

Chapter 46

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Blood-borne Pathogens

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1 Overview

Exposure to blood-borne pathogens in the workplace is a serious threat to worker safety. To combat this threat, federal regulations require the preparation of an exposure control plan (ECP). This chapter constitutes the ECP for SLAC. It demonstrates our commitment to providing a safe and healthful work environment for our entire staff and is a key document for implementing and ensuring compliance with standards.

1.1 Hazards/Impacts

Cuts and lacerations, and other accidents, injuries, and illness may expose SLAC employees and contractors to *blood-borne pathogens* (see Section 4, “Definitions”), either during the course of their daily work or during response to an emergency.

2 Scope

The requirements of this chapter apply to all SLAC employees. In addition, while all subcontractors at SLAC are responsible for having and implementing their own ECPs, they must meet any SLAC-specific requirements as described in this chapter. In turn SLAC will provide necessary training and equipment and supplies, as detailed in the following sections.

3 Standards

SLAC adheres to the following standard:

- Title 29, *Code of Federal Regulations*, Part 1910.1030, “Occupational Exposure to Bloodborne Pathogens” (29 CFR 1910.1030)¹

In addition reporting requirements follow these standards:

- Title 29, *Code of Federal Regulations*, Part 1904, “Reporting of Fatality or Multiple Hospitalization Incidents”, (29 CFR 1904) for federal Occupational Safety and Health Administration (OSHA) reporting²
- Title 8, *California Code of Regulations*, Section 5193, “Bloodborne Pathogens”, (8 CCR 5193) for sharps injuries³

4 Definitions

At-risk employee. An employee whose daily work includes tasks with greater risk of exposure to blood-borne pathogens. Typical examples are medical, janitorial, and emergency response staff (see Section 5.2.1, “Employee Exposure Determination”)

1 http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

2 http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1904

3 <http://www.dir.ca.gov/title8/5193.html>

Blood-borne pathogen. An infectious viruses, bacteria, or other disease, such as the human immunodeficiency (HIV), hepatitis B (HBV), and hepatitis C (HCV) viruses

Exposure control plan (ECP). A detailed plan to identify potential exposures to blood-borne pathogens and control those exposures through such measures as vaccinations, engineering and procedural controls, housekeeping, training, and personal protective equipment. This chapter constitutes the ECP for SLAC.

Log, OSHA 300. Log used to record and classify occupational injuries and illnesses and for noting the extent of medical care provided, as required by 29 CFR 1904 (see *ES&H Manual*, Chapter 28, “Incident Investigation”⁴)

Log, Sharps. Log used to record every employee exposure incident involving a sharp, required by 8 CCR 5193

Other potentially infectious materials (OPIM). Material other than blood capable of harboring a blood-borne pathogen:

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

Red bag. Bag used for the collection of infectious and biomedical/biohazardous waste and designed to meet labeling, color, and impact specifications. It must be conspicuously labeled with the words “biohazardous waste” or with the international biohazard symbol and the word “biohazard”. Bags containing biohazardous/biomedical waste must be red in color, and be labeled either as “infectious waste”, or with the international symbol and the word “biohazard”.

Regulated waste. Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials

Sharp. Any object that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

SLAC Emergency Response Team (SERT). Volunteers trained in the emergency response procedures and the use of emergency supplies that are stored at SLAC (see Chapter 37, “Emergencies”⁵)

4 *SLAC Environment, Safety, and Health Manual* (SLAC-I-720-0A29Z-001), Chapter 28, “Incident Investigation”, <http://www-group.slac.stanford.edu/esh/general/incident/policies.htm>

5 *SLAC Environment, Safety, and Health Manual* (SLAC-I-720-0A29Z-001), Chapter 37, “Emergencies”, <http://www-group.slac.stanford.edu/esh/emergency/chapter/policies.htm>

Universal precaution. The rule that any blood or OPIM be treated as if infected by a blood-borne pathogen

5 Requirements

5.1 General

The required elements of an ECP comprise the general requirements of this chapter:

- Determination of employee exposure
- Implementation of various methods of exposure control, including
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment (PPE)
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Record keeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements are discussed in sections 5.2 and 5.3. Three more detailed requirements apply generally:

1. All at-risk employees will utilize *universal precautions*: all human blood and OPIM will be treated as if known to be infectious for HIV, HBV, HCV, and other blood-borne pathogens.
2. The Hepatitis B Vaccination Acceptance/ Declination form (see Section 6, “Exhibits”) must be filled out by at-risk employees.
3. All needle sticks must be reported, regardless of severity.

5.1.1 Roles and Responsibilities

5.1.1.1 SLAC and Its Subcontractors

SLAC and its subcontractors, including the SLAC Medical Department, Palo Alto Fire Department, and Universal Building Services, will each maintain for its own at-risk employees all necessary PPE, engineering controls (such as sharps containers), labels, and red bags as required by the standard and will ensure that adequate supplies of this equipment are available in the appropriate sizes. Each organization will also assume responsibility for ensuring that all medical actions required by the standard are performed and maintain all appropriate employee health and OSHA records for its employees.

Immediate exposure evaluation will be available to all parties from the SLAC Medical Department, as will emergency supplies of PPE and other control equipment. SLAC, through the Environment, Safety, and Health (ES&H) Division, will offer blood-borne pathogen awareness training to its own and subcontractor employees (see Section 5.3, "Training").

5.1.1.2 SLAC Blood-borne Pathogen Program Manager

The blood-borne pathogen program manager in Chemical and General Safety (CGS) Department of the Environment, Safety, and Health (ES&H) Division is responsible for implementation of the SLAC ECP. The program manager will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

The program manager will be responsible for training, documentation of training, and making the written ECP available to SLAC employees who are at risk of exposure. The program manager will also provide federal Occupational Safety and Health Administration (OSHA) and National Institute of Occupational Safety and Health (NIOSH) representatives with copies of the ECP upon request.

5.1.1.3 SLAC Medical Department

The SLAC Medical Department will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health records are maintained both for its own and SLAC employees.

The department will also

- Ensure that all sharps and OSHA 300 cases are reported to SLAC Human Resources
- Provide and inspect labels for sharps and regulated waste containers and red bags
- Provide sharps and regulated waste containers and red bags for its own and SLAC staff as a matter of course and on an emergency basis for subcontractors
- Dispose of sharps and regulated waste for SLAC staff

5.1.1.4 Human Resources

The SLAC Human Resources Department reports all SLAC staff sharps and OSHA 300 cases to Stanford University, based on initial reports from the Medical Department.

5.1.1.5 Managers and Supervisors

Managers and supervisors will ensure their at-risk employees follow the requirements of this chapter and that their staff have adequate PPE.

5.1.1.6 Workers

At-risk employees must comply with the procedures and work practices outlined in this ECP.

5.1.1.7 Stanford University

Stanford University will maintain the required OSHA 300 and sharps injury logs for SLAC employees.

5.2 Procedures and Specific Requirements

5.2.1 Employee Exposure Determination

The following are all job classifications at SLAC in which all employees are at risk of occupational exposure.

5.2.1.1 Subcontractors

The following are contracted employees. As such, they are responsible for adhering to the SLAC ECP in addition to complying with that of their own company.

- Medical Department
 - Physician
 - Physician assistant
 - Registered nurse
 - Medical assistant
- Fire Department
 - Paramedic
 - Firefighter
- Custodial services (contract employee, handling regulated waste)

5.2.1.2 SLAC Employees

The following are SLAC employee job classifications that may have occupational exposure:

- SERT member (SLAC employee, providing first aid)
- Custodial services (SLAC employee, handling regulated waste)
- Other employees who perform first aid and CPR as part of their job duties and so may reasonably be expected to be exposed to blood-borne pathogens, such as
 - Electricians working under the two-man rule (that is, performing high-voltage work, 600 volts or above, see Chapter 8, “Electrical Safety”⁶)
 - Electricians working on direct current equipment
 - Electrical Development and Maintenance (ED&M) Department employees
 - SSRL Beamline Electronics Group employees

6 *SLAC Environment, Safety, and Health Manual* (SLAC-I-720-0A29Z-001), Chapter 8, “Electrical Safety”, http://www-group.slac.stanford.edu/esh/hazardous_activities/electrical/policies.htm

5.2.2 Methods of Implementation and Control

5.2.2.1 Universal Precautions

All employees will utilize *universal precautions*: all human blood and OPIM will be treated as if known to be infectious for HIV, HBV, HCV, and other blood-borne pathogens.

5.2.2.2 Exposure Control Plan

At-risk employees will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.

All employees can review this plan at any time during their work shifts. If requested, employees will be provided with a copy of the ECP free of charge, within 15 days of the request.

The program manager is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

5.2.2.3 Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood-borne pathogens. The specific engineering controls and work practice controls used are these:

- Sharps containers
- Hand washing facilities
- Retractable needles
- Safety syringes/monojets

Sharps disposal containers are inspected and maintained or replaced by the Medical Department for the Medical Department. The Palo Alto Fire Department will maintain the sharps containers under their control. Custodial services (both in-house and contracted) and emergency response employees will obtain sharps containers as needed from the SLAC Medical Department and will return them to the Medical Department for disposal whenever necessary to prevent overfilling.

SLAC identifies the need for changes in engineering controls and work practices through review of OSHA records and incident investigations.

We evaluate new procedures and new products at least annually by literature review or information from vendors or discussion with peers in other facilities. If newer or safer products are discovered during this review, steps will be taken to purchase them. All employees are encouraged to make recommendations for changes, updates and improvements to products and procedures.

Subcontractors are responsible for ensuring that these recommendations are evaluated and implemented for their own programs when appropriate.

5.2.2.4 Personal Protective Equipment

PPE is provided to SLAC employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Medical Department.

The types of PPE available to employees are as follows:

- Latex or other approved exam gloves
- Splash goggles
- Face shield
- Lab coats
- Face masks

Employees may contact the Medical Department to obtain PPE for use in emergency situations and for spill clean up. Subcontractors will supply their own PPE for routine use, but may contact the Medical Department for emergency situations.

SLAC custodial employees will obtain PPE from their department. SERT members will obtain their PPE from CGS.

See Section 6, "Exhibits", for a guidance on PPE selection and use.

5.2.2.5 Housekeeping

Regulated waste will be placed in containers, to be obtained from the Medical Department or subcontractor as appropriate, that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Section 5.2.2.7, "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

See Section 6, "Exhibits", for sharps disposal.

5.2.2.6 Laundry

Laundry services will not be needed as personnel will use disposable PPE when treating patients and performing tasks that may expose them to blood or OPIM. All contaminated items will be disposed of in red bags and appropriately handled through the medical waste disposal vendor. Red bags may be obtained from the Medical Department. Contaminated items in red bags may be taken to the Medical Department for disposal.

5.2.2.7 Labels

The following labeling methods are used in this facility:

- Red bags appropriately labeled from the manufacturer for contaminated PPE and spill clean up material
- Biohazard labels for specimens in the Medical Department

Custodial personnel, SERT members, and Fire Department personnel are trained and responsible for placing all blood and OPIM items in red bags. The SLAC Medical Department is responsible for ensuring

that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the Medical Department. Employees will notify the Medical Department if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, and such without proper labels.

5.2.3 Hepatitis B Vaccination

The Medical Department will provide information to its own and SLAC employees on HBV vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. Subcontractors will provide HBV vaccinations to their own employees.

The HBV vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless

1. Documentation exists that the employee has previously received the series
2. Antibody testing reveals that the employee is immune
3. Medical evaluation shows that vaccination is contraindicated

However, if an at-risk employee declines the vaccination, the employee must sign a declination form (see Section 6, "Exhibits"). Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept at the Medical Department. Vaccination records will be provided by the Medical Department.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the vaccine and whether the vaccine was administered.

5.2.4 Post-exposure Evaluation and Follow-up

Immediate steps, including seeking medical treatment, follow-up, and evaluating circumstances leading to exposure. See Section 6, "Exhibits", for sharps disposal.

5.2.5 Record Keeping

5.2.5.1 Medical Records

Medical records are maintained for each at-risk employee in accordance with 29 CFR 1910.1020. These confidential records are kept for at least the duration of employment plus 30 years.

Employee medical records will be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

The Medical Department is responsible for maintenance of the required medical records for its own and SLAC employees, subcontractors for their own employees.

5.2.5.2 Sharps Injury Log

In addition to the OSHA 300 (29 CFR 1904) record-keeping requirements, all percutaneous injuries from contaminated sharps are also recorded in a sharps injury log. All incidence entries must include at least

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred

The SLAC Medical Department will contact the Human Resources Department to ensure these injuries from sharps are recorded in the sharps injury log kept by Stanford University. Contractors will maintain a separate log for their employees.

5.2.5.3 OSHA 300 Log

Exposure incidents will be evaluated to determine if they meet the OSHA 300 record-keeping requirements (29 CFR 1904). All exposure incidents will follow the reporting requirements as discussed in the *ES&H Manual*, Chapter 28, “Incident Investigation”.⁷ The OSHA 300 log will be maintained by Stanford University for SLAC employees, and be subcontractors for theirs.

5.2.5.4 Training Records

Training records are completed for each employee and kept for at least three years by the ES&H Training Group.

The training records include

- Dates of the training sessions
- Contents or summary of the training sessions
- Names and qualifications of persons conducting the training
- Names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee’s authorized representative within 15 working days. Such requests should be addressed to ES&H Training.

5.3 Training

All at-risk employees will receive initial and annual training by taking the follow SLAC training course:

- ES&H Course 258, Blood-borne Pathogens Awareness⁸

7 *SLAC Environment, Safety, and Health Manual* (SLAC-I-720-0A29Z-001), Chapter 28, “Incident Investigation”, <http://www-group.slac.stanford.edu/esh/general/incident/policies.htm>

8 https://www-internal.slac.stanford.edu/esh-db/training/slaonly/bin/catalog_item.asp?course=258

This training covers the epidemiology, symptoms, and transmission of blood-borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA blood-borne pathogen standard
- An explanation of the SLAC ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the HBV vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at through the ES&H Training Group.

6 Exhibits

- Blood-borne Pathogens: Personal Protective Equipment (SLAC-I-730-0A13S-001)⁹
- Blood-borne Pathogens: Sharps Disposal Procedure (SLAC-I-730-0A13C-002)¹⁰
- Blood-borne Pathogens: Post-exposure Procedure (SLAC-I-730-0A13C-003)¹¹
- Blood-borne Pathogens: Hepatitis B Vaccine Offer and Declination Form (SLAC-I-730-0A13J-005)¹²

9 <http://www-group.slac.stanford.edu/esh/eshmanual/references/pathogenPPE.pdf>

10 <http://www-group.slac.stanford.edu/esh/eshmanual/references/pathogenProcedure1.pdf>

11 <http://www-group.slac.stanford.edu/esh/eshmanual/references/pathogenProcedure2.pdf>

12 <http://www-group.slac.stanford.edu/esh/eshmanual/references/pathogenHBVForm.pdf>

7 References

*SLAC Environment, Safety, and Health Manual (SLAC-I-720-0A29Z-001)*¹³

- Chapter 3, “Medical”¹⁴
- Chapter 19, “Personal Protective Equipment”¹⁵
- Chapter 28, “Incident Investigation”¹⁶
- Chapter 37, “Emergencies”¹⁷

Other

- United States Environmental Protection Agency, “EPA Antimicrobial Chemical/Registration Number Indexes” (January 2005)¹⁸

8 Ownership

Department: Chemical and General Safety

Program: Blood-borne Pathogens

Owner: Program Manager, Tom Rizzi

13 <http://www-group.slac.stanford.edu/esh/eshmanual/>

14 <http://www-group.slac.stanford.edu/esh/medical/chapter/policies.htm>

15 <http://www-group.slac.stanford.edu/esh/general/ppe/policies.htm>

16 <http://www-group.slac.stanford.edu/esh/general/incident/policies.htm>

17 <http://www-group.slac.stanford.edu/esh/emergency/chapter/policies.htm>

18 <http://www.epa.gov/oppad001/chemregindex.htm>

Blood-borne Pathogens: Personal Protective Equipment

Department: Chemical and General Safety

Program: Blood-borne Pathogens

Owner: Program Manager, Tom Rizzi

Authority: ES&H Manual, Chapter 46, Blood-borne Pathogens

All employees using personal protective equipment (PPE) to protect from blood-borne pathogens must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or other potentially infectious materials (OPIM), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Used, disposable PPE that is potentially contaminated with blood or OPIM must be disposed of in red bags to be obtained from the Medical Department or subcontractor as appropriate. Red bags must be secured by tying or with an adequate closure device and taken to the Medical Department for disposal.

Blood-borne Pathogens: Sharps Disposal Procedure

Department: Chemical and General Safety

Program: Blood-borne Pathogens

Owner: Program Manager, Tom Rizzi

Authority: ES&H Manual, Chapter 46, Blood-borne Pathogens

The procedure for handling sharps disposal containers is

- Sharps containers will be inspected regularly and replaced when they are two-thirds full. Closed sharps containers are taken to the Medical Department for disposal. The Medical Department maintains a contract with a vendor for disposal of all medical wastes.
- Contaminated sharps will be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded.
- Sharps disposal containers will be available at the Medical Department in the treatment, EKG, and examination rooms. Sharps containers will be made available to other SLAC employees for emergency use.
- Broken glassware that may be contaminated will only be picked up using mechanical means, such as a brush and dustpan.
- Contaminated needles and other contaminated sharps will not be bent, recapped, or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
- Such bending, recapping, or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- 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 will not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present. Refrigerators, freezers, and areas where potentially infectious materials are present, should be labeled with wording to the effect that food is not allowed in those areas.
- All procedures involving blood or other potentially infectious materials will 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.
- Anyone cleaning up blood or other potentially infectious materials (OPIM) should clean the affected area with disinfectant materials as soon as practical. All materials used in the clean up should be disposed of as medical waste.

Blood-borne Pathogens: Post-exposure Procedure

Department: Chemical and General Safety

Program: Blood-borne Pathogens

Owner: Program Manager, Tom Rizzi

Authority: ES&H Manual, Chapter 46, Blood-borne Pathogens

Immediate Steps

Should an exposure incident occur

1. Contact the on-site physician in the Medical Department. An immediately available confidential medical evaluation and follow-up will be conducted by the physician or his or her designee.
2. Administer initial first aid. Employees must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

After first aid has been conducted, the following activities will be performed the employee's designated medical provider:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine human immunodeficiency (HIV), hepatitis B (HBV), and hepatitis C (HCV) virus infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
4. If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
5. Ensure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (for example, laws protecting confidentiality).
6. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
7. If the exposed employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Administration of Post-exposure Evaluation and Follow-up

Health care worker(s) responsible for employee's HBV vaccination and post-exposure evaluation and follow-up will be given a copy of the OSHA blood-borne pathogens standard.

The treating physician evaluating an employee after an exposure incident will receive the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure if possible, results of the source individual's blood test relevant employee medical records, including vaccination status

The employee will be provided with a copy of the provider's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The blood-borne pathogen program manager, in cooperation with the Medical Department, will review the circumstances of all exposure incidents to determine

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

Blood-borne Pathogens: SLAC Employee Hepatitis B Vaccine Offer and Declination Form

Department: Chemical and General Safety

Program: Blood-borne Pathogens

Owner: Tom Rizzi

Authority: ES&H Manual, Chapter 46, Blood-borne Pathogens

My job has the potential to expose me to blood-borne pathogens. Because of this I am defined as at risk for infection with a blood-borne pathogen. I further understand that SLAC must offer me free hepatitis B vaccinations. I have checked the box below that best represents my response to this offer:

- I accept this offer and will receive the hepatitis B vaccine series in the near future.
- I am currently in the process of receiving the vaccine series.
- By my signature below, I certify that I have already completed the three or four injection series of hepatitis B vaccine.
- I have had hepatitis B infection and do not require the vaccine.
- I **DECLINE** to receive hepatitis B vaccine at this time and I have signed and dated this statement at the bottom of the page. I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring the hepatitis B virus (HBV) infection. 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee's name (print)

Employee's signature

Date of signature