

Using this Template

The following template can be used to help your organization develop a Bloodborne Pathogens Exposure Control Plan. This template **cannot** be used as is – you must customize the template to meet the needs of your organization. We have made this template easier for you to customize by adding visual prompts that identify some areas where your input is needed. These are identified by yellow highlighted, red text in the template. You may also change any of the text in the template to meet your organization’s needs – for example, department names, job titles and listed responsibilities and procedures.

Example:

<COMPANY NAME>

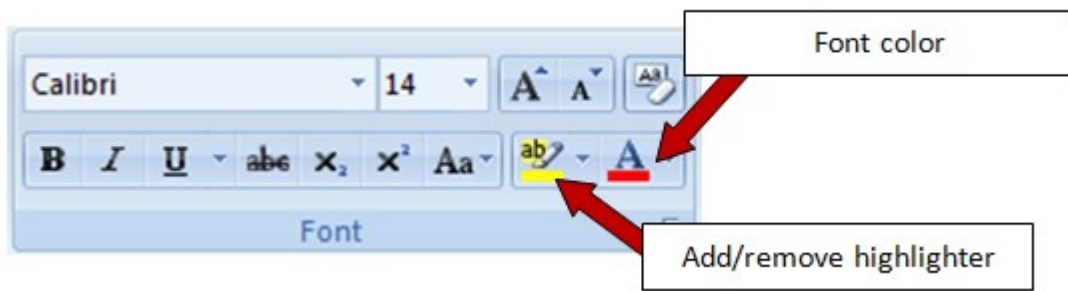
Bloodborne Pathogens Exposure Control Plan

becomes

XYZ Company

Bloodborne Pathogens Exposure Control Plan

To remove the colored highlighting from your text, left click and drag your mouse over the yellow text and click on the highlighter button from the Font menu. To change the font color to black, select the text and click on the font color button.



To aid you in understanding the need to customize your program, several “Check Your Understanding” text boxes are also included throughout the template. After reading the information in the text box and adding the required information into the template, you may simply right click on the cross arrow box and select “cut.”

Check Your Understanding. Bloodborne pathogens are 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).

Disclaimer. This sample safety program template cannot be used as is. You must customize the template to meet the needs of your organization. EMC does not guarantee that this template is or can be relied on for compliance with any law or regulation, assurance against preventable losses, or freedom from legal liability. We make no representations or warranties of any kind whatsoever, either express or implied, in connection with the use of this template. EMC will not be liable for your use of the template as customized by you. All safety programs and policies, including this template and the information you supply to complete it, should be reviewed by your legal counsel, medical professionals and/or risk management staff.

<COMPANY NAME>

Bloodborne Pathogens Program

Check Your Understanding. Do you need a Bloodborne Pathogens Program? Yes, you probably do. Many organizations mistakenly believe that OSHA's Bloodborne Pathogens standard ([29 CFR 1910.1030](#)) applies only to healthcare and similar organizations where employees are continuously exposed to blood. In reality, the OSHA standard requires an employer to establish an exposure control plan whenever an employee is or *has the potential to be* occupationally exposed to blood or other potentially infectious material.

For additional information and understanding of bloodborne pathogens, view the [bloodborne pathogen resources](#) available on EMC's website.

Purpose

The <Company Name> Bloodborne Pathogens Program aims to protect the health and safety of employees who, as a result of performing their job duties, are exposed to bloodborne pathogens. This plan will outline control measures to prevent bloodborne infections and diseases by eliminating or minimizing employee exposures.

Scope

<Company Name> strives to provide all employees and on-site contractors with a safe and healthy workplace. This program is integrated into our company's written safety and health program and is a collaborative effort that includes those employees with an occupational exposure to blood or other potentially infectious materials.

Check Your Understanding. An infection control committee made up of employees can be a helpful resource for management and program administration by helping to identify potential occupational exposures to bloodborne pathogens. Committee members may or may not have any direct experience with bloodborne pathogens, and they should be selected from a variety of areas or departments within your organization.

Program Responsibilities

Management. The management of <Company Name> is committed and understands the importance of minimizing or eliminating employee occupational exposure to bloodborne pathogens. Management supports the efforts of the Program Administrator <and the Infection Control Committee (if applicable)> by pledging financial and leadership support for the program. Management will support and regularly communicate with employees about the program.

Program Administrator. The Program Administrator reports directly to upper management and is responsible for the implementation of the Bloodborne Pathogens Program. They maintain, review, and update the program at least annually, and whenever necessary to include new or modified tasks and procedures. The Program Administrator will monitor the results of the program to determine additional areas of focus as needed. The Program Administrator will also:

- Complete the exposure determination
- Determine and implement engineering controls
- Provide necessary labels and red biohazard bags as needed

- Determine the required personal protective equipment (PPE), procure PPE and provide it as needed
- Maintain all employee bloodborne pathogens-related health and training records
- Conduct and document annual training
- Make the post-exposure program available to exposed employees

Employees. Employees are responsible for using proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this program. Employees are also responsible for reporting all exposure incidents to their supervisor or manager as soon as possible, ideally within one working day. Each employee is expected to protect themselves by:

- Learning what tasks may result in exposure
- Following the work practices established by the program
- Following universal precautions
- Wearing appropriate personal protective equipment at all times while performing identified tasks
- Reporting any incidents involving exposure
- Reporting any violations observed that are not consistent with the program

Exposure Determination

Check Your Understanding. The purpose of the exposure determination is to identify all job classifications in which employees may be expected to have an occupational exposure to blood and other bodily fluids with no regard to frequency of exposure. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). A good source for determining jobs, tasks or procedures is to review functional job descriptions. Other methods for determining employee exposure are through observations, interviews and questionnaires.

Some examples of tasks or procedures that could result in contact with blood or other bodily fluids:

- First aid response to an open cut, sore, wound or other injury where blood or other body fluids are present
- Handling of contaminated sharps and lancets used in diabetic monitoring procedures
- Handling of soiled and potentially contaminated clothing, linens, laundry or other materials or items
- Cleaning of surfaces, equipment or materials that may have been contaminated with blood or other body fluids
- Responding to and assisting in situations such as falls, accidents, altercations or other incidents that present exposure to blood or other body fluids

It is important to remember to also determine the potential exposure to blood and other bodily fluids for those individuals who may be part-time, temporary or perform work as a contractor.

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, regardless of frequency, and based on the nature of the job or collateral duties have been identified and evaluated. They are listed in **Appendix A**. The associated job tasks or procedures where contact may occur are also listed in **Appendix A**. This list is updated annually or whenever job classifications or work situations change.

Employees who are part-time or temporary, and those individuals who perform contract work, are also covered by this exposure control plan and they are required to follow all provisions.

Universal Precautions

Check Your Understanding. Universal precautions are those control measures that your organization uses to prevent or minimize human contact with bloodborne pathogens or other bodily fluids. Your organization will need to review the listed methods and verify they are applicable for the various exposures your employees have. The key to implementing control measures is to understand the routes of entry bloodborne pathogens can take into the body:

- puncture (such as an accidental needlestick or other penetration into the skin with a sharp object)
- contact with broken skin (such as rash, acne, cut, scrape, hangnail)
- contact with mucous membranes (eyes, inside of nose and mouth, genitals)

All personnel at <Company Name> who are potentially exposed to human blood and other body fluids will use Universal Precautions at all times. Employees and contractors will treat all blood and bodily fluids that may contain blood as if they are infectious for HIV, HBV and other bloodborne pathogens, making sure to take the necessary precautions.

Engineering Controls and Work Practices. The following specific precautions will be used by all personnel.

When working in an area where human blood or other bodily fluids are present, personnel must **not**:

- Eat, drink, smoke, apply cosmetics or handle contact lenses
- Store food in freezers, refrigerators, cabinets, or any other area where human blood or other bodily fluids are stored or that may be contaminated with human blood or other bodily fluids

When completing a task involving or working with human blood or other bodily fluids personnel must:

- Minimize splashing or spraying
- Wash hands frequently, even if gloves have been worn
(If antiseptic cleansers or towelettes are the only immediately available option to employees they will wash their hands and other exposed skin with soap and running water as soon as possible)
- If mucous membranes have been exposed, flush with water for 5 minutes
- Use leak-proof and non-breakable containers
- Affix biohazard symbols to containers of waste, refrigerators, and freezers containing blood or other bodily fluids
- Use a sealed secondary container for transporting human blood or other bodily fluids through the facility
- Use extreme caution when working with sharp objects such as needles, razor blades or broken glass, and properly dispose of in an appropriate sharps container immediately

Check Your Understanding. Do you have sharps in your organization? The answer is yes. Sharps are any tool or material that can easily puncture or cut the skin (e.g. broken glass, knives, needles, metal shavings, etc.) When these items become contaminated with blood or other bodily fluids, they become subject to the Bloodborne Pathogens Program.

Certain employees may, for personal health reasons, use sharps (needles primarily) on a daily basis. Management will need to make a determination as to whether or not they plan to accommodate these employees. Best Practices would be to offer sharps disposal sites for these individuals within the program guidelines.

Another issue that may need to be included in your program is consideration for any reusable sharps. After use, reusable sharps are to be immediately (or as soon as possible) placed in puncture-resistant, leak-proof, color-coded red or biohazard labeled container that has an opening inaccessible by the human hand.

Resources available on reusable sharps: [Needlestick Safety and Prevention Act](#), [Bloodborne Pathogens and Needlestick Prevention](#), [OSHA booklet on How to Prevent Needlestick Injuries](#), [Preventing Needlestick Injuries in Health Care Settings](#)

Sharps. Use extreme care at all time when handling sharps. Dispose of all sharps in approved sharps containers only. Do not put sharps into regular trash containers or unmarked containers. Other precautions:

- Handle sharps, such as broken glass, scalpels and razor blades with mechanical devices whenever possible
- Avoid the use of sharps or breakable materials whenever possible
- Never recap, bend or break needles
- Use safer sharps devices, such as retractable box cutters or self-blunting syringes whenever possible
- If it is absolutely necessary to recap a needle, use a mechanical device such as a hemostat or forceps to handle the cap
- Appropriate sharps containers are:
 - Puncture-resistant
 - Leak-proofed
 - Labeled with biohazard markings

For disposal of sharps containers and replacement containers, contact **<person or department responsible for managing sharps disposal containers>**.

Check Your Understanding. The employer should decide how to make PPE "readily accessible" for employees' use. Specify in writing what will be issued, how, when and who will provide the PPE. For large facilities which might have numerous tasks, a summary of the tasks and required PPE can be used. The important part to remember is that it is imperative that employees wear appropriate protective body coverings such as gloves, gowns, aprons, caps, and eye protection when occupational exposure is anticipated. The type and characteristics will depend upon the task and degree of exposure anticipated.

Employers with first aid responders are reminded to give them quick access to kits having impervious gloves, resuscitation bags or mouthpieces, eye protection, aprons, disinfectant towelettes for hand washing, and red bags or biohazard-labeled bags.

Personal Protective Equipment (PPE). Personal protective equipment for employees exposed under this program is available at **<location(s)>** at all times. This protective equipment prevents blood and other bodily fluids from reaching an employee's clothing, skin, eyes, mouth or other mucous membranes under normal and proper use

and for the duration of time that the equipment is expected be used. At a minimum, all personnel must wear appropriate gloves when performing procedures in which human blood or other bodily fluids may be handled or contacted.

Standard PPE includes, but is not limited to:

- Nitrile or latex gloves and lab coats, gowns or aprons where employees may be splashed
- Goggles, dust masks or face shields and surgical caps where employees' face and head may be exposed
- Pocket masks, resuscitation bags or other ventilation device where personnel may need to perform emergency resuscitation

The decontamination, cleaning, laundering or disposal of PPE and the repair or replacement of items will be done as needed to maintain their availability and effectiveness.

All PPE must be removed immediately upon leaving the work area and placed in an appropriately designated container that displays the biohazard symbol for decontamination, storage, washing or disposal.

Appropriate gloves must also be worn when handling bagged or obviously contaminated linen. Disposable gloves must be replaced when visibly soiled, torn, punctured or otherwise compromised and may not be washed or disinfected for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is uncompromised. Utility gloves shall be disposed of properly if they are cracked, peeling, torn, punctured or they exhibit other signs of deterioration or inability to function as a barrier without compromise.

When the occurrence of splashes, splatters or droplets of blood or other potentially infectious materials can reasonably be anticipated to come in contact with an employee's eye, nose or mouth, masks are required to be worn in combination with eye protection devices (such as goggles or glasses with a solid side shield or chin-length face shield).

Check Your Understanding. The employer must specify which warning methods are used and communicate this information to all employees. The [OSHA standard](#) requires that biohazard warning labels be attached to:

- Containers of regulated waste
- Refrigerators and freezers containing blood and other potentially infectious materials
- Sharps disposal containers
- Laundry bags and containers
- Contaminated equipment for repair (the portion contaminated)
- Other containers used to store, transport or ship blood or other potentially infectious materials. The warning label must be fluorescent orange or orange-red, contain the biohazard symbol and the word "BIOHAZARD" in a contrasting color and be attached to each object by string, wire, adhesive or other method to prevent loss or unintentional removal of the label.

These labels are not required when:

- Red bags or red containers are used (temporarily)
- Containers of blood, blood components or blood products are labeled as to their contents and have been released for transfusion or other clinical use
- Individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment or disposal.

Labeling. Warning labels will be affixed to all containers that hold blood or other potentially infectious materials. These labels consist of the universal biohazard symbol, the word "BIOHAZARD", and are fluorescent orange or

orange-red background with contrasting letters and symbols. These labels must be placed on refrigerators and freezers containing human blood or other potentially infectious materials, and on containers used to store, transport or ship hazardous waste and sharps. **Appendix B** provides examples of labels for equipment or items that require identification as a biohazard.



The Program Administrator is responsible for ensuring that warning labels are affixed to regulated waste or contaminated equipment is brought into the facility. Employees must report to their supervisor or the Program Administrator if they discover regulated waste containing blood or other potentially infectious materials, contaminated equipment, etc., without proper labels.

Note: Red bags or red containers may be substituted for labels *temporarily* if labels and other proper containers are not immediately available.

Check Your Understanding. A housekeeping schedule containing methods of decontamination, including location of cleanup and decontamination supplies used, needs to be included in your program.

OSHA states certain items that are used to contain fluids, such as bandages, towels, sanitary napkins or other feminine hygiene products used to absorb menstrual flow, are not considered to be potentially infectious materials for waste handling purposes unless they fail the “squeeze test.” These items fail the “squeeze test” when squeezing the item would cause liquid blood to drip out or dried blood to flake off. In these situations, the items must be considered contaminated. Note that even when these items pass the “squeeze test,” they should always be discarded in appropriately-lined waste containers in order to prevent personnel from having contact with them.

Contaminated laundry items also need to be considered in your program. Options include using a laundry service or laundering the items in-house. At a minimum, the laundry should be washed in either hot or warm water. If a low-temperature (<140°F) is used, chemicals suitable for disinfecting laundry should be used. If hot water is used, linen should be washed with detergent in water at least 140°F - 160°F for 25 minutes.

The Antimicrobial Division of the Environmental Protection Agency (EPA) provides a [list of approved decontaminating agents](#) online.

Housekeeping. <Name of responsible person, department or vendor> is responsible for developing the housekeeping schedule and performing routine daily cleanup and decontamination of laundry, equipment, surfaces and other areas. A detailed schedule of routine cleaning and decontamination methods for all blood and other bodily fluids is included in **Appendix C**. The scheduled duties will include:

- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails and cans that have a likelihood for becoming contaminated
- Clean all surfaces and equipment that could be contaminated with an appropriate disinfectant
- Use tongs, tweezers or a broom and a dustpan to pick up contaminated broken glassware or other sharps — never pick up with hands, even if gloves are worn
- Discard all contaminated waste according to federal, state and local regulations
- Process all laundry and reusable PPE garments contaminated with human blood or other bodily fluids:
 - Handle as little as possible and with a minimum of agitation
 - Place wet contaminated laundry in leak-proof biohazard labeled bag before transporting
 - Never sort or rinse contaminated laundry in areas of its use

Emergency Cleanup. Immediate or emergency surface/equipment or spill cleanup will be performed by <Name of responsible person, department or vendor>. Paper towels or other absorbent material will be used to collect larger volumes. Contaminated work surfaces of non-porous equipment will be cleaned as soon as possible with an appropriate disinfectant. All contaminated cleaning materials will be properly disposed in marked biohazard bags. Appropriate PPE will be worn at all times when cleaning up spills.

Disinfectants. When cleaning up blood or other potentially infectious materials, employees will use one of the following appropriate disinfectants:

- A freshly made solution of household bleach and water (a 1:10 dilution – about 2 cups of bleach in a gallon of water). Bleach solutions that are more than one day old should not be used.
- Any commercial disinfectant that is tuberculocidal (this must be indicated on the product label).

Hepatitis B Vaccination

Personnel who may be exposed to human blood or other bodily fluids will receive training and be offered the choice of receiving a hepatitis B vaccination (at no cost to the employee) within 10 working days of their initial assignment. Personnel may not begin work with human blood or other potentially infectious materials until the training and vaccination offer have been completed. Vaccinations will be administered by <name of medical office/facility> and billed to <Company Name>.

- Affected personnel must complete a Consent or Decline of Vaccination Form contained in **Appendix D**. The completed and signed form will be kept in their medical record file. For those employees who initially decline vaccination, they may request vaccination at a later date at no cost to them.
- If affected personnel desire to be tested for the hepatitis B virus antibodies prior to deciding to receive immunization, the testing will be made available at no cost. If adequate antibodies titer is found, the offer of immunization will not be made.
- If the affected personnel have previously received the complete hepatitis B vaccination series, the offer of immunizations will not be made.

Vaccination Information. Vaccination is encouraged by <Company Name> for all employees who have potential for occupational exposure to blood or other bodily fluids. For unvaccinated individuals, post-exposure prophylaxis and vaccination are offered free of charge and are most effective if begun within seven days of the exposure event.

Facts about the hepatitis B vaccine:

- The most common side effect of the vaccination is soreness at the injection site.
- Although vaccination of individuals who have previously had hepatitis B infection is neither necessary nor recommended, the vaccine will not cause adverse effects in such individuals.
- Pregnancy or breast-feeding is not a contradiction for receiving the vaccine.
- When a series of three injections are administered in the deltoid muscle, the hepatitis B vaccine will induce a protective antibody (anti-Gbs) response in 90-95% of healthy adults.
- Special considerations are necessary for hemodialysis patients or other immunosuppressed persons.

Post-Exposure Evaluation & Follow-up

In the event exposure to contaminated human blood or other bodily fluids occurs, or is suspected to have occurred, contact your supervisor or the Program Administrator immediately.

Basic first aid is to be administered immediately upon exposure or suspected exposure. Any wounds involving broken skin must be washed thoroughly for a minimum of 15 minutes. After thorough washing, apply any necessary first aid.

Once washing and first aid is complete, the exposed individual will report the exposure to a supervisor. The individual will then be offered a confidential post-exposure medical evaluation at <name of medical office/provider> with billing being sent to <Company Name>. The post-exposure medical evaluation will include:

- Documentation of the exposure route, the HBV and HIV antibody status of the exposure source individual (if known), and the circumstances under which the exposure occurred.
- Collection of blood from the exposed employee as soon as possible after the exposure incident for determination of HIV and/or HBV status. (Actual testing may be done at that time or later at the employee request.)
- Blood collection and testing of the source individual to determine the presence of HBV or HIV infection, if the source individual is known and permission is obtained (see **Appendix E**). The source individual's test results will be made available to the exposed employee and the employee will be informed by Human Resources of applicable laws and regulations concerning disclosure of the identity and infectious nature of the source individual. When the source individual is previously known to be infected with HIV or HBV, testing of the source individual's blood will not be repeated.
- Additional follow-up, including antibody or antigen testing, counseling, illness reporting and safe and effective post-exposure prophylaxis medical treatment.

Health Care Professional's Written Opinion. The health care professional providing post-exposure and follow-up evaluations, testing or counseling will provide a written opinion addressing the following to the exposed employee within 15 days of the completed evaluation:

- A statement noting whether the hepatitis B vaccination is indicated for the employee and whether the employee received the vaccination
- Proposed post-exposure evaluation and follow-up
- Documentation that the employee was informed of the evaluation results
- Documentation that the employee was informed about any medical conditions resulting from the exposure requiring further evaluation or treatment

All other findings or diagnoses not related to the exposure will remain confidential and will not be included in the written report.

Counseling. Counseling by <Company Name's> employee assistance program or other health care professional will be offered to the exposed and source individuals as requested and necessary. This counseling will include education on bloodborne pathogens and will be provided on an ongoing basis to assist involved individuals in understanding and coping with the incident.

Reporting and Investigation

Reporting. All work-related injuries and illnesses where there is exposure or potential exposure to blood or other bodily fluids must be reported, even when medical attention is not required or is refused by the employee. An Exposure Incident Report (see **Appendix G**) must be completed and submitted within 24 hours of the incident. Supervisors must review and approve all Exposure Incident Reports.

Follow-up Investigation

Each exposure incident will be investigated by the Program Administrator in order to prevent or reduce repeat incidents. The evaluation will include documentation of:

- Safety equipment in use at the time of the exposure incident
- Work practices in place at the time of the exposure incident
- Personal protective equipment or clothing in use at the time of the exposure incident
- An evaluation of the policies and “failures of controls” at the time of the exposure incident

Training

All employees and contract workers required to participate in the Bloodborne Pathogens Program must receive initial training and annual retraining. New personnel must be trained prior to working with human blood or other potentially infectious materials. Training will be completed no later than <five> days after their initial start date. The Program Administrator has responsibility to ensure all potentially exposed personnel are trained.

The training program will cover, at a minimum, the following elements:

- A copy and explanation of OSHA’s bloodborne pathogen standard
- Epidemiology and symptoms of bloodborne pathogens
- Modes of transmission
- Our Bloodborne Pathogens Program and how to obtain a copy
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- Use and limitations of engineering controls, work practices, and personal protective equipment (PPE)
- PPE — the basis for selection
- PPE — use, location, removal, handling, decontamination and disposal
- Hepatitis B vaccine — offered free of charge, safety, effectiveness, benefits and method of administration (See **Appendix D**)
- Emergency procedures for blood and other potentially infectious materials
- Exposure incident procedures
- Post-exposure evaluation and follow-up
- Signs, labels and/or color coding to warn of hazards
- Question and answer session

In addition to required annual refreshers, retraining will also be provided on an as-needed basis, when new hazards are introduced into the workplace, when modifications in tasks change an employee’s occupational

exposure and/or when inadequacies in employee knowledge or use of equipment are noted. All training will be documented on the employee training form (**Appendix F**) and retained by the Program Administrator for **<seven>** years. Employee training records are provided upon request by the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Program Administrator.

Recordkeeping

Medical Records. Confidential records are maintained for all personnel with occupational exposure to human blood or other potentially infectious materials. These records will include the following:

- Personnel names and ID numbers
- Signed Consent or Decline of Vaccination Forms for each participating individual
- Hepatitis B vaccination status, dates of vaccinations and any medical records relative to each individual's ability to receive vaccination
- Copies of all examination results, medical testing and follow-up procedures for each participating individual
- Copies of the health care professional's written opinion created after each evaluation

The Program Administrator is responsible for maintenance of these medical records. Medical records are kept in **<list location>** for the duration of employment plus 30 years. Employee medical records are provided within 15 working days when requested by the employee or anyone having written consent of the employee. Requests should be sent to the Program Administrator.

Sharps Injury Log. All cut and puncture injuries from contaminated sharps are to be recorded in a Sharps Injury Log (see **Appendix H**). This log will be reviewed as part of the annual program evaluation and maintained for at least seven years.

Periodic Program Review

All Bloodborne Pathogens Program procedures and training are reviewed by the Program Administrator annually.

Annual inspections are documented with the form shown in **Appendix I** and maintained by the Program Administrator.

Outside Contractors

Contractors working on our property or job sites are required to have their own bloodborne pathogens program that is equivalent to or better than **<Company Name's>** program. Contractors that do not have a bloodborne pathogens program will be required to use **<Company Name's>** program and be responsible for the cost associated with its implementation for their employees.

Revision History

<Revision 1 –December 2014>

Appendix A – Job Classifications (Revised <date>)

Appendix B – Label and Sign Requirements

Equipment or Item Requiring Label/Sign	Label/Sign Type (i.e., size, color)
Sharps container in locker room	Red container with 2"x3" biohazard label
Refrigerator in lab	8"x12" biohazard sign

Appendix C – Housekeeping Schedule

[illegible]

Appendix D – Hepatitis B Consent or Declination Form

CONFIDENTIAL

CONSENT OR DECLINE OF VACCINATION FORM

Please fill out **either** CONSENT or DECLINE section below.

Employee Name _____
Employee Number _____
Job Title _____
Area/Location _____

CONSENT TO VACCINATE

Please indicate if you consent to receive the hepatitis B vaccination. Yes, I consent _____

I have read the information about the vaccine. I have had an opportunity to ask questions of a qualified medical professional and understand the benefits and risks of receiving the vaccination. I understand it is possible that I may not become immune, or that I may experience side effects from the vaccine.

Employee Signature

Date Signed

Note: Your consent to vaccination will be filed in your confidential medical record and will be retained for the duration of your employment plus 30 years.

DECLINE TO VACCINATE

Please indicate if you decline the hepatitis B vaccination. Yes, I decline _____

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 me; however, I decline hepatitis B vaccination at this time. I have had an opportunity to ask questions of a qualified medical professional and understand the benefits and risks of receiving the vaccination. 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 or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

If you are declining vaccination because you have previously been vaccinated, please check here. _____

Employee Signature

Date Signed

Note: Your declination to vaccination will be filed in your confidential personnel record and will be retained for the duration of your employment plus 30 years.

CONFIDENTIAL

Appendix E – Request for Source Individual Evaluation

REQUEST FOR SOURCE INDIVIDUAL EVALUATION

Dear Medical Professional:

One of our employees was involved in an incident that may have resulted in exposure to a bloodborne pathogen. I am asking you to perform an evaluation of the source individual. Given the circumstances surrounding this event, please determine whether our exposed employee is at risk for infection and/or requires medical follow-up.

Attached is a **Documentation and Identification of Source Individual** form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the indicated medical provider. The evaluation form has been developed to provide confidentiality assurances for the source individual and the exposed individual concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level. We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receives such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

<Company Name>

DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

Name of exposed employee _____

Name and phone number of medical provider who should be contacted _____

Incident Information

Incident Date _____

Name or Medical Record Number of Source Individual _____

Nature of the Incident

_____ Contaminated sharps injury

_____ Blood or body fluid splash onto mucous membrane or non-intact skin

_____ Other: _____

Source Individual Evaluation

Source Individual Known

Chart reviewed by _____ Date _____

Source Individual Unknown

Researched by _____ Date _____

Testing of Source Individual's Blood

Consent to test source individual's blood _____ Obtained _____ Refused

Evaluation and Recommendation

Check one.

_____ Identification of source individual infeasible or prohibited by state or local law.

State why infeasible: _____

_____ Evaluation of the source individual reflected no known bloodborne pathogens.

_____ Evaluation of the source individual reflected possible bloodborne pathogens and medical follow-up is recommended.

Person Completing Report _____ Date _____

Note: Report the results of the source individual's blood test to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

HIV-related information cannot be released without the written consent of the source individual.

Appendix F – Employee Training Record

The following individuals have received training on <Company Name's> Bloodborne Pathogens Program.

Print Name	Sign Name	Date

Print Instructor's Name	
Instructor's Signature	
Instructor's Title	
Date of Training	

Appendix G – Exposure Incident Report Form

EXPOSURE INCIDENT REPORT

Be as detailed as possible. Please print.

Date completed ____ / ____ / ____

Employee name _____

Employee number _____

Date of birth ____ / ____ / ____

Job title _____

Home phone _____

Work phone _____

Has employee been vaccinated for hepatitis B? ____ Yes ____ No

Exposure Incident Information

Date and time of exposure ____ / ____ / ____ : ____ : ____ AM/PM

Location of incident (home, street address, work area, etc.). Be specific.

Nature of incident (accident, housekeeping, medical emergency). Be specific.

Describe what task(s) you were performing when the exposure occurred. Be specific.

Were you wearing personal protective equipment (PPE)? **Yes / No**

If yes, list types _____

Did the PPE fail? **Yes / No**

If yes, explain how _____

List any body fluids, blood or other potentially infectious material you were exposed to.

List any parts of your body that were exposed to potentially infectious material.

Estimate the size of the area of your body that was exposed.

Estimate the period of time your body was exposed.

Did a foreign body (needle, nail, auto part, broken glass, etc.) penetrate your body? **Yes / No**

If yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? **Yes / No**

If yes, what fluid? _____

How much? _____

Did you receive medical attention? **Yes / No**

If yes, where? _____

When? _____

Care provider name _____

Do you know the name of the source individual (the person who the blood or potentially infectious material came from)? **Yes / No**

If yes, list name(s) _____

List any other important details.

*Submit completed report to <a supervisor or your organization's
bloodborne pathogen program administrator.>*

Appendix H – Sharps Injury Log

<Company Name>

Sharps Injury Log

[illegible]

Appendix I – Annual Evaluation Report

Date of evaluation:	Evaluated by (list all present):
Written program reviewed: Yes No	
Comments on written program:	
The following specific bloodborne pathogens procedures have been reviewed:	
The following specific bloodborne pathogens procedures were modified:	
The following specific bloodborne pathogens procedures were added:	
A review of the sharps procedures was made: Yes No	
The following specific sharps procedures were modified:	
The following specific sharps procedures were added:	
Additional information:	