



NORTHLAND
COMMUNITY & TECHNICAL COLLEGE

1.0 EXPOSURE CONTROL PROGRAM

1.1 PURPOSE

Northland Community and Technical College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist our place of employment in implementing and ensuring compliance with the standard, thereby protecting our employees. The contact person for the bloodborne pathogens program is Cory feller, Safety Officer.

Our Exposure Control Program is designed to eliminate or minimize employee exposure to blood or other potentially infectious materials (OPIM). This plan includes an exposure determination for this workplace, the schedule and methods of implementation, and the procedure for the evaluation of circumstances surrounding exposure incidents.

1.2 EXPOSURE DETERMINATION

As required by OSHA, Northland Community and Technical College has done an exposure determination concerning which employees may reasonably expect to incur exposure to blood or other potentially infectious materials as a result of their job duties. The exposure determination was made without regard to the use of personal protective equipment (PPE).

Below is a list of job classifications / groups / individuals that Northland Community and Technical College has identified as occupationally exposed. Specific tasks/procedures in which occupational exposure occurs are included.

| Job Classifications | Reason for Occupational Exposure | | |
|--------------------------|----------------------------------|---------------------------------|---|
| | Providing First Aid | Cleanup of Blood or OPIM Spills | Contact / Handling of Materials Contaminated with Blood or OPIM |
| Nursing | X | | X |
| Coaching | X | X | X |
| Physical Education | X | | |
| Art | X | | |
| Automotive & Autobody | X | | |
| Chemistry | X | | |
| Biology | X | | |
| Welding | X | | |
| Maintenance | | X | X |
| Aviation | X | | |
| Construction Electricity | X | | |
| Plumbing | X | | |
| HVAC | X | | |
| Animal Science | X | | |

All the employees identified above as occupationally exposed must:

1. Receive training annually;
2. Be provided appropriate personal protective equipment; and
3. Be offered the hepatitis B vaccination at the employer's expense.

♦ **NOTE (1)**

Of course, all College personnel may have some chance of exposure during emergency situations (i.e. Instructors, staff aids). It is our policy, however, that all employees, except those listed above, are discouraged from administering the elements of this plan. Instead, the procedure is to contact one of the employees listed above for further action.

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

♦ **NOTE (2)**

Biology curriculum may occasionally include blood-typing, whereby students and instructors lance the skin to produce a drop of blood for analysis purposes.

These affected employees will be included under this plan when the biology curriculum involves blood-typing.

1.3 UNIVERSAL PRECAUTIONS TO BE USED

As a general policy “Universal Precautions” shall be observed when the potential for exposure to bodily fluids is present. Human skin is an effective barrier against most disease causing bacteria and viruses when regularly washed with just soap and water. However, exposure occurs when the skin is damaged due to cuts, sores, scrapes, or wiping exposed skin to natural body openings such as eyes, mouth and nose, all of which occur routinely in our everyday lives and are sound reasons for protecting ourselves and others.

“Universal Precautions” such as gloves (preferably non-latex), eye protection and masks aid in further protecting you as an individual from potentially deadly or incapacitating illnesses. Just as importantly, “Universal Precautions” and regular hand washing are key to preventing you from transferring these potentially incapacitating and deadly diseases to others such as your family, your students and fellow staff members.

Because differentiation between body fluid types is difficult or impossible, all body fluids shall be considered as “potentially infectious material”.

The use of latex or powdered latex gloves should be discouraged because they have been found to be related to latex allergies. Latex allergies can trigger serious health effects to include life threatening anaphylactic shock. It is recommended to use non-latex gloves for use in “Universal Precautions”.

1.4 Engineering and Work Practice Controls

- ♦ Engineering controls such as infectious disease spill kits shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- ♦ Handwashing facilities, which are readily accessible to employees, will also be provided.
- When provision of handwashing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following the contact of such body areas with blood or other potentially infectious materials.

- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:
 - (A) Puncture resistant
 - (B) Labeled or color-coded in accordance with this standard
 - (C) Leak-proof on the sides and bottom
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - (A) The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding is required when such specimens/containers leave the facility.
 - (B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

- (C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container, which is puncture-resistant in addition to the above characteristics.
- Equipment, which may become contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible.
 - (A) A readily observable label shall be attached to the equipment stating which portions remain contaminated.
 - (B) This information will be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

Personal Protective Equipment

- When there is occupational exposure, provisions shall be made, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- Use: The employee shall use appropriate personal protective equipment as determined by the employee's professional judgment that in a specific instance its use would have prevented the delivery of health care or public safety services or would have imposed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- Accessibility: Appropriate personal protective equipment in the appropriate sizes will be readily accessible at the workstation or be issued. Hypoallergenic gloves, glove liners, powerless gloves, or other similar alternative shall be readily accessible to those employees who are allergic to the gloves normally provided.
- Cleaning, Laundering, and Disposal: The employer will clean, launder, and dispose of personal protective equipment required, at no cost to the employee.
- Repair and Replacement: The employer will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

- Gloves: Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces.
 - (A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - (B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.
 - (C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- Masks, Eye Protection, and Face Shields: Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Gowns, Aprons, and Other Protective Body Clothing: Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
- If blood or other potentially infectious materials penetrate a garment(s), the garment(s) shall be removed immediately or as soon as possible.
- All personal protective equipment that is removed shall be removed prior to leaving the work area.
- When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

PROTECTIVE EQUIPMENT BY JOB CLASSIFICATION

The College has determined that the individuals identified in the **EXPOSURE DETERMINATION** section of this plan (see section 1.2 for the specific job classifications / groups / individuals) have been classified as having a potential exposure to blood or other potentially infectious materials in our work place. Therefore, as a matter of policy, the College shall provide and make available the following Personal Protective Equipment:

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

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

HOUSEKEEPING

- All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Decontamination will be accomplished by using a product that is listed as tuberculocidal or a diluted bleach solution (90% tap water / 10% bleach). If a bleach solution is to be used, the solution must be made fresh every 24 hours.

Decontamination will take place after initial clean up (i.e. wiping up) of spills of blood or OPIM.

- (A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have been contaminated since the last cleaning.
- (B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.
- (C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contaminated.

- (D) Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.
- (E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

·REGULATED WASTE

(A) Contaminated Sharps Discarding and Containment.

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

(B) Other Regulated Waste Containment.

- (1) Regulated Waste shall be placed in containers, which are:

- (i) Collapsible / Closable;
 - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
 - (iii) Labeled or color-coded to identify its contents;
 - (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- (2) Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible. Such laundry shall be placed and transported in bags or containers labeled or color-coded. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
 - (a) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.
 - (b) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
 - (c) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded - so as to identify its contents.
 - (d) Laundry that is soaked with blood or other potentially infectious materials will be bagged and sent to the hospital or licensed hazardous waste collector for disposal

HEPATITIS B VACCINATION & POST-EXPOSURE EVALUATION AND FOLLOW-UP

I. General

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

- (iii) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional and;
- (iv) Provided in accordance with the current Center for Disease Control (CDC) and Prevention Guidelines or recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
- (v) An accredited laboratory at no cost to the employee will conduct all laboratory tests.
- (vi) All records will be kept in the employees personnel file.

II. Hepatitis B Vaccination

- (A) Hepatitis B vaccination will be made available after the employee has received the required training and within ten (10) days of initial assignment to all employees who have occupational exposure unless the employee has previously taken the complete hepatitis B vaccination series, and antibody testing has revealed that the employee is immune, or the vaccine is not recommended for medical reasons.
- (B) Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.
- (C) If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, it will be made available.
- (D) All employees who decline the Hepatitis B vaccine offered shall sign the consent / declination form and indicate their refusal.
- (E) If a routine booster dose(s) of the Hepatitis B vaccine is recommended by the Center for Disease Control or the U.S. Public Health Service at a future date, such booster dose(s) will be made available.

III. Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer will make immediately available to the exposed employee a confidential medical evaluation and follow-up including at least the following elements:

- (A) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- (B) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

- (i) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
 - (ii) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - (iii) Results of the source individual's testing shall be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identify and infectious status of the source individual.
- (C) Collection and testing of blood for HBV and HIV serological status;
 - (i) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - (ii) If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.
- (D) Post-exposure prophylaxis, when medically indicated, as recommended by the Center for Disease Control / U.S. Public Health Service;
- (E) Counseling; and
- (F) Evaluation of reported illness.

IV. Information provided to the Healthcare Professional.

- (A) The employer will ensure that the healthcare professional is responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.
- (B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - (i) A copy of this regulation;

- (ii) A written description of the exposed employee's duties as they relate to the exposure incident;
- (iii) Written documentation of the route(s) of exposure and circumstances under which exposure occurred;
- (iv) Results of the source individual's blood testing, if available, and;
- (v) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
- (vi) A Post Exposure and Medical Evaluation Form will be completed and provided to the health care provider.

V. Healthcare Professional's Written Opinion. The employer will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

- (A) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- (B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - (i) A statement that the employee has been informed of the results of the evaluation; and
 - (ii) A statement that the employee has been told about any medical conditions resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

VI. Medical Recordkeeping

Medical Records

- (A) Medical records shall be maintained for each employee with occupational exposure in accordance with OSHA 29 CFR 1910.1020 - Access to Employee Exposure and Medical Records. These records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:
 - i. Name and social security number of employee;
 - ii. A copy of the employee's hepatitis B vaccination status including the dates of vaccination and any medical records relative to the employee's ability to receive vaccination;

- iii. A copy of all results of examinations, medical testing, and follow-up procedures;
- iv. Employer's copy of the healthcare professional's written opinion; and
- v. A copy of the information provided to the healthcare professional.

INFORMATION AND TRAINING – The College shall ensure that all employees with occupational exposure participate in training that is provided at no cost to the employee and during working hours.

1. Training shall be provided as follows:
 - (A) At the time of initial assignment to tasks where occupational exposure may take place or occur;
 - (B) Within 90 days after the effective date of the standard; and
 - (C) At least annually thereafter.
2. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.
3. Annual training for all employees shall be provided within one year of their previous training.
4. Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
5. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
6. The training program will contain at a minimum the following elements:
 - (A) An accessible copy of the regulatory text of this standard and an explanation of its contents;
 - (B) A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - (C) An explanation of the modes of transmission of bloodborne pathogens;

- (D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
- (E) An explanation of the appropriate methods for recognizing tasks and other potentially infectious materials.
- (F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- (G) Information on the types, proper uses, location, removal, handling, documentation and disposal of personal protective equipment;
- (H) An explanation of the basis for selection of personal protective equipment;
- (I) Information on the Hepatitis B vaccination, including information on its efficacy, safety method of administration, the benefits of being vaccinated and vaccination will be offered free of charge;
- (J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- (K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- (L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- (M) An explanation of the signs and labels and/or color-coding.
- (N) An opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

1. Medical Records

- (i) An accurate record will be maintained and established.
- (ii) This record shall include:
 - (A) The name and social security number of the employee;

- (B) A copy of the employee's Hepatitis B vaccination status including the dates of all the employees Hepatitis B vaccination and any medical records relative to the employee's ability to receive vaccination;
 - (C) A copy of all results of examinations, medical testing, and follow-up procedures;
 - (D) The employer's copy of the healthcare professional's written opinion;
 - (E) A copy of the information provided to the healthcare professional;
- (iii) Confidentiality. Medical records will be:
- (A) Kept confidential; and
 - (B) Not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- (iv) The employer will maintain the records required for at least the duration of employment plus 30 years.

2. Training Records

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

3. Availability

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

anyone having written consent of the subject employee, and the Safety Officer.

4. Transfer of Records

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

EMPLOYER'S AUDIT

An annual review of the Control Plan will be conducted.



SHARPS INJURY LOG

Incident Number: _____ **Date:** _____

Description of Sharp Object / Instrument:

Department / Area where exposure occurred.

Brief Explanation of How Incident occurred.

Incident Number: _____ **Date:** _____

Description of Sharp Object / Instrument:

Department / Area where exposure occurred.

Brief Explanation of How Incident occurred.

FORM 4-A: EXPOSURE INVESTIGATION REPORT

Instructions for use:

(1) Use this report to document each employee exposure, regardless of PPE or exposure incident status. (2) ALL bonafide Exposure Incidents (a specific eye, mouth, other mucous membrane, intact skin or parenteral (piercing of skin) contact with blood or OPIM shall be documented on FORM 4-B.

EXPOSURE INVESTIGATION REPORT

1) Date: _____

2) Employee Name: _____

3) Description of Exposure: _____

4) List Personal Protective Equipment Employed: _____

5) Did blood (or OPIM) take a route of entry into employee?

☐ No ☐ Yes

(NOTE: An Exposure Incident Report must be filed. If "Yes" box is checked, see FORM 4-B).

FORM 4-B:**Exposure Investigation Report****Instructions for use:**

(1) Complete this report for all Exposure Investigations which resulted in a specific eye, mouth, other mucous membrane, intact skin or parenteral contact with blood or OPIM.

(2) Action is required, at a minimum, employee must be offered a medical examination.

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS
OSHA 1910.1030****EXPOSURE INCIDENT REPORT**

A. Date of Exposure Incident Report: _____

B. Affected Employee's Name: _____

Title/Position: _____

C. Employee's Social Security Number: _____

D1. Description of Employee's Duties: _____

D2. Description of the Routes of Exposure: _____

E. Name of the Source Individual: _____

Employee or Student or Other (list: _____)

F. Has the Source Individual Consented to Blood Testing or has Testing Been

Completed in the Past: _____

Status of Blood Test: _____

EXPOSURE INCIDENT REPORT

Page 2

Employee Name: _____

Date of Report: _____

F2: Has Source Individual Refused Blood Testing: _____

G. Has Affected Employee Already Received the HBV Vaccination: _____

If so, dates received each of 3 series:

H. If Affected Employee Consents to Baseline Blood Collection for HBV & HIV serological status, Date of Test: _____

Results of Test When Completed: _____

I. Date Post-Exposure Prophylaxis (preventative treatment) Treatment Administered: _____

J. Has a Medical Records File been Established for the Affected Employee: _____
NOTE: Such a record must be established, to include this report, as well as results of previous vaccinations, blood tests and follow-up procedures administered.

K. Checklist of Information Provided to Healthcare Professional:

_____ a copy of the Standard (29 CFR 1910.1030)

_____ description of the exposed employee's duties as they relate to the exposure incident

_____ documentation of route (s) of exposure and circumstances under which exposure occurred (this form)

_____ results of the source individual's blood testing, if available

_____ all medical records relevant to the appropriate treatment of the employee, including vaccination status which are the employer's responsibility to maintain (see item J. above)

NORTHLAND COMMUNITY AND TECHNICAL COLLEGE

**HEPATITIS B IMMUNIZATION ACCEPTANCE /
DECLINATION RECORD**

I have been trained and understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring infection by the Hepatitis B Virus (HBV). NCTC and/or its appointed Program Administrator has offered me the Hepatitis B vaccination series at no charge.

(please check *one* of the options listed below)

_____ I do not wish to receive the Hepatitis B Vaccination Series. 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). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. I understand that by declining this vaccine, I may continue to be at risk of acquiring Hepatitis B. 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 that vaccination at no charge to me.

_____ I have already received the Hepatitis B Vaccination.

_____ I do wish to receive the Hepatitis B Vaccination Series. The Program Administrator will contact me regarding the time and place to receive the vaccinations.

NAME: _____
(Please Print)

DEPARTMENT/LOCATION: _____

HOME PHONE NUMBER: _____

SIGNATURE _____ **DATE** _____
