

Evangel University

# Bloodborne Pathogen Exposure Control Plan

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## INTRODUCTION

OSHA requires any employer having one or more employees with occupational exposure to bloodborne pathogens or other potentially infectious materials to institute a written Exposure Control Plan. This document has been prepared to satisfy this requirement, based on the appropriate sections of the OSHA OCCUPATIONAL BLOODBORNE PATHOGENS: FINAL RULE standard<sup>1</sup> and "Understanding and Complying with OSHA's Occupational Bloodborne Pathogens: Final Rule" published by Huntington Laboratories, Inc., 970 E. Tipton, Huntington, IN 46750.

"Any employee who may come in contact with human blood and other potentially infectious materials and who comes under OSHA's purview is affected by this standard."<sup>2</sup>  
 "Industries where workers are in contact with or handle blood and other potentially infectious materials will be affected by the standard. Twenty-four such industry sectors were identified..."<sup>3</sup>

These include offices of physicians, offices of dentists, nursing homes, hospitals, medical and dental labs, home health, hospices, hemodialysis, drug rehabilitation, government clinics, blood/plasma/tissue centers, residential care, personnel services, funeral services, health units in industry, research labs, linen services, medical equipment repair, law enforcement, fire and rescue, correctional facilities, lifesaving, schools, waste removal. The schools specifically discussed in the standard are schools for the mentally disadvantaged, where teachers have an increased risk due to more violent physical behaviors than other students.

A wide variety of pathogens (including Human Immunodeficient Virus (HIV) [causes AIDS] and Hepatitis B [HBV]) can be transmitted to uninfected individuals through contact with an infected person's blood or other body fluids. The purpose of this plan is to minimize occupational exposure to bloodborne pathogens or other potentially infectious materials.

"Occupational Exposure means reasonably anticipated skin, eye, mucous membranes, or parenteral contact with blood or other potentially infectious materials that may result from the performance of any employee's duties."<sup>4</sup>

"Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV)."<sup>5</sup>

"Other Potentially Infectious Materials means (1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial

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<sup>1</sup>Occupational Exposure to Bloodborne Pathogens: Final Rule, Standard 29 CFR, Part 1910.1030.

<sup>2</sup> 29 CFR 1910.1030 p. 64038.

<sup>3</sup> 29 CFR 1910.1030 p. 64038.

<sup>4</sup>Occupational Exposure to Bloodborne Pathogens: Final Rule, Standard 29 CFR, Part 1910.1030b (Federal Register, Vol. 58, No. 235, pg. 64175).

<sup>5</sup>Ibid, p. 64175.

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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing 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."<sup>6</sup>

Federal law requires that this plan have the following characteristics:

1. written
2. accessible to all employees
3. reviewed and updated annually
4. updated to include new tasks and procedures which affect occupational exposure
5. updated to reflect new or revised employee position with occupational exposure
6. made available to the Assistant Secretary of Labor for Occupational Health or designated representative for examination or copying
7. made available to the director of the National Institute for Occupational Safety and Health or designated representative for examination or copying
8. made available to the US Department of Health and Human Services or designated representative for examination or copying

## **EXPOSURE DETERMINATION**

Exposure determination of all Evangel University employees shall be determined by the executive director/department directors/academic chairs in all academic and non-academic areas. The instrument used shall be the query form found in Appendix A. Each /supervisor shall list all job classifications and their potential for exposure to bloodborne pathogens. These lists shall include all part- and full-time employees and their job classifications. Tasks and procedures or groups of closely related tasks and procedures which may lead to exposure to blood-borne pathogens shall be described in individual job descriptions.

## **A SCHEDULE AND METHOD OF IMPLEMENTATION**

This section deals with scheduling the implementation of this plan and descriptions of the methods of compliance.<sup>7</sup> The schedule for implementation is found in Appendix B. Evangel University shall follow the guidelines for implementation outlined in this section.

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<sup>6</sup>Ibid.

<sup>7</sup>Ibid., p. 64176 -(d).

## Universal Precautions

The Centers for Disease control in 1985 developed a strategy now called "Universal Precautions." This procedure requires that all persons encountered by employees of Evangel University are to be assumed to be infectious for HIV and other bloodborne pathogens. The only sure way to protect ones' self from exposure is to assume all persons dealt with are carriers of blood-borne pathogens. This means that all spills of blood or other body fluids must be treated as pathogenic.

## Engineering and Work Practice Controls

Engineering and work practice controls are the primary means of eliminating or reducing employee exposure. Personal protective equipment must be provided when engineering and work practice controls don't eliminate exposure; engineering controls shall be examined on a regular basis; handwashing facilities will be readily accessible; antiseptic hand cleaners, towelettes, etc. will be provided when soap and water are not available; the employer shall ensure handwashing after de-gloving; employer shall ensure hands and skin are washed after exposure to blood or other infectious materials; procedures to minimize needle sticks will be implemented as outlined in the standard; no eating, drinking, or smoking shall be allowed in areas where exposure can occur; no food or drinks may be stored where blood or potentially infectious materials are present; procedures to minimize splashing, spraying, or splattering of blood or infectious materials shall be utilized; mouth pipetting/suctioning is prohibited; specimens of blood or other infectious materials shall be placed in labeled or color-coded leakproof container(s) during collection, processing, storage, transport, or shipping; decontamination of potentially contaminated equipment before servicing is required. Supervisory personnel shall use the checklist in Appendix C to evaluate and periodically monitor their area's compliance with these guidelines.

## Personal Protection Equipment

When exposure cannot be eliminated through engineering and work practice controls, personal protective equipment must be used in order to prevent bloodborne or other pathogens from contacting the employee's clothes, undergarments, skin, eyes, mouth, or other mucous membranes. Specific types of personal protective equipment shall be specified by the executive director/department directors/academic chairs, based on data collected from the Exposure Determination Query Form (Appendix A) and in consultation with the Environmental Health and Safety Coordinator, if so desired. This equipment must be provided at no cost to employees. The employer shall ensure the employee uses protective equipment in the appropriate sizes. The employer shall ensure accessibility to the employee, and the employer shall clean, launder, and dispose of personal protective equipment at no cost to the employee. In addition, the employer shall repair/replace personal protective equipment at no cost to the employee. Personal protective equipment must be removed: a) if penetrated by blood or other infectious material, and b) when leaving the work area. Gloves must comply with indicated standards and

procedures. Masks and/or eye protection shall be worn during occupational exposure. Surgical caps and hoods and/or shoe covering shall be worn during occupational exposure.

## Housekeeping (Procedures)

### **General**

The executive director/department directors/academic chairs head shall ensure the work area is kept clean and sanitary. They shall also put into effect a written schedule for cleaning and decontamination of each specific contaminated location in the facility. Determinations must be made of the following (for each specific work area):

- type of soil present (e.g. gross contamination of blood or other potentially infectious material versus minor splattering of same)
- type of surface to be cleaned
- tasks and procedures being performed in the area (e.g. the particular disinfectant used)

The standard is concerned about the transmission of disease to employees. The regulated waste must be contained and disposed of in a manner which will protect the employee from occupational exposure to any blood borne pathogens or other infectious material. Regulated Waste means "liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed; items that are caked with blood or other potentially infectious material and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other infectious material."<sup>8</sup>

The regulated waste section of the standard under Housekeeping, d(4)(iii), expresses concern in three areas: 1) contaminated sharps, 2) other regulated waste, and 3) laundry.

### **Contaminated Sharps**

Contaminated sharps shall be discarded and/or contained immediately or as soon as feasible in containers that are: closable; puncture-resistant; leakproof; labeled or color-coded in accordance with this standard (i.e. bright colored label reading "BIOHAZARD"); located in the immediate area where sharps are used or expected to be found; easily accessible to employees during use; maintained upright during use; replaced routinely and not allowed to overfill during use; closed immediately prior to handling, moving, storage, transport, or shipping; placed in a secondary container if leakage is possible.

The secondary container must be: closeable; leakproof and puncture resistant during handling, shipping, and transport; labeled or color-coded. A reusable container must not be opened,

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<sup>8</sup>Ibid., p. 64177.

emptied, or cleaned manually or in any other manner that could risk percutaneous injury.

### ***Other Regulated Waste***

Other regulated waste must be contained and placed in primary or secondary containers that are: closable; constructed to contain all contents and prevent leakage during handling, storage, transport or shipping. They must be labeled or color-coded in accordance with the standard, closed prior to removal during handling, storage, transport or shipping. If the outside of the primary container is contaminated, it must be placed in the secondary container. Disposal of all regulated waste must be in compliance with Federal, State and local applicable regulations.

### ***Laundry***

Contaminated laundry must be handled as little as possible and with a minimum of agitation. Cleaning of contaminated clothing must be done in compliance with this standard.

Contaminated laundry must be bagged or containerized at the location where it was used and not sorted or rinsed. It must be placed and transported in bags or containers labeled or color-coded in accordance with the Blood-borne Pathogen standard. Alternative labeling or color-coding can be used in a facility if Universal Precaution is used and understood by all employees.

Contaminated laundry that may leak through must be placed and transported in leakproof bags or containers. Evangel University shall ensure that employees who handle contaminated laundry wear gloves and other personal protective equipment provided by the employer. When contaminated laundry is shipped off-site, the bags or containers must be labeled or color-coded in accordance with this standard. It is recommended that all Evangel University contaminated laundry be cleaned off-site by a licensed specialist.

## **HIV/HBV RESEARCH LABS AND PRODUCTION FACILITIES**

Evangel University does not qualify as a research laboratory or production facility engaged in the culture, production, concentration, experimentation, or manipulation of HIV or HBV.<sup>9</sup>

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<sup>9</sup>pg. 64178.

# HEPATITIS B VACCINATION/POST EXPOSURE EVALUATION AND FOLLOW-UP

## ***General***

When an exposure incident or occupational exposure occurs, a number of events are mandated to occur. They involve the employer's responsibility to the source individual, the exposed employee, and the health care professional.

## ***Hepatitis B Vaccination***

All employees who have occupational exposure or an exposure incident are required to have 1) HBV vaccinations, 2) post-exposure evaluations, and 3) follow-ups. After training, and within 10 working days of initial assignment, each employee with occupational exposure must be given HBV vaccinations with the following provisions:

- it is not necessary if the employee has already received the HBV vaccination series, is already immune (proven by testing), or if the vaccination is contraindicated for medical reasons.
- employees cannot be forced to participate in a low dose intradermal program.
- if an employee chooses not to be vaccinated, they must sign a declination form (Appendix D), but can change their mind later and accept the vaccination, still at no charge to the employee.
- it must be provided by the employer at no cost to the employee, at a reasonable time and place, and performed under the supervision of a licensed physician or healthcare professional (accredited lab) according to the latest recommendations of the US Public Health Service.
- if booster doses are recommended by the US Public Health Service, they shall be offered at no cost to the employee.

## ***Post-Exposure Evaluation and Follow-up***

### **Exposed Employee**

In the event that an employee experiences an exposure incident, he/she must be given a post-exposure evaluation and follow up with the following provisions:

- the employee must receive a confidential medical evaluation, including a lab test by an accredited laboratory at no charge to the employee, within 15 days of the completion of the evaluation.

- the employee must receive documentation from the employer documenting the routes of exposure and circumstances involved.
- the employee must be given information about the source individual's blood identity and test results, if feasible and not prohibited by law.
- the exposed employee's blood must be tested if he/she consents. If the employee does not consent to HIV testing, the blood sample must be held for 90 days for HIV testing in the event the employee changes his/her mind.
- the employee must be provided with post-exposure prophylaxis, counseling, and evaluation of reported illnesses.

## Health Care Professional

The health care professional evaluating the exposure incident must be provided with the following information:

- A copy of the OSHA Occupational Exposure to Bloodborne Pathogens: Final Rule #29 CFR Part 1910.1030.
- A description of the employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances involved.
- Results of the source individual's blood testing if available.
- All medical records relevant to the appropriate treatment including vaccination status.

## Employer

The employer must obtain the health care professional's written opinion and a copy provided to the exposed employee within 15 days of the completion of the evaluation. The written opinion must cover:

- Whether the HBV vaccination is indicated or has been received by the employee.
- The health care professional's written opinion for post-exposure and follow-up shall be limited to the following:
  - that the employee has been informed of the evaluation.
  - the employee must be told of any medical condition resulting from the exposure incident.
  - All other findings shall remain confidential and are not included in the written report.
- Required medical records must be maintained as outlined below:
  - includes name and SSN
  - copy of employee's HBV vaccinations status with dates of all HBV vaccinations and any records relative to the employee's ability to receive vaccinations
  - a copy of all results of examinations, medical testing, and follow-up procedures as required above
- the employer's copy of the healthcare professional's written opinion
- a copy of the information provided to the healthcare professional as required above
- the records must be kept confidential and are not to be disclosed or reported with out the

- employee's express written consent to any person except as required by law
- the employer shall maintain these records for the duration of employment plus 30 years.

## **Hazard Communication**

This section of the Law requires that employees receive warning through labels, signs, and training in order to eliminate or minimize their exposure to bloodborne pathogens. A schedule (Appendix E) indicates the time-frame for compliance. Methods of compliance are outlined below.

### ***Labeling***

All contaminated material shall be labeled with florescent orange or orange-red with lettering or symbols in contrast color and include the "Biohazard" legend, the name of the infectious agent, any special requirements for entering the area, and the name and telephone number of the laboratory director or other responsible person. These warning labels must be attached to containers of regulated waste, refrigerators, freezers, and other containers used to store blood or other potentially infectious materials. Red bags or red containers may be used instead of labels.

When a facility uses Universal Precautions in its handling of all specimens, labeling is not required within the facility. When all laundry is handled with Universal Precautions, alternative labeling or color coding is sufficient if it permits all employees to recognize the containers as being in compliance with Universal Precautions. Blood, blood components, or blood products that have been labeled as to their content, and have been tested and found free of HIV or HBV, do not need to have warning labels as to biohazard and can be released for clinical use. Regulated Waste (potentially infectious material) that has been decontaminated does not need to be labeled or color-coded. Signs must be posted at entrances to work areas in HIV or HBV research laboratories or production facilities.

### ***Communication of Hazards to Employees***

All employees with occupational exposure must participate in a training program in order to minimize the risk of occupational exposure. This training program will include the following information to be provided at no cost and during regular working hours at the time of initial assignment to tasks where occupational exposure may occur or within 90 days after the effective date of this standard (March 6, 1992), and at least annually thereafter<sup>10</sup>:

- Training on items not covered during the initial training.
- Material appropriate in content to vocabulary, education level, literacy, and language of

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<sup>10</sup>note: annual refresher training sessions are done via a web-based BBP refresher course.

the employee.

- An accessible copy of the regulation and explanation of its contents.
- General discussion of bloodborne diseases, their symptoms, and modes of transmission.
- Explanation of the employer's exposure control plan and how the employee can receive a copy
- Engineering/work practice controls, personal protective equipment.
- Explanation for methods of recognizing tasks and activities that may involve exposure to blood or other infectious material.
- Information on the types, proper use, location, removal, and disposal of personal protective equipment.
- HBV vaccination program including efficacy, safety, administration, and benefits.
- How to handle exposure incidents.
- Information on post-exposure and follow-up procedures.
- Signs, labels, and color-coding.
- Question and Answer period.

Trainer must be knowledgeable in the subject matter and how it relates to the work place. Laboratory and production workers must receive specialized initial training.

Record Keeping: records must be kept showing training session dates, summary of contents of each session, trainer's name and qualifications, attender's names and job titles, and these records must be maintained for three years from the date training occurred.

The following professionals could be trainers: infection control practitioners, nurse practitioners, licensed practical nurses, physicians assistants, and emergency medical technicians. The following could also be trainers provided they can produce evidence of specialized training in bloodborne pathogens: industrial hygienists, epidemiologists, and professional trainers.

## **RECORD KEEPING**

A schedule for record keeping is found in Appendix E. Following are the methods for implementing the record keeping program. Each employee covered by the Occupational Exposure of Bloodborne Pathogens Standard will have these records kept.

All records required to be kept shall be made available upon request to the employee, the employee's representatives, assistant secretary of labor for the Occupational Safety and Health Administration (OSHA), the director of the National Institute for Occupational Safety and Health (NIOSH), US Department of Health and Human Services, or designated representatives for copying and examination. The employer shall comply with the requirements involving transfer of records in accordance with OSHA standard (29 CFR 1910.20). If the company goes out of business and there is no successor company to receive and maintain the records in accordance with OSHA standards, the director of NIOSH, US Department of Health and Human Services or its designated representative must be notified at least three months in advance of the disposal of these records. The transmission of the records may be required within that three month period.

## **EXPOSURE INCIDENT PROCEDURE**

A procedure for evaluation of circumstances surrounding exposure incidents is outlined below:

- Any potential exposure must be reported immediately to the employee's supervisor, who must then file an exposure incident report (Appendix E) to the chair/director of their department directors/academic chairs within 24 hours.
- The route(s) of exposure must be documented in this exposure incident report.
- The circumstances surrounding the exposure must be listed.
- The employee and associated health care worker then must be provided with all of the services listed under "Post-Exposure Evaluation and Follow-Up" in previous pages of this document.

Revised by Michael Tenneson, 6/14/2005



## **APPENDIX B: Schedule for Implementation**

OSHA's Occupational Exposure to Bloodborne Pathogens: Final Rule, Standard 29 CFR, Part 1910.1030 became effective on March 6, 1992. The following schedule of implementation shall be followed at Evangel University:

March 6, 1992 Universal Precautions

May 5, 1992 Exposure Control Plan

June 4, 1992 Record Keeping and Training

June 6, 1992: Presentation of schedule and topical outline for training to most highly impacted supervisors (Plant Director, Director of Custodial Services). Outline to be agreed upon within one week.

At the time of each training session and exposure incident report, appropriate documents shall be forwarded to personnel to be placed in each employee's record.

July 6, 1992: Implement training sessions based on returned bloodborne pathogen exposure survey forms. Records kept of each training session.

July 6, 1992 Engineering/Work Practice Controls (these are specified in the job descriptions/training materials for each job title);  
Personal Protective Equipment (provided, maintained, disposed of by Evangel University);  
Housekeeping (described in training sessions, job descriptions);  
HIV/HBV Laboratories/Production Facilities (not applicable to Evangel University);  
HBV Vaccination;  
Post-Exposure and Follow-up;  
Hazard Communication

## **APPENDIX C: Checklist for Engineering Controls Guidelines Compliance**

- 1. Puncture resistant containers available at point-of-use for disposable needles and sharps.
- 2. Puncture-resistant containers available for reusable needles and sharps (e.g. surgery and emergency services).
- 3. Responsibility for emptying of needle-disposal containers is formally identified.
- 4. Waste management procedures include proper disposal of needles and sharps.
- 5. Employees receive training on needle/sharps safety upon beginning of employment and annually.
- 6. Personnel policies prohibit eating, drinking, smoking, applying cosmetics, or lip balm, handling contact lenses, or storing food and drink around areas where there is a likelihood of exposure.
- 7. Personnel policies and procedures include the importance of handwashing related to handling of or exposure to blood or body fluids.
- 8. Employees receive training in handling of blood and body fluids in relation to tasks performed to minimize splashing or spraying of blood, packaging and transportation of contaminated material.
- 9. Personal protective equipment is available at point-of-use.
  - gloves
  - gowns
  - goggles/face shield
  - masks
- 10. Responsibility for cleaning and restocking of personal protective equipment in place.

## APPENDIX D: Hepatitis B Vaccine Declination Statement

I, \_\_\_\_\_ (employee name) understand that due to my occupational exposure to blood and other potentially infectious materials at \_\_\_\_\_ (facility name) 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 to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Signature

ID or Soc. Sec. No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

## APPENDIX E: Evangel University Bloodborne Pathogen Exposure Report

EMPLOYEE TO COMPLETE:	
GENERAL INFORMATION	
Employee Name: _____	Age: ____ Birth-date ____/____/____ Date of
Exposure: ____/____/____	
Where/When Exposure Incident Occurred: _____	
Exposure by: <input type="checkbox"/> Needle Stick <input type="checkbox"/> Splashing <input type="checkbox"/> Other: _____	
Name of Source Person: _____	
Address and Phone Number of Source Person: _____	
IMMUNIZATION HISTORY:	
1) Do you have a history of Hepatitis B?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2) Have you ever received Hepatitis B Vaccine?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3) If yes, did you receive it in the	<input type="checkbox"/> Arm <input type="checkbox"/> Buttock
4) Did you complete the series of three?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If not, how many did you receive? _____	
5) Do you have a history of Hepatitis A?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6) Do you have a history of Hepatitis C?	<input type="checkbox"/> No <input type="checkbox"/> Yes
SUPERVISOR TO COMPLETE:	
7) Assure employee completes employee section before reporting to Emergency Room Date: Time _____	
8) Assure Emergency Room completes Emergency Room Section of this report. Date: Time _____	
9) Assure Department Director/Academic Chair and Health and Safety Coordinator are notified. Date: Time _____	
10) If possible, have source person tested for Hepatitis B and HIV. Date: Time _____	
11) If source person refuses to be tested, have him/her sign Consent/Refusal Form. Date: Time _____	
12) Attach copy of physicians' report. Date: Time _____	
13) Date and Time copies of this report were sent to:	
_____	V.P. Business and Finance
_____	Department/Academic Department Head (Name: _____ )
14) _____	Environmental Health and Safety Coordinator
15) _____	Personnel
EMERGENCY ROOM TO COMPLETE:	
16) Hepatitis B Antibody Test?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused
17) Hepatitis B Vaccine Administered?	<input type="checkbox"/> No <input type="checkbox"/> Yes #____ of Series (1,2,3) <input type="checkbox"/> Refused
18) HBIG Administered?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Required
19) HIV: <input type="checkbox"/> Counseling <input type="checkbox"/> HIV Consent <input type="checkbox"/> HIV Test <input type="checkbox"/> Refused <input type="checkbox"/> Signed Refusal (Consent/Refusal Form)	
20) <input type="checkbox"/> Discharge Instructions <input type="checkbox"/> Packet Given <input type="checkbox"/> Referred to: _____	

