the Director on the OSHA standards, DoD standards, and host nation statutes that are applicable to DODEA's Bloodborne Pathogen Program.

(2) Monitor the establishment, implementation, and compliance of the DoDEA Bloodborne Pathogen Exposure Control Program and Exposure Control Plan.

(3) Perform an annual review and update, as necessary, of the DoDEA Bloodborne Pathogens Exposure Control Program and Exposure Control Plan (ECP).

d. Appoint a DoDEA Pupil Personnel Services Coordinator who will:

(1) Advise the Director on staff development and activities related to the Bloodborne Pathogen ECP.

(2) Assist in the procurement of resources necessary for the implementation of the Bloodborne Pathogen ECP.

(3) Coordinate universal precautions into student health services.

2. Deputy Directors will:

a. Implement the DoDEA Bloodborne Pathogen ECP within their areas of responsibility.

b. Designate an area coordinator for the Bloodborne Pathogen ECP to ensure that the policy is implemented in accordance within the provisions of this Regulation and host nation statutes. This designee will **coordinate and/or** provide assistance to the Safety and Security Officer for the maintenance and compliance of this program in accordance with DS Regulation 4800.1 (reference (d)).

3. District Superintendents will:

a. Monitor the implementation of the ECP at schools within the district to ensure compliance with this Regulation and host nation requirements.

b. Designate the District Safety and Security Coordinator to facilitate the implementation of and compliance with this regulation and the ECP in accordance with DS Regulation 4800.1 (reference (d)).

4. School principals will:

a. Designate a bloodborne pathogens exposure control. advisor who is qualified by training or experience to provide technical guidance in the development and implementation of the ECP. This designee is normally a Nurse or Nurse's Aide and will serve as point of contact for school program management and to the host military medical officials.

b. Ensure that the ECP is reviewed for effectiveness.

c. Ensure that staff are trained and follow the ECP.

d. Provide protective equipment in good repair to teachers and staff.

e. Monitor inventory, procurement, use, and disposal of equipment and supplies at appropriate intervals.

f. Be familiar with the current safety requirements concerning bloodborne pathogens, i.e., human immunodeficiency virus (HIV), hepatitis B, acquired immunodeficiency syndrome (AIDS), this program Regulation, and the ECP.

5. The Bloodborne Pathogens Exposure Control Advisor (ECA) will:

a. Know and implement the current safety requirements concerning bloodborne pathogens, i.e., human immunodeficiency virus (HIV), hepatitis B, acquired immunodeficiency syndrome (AIDS), this program Regulation and the ECP.

b. Provide regular inspections of emergency equipment, i.e., plastic gloves, and mouthpieces for cardiopulmonary resuscitation (CPR).

c. Provide or facilitate the provision of Bloodborne Pathogens occupational exposure training to those who need it.

d. Review the ECP annually for applicability and effectiveness. Report suggested changes through the appropriate chain of supervision to the DoDEA Safety and Health Programs Manager for annual review of the master program Regulation,

e. Coordinate these Bloodborne Pathogen Exposure Control Plan efforts through host medical health officials for inclusion with the local service component's bloodborne pathogen exposure control efforts.

6. Teachers will:

a. Ensure that appropriate classroom safety training is provided to students regarding bloodborne pathogens.

b. Ensure that appropriate protective equipment is on hand and in good order. Report discrepancies to the designated ECA.

F. PROCEDURES

The Bloodborne Pathogens Exposure Control Plan is provided in enclosure 2. Forms used in the maintenance and continuity of this program are provided in enclosure 3.

G. EFFECTIVE DATE

This Regulation is effective immediately.



Ray Tolleson
Interim Director

Enclosures - 3

1. Definitions
2. Bloodborne Pathogens Exposure Control Plan
3. DoDEA Bloodborne Pathogen Forms

Distribution: X

DEFINITIONS

1. Acquired Immunodeficiency Syndrome (AIDS). AIDS results in the breakdown of the immune system so the body does not have the ability to fight off other diseases. Currently, no vaccination exists to prevent infection of Human Immunodeficiency Virus (HIV), and there is no known cure.
2. Biohazard Label. A label affixed to containers of regulated waste **refrigeration/freezers** or other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word “Biohazard” on the lower part of the label.
3. Blood. Human blood, human blood components and products made from human blood.
4. Bloodborne Pathogens. Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
5. Contaminated. The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
6. Contaminated Laundry. Laundry which has been soiled with blood or other potentially infectious materials or which may contain sharps.
7. Contaminated Sharps. These are contaminated objects that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.
8. Decontamination. The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
9. Employee. An individual employed in a health care, industrial, or other facility or operation who may be exposed to bloodborne pathogens in the course of their assignments.
10. Engineering Controls. Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogen hazard from the workplace.

11. Exposure Incident. A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials that results from the performance of an employee's duties.

12. Hand Washing Facilities. A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

13. Hepatitis B Virus (HBV). The disease can produce a mild to chronic infection, liver damage such as cirrhosis, liver cancer, or death due to liver failure.

14. Human Immunodeficiency Virus (HIV). The precursor to the Acquired Immunodeficiency Syndrome (AIDS). AIDS results in the breakdown of the immune system so the body does not have the ability to fight off other diseases. Currently, no vaccination exists to prevent infection of HIV, and there is no known cure.

15. Licensed Health Care Professional. A person whose legally permitted scope of practice allows him or her to independently perform the activities required by "Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up of OSHA's Bloodborne Pathogen Standard."

16. Medical Referral. A meeting which takes place between an employee and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious material, as well as any further evaluation or treatment that is required.

17. Occupational Exposure. Reasonably anticipated skin, eye mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

18. OSHA. Occupational Safety and Health Administration of the United States Department of Labor, the Federal agency with safety and health regulatory and enforcement authority of most United States industries and businesses.

19. Other Potentially Infectious Materials (OPIM)

a. Human body fluids. Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

b. A loose tissue or organ (other than intact skin) from a human (living or dead).

c. HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

20. Parenteral. Piercing mucous membrane or the skin barrier through such events as **needle-sticks**, human bites, cuts, and abrasions.

21. Personal Protective Equipment. Specialized equipment or clothing worn by an employee for protection against a hazard. General work clothes, e.g., uniforms, scrub suits, pants, shirts blouses, not intended to function as protection against a hazard are not considered to be personal protective equipment.

22. Universal Precautions. An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infected.

23. Regulated Waste. Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or a semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

24. Source Individual. Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospitals and clinic patients, clients in institutions for developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

25. Work Practice Controls. Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

This enclosure outlines the Bloodborne Pathogens employee risk exposure determination and Exposure Control Plan (ECP). This plan presents universal bloodborne pathogens precautions and communicates the authority for both hepatitis B immunizations and/or post exposure monitoring and treatment at no cost to the employee. Two categories of employees have been identified. Those with a high occupational risk of exposure to bloodborne pathogens and those with a lower occupational risk of exposure. The high risk group qualifies for Hepatitis B immunization at no cost to the employee. The lower risk group qualifies for post-exposure treatment after an incident has occurred. (Those DoDEA personnel performing duties unrelated to the direct care and contact with students, such as District, Area, and Headquarters administrative duties, are deemed to have no occupational risk of exposure to bloodborne pathogens).

The procedures which follow were used to identify DoDEA occupational categories determined to be of highest risk of occupational exposure to bloodborne pathogens.

1. RISK EXPOSURE DETERMINATION PROCESS

The following tasks are deemed to increase the risk of exposure to bloodborne pathogens. These tasks are used in the formulation of the employee risk exposure matrix:

a. Occupational Tasks Causing Risks

1. Administration of First Aid
2. Administration of CPR
- 3.. Cleaning Blood/Body Fluid Spills
4. Assist with Injured Students/Staff
5. Intervene in Violent Incidents
6. Work with students who are at greater risk of injury than the general population

b. The risk exposure matrix shows the occupational categories in the left column followed by the six tasks that increase risk of exposure to bloodborne pathogens. The list of occupational categories was developed by surveying a random sample of DoDEA school nurses and a review of staffing control plans. The X's in the columns identify the high risk tasks from the previous list entitled "Occupational Tasks Causing Risks." In order to be selected for the "high risk group" at least three (3) categories must contain an X. Local military medical authorities and DoDEA school authorities may identify additional occupational categories through local agreements. Local agreements are not a part of this plan.

Employee Occupational Exposure Risk Matrix

Occupational Category	1	2	3	4	5	6
Regular Teacher				X		
Special Education Teacher				x		
Special Education Teacher (EI)*				x	x	x
Special Education Teacher (SP)*				x	x	x
School Nurse*	x	x		X		X
Health Aide/Technician*	x	x		X		X
School Secretary				X		
Principal				x	x	
Assistant Principal				x	x	
Physical Education Teacher*	X			X		x
Special Education Aide				X		
Special Education Aide (EI)*				X	X	X
Special Education Aide (SP)*				x	x	x
Athletic Coach*	x	x		X		X
Housekeeping Staff/Custodian			x	x		
Preschool Aide				X		
Kindergarten Aide				X		
Playground Aide				X		
School Counselor				x	x	
School Psychologist				x	x	
Cafeteria Aide/Worker				X		
Shop Teacher				X		X

**Selected for Hepatitis B immunization*

2. UNIVERSAL PRECAUTIONS

Universal Precautions will be followed to prevent contact with blood and other potentially infectious materials. According to the concept of Universal Precautions, all human blood and certain human body fluids (see Potentially Infectious Materials in enclosure 1) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Proper selection of protective equipment will be required, dependent on the possibility of exposure and the job being done, i.e., cardiopulmonary resuscitation (CPR), first aid, etc. Selection and procurement of protective equipment, clean-up kits, disposal containers, etc., may be assisted through coordination with host service component medical officials.

3. WORK PRACTICE CONTROLS

a. Personal Protective Equipment. Personal protective equipment (PPE) will be used when there is a possibility for exposure even though engineering and work practice controls are in place.

b. Washing Hands. Employees should wash their hand with soap and water as soon as possible after each potential infection contact and after removal of gloves and other PPE.

c. Needles and Sharps. Disposable contaminated sharps are to be placed in needle disposal containers. These containers must be puncture-resistant, leak-proof, and red in color. The container must be able to be closed securely. Coordinate with host service component medical officials for assistance.

d. Food and Drink. Food and drink will not be kept in refrigerators or freezers or stored in areas where blood or other possibly infectious materials are present. Eating will not be allowed in these areas.

e. Cosmetics. Cosmetics will not be applied in areas where there is a possibility of contact with blood or other potentially infectious materials.

f. Contaminated Equipment. A method of identifying/marketing contaminated equipment will be coordinated with host service component and medical officials. This will be done by labeling, color-coding and/or isolation prior to moving it to another site for cleaning or decontamination.

g. Controls. Engineering and work practice controls will be maintained and evaluated on a yearly basis by the designated Bloodborne Pathogens Exposure Control Advisor (ECA). Input from the ECA will be forwarded to the DoDEA Safety and Occupational Health Manager for assessment and annual review of the master DoDEA Bloodborne Pathogen Exposure Control Program regulation and plan. These controls must be updated when necessary, and kept in working order or replaced.

4. PERSONAL PROTECTIVE EQUIPMENT (PPE)

All employees with potential occupational exposure to bloodborne pathogens will be provided, by the Exposure Control Advisor (ECA) who will, in most situations, be the school nurse, necessary PPE equipment, i.e., gloves, face shields, eye protection, mouthpieces, resuscitation bags, and other PPE as needed. An inventory of protective equipment will be maintained at each school site by the designated ECA. Personal protective equipment will be appropriate to the situational need and will not be used or worn away from the site where it is required.

a. Gloves. Disposable-type gloves will be provided by the school nurse at the beginning of school year, and replaced as necessary to employees when there is a possibility that the employee will have contact with blood or potentially infectious material or when there is a possibility of touching or handling contaminated items or surfaces.

(1) Hands will be washed when gloves are removed. Soap and water will be used as the cleaning agent.

(2) When gloves are torn or punctured during the handling of contaminated materials, the gloves shall be removed as soon as possible, discarded properly, and replaced.

b. Other Protective Clothing. Other protective clothing will be provided if needed, i.e., masks, gowns, face shields, shoe covers, etc.

c. Needles. Proper disposal methods will be used by the school nurse for disposal of used sharps in a sharps disposal box.

5. HOUSEKEEPING/CUSTODIAL SERVICES

The housekeeping/custodial staff will be provided training on the safe handling and cleaning, as well as decontamination, of various types of surfaces and soils, as recommended by the school nurse or Exposure Control Advisor. An approved disinfectant (as recommended by medical services) will be used to clean all equipment that has been contaminated.

6. DISPOSAL OF CONTAMINATED MATERIALS

All contaminated sharps and broken glass will be put in puncture resistant containers that may be closed. These containers must be disposed of daily. Biological Hazardous Waste labels will be put on containers. Contaminated clothing will be placed in a plastic disposable bag. The bag must be sealed and disposed of daily. The hazardous label must be attached. Coordinate with host service component medical services for assistance.

7. HEPATITIS-B VACCINE IMMUNIZATION

a. Employees with high risk of possible occupational exposure to bloodborne pathogens during their work will be notified by the Exposure Control Advisor or school nurse, that they may receive hepatitis-B vaccination within ten (10) days of their assignment. Vaccine will be provided at no cost to the employee through host service component medical services. Laboratory testing for evidence of pre-existing immunity to hepatitis B may be part of the hepatitis B vaccination program of the host service component medical services.

b. Employees with a high risk who do not wish to receive the Hepatitis-B vaccine may sign a waiver within the ten-day period declining the immunization. However, should the employee desire to receive the hepatitis-B vaccine at a later date, they may do so.

c. Vaccine for hepatitis-B immunization will not be given if the employee has previously had the vaccine, is immune, or has a medical condition that contraindicates receiving the vaccine.

8. POST-EXPOSURE PROCEDURE

Employees who believe they have received an occupational exposure to a bloodborne pathogen must report the incident immediately to their supervisor. When a post-exposure incident is reported, the incident will be verified and an employee examination/evaluation will be requested by the supervisor through the host medical services. This examination/evaluation will not be chargeable to the employee.

9. BLOODBORNE PATHOGENS TRAINING

a. Employees will receive training from the school nurse or the Exposure Control Advisor regarding Bloodborne Pathogens on their entry to duty if their work is in an assignment where exposure may occur during duty hours. Refresher training will be provided yearly or as needed.

b. Bloodborne pathogens training will be provided by informed/qualified trainers, and the course will provide an explanation of 29 CFR Part 19 10.1030 (a) requirements of knowledge of transmission, symptoms of bloodborne pathogen diseases, control methods, and personal protective equipment. Information will also be provided outlining how to report possible exposures as well as medical follow-up procedures.

10. RECORD-KEEPING

a. Training records/attendance roster will be maintained for three (3) years from the date that training was given. Training records will be kept of the course content, lesson plan, and type of material used in conjunction with the training, and the name and position of the trainer providing the training/classes. These records will be maintained in the employee personnel folder.

b. Medical records of exposure to bloodborne pathogens will be retained for the duration of the employee's employment and for 30 years thereafter. These records are confidential, but they can be obtained by the employee from the physician.

11. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN REVIEW

A local compliance review of the Bloodborne Pathogen Exposure Control Plan will be performed annually by the designated Exposure Control Advisor for local applicability. The DoDEA Safety and Occupational Health Manager will review the master regulation and plan annually and amend or revise as needed.

DoDEA BLOODBORNE PATHOGENS FORMS

DoDEA FORM 4805.1, "INITIAL/ANNUAL TRAINING OF EMPLOYEES WITH
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS"

DoDEA FORM 4805.2, "HEPATITIS B VACCINE DECLINATION"

DoDEA FORM 4805.3, "MEDICAL REFERRAL FOR POST EXPOSURE TO
BLOODBORNE PATHOGENS"

Department of Defense Education Activity

**INITIAL/ANNUAL TRAINING OF EMPLOYEES WITH
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

My signature below indicates that I have received: (CHECK ONE)

_____ INITIAL TRAINING

_____ ANNUAL TRAINING .

on the following date, _____ . I received information and training regarding:

- transmission of bloodborne pathogens
- methods for recognizing activities with exposure to bloodborne pathogens
- explanation of methods to prevent or reduce exposure including engineering controls, work practice controls, protective equipment
- types, use, location, handling, decontamination, and disposal of protective equipment
- hepatitis B vaccination and/or declination process
- labeling of BioHazards
- methods for the disposal of medical wastes

I have received an explanation of the OSHA standard 1910.1030 Bloodborne Pathogens Rule and my employer's Exposure Control Plan and have been informed as to how I may obtain a written copy of these.

The training session was conducted by: _____

Duty position of individual conducting training session: _____

Printed Name and Job Title

Signature

DoDEA Form 4805.1 September 1999 **Local Reproduction Authorized** These records will be maintained for three years from the date of training and shall be made available upon request for examination and copying to employees, employee representatives, and the Director or Director's representatives in accordance with 29 CFR 1910.20.

Department of Defense Education Activity

HEPATITIS B VACCINE DECLINATION

I have been notified that, due to the possibility of occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Place of Work and Job Title: _____

Printed or Typed Name of Employee: _____

Signature: _____ Date: _____

Printed or Typed Name of Witness: _____

Signature: _____ Date: _____

DoDEA Form 4805.2 September 1999 Local Reproduction Authorized This record will be maintained for three years from the date of declination and shall be made available upon request for examination and copying to the employee, employee representatives, and the Director or Director's representatives in accordance with 29 CFR 1910.20

Department of Defense Education Activity
MEDICAL REFERRAL FOR
POST EXPOSURE TO BLOODBORNE PATHOGENS

To: _____ (Medical Treatment Facility) From: _____ (School/Office of Employment)

The employee named below has reported an incident that may have exposed him/her to bloodborne pathogens. In accordance with 29 CFR 1910.29 and DoDEA-R 4800.5, a Post Exposure to bloodborne pathogens medical examination/evaluation is requested for this employee. A written copy of the examination/evaluation results is to be provided to the referring school/office and to the employee within 15 days of the evaluation.

Name of Employee : _____

Duty Phone: _____ Home Phone: _____

INCIDENT REPORT
(TO BE COMPLETED BY EMPLOYEE)

Date of Exposure: ____/____/____ Date of Report: ____/____/____
MM DD YY M M DD YY

Type of Exposure (cut, splash, etc.): _____ Type/Amount of Fluid: _____

Part(s) of body Exposed (mouth, eyes, skin break, etc.): _____

Location and Time of Incident (playground, nurse's office, lab, etc.): _____ Time: ____AM ____PM

A complete description of incident including the job being performed when exposure occurred, how and why the incident took place, the severity, extent, and duration of exposure and the protective equipment used (gloves, mask, etc.) is to be provided by the employee and attached to this page.

INCIDENT POST TREATMENT REPORT
(TO BE COMPLETED BY HEALTH CARE PROVIDER AS PART OF THE POST EXPOSURE INCIDENT RECORD)

Name of Physician: _____ Phone: _____

Date and Time of Appointment: _____ Was source of exposure confirmed? YES/NO (circle one)

Did the employee ask to be monitored for HBV / HIV antibodies? YES/NO (circle one)

Evaluation/treatment and physician's instructions (attach sheet if applicable):

Describe corrective action to prevent recurrence of exposure (attach sheet): _____

Printed/Typed Name of Health Care Provider and signature/date: _____

DoDEA Form 4805.3 September 1999 Local Reproduction Authorized These records will be maintained for three years from the date of the incident and shall be made available upon request for examination and copying to employees, employee representatives, and the Director or Director's representatives in accordance with 29 CFR 1910.20.