GREEN COUNTY SHERIFF'S OFFICE

SIGNIFICANT EXPOSURE TO BLOOD/BODY FLUIDS

EMPLOYEE COMPLETES BELOW:

EXPOSED EMPLOYEE:

Name: _____ DOB: _____

Address: _____

City, State, Zip Code _____

EXPOSED SOURCE:

Source Person's Name _____ DOB: _____

Source Person's Address _____

City, State, Zip Code _____

DESCRIPTION OF INCIDENT RESULTING IN EXPOSURE:

Date of Incident: (mmddyy) _____ Time of Incident: _____AM PM Incident/Case Number: _____

Specific Description of Incident: (estimate volume of fluid involved)

TYPE OF INCIDENT and BODY FLUID EXCHANGE(check all that apply)

BODY FLUID	ACTION	LOCATION OF EXPOSURE(EXPOSED PERSON)
☐ Blood	☐ Neddlestick	☐ Eye
☐ Sputum/Saliva	☐ Bite that breaks skin	☐ Nose
☐ Urine	☐ Splash/Splatter	☐ Mouth
☐ Feces	☐ Mouth to Mouth CPR	☐ Open Wound/Break in Skin
☐ Vomitus	☐ Impales Object	☐ Dermatitis
	☐ Cut or Wound	
	☐ Other	

Have you been vaccinated against Hepatitis B? Yes or No (circle one) If yes, what year? _____

The above information accurately describes the exposure. I request disclosure of the source person's body fluid/bloodbourne pathogen(s) test results.

Exposed Employee Signature: _____ **Date signed:** _____

PHYSICIAN COMPLETES BELOW:

SIGNIFICANT EXPOSURE CERTIFICATION BY PHYSICIAN: **DATE:**_____

I certify that the exposure described above meets the statutory definition of "**significant**" exposure to HIV(WI.stats.,s.252.15(1)(em), or carries the potential for exposure to other body fluid/bloodbourne pathogen(s) **Not** covered by statutory definition.

Physician's Name(print) _____ **Physician's Signature** _____

Physician's Business Address-Street, City, State, Zip Code _____

Receiving Facility Name _____ **Telephone number** _____

Receiving Facility Address-Street, City, State, Zip Code _____

GREEN COUNTY SHERIFF'S OFFICE

SOURCE INFORMATION & CONSENT FORM

CONSENT FOR BLOOD TESTING AND RELEASE OF INFORMATION:
(TO BE COMPLETED BY THE SOURCE OR PARENT/GUARDIAN)

I hereby give my consent to have the blood of (name of source person) _____ tested for Hepatitis B virus (HBV) and/or human immunodeficiency virus (HIV) and to have the results made available to the exposed employee and their professional health care provider. I understand that this test will be done at no cost to me. I understand that the exposed individual will be informed of the applicable laws and regulation concerning disclosure of the identity and infectious status of the source person named above.

SIGNATURE OF SOURCE PERSON: _____
DATE SIGNED: ___/___/_____

OR if under age 14, signature of source person's parent or guardian:
_____ DATE SIGNED: ___/___/____

REFUSAL:

I refuse to give consent to have blood tested for Hepatitis B Virus (HBV) and/or human immunodeficiency virus (HIV) at this time:
Printed name of source person: _____
Signature of source person: _____
Date Signed: ___/___/_____
OR if under age 14, signature of source person's parent or guardian:
_____ DATE SIGNED: ___/___/____

Please be advised that the Green County Sheriff's Office can petition the court to legally obtain the blood testing from the exposed source.

EXPOSED EMPLOYEE'S PROFESSIONAL HEALTH CARE PROVIDER TO WHOM BLOOD TESTS WILL BE RELEASED:
PHYSICIANS NAME: _____
ADDRESS: _____
PHONE: _____

1. It should be recognized that the blood and body fluids of all persons should be considered potentially infectious, i.e., containing bacteria and viruses that can carry many diseases as well as hepatitis B, C, and HIV. Unrecognized carriers may pose a greater threat of transmission of diseases; and in particular, hepatitis B, C, and HIV, because infected individuals may not have outward signs or symptoms or may not be aware themselves that they are infected. In general, the risk of transmission is quite low and depends on a variety of factors.

2. Exposure to blood or body fluids may require blood/body fluid management by staff in accordance with appropriate first aid procedures. Exposure may include blood or body fluids visibly contaminated with blood which comes in contact with mucous membranes such as the eyes, nose or mouth, exchange of blood into a body orifice, exposure through nonintact skin, or a penetrating wound (Wis. State Statute 252.15). Immediate care to flush the membranes should be taken and/or cleansing of nonintact skin with soap under a steady stream of water.

   Exposure to saliva, such as spitting, does not constitute exposure unless the saliva or other body fluid is visibly contaminated with blood and the conditions of exposure have occurred as defined elsewhere. Blood soaked clothing needs to be removed, whenever possible, and placed in a labeled, leak proof plastic bag for transport.

Under Wisconsin Statutes 252.15 "significantly exposed" means sustained a contact which carries a potential for a transmission of HIV, by one or more of the following:

1. Transmission into a body orifice or onto mucous membrane of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

2. Exchange during the accidental or intentional infliction of a penetrating wound, including a needle puncture, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

3. Exchange, into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

This definition refers to an exposure that carries the potential for transmission of HIV (AIDS virus). Since other infectious diseases such as hepatitis can also be transmitted by significant exposure to blood or other body fluids, the *Significant Exposure to Blood/Body Fluids* should be completed to document such a possibility.

EXPOSED EMPLOYEE CONSENT FORM

DATE OF EXPOSURE INCIDENT: ___/___/_____

CONSENT FOR BLOOD TESTING:

Following exposure to blood or potentially infectious material while on duty, I hereby give my consent to have my blood tested for Hepatitis B virus (HBV) and/or human immunodeficiency virus (HIV) and to have the results made available to me as soon as possible. I understand that this test will be done at no cost to me and my tests will remain confidential.

SIGNATURE OF EMPLOYEE: _____

DATE SIGNED: ___/___/_____

DATE OF EXPOSURE INCIDENT: ___/___/_____

REFUSAL FOR BLOOD TESTING:

Following exposure to blood or potentially infectious material while on duty, I hereby refuse to give my consent to have my blood tested for Hepatitis B virus (HBV) and/or human immunodeficiency virus (HIV). I understand that the results would be made available to me as soon as possible. I understand that this test will be done at no cost to me and my tests will remain confidential.

SIGNATURE OF EMPLOYEE: _____

DATE SIGNED: ___/___/_____