



CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

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BLOODBORNE PATHOGENS

EXPOSURE CONTROL PLAN

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PURPOSE OF THE PLAN

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out in order to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030. The purpose of the Bloodborne Pathogens standard is to “reduce viruses (HIV, HBV) and other bloodborne pathogens which employees can encounter in their workplace.”

The Camden County Educational Services Commission believes that there are a number of good general principles which should be followed when working with bloodborne pathogens. These include that:

- It is prudent to minimize all exposure to bloodborne pathogens.
- Risk of exposure to bloodborne pathogens should never be underestimated.
- Our Commission shall institute as many work practices and engineering controls as necessary to eliminate or minimize employee exposure to bloodborne pathogens.

We have developed, and will implement, this Exposure Control Plan, ECP, to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- To protect our employees and students from the health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling should an employee or student be exposed to bloodborne pathogens.

GENERAL PROGRAM MANAGEMENT

A. RESPONSIBLE PERSONS

There are four major categories of responsibility central to the effective implementation of our Exposure Control Plan. These are:

- Exposure Control Officer
- Administrators
- Instructional Staff including Teachers, Aides and Substitutes
- Support Staff

The following sections define the roles played by each of these carrying out our plan. If, because of promotion or other reasons, a new employee is assigned any of these responsibilities, the Superintendent is to be notified of the change so records can be updated.

1. Exposure Control Officer

The Exposure Control Officer, ECO, will be responsible for overall management and support of the Commission's Bloodborne Pathogens Compliance Program. Activities which are delegated to the ECO typically include, but are not limited to:

- a. Overall responsibility for implementing the ECP for Commission's programs.
- b. Working to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- c. Looking for ways to improve the ECP as well as to revise and update the plan when necessary.
- d. Collecting and maintaining a suitable reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information.
- e. Knowing current legal requirements concerning bloodborne pathogens.
- f. Acting as district liaison during OSHA inspections.
- g. Conducting periodic audits to maintain an up-to-date ECP.

The Superintendent of the Commission will be the district's ECO.

The ECO will require assistance in fulfilling responsibilities. To assist the ECO in carrying out responsibilities, an Exposure Control Committee (ECC) will be developed. This committee will consist of:

- Superintendent
- School Business Administrator/Board Secretary
- Administrator
- Three (3) Teachers representing all programs
- Support Staff Member

2. Administrators

Commission Administrators are responsible for exposure control in respective areas. They work directly with the ECO and staff to ensure proper exposure control procedures are followed.

3. Education/Training Coordinator

Our Education/Training Coordinator will be responsible for providing information and training to all employees who have potential for exposure to bloodborne pathogens. Activities falling under the direction of the Coordinator include:

- a. Maintaining an up-to-date list of personnel requiring training in conjunction with school management.
- b. Developing suitable education/training programs.
- c. Scheduling periodic training seminars for staff.
- d. Maintaining appropriate training documents such as sign-in sheet and agenda.
- e. Periodically reviewing the training programs with the ECO, principals and supervisors to include appropriate new information.

The Superintendent will serve as the district's Education/Training Coordinator.

4. Staff

As with all Commission activities, staff have the most important role in our bloodborne pathogens compliance program, for the ultimate execution of much of our Exposure Control Plan rests in their hands. In this role the following must be accomplished:

- a. Know which tasks they perform which have occupational exposure.
- b. Attend the bloodborne pathogens training sessions.
- c. Plan and conduct all operations in accordance with our work practice controls.
- d. Practice good personal hygiene.

B. AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO STAFF

To help with their efforts, our Commission Exposure Control Plan is available to our staff at any time. Staff will be advised of this during education/training sessions. Copies of the Exposure Control Plan are kept in the following location:

- Superintendent's Office
- Business Office
- CCYC Supervisor's Office

C. REVIEW AND UPDATE OF THE PLAN

We recognize it is important to keep our Exposure Control Plan up-to-date. To ensure this, the plan will be reviewed and updated under the following circumstances.

- On a regular basis
- When new or modified tasks and procedures are implemented which affect occupational exposure of our staff.
- Whenever our staff's jobs are revised in such a manner that new instances of occupational exposure may occur.
- Whenever we establish new functional positions within our district that may involve exposure to bloodborne pathogens.

D. EXPOSURE DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations staff may encounter. To facilitate this in our schools, we have prepared the following lists:

1. Job classifications in which ALL staff have occupational exposure which would be a reasonable expectation that they are exposed to fluids as previously described. This group will be offered the Hepatitis B vaccine which will be supplied by the district. In addition, this group will receive thorough training on the use of personal protective equipment and disposal of material.
 - CCYC Staff including Supervisor, Teachers and Aides
 - Regionalized Special Education Staff including supervisor(s), teachers, aides and substitutes
 - White Horse Academy Staff including administrator(s), teachers, aides and substitutes
 - Maintenance/Custodial Staff
2. Job classifications in which staff may have low level exposure to bodily fluids as previously described. This group would have available to them gloves in order to help implement the universal procedures. This group would also be aware of the availability of personal protective equipment and its use.
 - Other instructional staff including teachers, aides and substitutes
 - Other Administrators
 - Support Staff
3. Tasks and procedures in which occupational exposure to bloodborne pathogens occurs. Below are listed tasks and procedures and potential activities which might result in staff coming in contact with bloodborne pathogens:

<u>Occurrence</u>	<u>Person Possibly Exposed</u>
Injury in class	Teachers, aides, substitutes Maintenance/Custodial Staff
Injury out of class	Teachers, aides, substitutes Maintenance/Custodial Staff Administrators Support Staff

It must be noted that there is a proper protocol to be followed. Any injuries in the classroom require immediate attention. All staff members will be supplied with gloves. Staff members may have students attend to their own injury when possible. If this is not possible, staff member should immediately contact the school nurse, or building administrator. When cleanup is necessary, staff member should contact school custodian, and the Commission office.

Any staff member attending to an injury must follow the universal precautions. Personal protective equipment will be available in all trailers and vans.

These initial lists have been compiled with input from the Exposure Control Committee. The Superintendent will work with administrators and staff to revise and update these lists as tasks, procedures and classifications change.

E. METHODS OF COMPLIANCE

We understand there are a number of areas which must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in our Commission. Each of these areas is reviewed during training. These areas are:

- The use of universal precautions
- Establishing appropriate engineering controls
- Implementing appropriate work practice controls
- Using necessary personal protective equipment
- Implementing appropriate housekeeping procedures

1. Universal Precautions

All human blood and body fluids such as semen and vaginal secretions are to be treated as though they are known to be infectious for HBV, HIV and other bloodborne pathogens.

In circumstances where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious. The Superintendent is responsible for overseeing our universal precautions program.

2. Engineering Controls

One of the key aspects of our ECP is the use of engineering controls to eliminate or minimize staff exposure to bloodborne pathogens. As a result, staff members use cleaning, maintenance and other equipment designed to prevent contact with blood or other potentially infectious materials. The Superintendent periodically will work with administrators to review tasks and procedures where engineering controls can be updated.

- a. Hand washing facilities which are readily accessible to all employees who have potential exposure.
- b. Container for contaminated sharps having the following characteristics:
 - (1) Puncture-resistant
 - (2) Color coded or labeled with a biohazard warning labe
 - (3) Leak-proof on the sides and bottom

3. Work Practice Controls

A number of work practice controls are also used. The Commission's administrators are responsible for seeing that these controls are followed and updated as necessary. These include:

- a. Staff members wash hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other PPE.
- b. Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.
- c. Contaminated needles and other contaminated sharps are not bent, recapped or removed unless:
 - (1) It can be demonstrated there is no feasible alternative.
 - (2) The action is required by specific medical procedures.
 - (3) In the two situations above the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
- d. Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- e. Food and drink are not kept in refrigerators, freezers or countertops or in other storage areas where blood or other potentially infectious materials are present.
- f. Equipment which becomes contaminated is examined prior to servicing and decontaminated as necessary.
- g. When a new staff member comes to our Commission or a staff member changes jobs within the Commission the following occurs to ensure training:

- (1) The job classifications and tasks and procedures are checked against those in our ECP.
- (2) If a staff member is transferring from one position to another within the Commission, the job description of his/her previous position will be also be checked. The crosschecking will insure compliance.
- (3)The staff member, if necessary, will receive training.

4. Personal Protective Equipment

- a. PPE is our staff's "last line of defense" against bloodborne pathogens. Because of this, our district provides, at no cost to the staff member, the PPE needed to protect against exposure. This will include but not be limited to:

- Disposable gloves
- Hand sanitizer
- Towelettes
- Tissues
- Band-aids
- Sterile pads
- Disinfectant

- b. Commission Administrators will ensure that PPE is available in the areas listed previously. Staff will be provided training for the use of PPE. Additional training is provided when necessary for new staff or if a staff member changes position which might result in expectation to exposure.

To ensure PPE is not contaminated and is in the appropriate condition to protect employees from potential exposure, our district will adhere to the following practices:

- (1) All PPE is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
 - (2) Reusable PPE is clean, laundered and decontaminated as needed. Single use PPE is disposed of after use.
- c. To make sure this equipment is used as effectively as possible, our staff will adhere to the following practices when using PPE:
 - (1) Any garments penetrated by blood or other infectious materials are removed immediately or as soon as feasible.
 - (2) All potentially contaminated PPE is removed prior to leaving work area.
 - (3) Gloves are worn whenever a staff member can anticipate hand contact with potentially infectious materials or when handling or touching contaminated surfaces.

- (4) Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an exposure barrier.
- (5) Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of properly.
- (6) Masks and eye protection are used whenever splashes or sprays may generate droplets of infectious materials.
- (7) Protective clothing is worn whenever potential exposure to the body is anticipated.

5. Housekeeping

Maintaining Commission facilities in a clean and sanitary condition is an important part of our bloodborne pathogens compliance program. The Commission's administrators are responsible for setting up our cleaning schedules and making sure it is carried out within our Commission. Using this schedule, our maintenance/custodial staff employs the following practices:

- a. All equipment and surfaces are cleaned and decontaminate after contact with blood or other potentially infectious materials immediately when surfaces are overtly contaminated.
- b. Protective covering such as trash bags are removed and replaced as soon as feasible or at the end of the shift.
- c. All trash containers, pails, bins and other receptacles are routinely inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- d. Potentially contaminated broken glassware is picked up by using mechanical means such as dustpan and brush, tongs, forceps.
- e. Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- f. Whenever our staff moves containers of regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

6. Cleaning Schedule

Our cleaning schedule and list of cleaners and disinfectants are on file in the Superintendent's office. In addition, all areas are cleaned and disinfected on an as needed basis.

F. VACCINATION PROGRAM

To protect staff member from the possibility of HBV infection, our district will implement a vaccination program for those likely to be exposed as previously described.

The vaccination program consists of a series of three inoculations over a six month period. As part of training, staff members will receive information about this program provided free of charge by the district.

The Superintendent is responsible for setting up and operating our vaccination program.

Vaccinations will be performed under the supervision of the Commission's physician. Staff members eligible for this program have been listed previously. Their involvement will be noted and kept in their personnel files. Staff members eligible for the program who decline the vaccination must sign the "Vaccination Declination Form."

The vaccination program is discussed at training sessions.

G. POST –EXPOSURE EVALUATIONS AND FOLLOW-UP

1. If one of our staff is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things on which we immediately focus our efforts:
 - a. Investigating the circumstances surrounding the exposure incident.
 - b. Making sure that our staff receives medical consultation and treatment (if required) as expeditiously as possible.
2. The Exposure Control Officer investigates every exposure incident that occurs in the Commission. This investigation is initiated with 24 hours after the incident occurs and involves gathering the following information:
 - a. When the incident occurred – date and time.
 - b. Where the incident occurred – location within the district.
 - c. What potentially infectious materials were involved in the incident type of material (blood etc.).
 - d. Source of the material
 - e. Under what circumstances the incident occurred – type of work being performed.
 - f. How the accident was caused – accident, unusual circumstances (such as equipment malfunction, power outage etc.).
 - g. Personal protective equipment being used at the time of the incident.
 - h. Actions taken as a result of the incident – staff decontamination, cleanup, and notification made.
3. After this information is gathered, it is evaluated, a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future (to help with this, we use the "Incident Investigation Form").
4. In order to make sure that our staff receives the best and most timely treatment if an exposure to bloodborne pathogens should occur, our district has set up a comprehensive post-exposure evaluation and follow-up process. We use the "checklist" to verify that all the steps in the process have been taken correctly.

We recognize that much of the information involved in this process must remain confidential and will do everything possible to protect the privacy of the people involved.

5. As the first step in this process, we provide the employee with the following confidential information:
 - a. Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
 - b. Identification of the source individual (unless infeasible or prohibited by law).
6. Next, if possible, we test the source individual's blood to determine HBV and HIV infectivity. This information will also be made available to the exposed employee if it is obtained. At that time, the employee will be aware of any applicable laws regulations concerning disclosure of the identity and infectious status of a source individual.
7. Finally, we collect and test the blood of the exposed employee for HBV and HIV status.
8. Once these procedures have been completed, an appointment is arranged for the exposed employee with a qualified healthcare professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.
9. To assist the healthcare professional we forward a number of documents to him/her, including the following:
 - a. A copy of the Bloodborne Pathogens Standard.
 - b. A description of the exposure incident.
 - c. The exposed staff member's relevant medical records.
 - d. Other pertinent information.
10. Healthcare Professional's Written Opinion

After the consultation, the healthcare professional provides the Exposure Control Officer with a written opinion evaluating the exposed employee's situation. He, in return, furnishes a copy of this opinion to the exposed staff member.

In keeping with this process' emphasis on confidentiality, the written opinion will contain only the following information:

- a. Whether Hepatitis B Vaccination is indicated for the employee.
- b. Whether the employee has received the Hepatitis B Vaccination.
- c. Confirmation that the employee has been informed of the results of the evaluation.
- d. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

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

H. MEDICAL RECORDKEEPING

To make sure that we have as much medical information available to the participating healthcare professional as possible, our district maintains comprehensive medical records on our employees. The Superintendent is responsible for setting up and maintaining these records, which include the following information:

1. Name of employee
2. Social Security number
3. A copy of the employee's Hepatitis B Vaccination status.
 - a. Dates of any vaccinations.
 - b. Medical records relative to the employee's ability to receive vaccination.
4. Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of the employee's exposure to bloodborne pathogens.
5. A copy of the information provide to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, we recognize that it is important to keep the information in these medical records confidential. We will not disclose or report this information to anyone without the employee's written consent (except as required by law).

I. LABELS

There will be proper labeling and color coding when necessary. The Exposure Control Officer will be responsible for maintaining this program in our Commission. The following will be labeled:

1. Containers of regulated waste
2. Laundry bags and containers
3. Contaminated equipment

J. TRAINING

Having well-informed and educated staff members is extremely important when attempting to eliminate or minimize exposure to bloodborne pathogens. Because of this, all staff members who have the potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

Staff members will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment.

The Exposure Control Officer is responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive this training.

1. Training Topics

The topics covered in our training program include, but are not limited to, the following:

- a. The Bloodborne Pathogens Standard itself.
- b. The epidemiology and symptoms of bloodborne diseases.
- c. The modes of transmission of bloodborne pathogens.
- d. Our district's Exposure Control Plan (and where staff members can obtain a copy).
- e. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- f. A review of the use and limitations of methods that will prevent or reduce exposure including:
 - (1) Engineering controls
 - (2) Work practice controls
 - (3) Personal protective equipment
- g. Selection and use of personal protective equipment including:
 - (1) Types available
 - (2) Proper use
 - (3) Location within the facility
 - (4) Removal
 - (5) Handling
 - (6) Decontamination
 - (7) Disposal
- h. Visual warnings of biohazards with our Commission, including labels, signs and "color-coded" containers.
- i. Information on the Hepatitis B Vaccine, including its:
 - (1) Efficacy
 - (2) Safety
 - (3) Method of administration
 - (4) Benefits of vaccination
 - (5) Our district's free vaccination program
- j. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k. The procedures to follow if an exposure incident occurs, including incident reporting.
- l. Information on the post-exposure evaluation and follow up, including medical consultation that our district will provide.

2. Training Methods

Our training presentations shall make use of several training techniques including, but not limited to, the following:

- a. Classroom type atmosphere with personal instruction
- b. Videotape programs
- c. Training manuals/employee handouts
- d. Staff review sessions

3. Recordkeeping

To facilitate the training of staff members, as well as to document the training process, we maintain training records containing the following information:

- a. Dates of all training sessions
- b. Contents/summary of the training instructors
- c. Names and qualifications of the instructors
- d. Names and job titles of staff members attending the training sessions.

Training records are available to our employees and their representatives, as well as OSHA and its representatives, for examination and copying.

Appendix A

DEFINITIONS

1. **Bloodborne Pathogens** means disease-causing microorganisms that are present in human blood and PIM's that can cause disease in humans. Examples are Hepatitis B and HIV.
2. **Occupational Exposure** means REASONABLY anticipated skin, eye, mucus membrane or parenteral (through the skin/mucus membrane barrier) contact with blood or other potentially infectious materials (PIM'S) which may result from the performance of an employee's duties.
3. **Potentially Infectious Materials** or **PIM'S** means blood and other potentially infectious materials including human body fluids (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, pleural fluid, saliva in dental procedures, and body fluid which is visibly contaminated with blood and ALL body fluid in situations where it is difficult or impossible to differentiate between body fluids). Any unfixed tissue or organs from a human, living or dead; HIV containing cell or tissue cultures, organ cultures; and HIV or HBV containing culture, medium or other solutions in blood, organs or other tissues from experimental animals infected with HIV or HBV.
4. **Contaminate** means the presence or the reasonably anticipated presence of blood or other PIM's on an item or surface.
5. **Sharps** mean any object which can penetrate the skin, including but not limited to: needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wire.
6. **Regulated Waste** means liquid or semi-liquid blood or other PIM's; contaminated items which would release blood or PIM's; items which are caked with dried blood PIM's and are capable of releasing these materials during handling; contaminated sharps, and pathological and microbiological waste containing blood or other PIM's.
7. **Universal Precautions** means an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV or bloodborne pathogens.

Appendix C

DECLINATION STATEMENT

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 declined Hepatitis B vaccination 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 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.

Employee Signature

Date

Appendix D

EMPLOYEE EDUCATION & TRAINING RECORD

Employee _____ Date of Hire _____

Job Title _____ Date Assigned _____

INITIAL TRAINING	Date	Location	Trainer	Employee Signature
Subject				
a. The standard				
b. Epidemiology & Symptoms of Bloodborne Diseases				
c. Modes of Transmission				
d. Exposure Control Plane				
e. Recognizing Potential Exposure				
f. Use of Limitations of Exposure Control Methods				
g. Personal Protective Equipment (PPE)				
h. Selection of PPE				
i. HBV Immunization Program				
j. Emergencies Involving Blood or Potentially Infectious Materials				
k. Exposure Follow-up Procedures				
l. Post Exposure Evaluation and follow-up				
m. Signs & Labels				
n. Opportunity to Ask Questions				
ADDITIONAL EDUCATION:				
Subject(s)	Date	Location	Trainer	Empl. Signature
ANNUAL RETRAINING:				
Subject(s)	Date	Location	Trainer	Empl. Signature

Appendix F

EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)
Please Print

Date Completed _____

Employee's Name _____ SS# _____

Home Phone _____ Business Phone _____

DOB _____ Job Title _____

Employee Vaccination Status _____

Date of Exposure _____ Time of Exposure _____ AM__ PM__

Location of Incident (Be specific): _____

Nature of Incident (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 _____

Did the PPE fail? Yes _____ No _____

If yes, explain how: _____

What body fluid(s) were you exposed to (blood or other potentially infectious Material)? Be specific: _____

What parts of your body became exposed? Be specific _____

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

For how long? _____

Did a foreign body (needle, nail, dental wire, etc.) penetrate your body? Yes ___ No ___

If yes, what was the object? _____

How did it penetrate you body? _____

Was any fluid injected into you body? Yes _____ No _____

If yes, what fluid? _____ How much? _____

Did you receive medical attention? Yes _____ No _____

If yes, where? _____

When? _____

By whom? _____

Identification of source individual(s) _____

Name(s) _____

Other pertinent information _____

Appendix G

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident: _____ Time of incident: _____

Location: _____

Potentially Infectious Materials involved:

Type: _____ Source: _____

Circumstances (work being performed etc.): _____

How Incident Was Caused (accident, equipment malfunction etc.): _____

Personal Protective Equipment Being Used: _____

Actions Taken (decontamination, clean-up, reporting etc.). _____

Recommendations for Avoiding Repetition: _____

Appendix H

EMPLOYEE EXPOSURE FOLLOW-UP RECORD

CONFIDENTIAL

Employee's Name _____ Job Title _____

Occurrence Date _____ Reported Date _____

Occurrence Time _____

SOURCE INDIVIDUAL FOLLOW-UP:

Request made to _____

Date _____ Time _____

EMPLOYEE FOLLOW-UP:

Employee's Health File Reviewed by _____ Date _____

Information given on source individual's blood test results Yes _____ Not obtained _____

Referred to healthcare professional with required information:

Name of healthcare professional _____

By whom _____ Date _____

Blood Sampling/Testing Offered:

By whom _____ Date _____

Vaccination Offered/Recommended:

By whom _____ Date _____

Counseling Offered:

By whom _____ Date _____

Employee advised of need for further evaluation of medical condition:

By whom _____ Date _____