

PLAN REVIEW	
<i>Reviewer</i>	<i>Date</i>
Eileen Carlson	9/2/2015
BP	12/05/2016
Shane Carlson	4/19/2018
Shane Carlson	9/24/2019
Shane Carlson	8/11/2020

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## BLOODBORNE PATHOGENS

### Purpose

The St. Mary's School Bloodborne Pathogens Control Plan is designed to eliminate or minimize employee exposure to blood or other potentially infectious materials (OPIM). This plan includes an exposure determination for this workplace, the schedule and methods of implementation, and the procedure for the evaluation of circumstances surrounding exposure incidents.

### Exposure Determination

Below is a list of job classifications with occupational exposure. Specific tasks/procedures in which occupational exposure occurs are included.

#### Job Classification: School Nurse

Specific tasks/procedure in which employees have occupational exposure:

- ◆ First aid treatment
- ◆ Cleaning up blood or OPIM spills
- ◆ Disposing of waste contaminated with blood or OPIM

#### Job Classification: Custodian

Specific task/procedure in which employees have occupational exposure:

- ◆ Cleaning up blood or OPIM spills
- ◆ Disposing of waste contaminated with blood or OPIM



**Job Classification: Secretary/Bus Driver/Coaches/Assistant Coaches/Trainers/  
Physical Education Instructors/Paraprofessionals/Playground Supervisor**

Specific task/procedure in which employee has occupational exposure:

- ◆ First aid treatment
- ◆ Cleaning up blood or OPIM spills
- ◆ Disposing of waste contaminated with blood or OPIM

**Job Classification: Laundry Personnel**

Specific task/procedure in which employee has occupational exposure:

- ◆ Laundering of waste contaminated with blood or OPIM

**Job Classification: Specific Instructors—Art/Industrial Arts/Special Education**

Specific task/procedure in which employees have occupational exposure:

- ◆ First aid treatment
- ◆ Cleaning up blood or OPIM spills
- ◆ Disposing of waste contaminated with blood or OPIM

Of course, all personnel may have some chance of exposure during emergency situations (i.e., teachers, instructors). It is our policy, however, that all employees, except those listed above, are prohibited from administering the elements of this plan. Instead, the procedure is to contact one of the employees listed above for further action, specifically the school nurse or an alternate in their absence.

In emergency situations, however, where a breakdown occurs in this system, and an employee is exposed to blood or another OPIM, actions shall be taken in accordance with this plan.

**Job Classification: Biology Staff**

Biology curriculum does not currently include blood-typing.

## **Methods of Compliance**

### **General**

Universal precautions shall be observed. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.



## Engineering and Work Practice Controls

- ◆ Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- ◆ Hand washing facilities, which are readily accessible to employees, will also be provided.
- ◆ When provision of hand washing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- ◆ Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- ◆ Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following the contact of such body areas with blood or other potentially infectious materials.
- ◆ Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- ◆ Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- ◆ Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:
  - Puncture resistant,
  - Labeled or color-coded in accordance with this standard, and
  - Leak proof on the sides and bottom.
- ◆ Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- ◆ Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.



- ◆ All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- ◆ Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- ◆ Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.
  - The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding is required when such specimens/containers leave the facility.
  - If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
  - If the specimen could puncture the primary container, the primary container shall be placed within a secondary container, which is puncture-resistant in addition to the above characteristics.
- ◆ Equipment that may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible.
  - A readily observable label shall be attached to the equipment stating which portions remain contaminated.
  - This information will be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

### **Personal Protective Equipment**

- ◆ When there is occupational exposure, provisions shall be made, at no cost to the employee, appropriate personal protective equipment such as, but not



limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

- ◆ Use: The employee shall use appropriate personal protective equipment as determined by the employee's professional judgment that in a specific instance its use would have prevented the delivery of health care or public safety services or would have imposed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- ◆ Accessibility: Appropriate personal protective equipment in the appropriate sizes will be readily accessible at the worksheet or be issued. Hypoallergenic gloves, glove liners, powerless gloves, or other similar alternative shall be readily accessible to those employees who are allergic to the gloves normally provided.
- ◆ Cleaning, Laundering, and Disposal: The employer will clean, launder, and dispose of personal protective equipment required, at no cost to the employee.
- ◆ Repair and Replacement: The employer will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- ◆ Gloves: Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces.
  - Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier has been compromised.
  - Disposable (single use) gloves shall not be washed or decontaminated for re-use.
  - Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or



when their ability to function as a barrier is compromised.

- ◆ Masks, Eye Protection, and Face Shields: Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- ◆ Gowns, Aprons, and Other Protective Body Clothing: Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
- ◆ If blood or other potentially infectious materials penetrate a garment(s), the garment(s) shall be removed immediately or as soon as possible.
- ◆ All personal protective equipment shall be removed prior to leaving the work area.
- ◆ When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

### Protective Equipment by Job Classification

Cathedral School has determined, in the “EXPOSURE DETERMINATION” section of this plan, that custodians, school nurse, secretaries, bus drivers, coaches, assistant coaches, trainers, physical education instructors, biology staff (when blood-typing), paraprofessionals, playground supervisors, laundry personnel, and specific instructors (art/industrial arts/special education) have been classified as having a potential exposure to blood or potentially infectious materials in our work place. Therefore, as a matter of policy, the school district shall provide and make available the following: Personal Protective Equipment:

1. Gloves
2. Gowns
3. Lab Coats
4. Face Shields (masks, eye protection, mouthpieces, etc.)
5. Absorbent Toweling
6. Antiseptic Towelettes
7. Spray Disinfectant
8. Container, bag within first barrier bag
9. Secondary container, bag with color-coded markings
10. Prepackaged Body Fluid Clean-Up Kits
11. Prefabricated, commercially available Sharps Containers



Affected employees shall determine the extent of necessary Personal Protective Equipment on a case-by-case basis; however, it is a matter of policy for the school district to ensure that affected employees use the appropriate Personal Protective Equipment. Employee Training will assist in augmenting this policy.

### Housekeeping

- ◆ The work area shall be maintained in a clean and sanitary condition. Written schedules for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area will be implemented.
- ◆ All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
  - A. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have been contaminated since the last cleaning.
  - B. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
  - C. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contaminated.
  - D. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.
  - E. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- ◆ Regulated Waste



A. Contaminated Sharps Discarding and Containment

1. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
  - a. Collapsible,
  - b. Puncture resistant,
  - c. Leak proof on sides and bottom, and
  - d. Labeled or color-coded.
2. During use, containers for contaminated sharps shall be:
  - a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries),
  - b. Maintained upright throughout use, and
  - c. Replaced routinely and not allowed to overflow.
3. When moving containers or contaminated sharps from the area of use, the containers shall be:
  - a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
  - b. Placed in a secondary container if leakage is possible. The second container shall be:
    - i. Collapsible;
    - ii. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
    - iii. Labeled or color-coded.
4. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

B. Other Regulated Waste Containment

1. Regulated Waste shall be placed in containers that are:





- a. Collapsible;
  - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
  - c. Labeled or color-coded; and
  - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
2. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
    - a. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.
    - b. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
    - c. When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded.

### **Hepatitis B Vaccination/Post-exposure Evaluation and Follow-up**

- ◆ The Hepatitis B vaccine and vaccination series will be made available to all employees who have had occupational exposure, and post-exposure evaluation and follow-up will be made available to all employees who have had an exposure incident.
- ◆ All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation follow up, including prophylactics, will be:
  - Made available at no cost to the employee,
  - Made available to the employee at a reasonable time and place,



- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional,
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, and
- Conducted by an accredited laboratory at no cost to the employee.

### **Hepatitis B Vaccination**

- ◆ Hepatitis B vaccination will be made available after the employee has received the training required.
- ◆ Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.
- ◆ If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept, it will be made available.
- ◆ Employees who decline to accept Hepatitis B vaccination offered by the employer will sign a statement of such intent.
- ◆ If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, such booster dose(s) will be made available.

### **Post-exposure Evaluation and Follow-up**

- ◆ Following a report of an exposure incident, the employer will make immediately available to the exposed employee a confidential medical evaluation and follow-up to include at a minimum the following elements:
  - A. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
  - B. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
    - 1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
    - 2. When the source individual is already known to be infected with HBV



or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

3. Results of the source individual's testing shall be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identify and infectious status of the source individual.
- C. Collection and testing of blood for HBV and HIV serological status;
1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
  2. If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.
- D. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- E. Counseling; and
- F. Evaluation of reported illness.

### **Information provided to the Healthcare Professional**

- ◆ The employer will ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.
- ◆ The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
  - A. A copy of this regulation;
  - B. A description of the exposed employee's duties as they relate to the exposure incident;
  - C. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
  - D. Results of the source individual's blood testing, if available, and;
  - E. All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain.



### Healthcare Professional's Written Opinion

- ◆ The employer will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
  - A. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
  - B. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
    1. That the employee has been informed of the results of the evaluation
    2. That the employee has been told about any medical condition resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

### Medical Recordkeeping

- ◆ Medical records required by this standard shall be maintained.

### Information and Training

- ◆ Training shall be provided as follows:
  - A. At the time of initial assignment to tasks where occupational exposure may take place,
  - B. Within 90 days after the effective date of the standard, and
  - C. At least annually thereafter.
- ◆ For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.
- ◆ Annual training for all employees shall be provided within one year of their previous training.
- ◆ Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.



- ◆ Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- ◆ The training program will contain at a minimum the following elements:
  - A. An accessible copy of the regulatory text of this standard and an explanation of its contents;
  - B. A general explanation of the epidemiology and symptoms of bloodborne diseases;
  - C. An explanation of the modes of transmission of bloodborne pathogens;
  - D. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
  - E. An explanation of the appropriate methods for recognizing tasks and other potentially infectious materials;
  - F. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
  - G. Information on the types, proper uses, location, removal, handling, documentation, and disposal of personal protective equipment;
  - H. An explanation of the basis for selection of personal protective equipment;
  - I. Information on the Hepatitis B vaccination, including information on its efficacy, safety method of administration, and the benefits of being vaccinated and vaccination will be offered free of charge;
  - J. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
  - K. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
  - L. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
  - M. An explanation of the signs and labels and/or color-coding; and
  - N. An opportunity for interactive questions and answers with the person



conducting the training session.

## Record Keeping

### Medical Records

- ◆ An accurate record will be maintained and established.
- ◆ This record shall include:
  - A. The name and social security number of the employee;
  - B. A copy of the employee's Hepatitis B vaccination status including the dates of all the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
  - C. A copy of all results of examinations, medical testing, and follow-up procedures;
  - D. The employer's copy of the healthcare professional's written opinion; and
  - E. A copy of the information provided to the healthcare professional;
- ◆ Medical records will be:
  - A. Kept confidential, and
  - B. Not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- ◆ The employer will maintain the records required for at least the duration of employment plus 30 years.

### Training Records

- ◆ Training records shall include the following information:
  - A. The dates of training sessions,
  - B. The contents or a summary of the training sessions,
  - C. The names and qualifications of persons conducting the training, and
  - D. The names and job titles of all persons attending the training sessions.

### Availability



- ◆ All records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.
- ◆ Employee training records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Administrative Secretary.
- ◆ Employee medical records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Administrative Secretary.

### **Transfer of Records**

- ◆ The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(b).
- ◆ If the employee ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director at least three months prior to their disposal and transmit the records to the Director, if required by the Director to do so, within the three-month period.

### **Employer's Audit**

- ◆ An annual review of the Control Plan will be conducted.



Appendix

## TRAINING OUTLINES

### AWAIR

- \*Safety Committee (Members, chain of command)
- \*OSHA 300 Log (Federal Govt. requirement)
- \*First Report of Injury (Fill out of injury if beyond first aid)
- \*Concerns (Safety)

### BLOODBORNE PATHOGENS

- \*Introduction
- \*At-Risk Employees (By job description)
- \*Exposure Control Plan
- \*Cleanup Procedures (Universal precautions)
- \*Disposal Procedures (Policy of school, red bag if saturated with blood - Biohazard)
- \*HBV Vaccination Policy (At risk- Paid by school district) District may offer to all
- \*Engineering Controls
- \*Post Exposure Procedures

### HAZARD COMMUNICATION/RTK

- \*Introduction
- \*OSHA (Occupational Safety and Health Admin.)
- \*Routes of Entry (Dermal, inhalation, ingestion, etc.)
- \*PPE (Personal Protective Equipment)-Gloves, etc.
- \*Labeling (All containers should be labeled)
- \*MSDS's (Have one for each chemical, also have an inventory of chemicals)
- \*Disposal (Properly store and dispose of)

### I.A.Q.

- \*IAQ Committee (Know who is on committee)
- \*Record keeping (Forms and procedures for addressing concerns)
- \*Management Plan
- \*IAQ issues/concerns (Know who the contact is)





## Sharps Injury Log

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Engineering controls in use at the time of the incident: \_\_\_\_\_

Work practices followed: \_\_\_\_\_

Description and brand name of the device in use: \_\_\_\_\_

Protective equipment or clothing that was used at the time of the exposure incident:

—

Procedure being performed when the incident occurred: \_\_\_\_\_

Employee training: \_\_\_\_\_

The injured employee's opinion about whether any other engineering, administrative, or work practice controls could have prevented the injury and the basis for that opinion. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Form B BLOOD EXPOSURE INCIDENT REPORT

Complete items 1-9. Items 10-14 should be filled out by the employer (school district representative).

Employee's Full Name: \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Date and Time Incident Report: \_\_\_\_\_

Incident Reported by: \_\_\_\_\_

The employee named above was involved in an exposure incident consisting of blood or other potentially infectious material (OPIM) involving the employee's mouth, eyes, or other mucous membranes, open cuts, non-intact skin, or piercing of mucous membranes or skin.

The following exposure incident information was obtained to help assist the Healthcare Professional in completing the medical evaluation of the employee.

1. Exposure route to blood or OPIM. Check the following:
  - A.  Eyes  Mouth  Nose  Other mucous membrane (list): \_\_\_\_\_
  - B.  Needle stick  Puncture  Bite  Scratch
  - C.  Non-intact skin
  - D.  Other (list): \_\_\_\_\_

Comments: \_\_\_\_\_

2. Type of body fluid or material
  - Blood
  - Other potentially infectious material (List): \_\_\_\_\_

Comments: \_\_\_\_\_



3. Estimated amount of body fluid or description of amount:

\_\_\_\_\_

4. Severity of Exposure:

A. \_\_\_\_\_ Mucous Membranes \_\_\_\_\_ Area covered  
\_\_\_\_\_ Exposure length (time)

Comments: \_\_\_\_\_

B. \_\_\_\_\_ Percutaneous (skin piercing) \_\_\_\_\_ Injury depth  
\_\_\_\_\_ Yes \_\_\_\_\_ No, was source fluid present at injury site:

Comments: \_\_\_\_\_

C. \_\_\_\_\_ Non-intact skin  
\_\_\_\_\_ Skin condition: \_\_\_\_\_ Fresh cuts (<24 hrs) \_\_\_\_\_ chapped  
\_\_\_\_\_ Dermatitis \_\_\_\_\_ Other

Comments: \_\_\_\_\_

5. Job duties being performed during exposure: \_\_\_\_\_

6. Did employee wash hands and/or flush the mucous membrane as soon as possible:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

7. Was employee using Person Protective Equipment (PPE)?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what types: \_\_\_\_\_

Comments: \_\_\_\_\_

8. Was the Personal Protective Equipment (PPE) adversely affected:  
(examples: gloves torn or pierced) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list: \_\_\_\_\_

Comments: \_\_\_\_\_



9. Was clothing contaminated:  Yes  No  
If yes, were procedures for disposal/laundrying of contaminated materials adhered to:  
 Yes  No

Comments: \_\_\_\_\_

If employee does not want his/her blood tested or a medical follow-up, then Form E should be completed by signing the Declination section for blood testing, and also Form G "Post-Exposure Declination of Medical Evaluation".

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TO BE COMPLETED BY EMPLOYER-

10. Has employee been referred to a healthcare professional for medical evaluation and follow-up?  Yes  No

Name and location of professional/clinic (unless employee has made arrangements with his/her own physician. If this is the case, obtain the name and address of the employee's physician):

\_\_\_\_\_  
\_\_\_\_\_

11. Was the source's blood tested?  Yes  No  
If yes, are results being directly forwarded to Healthcare Professional?  
 Yes  No

If no, record the date of consent for testing source was declined:

\_\_\_\_\_

If no, was source known?  Yes  NO

Source is known to be infected with:

HIV  HBV  Not applicable

12. Employee's consent for blood collection (See Form E):  
 Employee consented to baseline blood collection

Employee consented to the serologic testing for HBV:



\_\_\_\_\_ Yes    \_\_\_\_\_ No

Employee consented to serologic testing for HIV:

\_\_\_\_\_ Yes

\_\_\_\_\_ No, sample is preserved for 90 days. Employee may elect to have test

conducted within 90 days.

Date: \_\_\_\_\_

13. All required documents were provided to professional/clinic on the following date (See Form C):

\_\_\_\_\_

14. Has employee had Hepatitis B vaccination?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If the employee has indicated that no medical follow-up is to be done, please make sure that Form G is filled out and signed.

Signature \_\_\_\_\_

Date

\_\_\_\_\_



## Hepatitis B Vaccination Declination Form

I understand that due to my 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 vaccine 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 and/or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I may receive the vaccination series at no charge to me.

**Please Print:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security or Visa # \_\_\_\_\_ Employee # \_\_\_\_\_

Department and Lab room # \_\_\_\_\_

Principal Investigator \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact your BBP Contact Person  
if you have questions filling out this form

