

# What To Do If You Are Exposed to Blood and Other Body Fluids (OPIM)

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## What are Bloodborne Pathogens?

Bloodborne pathogens are pathogenic micro-organisms that are present in human blood and can cause bloodborne diseases such as hepatitis B, hepatitis C, and human immunodeficiency (HIV), syphilis and malaria. Bloodborne pathogens are transmitted following an exposure incident where infected blood or other body fluids contaminated with blood gets into the bloodstream of an uninfected person.

## How are Bloodborne Pathogens Transmitted?

Exposure may occur when blood, body fluids contaminated with blood and OPIM gets into the body through bites, cuts or openings into the skin, puncture wounds sustained from sharp objects, or through splashing into the eyes, nose or mouth:

Bloodborne pathogens are primarily transmitted through:

1. Blood.
2. Any body fluid which is visibly contaminated with blood. These include tears, feces, urine, nasal secretions, sputum, saliva, sweat and vomit, and
3. Other Potentially Infectious Materials (OPIM) - semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids when it is difficult or impossible to differentiate between body fluids.

## What is an Exposure Incident?

A bloodborne pathogens exposure incident is a specific eye, mouth or mucous membrane exposure, non-intact skin, or parenteral contact (piercing the skin through needle sticks, bites, cuts, or abrasions) with blood or other potentially infectious materials that results during the performance of an employee's duties.

## Exposure Risks to Bloodborne Pathogens

Some Department of Education employees may have exposure to blood and body fluids through the performance of their duties that may occur through:

1. Providing medical and direct student care
2. Providing First Aid and Cardio-pulmonary resuscitation (CPR)
3. Providing direct bathroom care of students
4. Cleaning up blood and decontaminating surfaces, such as adaptive equipment and changing tables, lunch-room tables
5. Handling contaminated sharp objects
6. Receiving needle sticks with contaminated needles or syringes
7. Sustaining physical injuries, such as student bites
8. Having uncovered open wounds. This includes cuts, nicks, burns, abrasions and acne sores. Openings in the skin are potential viral entry points.

## Self-care Immediately After Exposure to Blood and OPIM

1. **Remove** any contaminated clothing.
2. **Wash** needlesticks and cuts with soap and water.
3. **Flush** splashes to the nose, mouth or skin with water.
4. **Irrigate** eyes with clean water, saline, or use bottled eyewash.
5. **Stop** any bleeding by applying pressure.
6. **Bandage** the injury.
7. **Report** the incident to your supervisor immediately.

**Note:** Post exposure treatment with a medical provider should begin as soon as possible after exposure and preferably within 24 - 48 hours of exposure.

## Exposure does not necessarily mean infection

The risk of developing a bloodborne pathogen disease may vary with factors such as:

- The pathogen type;
- The type of exposure;
- The amount of blood or other body fluids involved in the exposure;
- The amount of virus in the source's blood or other fluid at the time of exposure; and
- The individual's immune system

## Employee Rights

Employees exposed to blood or OPIM should seek medical attention, evaluation and follow-up from their private physicians preferably within 24 – 48 hours of the exposure incident.

1. Employees must be offered a confidential post-exposure evaluation and follow up, to include:
  - a. Documentation of the route of exposure and how it occurred.
  - b. Identification and testing of the source individual if consent has been obtained.
  - c. Request to provide the employees' medical provider with the source individual's test results (if consent has been obtained. The parent may decline this request
  - d. A post-exposure medical evaluation to include testing to determine HIV and hepatitis B infectivity as soon as possible after the incident.
  - e. Counseling, and safe and effective post-exposure prophylaxis provided by the licensed health care provider according to the recommendations of the U.S. Public Health Service.
2. The employee should be released to seek medical care during the work shift in which the incident occurred. If declining, the employee should complete the *Employee Declination of Post Exposure Evaluation*. See your SESA/Supervisor
3. The medical evaluation must be conducted during regular work hours at no cost to the employee.
4. Transportation to/from the medical evaluation must be provided by the employer.

The Site Employee Safety Administrator (SESA)/Supervisor should ensure that the employee is provided with the following:

- a. A copy of the *Bloodborne Pathogens Standard* – Appendix H;
- b. A copy of the *Exposure Incident Report* – Appendix B;
- c. A copy of the *Health Care Professional's Written Opinion* – Appendix E;
- d. A copy of the *SH900.2 form-Injury and Illness Incident Report* and submit completed form to the school's designated SH900 person (Payroll Secretary) – Appendix F.

## Documenting the Exposure Incident

1. Inform your Site Employee Safety Administrator/Principal/Supervisor that you have sustained an exposure incident.
2. Complete an Exposure Incident report.

- a. If you are listed as an employee with work related risk in Category A of B, use this link <https://www.nycenet.edu/bbp/>
  - b. If you are listed as an employee with no work-related risk in Category C, then your SESA/Supervisor must complete the report on your behalf
3. Complete the SH900.2 form. See your supervisor/Payroll Secretary.

## How to apply for reimbursement of medical expenses

**If the employee was not absent from work due to this injury:** Please submit a copy of the Bloodborne Pathogens exposure incident report and the Comprehensive Injury Report (CIR) that should have been filed by the school secretary within 24 hours of the injury. A copy of the CIR may be obtained from the school secretary. The CIR must also be signed by the Principal and Superintendent along with their determination. Please also include the written statement describing the accident.

**If the employee is absent due to this incident,** the employee should apply for the appropriate leave (i.e. LODI or Workman's Compensation) in SOLAS or Oracle (for CSA member), depending on the employee's title. The Bloodborne Pathogens Exposure Incident Report and the Comprehensive Injury Report (CIR) are requested as part of the application process. Note that medical claims will not be processed until the LODI application is approved.

The employee needs to complete the Claim for Reimbursement of Medical Expenses form (OP505) and submit with proof of payment to the following:

**Email:** [HRConnectLeavesFax@schools.nyc.gov](mailto:HRConnectLeavesFax@schools.nyc.gov)

**Fax:** 718-935-4350

**Mail:**

HR Connect  
Medical, Leaves and Records Administration  
65 Court Street, Room 201  
Brooklyn, NY 11201