

# Dickinson

## **Bloodborne Pathogen Exposure Control Plan**

April 7, 2017



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## Review/Revision Summary

Below is a summary of reviews and revisions made to this document:

Review/Revision Date	Major Changes	Reviewed/Revised By:
2/28/07	Original Document	Bill Shoemaker, EHS Director
6/30/16	General Revisions/updates	Steph Koser
12/12/16	Hep B Disclosure Forms/Process update	Steph Koser, Daniel Berndt, Ashley Zink
1/27/17	Hep B Disclosure Forms/Process secondary update	Steph Koser, Daniel Berndt, Ashley Zink
4/10/17	Affected job classifications and departments	Daniel Berndt, Steph Koser
4/13/17	Affected job classifications – clarified Dining Services applicable positions	Daniel Berndt

# Introduction

## Purpose

The Occupational Safety and Health Administration (OSHA) has set rules for bloodborne pathogen hazards. The standard (29 CFR 1910.1030) is an effort directed at reducing occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that employees may encounter as part of their normal work responsibilities. The complete program deals with assessment of the risk, education of employees, and providing effective policies and resources to reduce risk. Procedures for following up and documentation of exposure incidents are outlined as well.

Dickinson College complies with this mandate and shares the concern for the welfare of College employees. The Health & Safety Committee with representation from many departments has developed this Plan using framework for the document provided by the Pennsylvania Health Department. The Plan will be reviewed periodically by the Director of Compliance & Enterprise Risk Management.

## General Program Structure

### *Personnel*

#### 1. Exposure Control Officer

The Director of Compliance & Enterprise Risk Management will act as the Exposure Control Officer and will be responsible for the organization and administration of Dickinson College's Bloodborne Pathogens Compliance Program. Activities of the Exposure Control Officer include but are not limited to:

- a. Conduct an annual review of the Bloodborne Pathogen Program in coordination with the campus Committee on Health and Safety
- b. Develop policy revisions and updates
- c. Respond to regulatory changes
- d. Establish and maintain a reference resource for pertinent health and safety information
- e. Act as College liaison, with OSHA during any OSHA inspection

#### 2. Department Managers and Supervisors

Department managers and supervisors are responsible for exposure control in their respective areas. They will work directly with the Exposure Control Officer to ensure that proper exposure control procedures are being followed.

#### 3. Human Resource (HR) Representative

The HR Services representative responsibilities will include but not limited to:

- a. Maintaining records of:

- i. personnel who are identified as “at risk” of exposure through job responsibilities
    - ii. bloodborne pathogen exposure plan records separately from regular personnel records
    - iii. those employees receiving training and, of those employees accepting or declining recommended inoculations
    - iv. exposure incidents and related health records for thirty years after an employee's last employment day
  - b. Coordinate workmen's compensation claims with regard to this program
  - c. Communicate "at risk positions" status changes to Exposure Control Officer for training purposes
4. Employees

The commitment of the College's employees is essential to program effectiveness. Employee responsibilities include:

- a. Knowing which tasks may expose them to bloodborne pathogens
- b. Knowing about and using adequate precautions to protect themselves
- c. Planning and conducting all risky operations in accordance with work practice controls
- d. Attending the program training sessions or taking online training
- e. Reporting conditions and procedures that they feel are unsafe

### **Accessibility of the Exposure Control Plan to Employees**

The Exposure Control Plan is available for review by all employees. The Plan is also available on the Environmental Health and Safety section of the Dickinson College Website.

## **Exposure Determinations**

### **Exposure Determination**

Essential to an effective Exposure Control Plan is the identification of those employees who through their job classifications might be exposed to bloodborne pathogens. This initial list was compiled July 15, 1992 by the Health and Safety Committee with advice from the Department of Athletics and the Children's Center. Annually, this list will be reviewed by the Director of Compliance & Risk Management to insure that appropriate job classifications are being included in the plan.

### ***Affected-Job Classifications and Departments***

1. Department of Public Safety
  - a. All Uniformed Public Safety Officers

2. Wellness Center
  - a. All Wellness Center Medical Staff
3. Department of Facilities Management
  - a. Housekeepers
  - b. Grounds Personnel Who Handle Trash
  - c. Trades
4. Athletic Department
  - a. All Athletic Training Staff & Student Workers
5. Children's Center
  - a. All Children's Center Staff
6. Campus Laundry
  - a. All Laundry Service Personnel (including Dining and Athletics)
7. Dining Services (all positions where cutting or infectious cleanup potential is present)
  - a. Line Server
  - b. Catering
  - c. Utility Worker
  - d. Cook/Chef/Salad/Baking/KOVE
  - e. Excluding (high school & college student [Students are not part of clean up team and are getting informal BBP & universal precautions information from supervisor(s)]) casual employees, Retail Operations Attendants, and office workers
8. Lifeguards
9. Biowaste Handlers in All Departments
10. Designated Science Faculty/Staff
11. Vivarium Staff

**Work Activities Involving Potential Exposure to Bloodborne Pathogens**

<b>ACTIVITY</b>	<b>OCCUPATIONAL GROUP</b>
1. Law enforcement	Office of Public Safety and First Responders
2. Medical Care	Wellness Center Medical Staff Athletic Trainers
3. Clean-Up	All Job Classifications Designated for “Clean Up Team” Individuals involved with trash removal
4. Laundry Services	Laundry Staff (Dining Services & Athletics)
5. First Aid as Secondary Function	Children's Center Dining Services Facilities Management



	Life Guard at Kline Center Pool
6. Research	Science Faculty/Staff
7. Biohazardous Waste Handling	Vivarium Housekeeping

## Exposure Control

### Compliance Methods

Universal hygienic precautions will be observed at Dickinson College in order to prevent contact with blood or other potentially infectious materials. All blood and other potentially infectious material will be considered infectious regardless of the perceived status of the individual from whom the blood or material is from.

Safety devices, work practice controls and personal protective equipment when appropriate will be utilized to eliminate or minimize exposure to employees at the College.

Safety and work practice controls will include but are not limited to:

<b>DEPARTMENT</b>	<b>PROTECTIVE EQUIPMENT</b>
1. Department of Public Safety	Rubber Gloves One-Way CPR Masks Sharps Containers Disinfectant Cleaning Agents Hand-Washing Facilities
2. Wellness Center	Sharps Containers Vinyl or Latex and Non-Latex Gloves One-Way CPR Masks Eye wash Station Infectious Waste Containers Protective Gowns, Masks and Eye Shields Disinfectant Cleaning Agents Hand-Washing Facilities
3. Facilities Management	Gloves Infectious Waste Containers Infectious Waste Cleaning Kits Hand-Washing Facilities
4. Athletic Department	Vinyl & Latex Gloves Infectious Waste Containers One-Way CPR Masks Infectious Waste Cleaning Kits Sharps Containers Disinfectant Cleaning Agents Protective Gowns & Eye Shields Hand-Washing Facilities
5. Children's Center	Gloves Infectious Waste Containers Infectious Waste Cleaning Kits Hand-Washing Facilities

6. Campus Laundry	Rubber Gloves Hand-Washing Facilities
7. Dining Services	Rubber Gloves Infectious Waste Cleaning Kits Hand-Washing Facilities
8. Biology Department & Other Science Labs	Sharps Containers Infectious Waste Containers Vinyl & Latex Gloves Lab Coats Hand-Washing facilities

These controls shall be examined and maintained on a regular schedule by supervisors of the individual departments.

**Work Practice Controls**

In addition to engineering controls, the College uses a number of work practice controls to help eliminate or minimize employee exposure to bloodborne pathogens. The Director of Compliance & Risk Management will work with the appropriate departments to assist in the proper implementation of these controls.

The following work practice controls are also part of the Bloodborne Pathogens Compliance Program:

1. Employees shall wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
2. Following any contact of body areas with blood or any other infectious materials, employees shall wash their hands and any other exposed skin with soap and water as soon as possible. They shall also flush exposed mucous membranes with water for 15 minutes.
3. Contaminated needles and other contaminated sharp instruments or tools shall not be bent, recapped or removed unless it can be demonstrated that there is no feasible alternative or that the action is required by specific medical procedure. If required, the recapping or needle removal is to be accomplished through the use of a medical device or a one-handed technique (Wellness Center and Athletic Training Rooms).
4. Contaminated disposable sharp instruments or tools shall be placed in appropriate containers immediately, or as soon as possible, after use (Wellness Center, Athletic Training Rooms, Lab Sciences).
5. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses shall be prohibited in work areas where there is potential for exposure to bloodborne pathogens.
6. Food and drink shall not be kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials may be present.
7. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.

8. All procedures involving the handling of blood or other infectious materials shall minimize splashing, spraying and other actions which may generate droplets of these materials.
9. Specimens of blood or other material shall be placed in designated leak-proof containers, appropriately labeled, for handling and storage.
10. If outside contamination of a primary specimen container should occur, that container shall be placed within a second leak-proof container, appropriately labeled, for handling and storage. If the specimen can puncture the primary container, the secondary container must be puncture resistant as well.
11. Equipment which becomes contaminated shall be examined prior to servicing or shipping, and shall be decontaminated as necessary, unless it can be demonstrated that decontamination is not feasible. An appropriate biohazard warning label shall be attached to any contaminated equipment, identifying the contaminated portions. Information regarding the remaining contamination shall be conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

### **New Employees and Employees Changing Job Role**

When an employee is hired or an employee changes jobs within the College, the following procedure should be followed to ensure that the employees are trained in the appropriate work practice controls:

1. The employee's job classification and the tasks and procedures that they will perform shall be checked against the Job Classifications and Task Lists identified in the Exposure Control Plan as those in which occupational exposure occurs.
2. If the employee is transferring from one job to another, the job classifications and tasks/procedures pertaining to his or her previous position shall also be checked against the lists.
3. If the new job classification and/or tasks and procedures bring the employee into an occupational exposure situation, the employee is then so identified and will fall within the full protection of the regulations.
4. The employee shall then be trained by the Department Supervisor regarding any work practice controls with which the employee may not be experienced, and attend a Bloodborne Pathogens training program.

## **Hepatitis B Vaccination and Post-Exposure Evaluations and Follow-Up**

### **Hepatitis B Vaccination**

Even with good compliance with exposure prevention practices, exposure incidents may occur. Therefore, the College has implemented a Hepatitis B Vaccination Program and has established procedures for post-exposure evaluation and follow-up.

### ***Vaccination Program***

To protect employees as much as possible from the possibility of Hepatitis B infection, the College has implemented a vaccination program. This program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens.

The vaccination program shall consist of a series of three inoculations given on a predetermined schedule, and a titer to check immunity after the series is completed. As part of their bloodborne pathogens training, employees shall receive information regarding Hepatitis B vaccination, including its safety and effectiveness.

All Better Care shall be responsible for providing vaccines to employees. Vaccinations are performed under the supervision of a licensed healthcare professional. Lab work (titers) will be performed by an outside lab to measure antibody response to the vaccine.

HR Services is responsible for maintaining records for vaccination completion, titers, and those employees who decline the vaccination. Employees who decline to take part in the program must sign a Vaccination Declination Form to be kept on file in HR Services.

To ensure that all employees are aware of the vaccination program, it shall be thoroughly discussed during the bloodborne pathogens training sessions. A Hepatitis B Disclosure Form will be available at all trainings. This form is to be filled out and returned to the Department of Compliance & Enterprise Risk Management. Once returned, the Department of Compliance & Enterprise Risk Management will provide an authorization form to those individuals indicating that they are consenting to the vaccine or titer test for All Better Care.

After the authorization forms are distributed, the Department of Compliance & Enterprise Risk Management will transfer the Hepatitis B Disclosure Forms to HR Services, so the forms can be filed in the employee's medical file.

### **Post-Exposure Evaluation and Follow-Up**

Should an employee be involved in an incident where exposure to bloodborne pathogens may have occurred, the following actions shall be taken:

1. The circumstances surrounding the exposure incident shall be immediately reported to the Exposure Control Officer.
2. The employee shall receive medical consultation and treatment, if required, as expeditiously as possible.
3. Report the incident to Human Resources.
4. The Blood and Body Fluid Exposure Report Form must be completed within 24 hours of the exposure incident by the employee's supervisor and returned to the Exposure Control Officer.

This medical communication should be with an approved occupational medicine provider on the Dickinson College Workers Compensation Panel. The full list of providers may be accessed on the Dickinson College Human Resource Services Workers Compensation website or by calling Human Resource Services. In the event of a life threatening injury, go to the nearest hospital

Emergency Room. The Exposure Control Officer or his/her designee will investigate every exposure incident that occurs at the College. This investigation shall be initiated within 24 hours after the incident occurs and shall involve gathering the following information.

1. Time of the incident
2. Location of the incident
3. Which potentially infectious materials were involved in the incident
4. Identification of the individual from whom the infectious material came
5. How the incident occurred (accident, equipment malfunction, etc.)
6. Personal protective equipment being used at the time of the incident
7. Actions taken as a result of the incident (employee decontamination, cleanup, notifications made, etc.)

After this information has been gathered, it shall be evaluated. A written report of the incident and its causes shall be prepared, and recommendations shall be made for avoiding similar incidents in the future.

To ensure that employees receive the best and most timely treatment should an exposure to bloodborne pathogens occur, a comprehensive post-exposure evaluation and follow-up process has been established. HR Services shall oversee this program. The College's role in this Plan is to direct the employee to an occupation medicine provider on the Dickinson College Workers' Compensation Panel. These meetings explaining the procedure to the employee will be documented in their personnel files.

Much of the information gathered in this process shall remain confidential and the College shall do everything possible to protect the privacy of the persons involved.

#### ***Information Provided to the Healthcare Professional***

To assist the healthcare professional, a number of documents shall be provided to him or her, including the following:

1. A copy of the Bloodborne Pathogens Standard
2. A description of the exposure incident
3. Any other information deemed pertinent

#### ***Healthcare Professional's Written Opinion***

Following the consultation, the healthcare professional shall provide the College with a written opinion stating if he/she feels the incident was or was not an "exposure". The College will furnish a copy of this opinion to the exposed employee.

To maintain confidentiality, the written opinion shall contain only the following information:

1. Whether Hepatitis B Vaccination is indicated for the employee
2. Whether the employee has received the Hepatitis B vaccination
3. Confirmation that the employee has been informed of any test results and evaluation

4. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which requires further evaluation or treatment

All other findings or diagnoses shall remain confidential and shall not be included in the written report to the employer.

## Communication of Hazards

### Labels and Signs

One of the most obvious warnings of possible exposure to bloodborne pathogens is the biohazard label. Therefore, the College has implemented a comprehensive biohazard warning label program using labels of the type shown below or, when appropriate, using red "colored-coded" containers. Compliance & Enterprise Risk Management is responsible for purchasing such bags and Director of Compliance & Risk Management shall oversee this program.

The following items shall be labeled:

1. Containers of regulated waste
2. Refrigerators/freezers containing blood or other potentially infectious materials
3. Sharp instruments or tools disposal containers
4. Other containers used to store, transport or ship blood and other infectious materials
5. Laundry bags and containers
6. Contaminated equipment

Labels affixed to contaminated equipment shall indicate which portions of the equipment are contaminated.

#### *Biohazard Labels*



### Information and Training

Having well-informed and educated employees is very important when attempting to eliminate or minimize employee exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens shall receive comprehensive training and shall be furnished as much information as possible on this issue.

This program was set up so that employees receive the required training within 30 days of hire, and annually thereafter. Additionally, all new employees, as well as employees changing jobs or job functions, who have the potential for exposure will be given any additional training required at the time of their new job assignment.

The Director of Compliance & Enterprise Risk Management is responsible for ensuring that all employees who have potential exposure to bloodborne pathogens receive this training.

### ***Training Topics***

The topics covered in the training program shall include, but shall not be limited to, the following:

1. The Bloodborne Pathogens Standard itself
2. The epidemiology and symptoms of bloodborne diseases
3. The modes of transmission of bloodborne pathogens
4. The College's Exposure Control Plan
5. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
6. A review of the use and limitations of methods that will prevent or reduce exposure, including engineering controls, work practice controls and personal protective equipment
7. Selection and use of personal protective equipment including the types available, their proper use, location, removal, handling, decontamination, and disposal
8. Visual warning of biohazards on the campus, including labels, signs, and "colored-coded" containers
9. Information on the Hepatitis B Vaccine, including its efficacy, safety, method of administration benefits and the College's free vaccination program
10. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
11. Information on the post-exposure evaluation and follow-up provided by the College

### ***Training Methods***

The College's training presentations shall utilize several training techniques including, but not limited to, the following:

1. Classroom type atmosphere with personal instruction
2. On-line training (Computer Based Training) and exam with option to ask trainer questions
3. Videotape programs
4. Employee handouts

## **Recordkeeping**

### **Medical Recordkeeping**

To ensure that the College can provide as much medical information as possible to the participating healthcare professional, the College shall maintain records on exposed employees. The HR Services shall be responsible for maintaining these records, which shall include the following information:



1. Name of the employee
2. Social security number of the employee
3. A copy of the employee's Hepatitis B Vaccination status, including dates of vaccinations
4. A copy of the Incident Report or pertinent information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens

As with all information in these areas, this information will be kept confidential. Information will not be disclosed to anyone without the employee's written consent, except as required by law.

### **Training Recordkeeping**

To facilitate the training of employees, and to document the training process, the Department of Compliance & Risk Management shall maintain all training records. Training records shall contain the following:

1. Dates of all training sessions
2. Name of instructor
3. Names and job titles of employees attending

## **Procedures**

### **Contaminated Site Remediation**

1. When feasible, the source individual should clean up potentially infectious material so as not to risk infecting someone else.
2. Bloodborne Pathogen Exposure Plan trained individuals shall perform the clean-up.
3. Access to the affected area is to be regulated to prevent spreading.
4. All available and appropriate personal protective equipment is to be used.
5. Universal precautions are to be followed in all incidents.
6. Body substance isolation procedures are to be followed in all incidents.
7. A 1:10 concentration ratio of bleach to water or similar commercial cleaning agent shall be used.
8. Used cleaning rags, towels and disposable PPE shall be bagged and properly labeled as infectious waste in biohazard containers.
9. The Exposure Control Officer or his/her designee is to be notified and will arrange for storage and proper disposal.
10. Any broken glass will be picked up by mechanical means (e.g., brush and dust pan or tongs). Hands will not be used. Broken glass will be treated as sharps and disposed of in appropriate sharps containers.

## **Campus Laundry**

### Designated Contaminated Laundry Containers

1. Any suspected contaminated clothing or linen will be isolated and placed in red biohazard bags.
2. When anyone other than the source individual has exposure to suspected contaminated clothing or linen, the Exposure Control Officer or his/her designee is to be notified immediately.
3. Contaminated uniforms and clothing are not to be taken from the work place to be laundered or cleaned at home.
4. Sports uniforms and clothing that are suspected to be contaminated will be collected in red biohazard bags contaminated containers in locker rooms.
5. Public Safety uniforms will be placed in containers provided by contracted Laundry Service. Labeled containers will be dry cleaned separately at contracted Laundry Service.
6. Laundry personnel shall use appropriate protective gloves to handle any contaminated laundry.

### **Biohazard Storage and Disposal**

1. Biohazard storage containers are located at:
  - A. Wellness Center
  - B. Children's Center
  - C. Athletic Department's Training Rooms
  - D. Department of Facilities Management
  - E. Dining Services
  - F. Biology Department
2. On a regular schedule, but no longer that every 28 days, a trained Department of Compliance & Risk Management employee, or a contracted service will collect the bagged regulated waste from the above listed internal generator sites.
3. The biohazard labeled bags shall be transferred to a secure holding area at the Facilities Management building.
4. Each month a licensed hauler will pick up the accumulated biohazard waste from the Dickinson College campus to be incinerated. The Exposure Control Officer is to be contacted when other collections are necessary.

## **Appendix A: Definitions**

**BODY SUBSTANCE ISOLATION (BSI)** means assuming that all body fluids, whether they contain blood or not, are potentially infectious and that procedures are taken to avoid any contact with any body fluids.

**BLOODBORNE PATHOGENS** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**CONTAMINATED** means the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**CONTAMINATED LAUNDRY** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**CONTAMINATED SHARPS** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**DECONTAMINATION** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or items to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**EMPLOYEE** means any person who is employed by Dickinson College, whether full or part time.

**ENGINEERING CONTROLS** means controls (e.g., sharps disposal containers, self sheathing needles) that isolate or remove the bloodborne pathogens hazard from the work place.

**EXPOSURE CONTROL PLAN** means a written policy and procedures to reduce the likelihood of exposure to blood or other potentially infectious materials by use of engineering controls and universal precautions.

**EXPOSURE INCIDENT** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from an employee's duties.

**HAND WASHING FACILITY** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

## Appendix B: Hepatitis B Virus Vaccination Disclosure Form

# Dickinson

### Hepatitis B Virus Vaccination Disclosure Form

Name (Please Print): \_\_\_\_\_ Department: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Banner ID: \_\_\_\_\_

Because of the nature of my occupational duties at Dickinson College, there is a substantial risk of direct contact with blood or other potentially infectious materials, which have been determined as likely to transmit the Hepatitis B virus. I have received Bloodborne Pathogen Training and am aware of the precautions that must be taken when dealing with blood and body fluid exposure. As part of Dickinson College's Bloodborne Pathogen Exposure Control Plan, and as a covered employee under Dickinson College's Occupational Health Program, I can receive vaccination against Hepatitis B at no cost.

**Instructions:** Place a  in either box A, B, C, or D below that best describes your intent.

**Yes, I would like to receive a Hepatitis B vaccine.**

**Consent for Hepatitis B Vaccine.** In accordance with Dickinson College's Bloodborne Pathogen Exposure Control Plan, I am being offered, free of charge, the Hepatitis B vaccination. The vaccine will be administered during working hours by All Better Care.

1. I have never received the Hepatitis B vaccine and would like to be vaccinated.
2. I have been informed that I am at risk of acquiring Hepatitis B because of the nature of my professional responsibilities.
3. I have read the information sheet that lists the indications, benefits, and presently known side effects of Hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
4. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
5. I understand, however, as with all medical treatment, there is no guarantee that I will become immune, or that I will not experience an adverse reaction to the vaccine.
6. In the event that I should terminate employment at Dickinson College prior to receiving all three (3) doses of Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization:** The Safety & Emergency Management Specialist is acknowledging that the employee named hereon, has been provided with the separate vaccine consent form and is hereby authorized to commence the Hepatitis B vaccination series.

\_\_\_\_\_  
Safety & Emergency Management Specialist

\_\_\_\_\_  
Date

If you have checked the box above to consent to vaccination, an additional consent form will be provided by the Safety & Emergency Management Specialist. The form you receive needs to be taken with you to your first appointment. Upon receipt of your third vaccination, the physician will then return it to Dickinson College's Human Resources.

I already received the Hepatitis B vaccine.

**Previous Immunization with Hepatitis B Vaccine.** I have previously completed a three-dose series of the Hepatitis B Vaccine. I understand that it is currently believed to be effective for life. I further understand that I will be contacted by Dickinson College's Human Resources Department if new information becomes available contradicting this belief.

Date of Vaccination(s):

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like a Titer to confirm my immunity to Hepatitis B.

I am not sure if I have received the Hepatitis B vaccination series and would like to request a titer test (blood test that confirms the presence of the vaccine).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I DECLINE receiving the Hepatitis B vaccine.

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring the serious disease Hepatitis B.

If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials, and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C: Sharps Injury Log

Date/Time \_\_\_\_\_ Incident ID # \_\_\_\_\_

Exposed's Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Exposed's Job Classification \_\_\_\_\_

Task/Procedure Being Performed \_\_\_\_\_

Department/Location of Injury \_\_\_\_\_

Description of the Exposure Incident \_\_\_\_\_

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

Body Part(s) Injured \_\_\_\_\_

Identity of Sharp Involved

Type \_\_\_\_\_

Brand \_\_\_\_\_

Model \_\_\_\_\_

Did the exposure incident occur:

- During use of the sharp
- Between steps of a multi-step procedure
- After use and before disposal of sharp
- While putting the sharp into disposable container
- Sharp left in inappropriate place (table, bed, etc.)
- Other \_\_\_\_\_

Did the device being used have engineered sharps protection?

- Yes                       No                       don't know

Was the protective mechanism activated?

- Yes--fully               Yes-partially               No

Did the exposure incident occur:

- before                       during                       after activation

**Exposed Employee**

If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

- Yes                       No

Explain\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury?

- Yes                       No

Explain\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form will be completed by the exposure control officer through interviews and maintained in accordance with 29 CFR 1904.33.**

# Appendix D: Blood and Body Fluid Exposure Form

Exposure Event Number \_\_\_\_\_

## Dickinson Blood and Body Fluid Exposure Report Form

Name of exposed worker: Last \_\_\_\_\_ First \_\_\_\_\_ ID# \_\_\_\_\_  
 Date of exposure: \_\_\_/\_\_\_/\_\_\_ Time of exposure: \_\_\_:\_\_\_ AM PM (circle one)  
 Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
 Location where exposure occurred: \_\_\_\_\_  
 Name of person completing form: \_\_\_\_\_

### Section I. Type of Exposure (Check all that apply)

- Percutaneous (Needle or sharp object that was in contact with blood or body fluids)**  
(Complete Sections II, III, IV, and V)
- Mucocutaneous (Check below and complete Sections, III, IV, and VI)**  
\_\_\_ Mucous Membrane \_\_\_ Skin
- Bite (Complete Sections, III, IV, and VI)**

### Section II. Needle/Sharp Device Information

(If exposure was percutaneous, provide the following information about the device involved.)

Name of device: \_\_\_\_\_  Unknown/Unable to determine

Brand/manufacturer: \_\_\_\_\_  Unknown/Unable to determine

Did the device have a sharps injury prevention feature, i.e., a "safety device"?  Yes  No  Unknown

If yes, when did the injury occur?

- Before activation of safety feature was appropriate
- During activation of the safety feature
- Safety feature improperly activated
- Safety feature failed after activation
- Safety feature not activated
- Other: \_\_\_\_\_

Describe what happened with the safety feature, e.g., why it failed or why it was not activated:

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

### Section III. Employee Narrative

Describe how the exposure occurred and how it might have been prevented:

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



Exposure Event Number \_\_\_\_\_

Section IV. Exposure and Source Information

**A. Exposure Details:** (check all that apply)

**1. Type of fluid or material (for body fluid exposures only, check which fluid in adjacent box.)**

- Blood/blood products
- Visibly bloody body fluid\*
- Non-visibly bloody body fluid\*
- Visibly bloody solution (e.g., water used to clean a blood spill)

*Identify which body fluid		
<input type="checkbox"/> Cerebrospinal	<input type="checkbox"/> Urine	<input type="checkbox"/> Synovial
<input type="checkbox"/> Amniotic	<input type="checkbox"/> Sputum	<input type="checkbox"/> Peritoneal
<input type="checkbox"/> Pericardial	<input type="checkbox"/> Saliva	<input type="checkbox"/> Semen/vaginal
<input type="checkbox"/> Pleural	<input type="checkbox"/> Feces/stool	<input type="checkbox"/> Other/Unknown

**2. Body site of exposure.** (check all that apply)

- Hand/finger     Eye     Mouth/Nose     Face
- Arm     Leg     Other (Describe: \_\_\_\_\_)

**3. If percutaneous exposure:**

**Depth of injury** (Check only one.)

- Superficial (e.g., scratch, no or little blood)
- Moderate (e.g., penetrated through skin, wound bled)
- Deep (e.g., intramuscular penetration)
- Unsure/Unknown

**Was blood visible on device before exposure?**     Yes     No     Unsure/Unknown

**4. If mucous membrane or skin exposure:** (Check only one)

**Approximate volume of material**

- Small (e.g., few drops)
- Large (e.g., major blood splash)

**If skin exposure, was skin intact?**     Yes     No     Unsure/Unknown

**B. Source Information**

**1. Was the source individual identified?**     Yes     No     Unsure/Unknown

**2. Provide the serostatus of the source patient for the following pathogens.**

	Positive	Negative	Refused	Unknown
HIV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. If known, when was the serostatus of the source determined?**

- Known at the time of exposure
- Determined through testing at the time of or soon after the exposure

Exposure Event Number \_\_\_\_\_

**Section V. Percutaneous Injury Circumstances**

**A. What device or item caused the injury?**

- Hollow-bore needles
- Suture Needle
- Glass
- Other sharp object
- Other device or item

Please describe the specific device or item: \_\_\_\_\_

**B. Purpose or procedure for which sharp item was used or intended.**

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

**C. When and how did the injury occur? (Please select an item from the left, and then describe the activity being performed at the time of injury on the right.)**

- During use of the item  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- After use, before disposal of the item  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- During or after disposal of the item  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Other (describe):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Unknown

Exposure Event Number \_\_\_\_\_

Section IV. Mucous Membrane Exposure Circumstances

A. What barriers were used by worker at the time of the exposure? (check all that apply)

- Gloves    Goggles    Eyeglasses    Face Shield    Mask    Gown

B. Activity/Event when exposure occurred (check one)

- Law Enforcement
- Medical Care
- Clean-Up
- Trash Removal
- Laundry Services
- First Aid
- Research
- Other: \_\_\_\_\_
- Unknown

Comments

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