TO: Managers with employees working under a Bloodborne Pathogens Exposure Control Plan

FROM: Darren Treml, Biological Safety Officer
       Ken Kretchman, Director, Environmental Health & Safety

RE: Notice of changes when reporting to medical providers under the Bloodborne Pathogens Exposure Control Plan

DATE: January 20, 2016

The model Bloodborne Pathogens (BBP) Exposure Control Plan for NC State University workers has undergone a significant update. You are receiving this notification because Environmental Health and Safety (EH&S) has identified you or your unit as associated with materials or spaces that are covered under the OSHA BBP standard.

This update impacts how student employees and non-student employees report to medical providers in response to a potential exposure to human blood, blood products, tissues, or cells. The specific changes can be viewed in the Post-Exposure Evaluation and Follow-Up section on page 11 of the Model Exposure Control Plan available from the EH&S website here (click link). This new Post-Exposure Evaluation and Follow-Up section is also provided at the end of this notice.

**ACTION ITEM:** You will need to remove either page 10 or page 11 (depending on when you last completed your annual update) of your current BBP Exposure Control Plan and replace it with the new Post-Exposure Evaluation and Follow-Up section indicated above.

As a reminder, to remain in compliance with the OSHA Bloodborne Pathogens standard, your Exposure Control Plan must be updated annually. All updates going forward must be made on the latest version of form available from the link provided above.

For questions regarding this notification contact Darren Treml, Biological Safety Officer, by phone (919) 515-6858 or email dftreml@ncsu.edu.

Additional information regarding the OSHA Bloodborne Pathogens standard at the university is available at the EH&S website: https://www.ncsu.edu/ncsu/ehs/www99/left/bioSafe/BBP.htm
POST-EXPOSURE EVALUATION AND FOLLOW-UP

An important part of this training program is to make sure all employees know (1) if they have an exposure incident and (2) what to do after they have an exposure incident. An exposure incident could happen three ways:

1. When human blood or other potentially infectious material (OPIM) get onto an unprotected break in your skin such as an open wound, acne, rash, etc.; or
2. When human blood or OPIM splashes or otherwise gets into your eyes, nose, or mouth; or
3. If you are cut or stuck by an object (it must break the skin) that is contaminated with human blood or OPIM.

Steps – On Raleigh Campus

1. Wash the injured/exposed area thoroughly for at least five minutes with soap and water and/or flush eyes or mucous membranes immediately. Allow the wound to bleed freely for a minute. Apply sterile gauze or bandage if necessary.
2. Dial 911 from a campus phone or Dial 919-515-3000 from a cell phone to speak with NC State University Emergency Personnel for advice and directions on transportation to Rx Urgent Care. Indicate that you were injured and/or exposed to human blood.
3. Notify your supervisor and report for medical care within two hours. **Provide supervisor contact info here or “N/A if on Raleigh Campus does not apply:**

4. Student employees report to Student Health Services. If Student health Services is closed, follow the steps below for all other employees.
5. All non-student workers (or if Student Health is closed) take the Workers’ Comp Treatment Authorization form with you. Click the link for the form or print a copy of this form that is located in this section of the document.
6. If the exposure occurs Monday – Friday: 8 a.m – 8 p.m. or Saturday/Sunday 9 a.m. – 3 p.m. report to:
   - Rx Urgent Care
     3100 Blue Ridge Road, Raleigh, NC
     (919) 719-2250
7. If the exposure occurs when Rx Urgent Care is closed, or Rx Urgent Care will not open within 2 hours, report to:
   - Rex Hospital Emergency Room
     4420 Lake Boone Trail, Raleigh, NC
     (919) 784-3100
8. Employees reporting to Rex Hospital Emergency Room must also report to Rx Urgent Care the next day at 8 a.m. Monday-Friday or at 9 a.m. on Saturday/Sunday and complete paperwork to have medical records transferred to Rx Urgent Care.
9. If possible take information about the source of your exposure with you. If possible bring the source individual with you.
10. Workers Compensation forms will need to be completed within 24 hours of exposure.

Steps – Off Raleigh Campus

1. Wash the injured/exposed area thoroughly for at least five minutes with soap and water and/or flush eyes or mucous membranes immediately. Allow the wound to bleed freely for a minute. Apply sterile gauze or bandage if necessary.
2. Proceed to hospital emergency room or outpatient clinic within two hours.
3. Take the Corvell WC Authorization/Physician’s Report/Pharmacy Guide form with you. Click the link for the form or print a copy of this form that is located in this section of the document. Indicate that you were injured and/or exposed to human blood.
4. Dial 919-515-3000 to speak with NC State University Emergency Personnel to report the exposure. Indicate that you were injured and/or exposed to human blood.
5. Notify your supervisor and report for medical care within two hours. **Provide supervisor contact info here or “N/A if on Raleigh Campus does not apply:**

6. Employees must also contact Rx Urgent Care the next day at 8 a.m. Monday-Friday or at 9 a.m. on Saturday/Sunday. Dial 919-719-2250 to speak with the clinician on call for assessment. Indicate that you were injured and/or exposed to human blood as an employee of NC State University.
7. If possible take information about the source of your exposure with you. If possible bring the source individual with you.
8. Workers Compensation forms need to be completed within 24 hours of exposure.
Billing. The employee is not billed for these services because they happened during the course of normal job duties. The source patient (if known) also is not billed for testing. Charges for emergency and follow-up services will be billed to EHS and paid from the University’s workers’ compensation account.

Medical Records. Medical records will be kept in confidentiality. Records are not disclosed or reported to supervisors without the employee’s express written consent to any person within or outside the workplace except as may be required by law. Employee medical records are kept for at least the duration of employment plus 30 years at the clinic where the employee was treated.
SUPERVISOR: Please complete this section and give to the injured employee to take with them to the authorized treating physician. This form authorizes their care. The required workers’ compensation paperwork is to be delivered to HR Benefits/University Claim Service within 24 hours from the notice of the alleged injury/disease.

Authorized Treatment Facilities: **Supervisor, you are to direct your employee to one of these facilities:**

- **RX URGENT CARE**, 3100 Blue Ridge Rd., Raleigh, NC (919) 719-2250
- **Next Care Urgent Care**, 801 Highway 70 West, Garner, NC (919) 779-5010
- **Next Care Urgent Care**, 1110 Kildare Farm Road, Cary, NC (919) 481-0277
- **PostDoc/Student Workers**, 2815 Cates Ave (919) 513-2563

*Hospital Emergency Rooms should only be used for extreme injuries and for after-hours treatment that cannot wait.*

**PHYSICIAN, Please complete:**

**Diagnosis:**

Based on examination of patient, please check all that apply:

- ( ) May resume work immediately, with no restrictions.
- ( ) May resume work immediately, with the following restrictions:
  - ( ) Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
  - ( ) Light work (lifting less than 20 pounds)
  - ( ) Medium work (lifting less than 50 pounds)
  - ( ) Heavy work (lifting less than 100 pounds)
  - ( ) Normal shift
  - ( ) Limited hours: ___ hrs, ___ hrs, ___ hrs per day
  - ( ) Other: ____________________________

- ( ) Repetitive Motion Restrictions (specific to hand/arm injuries):

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<td>No Use</td>
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- ( ) Patient may return to work at full duty on (date) ____________________________
- ( ) Patient has return appointment on (date) ____________________________ at (time) ____________________________

Please indicate any referrals that are required:

**Physician’s signature** ____________________________ **Date** ____________________________ **Physician’s Name (print)** ____________________________

**PHYSICIAN – YOU MUST CONTACT UNIVERSITY CLAIM SERVICE at 919-513-0106 or 919-515-4310 for authorization for referral.**

**Pharmacy and/or Physical Therapy instructions for Raleigh-area employees**

- ( ) Prescriptions for medications must be faxed to 919-513-0440 for pick up at Student Health Center, 2815 Cates Avenue, Raleigh, NC (919) 513-2563
- ( ) Prescriptions for Physical Therapy must be faxed to 888-317-2890.
**EMPLOYER**: Please complete the top section and give to the injured employee to take with them to their authorized treating physician. If you already have transitional duty job descriptions available, please attach a copy for the treating physician’s review.

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<tr>
<td>Date of Injury:</td>
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<td>Name of Employer:</td>
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<td>Employer Signature:</td>
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<td>Treating Physician:</td>
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**EMPLOYEE**: Please take this form with you to an authorized treating physician. Please have the physician complete the middle section and return this immediately to your employer. The bottom section is for you to show the pharmacist should you need to have any prescriptions filled as prescribed by your authorized treating physician for this work related injury.

**AUTHORIZED PHYSICIAN, PLEASE COMPLETE**

Diagnosis: ____________________________

A post accident drug test (check one) ( ) has been completed ( ) has not been completed

In accordance with this patient’s physical capability, check all that apply:

( ) May resume work immediately, no restriction.

( ) May resume work immediately with the following restrictions:

| ( ) Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds) |
| ( ) Light work (lifting less than 20 pounds) |
| ( ) Medium work (lifting less than 50 pounds) |
| ( ) Heavy work (lifting less than 100 pounds) |
| ( ) Normal shift |
| ( ) Limited hours: ____ hrs, ____ hrs, ____ hrs per day |
| ( ) Other: |

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( ) Patient has a return appointment on (date) ____________________________ at (time) ____________________________

Please indicate any referrals that are required:

________________________________________________________________________

________________________________________________________________________

**Physician’s Signature** ____________________________  **Date** ____________________________  **Physician’s Name (type or print)** ____________________________

**Physician Offices – Be sure to contact CorVel’s Claim Department at 800-365-5998 for authorization for the referral.**

**PHARMACIST**: Please use the Injured Worker’s SSN and Date of Injury (SSN-MMDDYYYY) as their 17 digit Identification Number when entering information to process an online claim to CorVel on behalf of NC State University injured employees. Pharmacies can contact the CorVel Customer Service at 800-563-8438 or CVS/Caremark Pharmacy Help Desk at 877-876-7216, for assistance with claims processing.

**DO NOT CHARGE THE PATIENT FOR THE PRESCRIPTION.**

**CHART NAME**

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**Group Number**: RXFWC323  **CCRx BIN**: 004336  **PCL**: ADV  **Rev**: 6/10  
**NC State University**

*All participating pharmacies have not been included on this list. Please have your pharmacy call regarding any questions/authorizations 800-563-8438.*