

BLOODBORNE PATHOGENS

Exposure Control Plan

OSHA 29 CFR 1910.1030

Bloodborne Pathogens & Exposure Control Plan

VOLUNTEER STATE COMMUNITY COLLEGE BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

At the time of employment, all new employees will receive information pertaining to infectious diseases and complete the required documentation/paperwork.

Identified high-risk personnel will complete Bloodborne Pathogens training upon hire and on an annual basis.

Faculty and staff in Nursing and Health Science Programs will receive an orientation to Bloodborne Pathogen Exposure through their program Dean or Director at the affiliating clinical instruction prior to commencing clinical experience.

IT IS THE PURPOSE AND GOAL OF VOLUNTEER STATE COMMUNITY COLLEGE TO ADEQUATELY PROTECT ALL EMPLOYEES FROM THE RISK OF TRANSMISSION OF BLOODBORNE PATHOGENS IN THE WORKPLACE.

The OSHA Standard on Bloodborne Pathogens is published in 29 CFR 1910.130. The OSHA Compliance Assistance Guideline on enforcement procedures has become our guideline. All employees whose job has the likelihood of exposure to blood or other potentially infectious materials are referred to as "high-risk" personnel. The purpose of this program is to inform employee's in high-risk positions of procedures to protect themselves from bloodborne pathogens, such as HBV and HIV.

Information received from the Center of Disease Control (CDC) indicates the following:

Instructors, clerical workers and administrators, who have virtually no risk of contact with blood, bodily fluids or other infectious materials, as a result of their employment; are at no greater risk of contracting bloodborne diseases than other members of the general population, and would not necessarily need to receive the Hepatitis B vaccine. UNIVERSAL PRECAUTIONS should be practiced in all areas. This includes but is not limited to good hygiene techniques, specifically; handwashing before and after eating, after removing gloves, after smoking, and after using the restroom and treating all bodily fluids as if they are infected with a virus.

VSCC has identified the following positions as having the potential for occupational exposure:
(High-Risk Personnel)

CAMPUS POLICE
HEALTH SCIENCE FACULY
NURSING FACULTY
MAINTENANCE/CUSTODIAL PERSONNEL

Bloodborne Pathogens & Exposure Control Plan

Exposure Control Plan for High-Risk Personnel

VSCC has identified all employees who are potentially exposed to blood and/or other bodily fluids as a regular part of their jobs.

All high-risk employees will be provided personal protective equipment, such as gloves, at no cost and will be taught how and when to use them.

All high-risk employees will be trained upon hire, and at least annually, in use of equipment, methods of avoiding coming into contact with blood, methods for clean-up and disposal of waste, and rules for reporting any situation where employees do come in contact with someone else's blood or other bodily fluids. In addition, they will be provided information about the risks involved with contact with blood or other bodily fluids as well as about bloodborne diseases themselves.

VSCC will offer all high-risk employees the Hepatitis B vaccination free of charge.

Any employee who has a direct exposure to blood or other bodily fluids will receive a free medical evaluation and treatment, if needed.

All items that contain blood or other bodily fluids must be handled using Universal Precautions. All waste must be identified as biohazard. Red plastic biohazard bags, sharps containers and red plastic containers are provided for proper identification and disposal of these items. Please contact your program Director or the Manager of Environmental, Health & Safety (EH&S) at ext. 3617 for information.

Training and Education of Employees

Volunteer State Community College shall ensure that all high-risk personnel receive Bloodborne Pathogens training. This training will be conducted by the Department Dean or Director during new employee orientation and annually thereafter. The Manager of EH&S will conduct training for Plant Operations personnel.

The training shall consist of the following components:

1. A general explanation of the epidemiology and symptoms of HBV and HIV.
2. An explanation of the modes of transmission of HBV and HIV.
3. An explanation of the college's Exposure Control Plan.
4. An explanation of the use and limitations of methods of control that may prevent or reduce exposure including Universal Precautions.
5. Explanation of the use and selection of personal protective equipment.
6. Information of the HBV vaccine, including its effectiveness, safety and its benefits.
7. An explanation of the procedure if an exposure incident occurs, method of reporting the

Bloodborne Pathogens & Exposure Control Plan

incident, and the medical follow-up that will be made available.

8. An explanation of the signs, labels, tags and/or color-coding used to denote BIOHAZARD.
9. Opportunity to review the Bloodborne Pathogens & Exposure Control Plan. The plan is kept in the office of the Manager of EH&S and is available for review upon request.
10. Opportunity for questions regarding the training.

BLOODBORNE PATHOGENS

Bloodborne pathogens are microscopic bacteria in the bloodstream that can cause disease. Although they are very small they can carry many diseases including HIV, the virus that causes AIDS, and the HBV virus or the Hepatitis B virus.

WHERE ARE BLOODBORNE PATHOGENS FOUND?

Bloodborne pathogens are found in blood and blood products, including:

- blood
- urine
- semen
- tears
- vaginal secretions
- tissue cultures
- saliva
- organ cultures
- other bodily fluids

Although small traces of HIV can be found in tears, saliva, urine and perspiration, extensive studies have shown that there is not enough of the virus or the virus is not strong enough to be transmitted. Only blood, semen, vaginal secretions, and breast milk have been proven to transmit the HIV virus and Hepatitis B virus. HIV cannot be passed on by casual contact.

YOU CANNOT GET HIV FROM THE FOLLOWING:

- By sharing food, drinking glasses or towels
- From sinks or toilets in the bathroom
- By sharing personal protective equipment such as goggles, respirators or clothing
- By sharing tools
- Insects such as mosquitoes have not been proven to carry the HIV virus

There is no documented evidence that dried blood on a surface is strong enough to transmit HIV, but Hepatitis B can be transmitted from dried blood.

Bloodborne Pathogens & Exposure Control Plan

HIV and HEPATITIS B can only be transmitted if both of the following are true:

- Exposed blood is infectious.
- blood is allowed to enter directly into the body through any of the following ways:
 - a. Unprotected openings in the skin such as cuts, scrapes and dermatitis
 - b. Unprotected mucus membrane openings such as the eyes, nose and mouth
 - c. Penetration into the skin by a sharp object such as broken glass, a needle, or knife blade.

HIV/AIDS

Acquired Immunodeficiency Syndrome (AIDS) was first reported in the United States in 1981. The Human Immunodeficiency Virus (HIV) is apparently the cause of this disease. In its most severe form, this virus destroys the body's ability to resist a wide variety of infections. Most of these secondary infections pose little or no risk to persons with normal immune systems. HIV is transmitted through bodily fluids, mainly blood and semen. You can develop AIDS from 2 to 10 years or more after being infected with HIV. In some cases, the virus can be present in the body for 10 or more years before any symptoms occur. You do not have to have AIDS, show any symptoms, or even be ill to infect another person with HIV. Presently, there is no vaccine or cure for AIDS.

WHAT ARE THE SYMPTOMS OF HIV/AIDS?

Early symptoms may include:

- Swollen Glands
- Chronic Fatigue
- Fever
- Loss of appetite and Weight
- Night Sweats
- Diarrhea
- Yeast Infection

The AIDS patient may suffer from one of many different diseases due to the immune system's inability to fight off infections. These diseases include forms of cancer and pneumonia. Although HIV is mainly transmitted through sexual contact and sharing needles, any situation in which blood is present in the work environment is an area of concern. If the infectious blood enters directly into the other person's body, there is the possibility of transference. This may occur due to 1) unprotected opening in the skin such as cuts, scrapes and dermatitis; 2) unprotected mucus membrane openings such as the eyes, nose and mouth or penetration into the skin by a sharp object such as broken glass or a needle or knife blade.

Bloodborne Pathogens & Exposure Control Plan

DIFFERENT TYPES OF VIRAL HEPATITIS

HEPATITIS A - formerly called "infectious hepatitis"

Hepatitis A virus is excreted in the feces. Infected people can spread the virus by neglecting to wash their hands after eliminating solid body waste. The virus may be passed along when these individuals handle food or other items that are placed in the mouth. Hepatitis A virus also can be spread through direct contact with infected people. In addition, hepatitis epidemics occur when Hepatitis A virus has contaminated drinking water or food (including raw or steamed clams, oysters, or mussels). Hepatitis A outbreaks also occur quite commonly in day-care centers or nurseries where an infected child may transmit the disease to others quite rapidly. Hepatitis A often produces fever, however, the disease is generally resolved without any long-term effects.

HEPATITIS B - formerly called "serum hepatitis"

Hepatitis B virus is found in all bodily fluids of infected people, including blood, semen, saliva, and urine. The principle ways of spreading the Hepatitis B virus includes intimate contact with infected people or exposure to bodily fluids from these individuals. Piercing of the skin by contaminated instruments such as those used for tattooing, ear piercing, acupuncture and dental or medical procedures pose a serious risk of passing Hepatitis B virus to others. This disease can also be spread when illicit drug users share equipment. In addition, hepatitis B virus may be transmitted sexually, when contaminated bodily fluids come into contact with mucous membranes or tiny breaks in the skin. Hepatitis B may also be transmitted to infants born to women who are highly infectious at the time of delivery. Hepatitis B may have a broad range of clinical symptoms including complete recovery for most people, death due to fulminant (severe) hepatitis (less than 1 percent of the cases) or chronic liver disease which may progress to liver cancer (5-10 percent).

HEPATITIS C - formerly called "non-A, non-B hepatitis"

Hepatitis C virus, until recently, was known as non-A, non-B hepatitis because it could not be traced to A, B, or D viruses. In the late 1980's genetic sequences of the virus were isolated and cloned and a test for identifying an antibody to the virus was developed. The virus was designated Hepatitis C. Transfused blood is one source of the transmission of this disease. Most hepatitis cases that occur as a result of blood transfusions are hepatitis C. Hepatitis C also may be spread through intimate contact with an infected person. People who acquire Hepatitis C stand a 50-60 percent chance of developing lifelong liver disease.

Bloodborne Pathogens & Exposure Control Plan

HEPATITIS D - also known as "delta hepatitis," an infection that exists only in combination with Hepatitis B virus.

Hepatitis D virus cannot initiate an infection by itself. A person must have acquired Hepatitis B before becoming infected with Hepatitis D. These viruses together usually produce a disease more severe than that caused by the Hepatitis B virus alone. Hepatitis D virus is spread in the same ways as the Hepatitis B virus. In the United States, infections with Hepatitis D occur primarily among those who must receive blood products frequently, such as dialysis patients, hemophiliacs, or among those who inject illicit drugs. Hepatitis D, in conjunction with Hepatitis B, is the most severe known form of viral hepatitis and generally progressed into chronic active disease or death due to severe hepatitis.

HEPATITIS E - formerly known as "epidemic" or "waterborne non-A, non-B hepatitis"

Hepatitis E virus is acquired when water or food contaminated with human feces is ingested. It is among the leading causes of acute viral hepatitis in young to middle-aged adults in developing countries. It has a high mortality rate - nearly 20 percent - in infected pregnant women.

Complete recovery from any form of hepatitis may take four months or longer. Many people say that they are not themselves for years after infection. In certain cases, individuals do not regain their former levels of energy and stamina; sometimes they are forced to take less demanding jobs and discontinue many aspects of their previous lifestyle.

Hospitals and blood banks are required to test all blood drawn for transfusion with very sensitive tests for Hepatitis B and Hepatitis C viruses. Many hospitals are testing staff members, patients being prepared for surgery, kidney patients, and pregnant women for evidence of Hepatitis B infection, as well. In some areas, testing of all patients admitted to the hospital for signs of Hepatitis is done on a routine basis.

A major advance in the control of Hepatitis B occurred in 1981 with the introduction of a hepatitis vaccine. For people at high risk of acquiring hepatitis, vaccination is recommended.

Hepatitis B Vaccination

Hepatitis B vaccines currently being used are produced by recombinant DNA technology using common baker's yeast. The recommended series of three intramuscular doses administered only in the deltoid muscle of adults induces a protective antibody response in above 90% of healthy adults. Hepatitis B vaccines have been shown to be safe when administered to adults. It confers protection against chronic Hepatitis B infection and carrier state. For adults whose immune status is normal, booster doses of vaccine are not recommended, nor are serological testing to assess antibody levels necessary. Any presumed risk of adverse events possibly associated with Hepatitis B vaccination must be balanced against the expected risk of acute and chronic liver disease due to Hepatitis B virus.

TAKING THE VACCINE IS NOT MANDATORY!

Bloodborne Pathogens & Exposure Control Plan

INSTRUCTIONS FOR RECEIVING THE HEPATITIS B IMMUNIZATION

The following instructions are for the employees whose **primary employer** is Volunteer State Community College and whose **job has been designated as one of potential high risk of becoming exposed to blood or blood products**. If you are employed at another business the business that employs you for the most hours are responsible for providing the Hepatitis B vaccine. Designated employee positions that have been classified as potential high-risk exposure to blood or blood products are:

- Campus Police
- Maintenance & Custodial Personnel
- Health Science Faculty
- Nursing Faculty

Hepatitis B vaccine, a series of three intramuscular doses, will be given:

- 1) first dose - initially;
- 2) second dose - one month after the first; and
- 3) third dose - five months after the second dose.

A Waiver/Acceptance form must be completed by ALL New employees (See Appendix A)

IF YOU ELECT TO RECEIVE THE VACCINE: Complete the portion of the form that states you would like to receive the vaccine. Instructions will be provided as to the procedure to follow to receive your vaccine.

IF YOU DO NOT WANT THE VACCINE: complete the portion that states you do not want the vaccine at this time.

IF YOU HAVE PREVIOUSLY RECEIVED THE VACCINE: complete the waiver form portion that states you have received the vaccine.

If you sign a waiver form now and for any reason decide in the future to take the vaccine, you may sign an acceptance form and receive the vaccine. Contact your Program Dean or the Manager of EH&S.

Bloodborne Pathogens & Exposure Control Plan

UNIVERSAL PRECAUTIONS AND PERSONAL PROTECTIVE EQUIPMENT

Volunteer State Community College shall provide personal protective equipment at no cost to the employee and require the wearing of appropriate protective cover during certain clean-up procedures. Personal protective equipment is clothing or equipment worn by an employee for protection against a hazard such as blood. Your regular work clothes (e.g., uniforms, pants, shirts or blouses) are not considered personal protective equipment.

Appropriate personal protective equipment are items such as gloves, high risk gowns, shoe covering, face shields or masks and eye protection, and pocket masks.

PROTECTIVE EQUIPMENT IS OF NO BENEFIT TO THE EMPLOYEE WHO REFUSES TO WEAR/USE THE EQUIPMENT.

Latex gloves shall be worn for touching blood, cleaning restrooms, and certain cleaning procedures. To remove gloves safely, grasp the cuffs and pull them off inside out. *Do not bring gloves from home.* If you are allergic to Latex or the powder packed in the gloves, notify your supervisor and gloves without powder or hypoallergenic gloves will be provided for you.

Re-usable heavy-duty gloves may be disinfected and used again. They should be checked before wearing for tears, cracks, holes or peeling and replaced with new gloves if any of these are found. Goggles may be disinfected also, but shoe covers, and regular latex disposable gloves will be discarded in biohazard red bags.

Masks and protective eye wear or face shields shall be worn during cleaning procedures that are likely to splash droplets of blood or other body fluids into your eyes, mouth or nose.

Gowns shall be worn during procedures that are likely to generate splashes of blood or other body fluids. Clothing that have blood splashed on them shall be removed as soon as possible.

All personal protective equipment shall be removed prior to leaving the work area and placed in the designated area or container for disposal.

Volunteer State Community College shall provide the equipment required to clean spills. Items are in each affected department/division and every custodial closet. Procedures for clean-up of blood or other potentially infectious material is detailed on the sheet entitled: *Cleaning A Biohazard Spill.* All locations should be maintained in a clean and orderly condition. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses should not take place in areas where there is a risk for a bloodborne pathogens exposure.

Hands and other skin surfaces must be washed immediately and thoroughly with soap and water if blood or other body fluids have been present.

Hands should be washed immediately with soap and water after removing gloves. When sinks are not available, antiseptic hand cleaner will be provided. As soon as possible, hands should be washed with soap and running water.

Bloodborne Pathogens & Exposure Control Plan

Clothing which has blood or body fluids splashed onto them cannot be worn home. Clothing shall be changed and left in a regular trash bag (not a red bag) until laundered. You should always have a change of clothes in your locker or in your car.

All laundry services treat uniforms with Universal Precautions. However, bloody uniforms should be handled as little as possible. You should not rinse these out at work or carry these to your home.

If shoes have blood/bodily fluids splashed on them, they may be sprayed with the 10% bleach solution or another appropriate antiseptic cleaner. Be certain to clean the soles of the shoes.

Sanitary napkin disposal units will have liners.

Contaminated work surfaces shall be decontaminated with a chlorine bleach solution (one part bleach to ten parts water) immediately.

Broken glassware both inside and outside the building that may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, (forceps, tongs, dustpan and brush) vacuum cleaners may not be used. Mops may not be used.

Liquid waste can be poured into a toilet; sewer or storm drains after spraying with a 10% bleach solution. *Do not* pour liquid waste into sinks.

If a BBP spill kit is used, it should be immediately replaced and returned to the area, so it is ready for the next incident.

Tags and Labels

Warning tags must be placed on any equipment or container that is hazardous or potentially hazardous in order to prevent accidental injury or illness and to protect the employee.

The tags must contain a SIGNAL WORD and the MAJOR MESSAGE (example: BIOHAZARD- Blood stored inside.) The signal word must be readable at a minimum distance of five feet. The warning tag must be as close as safely possible to the hazard with strings, wire or adhesive to prevent its loss or unintentional removal.

The major message of the warning tag must be understandable by all staff that may be exposed to the hazard. It can be written in pictographs, written text, or both. All employees are encouraged to read and know the meaning of the labels.

Biological Hazard symbol warns of the actual or potential presence of biological hazards. These labels will be fluorescent orange or orange/red.

Trash bags containing articles contaminated with potentially infectious materials must be tagged with a biohazard symbol label or otherwise identified. The tag shall indicate that the bag could contain infectious wastes and give any additional instructions.

Bloodborne Pathogens & Exposure Control Plan

Sharps such as needles, syringes or lancets are considered infectious waste. These should be placed in the hard, plastic puncture-proof containers with biohazard labels.

Sharps are eventually disposed of according to Tennessee Rules and Regulations governing the Solid Waste processing and disposing of Infectious Waste. Volunteer State Community College has contracted for disposal of such waste.

HAND WASHING

Hand washing facilities must be provided and an adequate supply of running water, soap and single use towels made available. Hand washing before and after contact with people is the single most important means of preventing the spread of infections. Hand washing is a must immediately after removing gloves, smoking, eating and toiletry. Use waterless hand cleaners when other wash facilities are not available.

DO NOT WIPE EYES, NOSE OR MOUTH BEFORE WASHING HANDS

The recommended methods of hand washing guidelines are as follows:

- Wet hands two or three inches above wrist.
- Apply hand cleaner (soap). Various agents and soaps are furnished.
- Rub hands together to work up lather.
- Using a rotation motion, apply friction to all surfaces of hands and wrists, including backs of hands, between fingers and around and under nails. Interlace fingers and rub hands together. Continue for 15 seconds or longer.
- Holding hands downward, rinse thoroughly, allowing the water to drop off fingertips.
- Repeat procedure.
- Dry hands thoroughly with a paper towel.
- Turn off faucet using a clean paper towel. You may also want to open the bathroom door with the towel if it isn't a door that pushes open.

CDC UNIVERSAL PRECAUTIONS

It is recommended that blood and body fluid precautions be observed in the care of all persons.

CLEANING A BIOHAZARD SPILL

PERSONAL PROTECTION IS OF GREATEST IMPORTANCE!

These procedures are to be followed any time you must clean up after an incident involving any amount of bleeding, loss of tissue or organs, or loss of any other bodily fluid, no matter how small or seemingly insignificant. Bodily fluids include semen, vaginal secretions, blood, vomit, urine, and any internal body fluid. All unidentified bodily fluids should be considered contaminated.

BBP CLEAN-UP PROCEDURES:

1. If you have had direct contact with blood or bodily fluid, you should immediately wash the contacted skin area with warm, soapy water.
2. Clear the area and mark off the area so people will not enter or walk through
3. Obtain a "BBP Spill Kit". Located in each Department, Custodial closet, or in Campus Police.
4. Put on the appropriate personal protection as needed: shoe covers, gown or jump unit, mask, goggles, face shield, head cover, gloves - whatever might be necessary to protect you as you clean the area.
5. If this is a liquid spill, such as blood, urine, vomit, diarrhea; first sprinkle the absorbent over the area and lay absorbent paper towels over the entire spill.
6. Spray the entire area including a wide area around the spill. Start from the center and pour or spray a mixture of 1 part bleach to 10 parts of water (2 cups of bleach to 1 gallon of water)
7. Let the solution sit for 15 minutes.
8. Place the Biohazard bag/container on the floor near you but avoid placing it in the spill
9. Start from the furthest area and with tongs or forceps begin picking up any broken glass. Use paper towels or broom and dustpan to sweep the absorbent and place in the Biohazard bag/container.
10. Repeat the spray treatment with the bleach solution and clean the area once more using paper towels or tongs/forceps.
11. Wipe the Biohazard container, especially the bottom of the container with the bleach solution placing the towel in the container when you finish
12. Take the Biohazard bag to the nearest Biohazard container
13. Place shoe covering, gloves, masks and any disposable items in the Biohazard bag/container and seal.
14. BE CAREFUL NOT TO TOUCH YOUR EYES, NOSE, OR MOUTH BEFORE WASHING YOUR HANDS.
15. Wash your hands thoroughly with soap and water.

Bloodborne Pathogens & Exposure Control Plan

DIRECT EXPOSURE TO INFECTIOUS MATERIAL

EXPOSURE INCIDENT: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM), as defined in the standard that results from the performance of a worker's duties.

Procedure for reporting an exposure:

- If an employee has a direct blood exposure wash hands and affected area with soap and water immediately
- Report to Supervisor and Manager of Environmental, Health & Safety immediately
- Complete the "Exposure Incident Form" (Appendix B)
- You will be sent to an approved medical care center for an evaluation and blood will be drawn to test for surface antibody.
- The physician will follow procedure if antibodies are inadequate.
- If employee refuses post-exposure follow-up complete "Bloodborne Pathogen Exposure Refusal of Follow-Up" form (Appendix C)

Bloodborne Pathogens & Exposure Control Plan

Appendix A

VOLUNTEER STATE COMMUNITY COLLEGE

WAIVER/ACCEPTANCE FORM FOR HEPATITIS B IMMUNIZATION

NAME _____ SIGNATURE _____

V # _____ DEPARTMENT _____

FACILITY _____ DATE _____

Hepatitis B Vaccine: (Please Check One)

Available at no cost to employees with potential for exposure to blood and/or body fluids.

_____ I DO wish to receive the Hepatitis B vaccine

If my position is not identified as being at risk for occupational exposure; I will assume the cost for the vaccine.

_____ I am in the process of receiving the vaccine

_____ I have completed the Hepatitis B vaccine series

=====

DECLINATION

I understand that due to my potential risk for 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 the Hepatitis B vaccine at no charge. I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge.

_____ I DO NOT wish to receive the Hepatitis B vaccine at this time. I may consult with my Program Director or the Manager of Environmental, Health & Safety (230-3617) if I choose to participate at a later date.

Completed form must be maintained by Program Dean/Director (Nursing/Health Sciences) or the Manager of EHS (Plant Operations/Campus Police).

Bloodborne Pathogens & Exposure Control Plan

Appendix B

In the event of an employee exposure incident, two forms must be completed: (1) *the Supervisor Accident/Illness Report* and (2) the information on this form. The information provided below is intended to assist in evaluating the control methods used and to prevent future employee exposures.

Employee Name: _____

Department/Title: _____

Date/Time of Incident: _____

Supervisor: _____

Type of Exposure:

- Blood/Bodily Fluid Splash
- Open wound, scratch, or abrasion contaminated with blood/body fluid/urine/stool
- Puncture or cut from instrument set, lancet, or other sharp object
- Needle stick
- Human bite
- Other (describe) _____

Description of Incident:

Describe actions immediately taken after incident:

Personal Protective Equipment used:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Lab coat/Gown | <input type="checkbox"/> None |
| <input type="checkbox"/> Eyewear/Goggles | <input type="checkbox"/> Face Mask/shield | <input type="checkbox"/> Other _____ |

Evaluated/Treated by:

- No Medical Treatment
- Medical Facility _____
- Emergency Treatment Center _____

What changes need to be made to prevent reoccurrence?

Report prepared by: _____

Title: _____ Phone: _____ Date: _____

Completed forms must be sent to Manager of EH&S, Wood Campus 106J

Bloodborne Pathogens & Exposure Control Plan

APPENDIX C

**Volunteer State Community College
Bloodborne Pathogen Exposure Refusal of Follow-Up**

I understand that due to my exposure to blood or other body fluid, possibly infected with bloodborne pathogens, I am being offered medical/counseling and post-exposure follow-up services. However, I decline to follow-up services. I understand that by declining the service, I continue to be at risk of acquiring Hepatitis B virus or other bloodborne pathogen infection. If in the future, I decide to take advantage of the Hepatitis B vaccine, it will be made available to me at that time.

EMPLOYEE FULL NAME (PRINT)	EMPLOYEE DEPARTMENT
EMPLOYEE FULL SIGNATURE	DATE
WITNESS FULL NAME (PRINT)	WITNESS FULL NAME (PRINT)
WITNESS FULL SIGNATURE	WITNESS FULL SIGNATURE

Completed form must be maintained by Program Dean/Director (Nursing/Health Sciences) or the Manager of EHS (Plant Operations/Campus Police).