



Blount County Government

Blood and OPIM Exposure Level Determination and Decontamination Procedures

Rev. 2019

Exposure Level Determination Chart

Exposure Level	Exposure Description	Action Required
Level 1	Exposed blood and/or other potentially infectious material (OPIM) are present but no direct contact is made	No special action required.
Level 2	Exposed blood and/or OPIM are present and contact is limited to intact skin, clothing or equipment.	Follow decontamination procedures as listed on page 4
Level 3	Exposed blood and/or OPIM are present and contact includes open skin, cuts or breaks, mucous membranes (eyes, nose or mouth) including needle sticks and human bites.	Follow procedures as listed on page 3 and 4

Procedures for Level 3 Exposures

1. Render or request emergency medical care as needed.
2. Wash or flush out exposed area with warm water and soap ASAP.
Follow decontamination procedures on page 4.
3. Notify supervisor of exposure.
4. Complete Blount County Government Blood/OPIM Exposure Report (page 5 of packet) and have your supervisor complete the First Report of Injury (form C-20) along with the Panel of Physicians (form C-42G) and Medical Waiver (C-31).
5. Contact the Risk Management Department at 865-273-5771 for Level 3 Exposures during business hours (M-F 8:00am-4:30PM). Level 3 Exposures occurring after normal business hours contact Risk Management at 865-223-4729.

Decontamination Procedures

Level 2 and 3 Exposures

1. Direct Skin Contact

- Wash contaminated area with warm water and soap.
- If water or soap is not immediately available, use an antiseptic hand cleanser or towelette. Wash with warm water and soap as soon as able.
- Dispose of contaminated wipes, towels or other cleaning cloths in proper bio-hazard containers.

2. Contaminated Clothing

- Remove clothing as soon as feasible.
- Take caution not to spread contamination area.
- Place contaminated garment into appropriate bio-hazard container.



BLOUNT COUNTY GOVERNMENT BLOOD/OPIM EXPOSURE REPORT

EMPLOYEE INFORMATION

Employee Name _____ DOB _____

Place of Employment _____

Job Duties As Related to Exposure _____

Hepatitis B Vaccinated: YES NO

EXPOSURE INFORMATION

Incident Address _____

Exposure Level: 2 3

Type of Exposure: INTACT SKIN OPEN SKIN BITE MUCOUS MEMBRANE

CLOTHES/EQUIPMENT INSTRUMENT/NEEDLE STICK

Source of Exposure: BLOOD VOMIT URINE FECES OTHER _____

Body Part Exposed _____ Length of Exposure (hours/minutes) _____

How Exposure Occurred _____

Signs and Symptoms Experienced at Time of Exposure _____

Delayed Symptoms: _____

PPE Used: GLOVES DISPOSABLE MASK EYE WEAR

Describe Decontamination Procedure Followed _____

SOURCE OF EXPOSURE INFORMATION

Name _____ DOB _____

Is the Person Suspected of Having a Communicable Disease? If Yes, What? _____

Source Transported to Medical Facility? YES NO

If yes, How? _____ To Which Facility? _____

Location of Source and Additional Information _____

Risk Management Contacted? YES NO First Report of Injury Completed? YES NO

Signature (Supervisor) _____ Date _____

Signature (Employee) _____ Date _____