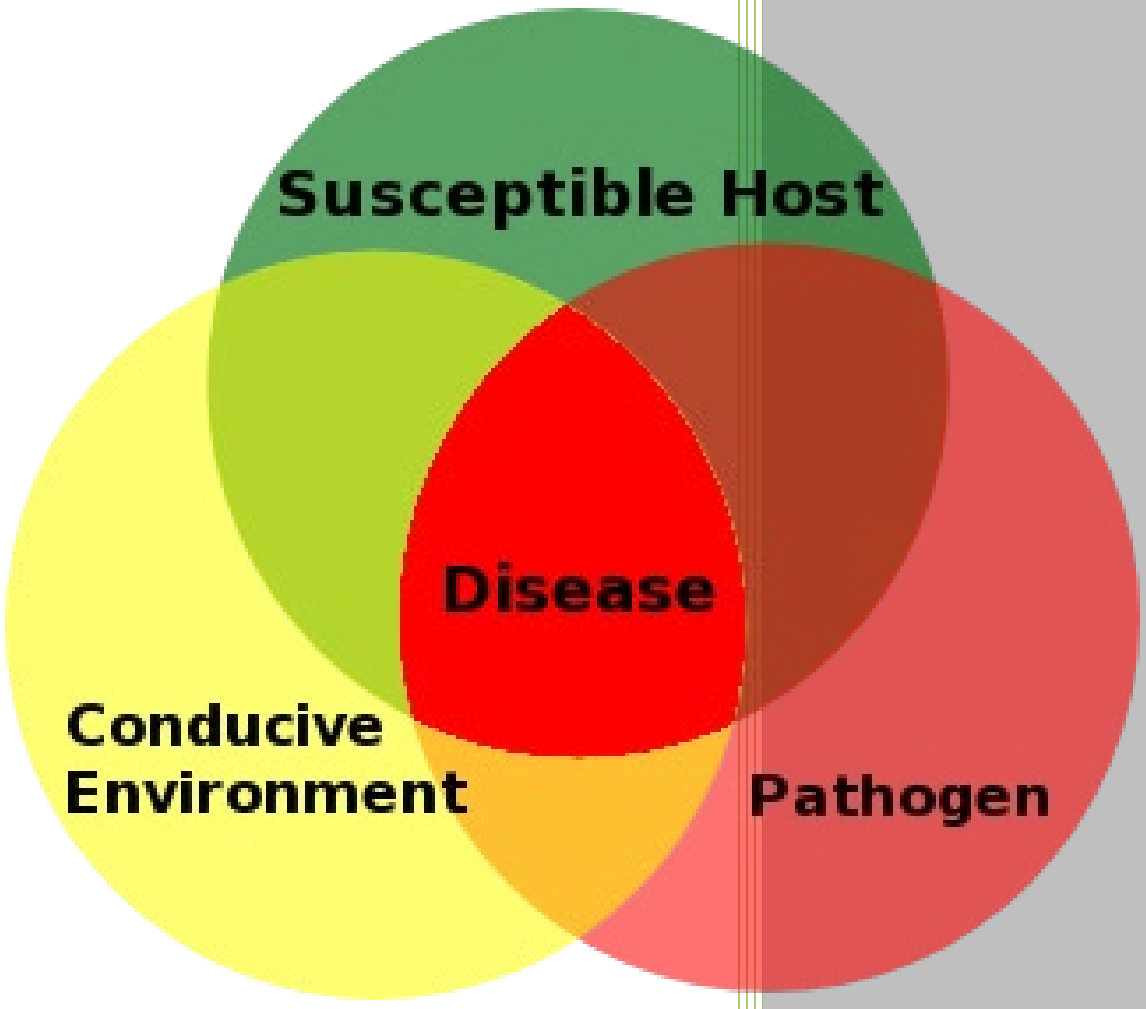
Benedictine University

Bloodborne Pathogen Exposure Control Plan (BBPECP)



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RECORD OF CHANGES

Date of Change	Affected Section	Summary of Changes
10/27/23	Record of Changes	Added to document
10/27/23	Annual Documentation Form	Added to document
10/27/23	Policy Statement	New section
10/27/23	Definitions	Updated and added new terms
10/27/23	Post-Exposure Eval.	Updated section

Bloodborne Pathogens Exposure Control Plan
Annual Documentation Form

This is to document the fact that I have, on the indicated date, performed the required annual review and update as necessary for the Bloodborne Pathogens Exposure Control Plan for Benedictine University.

Michi Dubes 10/27/23

Documenter's Name	Signature	Date

POLICY STATEMENT

Benedictine University (the "University") is committed to providing a safe and healthful work environment for our employees. In pursuit of this goal, the following Bloodborne Pathogen Exposure Control Plan (BBPECP) is provided to minimize or eliminate occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The BBPECP is a key document to assist the University in implementing and ensuring compliance with the standard, thereby protecting our employees. This BBPECP includes:

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

The purpose of this plan is:

1. To minimize or eliminate employee occupational exposure to blood or other body fluids.
2. To identify employees occupationally exposed to blood or other potentially infectious materials (OPIM) in the performance of their regular job duties.
3. To provide employees exposed to blood and OPIM information and training. A copy of this plan is available to all employees on the University's share drive at ***S:\University Info\Policies and Procedures\Emergency Information***.
4. To comply with OSHA Bloodborne Pathogen Standard.

Implementation methods for these elements of the standard are discussed in the subsequent pages of this BBPECP.

DEFINITIONS

Administrative controls - means other measures aimed at reducing employee exposure to hazards. These measures include additional relief workers, exercise breaks and rotation of workers. These types of controls are normally used in conjunction with other controls that more directly prevent or control exposure to the hazard.

Amniotic Fluid - is a clear, slightly yellowish liquid that surrounds the unborn baby (fetus) during pregnancy.

Blood – means human blood, human blood components, and products made from human blood.

Bloodborne pathogens – 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), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Cerebrospinal fluid - a watery fluid that is continuously produced and absorbed and that flows in the ventricles within the brain and around the surface of the brain and spinal cord.

Contaminated – means the presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.

Contaminated laundry – means laundry which has been soiled with blood, OPIMs or may contain sharps.

Contaminated sharp – any contaminated object that can penetrate the skin (for example: needles, scalpels, knives, or broken glass).

Decontamination – means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering controls - eliminate or reduce exposure to a chemical or physical hazard through the use or substitution of engineered machinery or equipment. (e.g., sharps disposal containers, self-sheathing needles)

Exposure incident – means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIMs that result from the performance of an employee's duties.

HBV – means hepatitis B virus.

HCV – means hepatitis C virus.

HIV – means human immunodeficiency virus.

Mucous membrane – a wet membrane that lines body surfaces (for example, nasal passages, the inside of the mouth, and the eyes).

Occupational exposure – means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIMs that may result from the performance of an employee's duties.

Other potentially infectious materials (OPIM) –

1. 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 fluid 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).
3. 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.

Parenteral – means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts or abrasions.

Pericardial fluid - the serous fluid that fills the pericardial cavity and protects the heart from friction

Peritoneal fluid - is a liquid that is made in the abdominal cavity to lubricate the surface of the tissue that lines the abdominal wall and pelvic cavity and covers most of the organs in the abdomen.

Personal protective equipment (PPE) – is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be PPE.

Pleural fluid - is the fluid that is found between the layers of the pleura, the membranes that line the thoracic cavity and surround the lungs.

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 OPIMs and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIMs.

Source Individual – means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize – means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Synovial fluid - is normally a thick, straw-colored liquid found in small amounts in joints, bursa (fluid-filled sacs in the joints), and tendon sheaths.

Universal precautions – an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HBV, HCV or HIV and other bloodborne pathogens.

Work practice controls – means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e., prohibiting recapping of needles by a two-handed technique).

PROGRAM ADMINISTRATION

- The Emergency Preparedness Manager/Safety Specialist (the "Manager") is responsible for implementation of the BBPECP. The Manager will maintain, review, and update the BBPECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number:

  Michi Dubes
  Emergency Preparedness Manager/Safety Specialist
  Parking Garage 132
  630-829-6364

- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this BBPECP.

- The Manager will provide and maintain all necessary PPE, engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Manager will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

- The Manager will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

- The Manager will be responsible for training, documentation of training, and making the written BBPECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at the University in which all employees have occupational exposure:

Job Title	*Location*
Nurse	Krasa Student Center
Athletic Trainer	Rice Center
Assistant Athletic Trainers	Rice Center
Campus Safety	Parking Garage

The following is a list of job classifications in which some employees at the University have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals.

Job Title/Department/Task or Procedure

Housekeeper/Facilities Management /Handling garbage
Athletic Coaches/Athletics/Practice and/or game day injuries
Residence Hall Directors/Residence Life/Injured student in residence hall
Launderers/Athletics/Washing team uniforms

- Employees who render first aid only as a collateral duty do not have to be offered pre-exposure Hepatitis B vaccine, if employer meets the proper requirements (e.g. training in exposure control). At the University, those who may render aid as a collateral duty include, but are not limited to, coaches, student athletic trainer trainees (those preparing to be practicing student trainers), Residence Hall Directors, Athletic Department Launderers.

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard.

- Service vendors and rental groups of the University (e.g. University physician) assume responsibility and accountability for their respective employees/personnel. Such vendors, contractors, sub-contractors, rental groups, and others which have employees functioning on the University's premises shall provide a copy of their Bloodborne Pathogens Exposure Control Plan as a condition of contractual or other agreement.

"Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

The University embraces “universal precautions,” which is a method of infection control that requires the employer and employee to assume that all human blood and specified human body fluids are infected with bloodborne pathogens. Where it’s difficult or impossible to identify body fluids, all are to be considered potentially infectious.

For employees whose job descriptions charge them with the responsibility of rendering medical assistance, the institution shall:

- Communicate and train employees (e.g. universal precautions, use of PPE).
- Establish procedures and work practice controls for observing universal precautions.
- Provide appropriate PPE.
- Develop appropriate decontamination procedures.
- Develop appropriate procedures for disposal of contaminated/regulated waste.
- Establish a recordkeeping system for recording, reporting, and follow up.
- Provide Hepatitis B vaccine to all employees with occupational exposure (those whose job descriptions charge them with the responsibility of rendering medical assistance).
- Provide procedure for reporting and recording exposures.

For others who may be periodically exposed to fluid-contaminated materials, although not a part of their job description to render aid:

- Communicate and train employees (e.g. universal precautions; locations of aid kits; us of PPE; decontamination procedures; disposal of biohazard waste).
- Provide appropriate PPE.
- Inform employees that rendering aid is not expected.
- Provide procedure for reporting and recording exposures.

Exposure Control Plan: Employees covered by the bloodborne pathogens standard receive an explanation of this BBPECP 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 by contacting the Manager. If requested, we will provide an employee with a copy of the BBPECP and within 2 days of the request.

The Manager is responsible for reviewing and updating the BBPECP 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.

Engineering Controls and Work Practices: Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

Personal Protective Equipment

Disposable latex (or nitrile) gloves, masks and eye protection must be worn when there is a chance of exposure to blood or OPIM.

Washing of Hands (or exposed skin area)

Employees must wash their hands with soap and water immediately after removal of gloves or other PPE.

If you can't wash immediately with soap and water, use an antiseptic towelette and wash with soap and water as soon as possible.

Employees must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as possible following contact of such body areas with blood or OPIMs.

Food and Drink

Eating and drinking are not allowed in areas where infectious waste could be present on surfaces or items being handled by employees or students.

Regulated Waste

Infectious waste must be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping.

These containers must be labeled biohazard or color-coded (red bagged) and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

If outside contamination of the primary container occurs, the primary container must be placed into a second container that will prevent leakage during handling processing, storage, transport or shipping. The second container must be labeled biohazard or color-coded (red bagged).

Sharps

Contaminated needles and other contaminated sharps must not be bent, recapped or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique (accomplished by scooping the cap onto the needle while your other hand remains behind your back).

All contaminated sharps must be disposed of in sharps containers that are puncture resistant, labeled or color-coded in accordance with OSHA's Bloodborne Pathogen Standard, leak proof on the sides and bottom.

Sharps cannot be stored or processed in a manner that requires employees to reach by hand into the containers where the sharps have been placed.

Waste Disposal

Biohazard waste boxes are located in the Athletic Training Room-Rice Center, Exercise Physiology-Birck Hall, Campus Safety Department-Parking Garage and Student Health Services-Krasa Center. Waste can be transported to any of these locations for disposal. The containers must comply with the above requirements. A medical waste removal service will pick up these boxes 2 times per year, per contract agreement.

Small amounts of waste emanating from laboratory work in Birck Hall can be disposed of via the autoclaves. Steam autoclaving (known to effectively destroy bloodborne pathogens) is a suitable treatment technique for small volumes of infectious wastes. Red bags should not be used for the disposal of TREATED infectious waste in the normal trash as this may cause undo concerns from solid waste hauler.

Personal Protective Equipment (PPE): Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Manager. The Manager is responsible for ensuring and issuing appropriate, readily accessible PPE, without cost, to employees. Hypoallergenic gloves, glove liners, powderless gloves, or similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- All PPE will be removed prior to leaving the work area.
- All PPE will be cleaned, laundered, and disposed of by the employer at no cost to the employee. PPE, when removed, will be placed in the (designated area) for storage, washing, decontamination and disposal.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in red biohazard bags found in the work areas.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or 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.

Housekeeping: Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are 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.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry: The following contaminated articles will be laundered by the University:

- Athletic team uniforms: shirts, pants, shorts, socks, under garments, etc.
- Towels

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Wear the following PPE when handling and/or sorting contaminated laundry: disposable gloves.

INFORMATION AND TRAINING

The Manager will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

Training records will be maintained for 3 years from the date on which the training took place.

HEPATITIS B VACCINATION

The Hepatitis B 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; or 3) medical evaluation shows that vaccination is contraindicated.

All employees offered the Hepatitis B vaccine must complete the Hepatitis B Consent/Declination Form.

An employee may decline the Hepatitis B vaccine but at a later date decide to have the vaccinations. If so, the employee must complete a new Hepatitis B Consent/Declination Form.

For those employees wanting the Hepatitis B vaccination, a record will be maintained until all three (3) steps of the vaccination process is completed (initial, 30 days from initial and 6 months from initial).

The University has made arrangements with Concentra to administer the Hepatitis B vaccination series. The employee will schedule an appointment with Concentra and must get a Treatment Authorization Form from the Emergency Preparedness Manager that he/she will need to take to the initial appointment.

Vaccines will not be provided to employees that are no longer employed by the University. If an employee leaves the University, he/she will not receive initial or subsequent inoculations.

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 hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the Manager at the following number 630-829-6364 office or 630-878-1799 cell. The exposed employee must complete the Bloodborne Pathogen Exposure Incident Form. It can be found on the share drive. Follow the path below.

S:\University Info\Policies and Procedures\Emergency Information

An immediately available confidential medical evaluation and follow-up will be conducted by Concentra. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred and determine if event qualifies as an exposure incident.
- Identify and document the source individual (unless the employer can establish that identification is not possible or prohibited by state or local law).

- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Offer counseling to exposed employee.
- Offer medications, if indicated.
- Offer vaccines, if indicated.
- Follow-up labs, if indicated.
- Assure 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 (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV, HCV and HIV serological status
- If the 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

The Manager ensures that health care professional(s) responsible for employee's Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Manager ensures that the health care professional evaluating an employee after an exposure incident receives 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 Manager provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Manager 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, etc.)
- location of the incident (laboratory, bathroom, student health patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

The exposed employee will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. It can be found on the share drive at the path below.

S:\University Info\Forms\Emergency Information

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training by taking the VelocityEHS On-Demand Training module which is an online course.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy of Benedictine University's Bloodborne Pathogen Exposure Control Plan (BBPECP)
- 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 Hepatitis B 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

COMMUNICATION OF HAZARDS TO EMPLOYEES

Biohazard warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM and other containers used to store, transport or ship blood or OPIM.

Red bags or disposable cardboard containers with red bags may be substituted for labels.

RECORDKEEPING

Online training records are created once the employee has completed the course. This information will be kept for at least three years with the Manager.

The online training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the score received on the quiz
- a copy of the certificate

Employee training records are provided upon request to the employee or the employee's authorized representative within 3 working days. Such requests should be addressed to the Emergency Preparedness Manager/Safety Specialist.

Medical Records
Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

The Emergency Preparedness Manager/Safety Specialist is responsible for maintenance of the required medical records. These confidential records are kept in Parking Garage 132 for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 3 working days. Such requests should be sent to:

Michi Dubes
Emergency Preparedness Manager/Safety Specialist
Benedictine University
5700 College Road, Parking Garage 132
Lisle, IL 60532

OSHA Recordkeeping
An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Emergency Preparedness Manager/Safety Specialist.

Sharps Injury Log
In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences 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.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

EVALUATION AND REVIEW

The Emergency Preparedness Manager is responsible for reviewing this program and its effectiveness on an annual basis and for updating it as needed.

HEPATITIS B VACCINE DECLINATION FORM

Despite the use of universal precautions, I understand that my normal work/study tasks may bring me in contact with Hepatitis B through blood, tissue and/or body fluid exposure. As further protection from the Hepatitis B virus, Benedictine University has offered me the Hepatitis B vaccination series free of charge. I understand that the series of three (3) inoculations must be completed to ensure my immunity to Hepatitis B. I understand that it is my responsibility to schedule an appointment to receive the inoculations.

_____ Yes, I do wish to receive the Hepatitis B vaccine and will make an appointment with Concentra.

_____ I have supplied Benedictine University with proof that I have already received the Hepatitis B vaccination series (documentation attached).

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I 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 Name (print)	Employee Signature	Date
_____	_____	
Department	Job Title	

Return form to:
Michi Dubes
Benedictine University
5700 College Road, Parking Garage 132
Lisle, IL 60532
mdubes@ben.edu

Bloodborne Pathogen Exposure Incident Form

This form must be completely filled out after any employee exposure incident. This form is to remain confidential and placed in employee's medical records and be kept under lock and key.

EXPOSED EMPLOYEE

Name:	Employee ID:
Date of Incident:	Type of Incident:
Employee's duties as they relate to the incident:	
Description of exposure routes and circumstances under which incident occurred:	

Check appropriate response below:

1. Exposed employee has been counseled as to applicable laws and regulations concerning disclosure of the identity and infectious status of the source patient. ☐ Yes ☐ No

2. Exposed employee has legally consented to blood testing. ☐ Yes ☐ No

3. Exposed employee has agreed to have baseline blood collection, but doesn't give consent at this time for HIV serologic testing and understands that the sample shall be preserved for 90 days in case employee decides to completed testing. ☐ Yes ☐ No

MEDICAL ATTENTION

The exposed employee was referred to the following doctor for medical evaluation, counseling and follow-up:

_____

Name Phone

_____

Address

_____

Date of Exam Date of Follow-up

Exposed employee's vaccination records were made available to the attending doctor on:

_____

A copy of the Bloodborne Pathogen Exposure Control Plan was delivered to the attending doctor on:

_____

A copy of the doctor's written opinion was delivered to the employee on:

_____

SOURCE PATIENT

Name:	Phone:
Address:	

Check appropriate responses below:

1. Source Patient has legally consented to have his/her blood tested for HIV and HBV infectivity. ☐ Yes ☐ No
2. The legally required consent cannot be obtained. Reason_____ ☐ Yes ☐ No
3. Source Patient is known to be infected with HBV. ☐ Yes ☐ No
4. Source Patient is known to be infected with HIV. ☐ Yes ☐ No
5. Results of source patient's tests have been made to the exposed employee. ☐ Yes ☐ No

RECORDS KEEPING

The following items will be maintained IN STRICT CONFIDENTIALITY and not disclosed without the employee's expressed written consent to anyone within or outside the workplace.

Records must be kept for duration of employment plus 30 (thirty) years.

1. The employee Exposure Incident Form.
2. A record of the employee's Hepatitis B vaccination status including the dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of examinations, medical testing and follow-up procedures.
4. The employer's copy of all results of the Healthcare professional written opinion.
5. Identity of source patient and source patient's blood tests results.

Print the completed form, sign and date it. Send the original form to the Emergency Preparedness Manager.

Form Completed by:

_____

Name Title

_____

Exposed Employee Signature Date

_____

Employer Signature Date

SHARPS INJURY LOG

Benedictine University
Emergency Preparedness & Safety

Instructions:

1. Complete all sections of this form.
2. Make a copy for your own records; and
3. Within 14 days of the injury ensure that the completed form is received by the:
   Emergency Preparedness Manager/Safety Specialist
   Parking Garage 132
   mdubes@ben.edu

Injured Employee (Last, First)	Employee ID	Phone/Email
Department	Supervisor (Last, First)	Phone/Email

1. Date & Time of Injury	2. Location of Incident	3. Body part injured
4. Position of injured person	5. Procedure being performed at time of injury	
6. Describe how the incident occurred		

7. Sharps Information:				Identify Sharp Involved (if known)
a. Did the device being used have engineered sharps injury protection? (If yes, go on to question b & c below)	**Yes**	**No**	**Don't know**	Type:_____
b. Was the protective mechanism activated?	**Yes**	**No**	**Don't know**	Brand:_____
c. Did the exposure incident occur:	Before activation	During activation	After activation	Model:_____ (e.g. 18g needle/ABC Medical/"no stick" syringe)

8. If the sharp had no engineered sharps injury protection, injured employee's opinion as to whether and how such a mechanism could have prevented the injury.

9. Injured employee's opinion as to whether there is any other engineering, administrative or work practice controls that could have prevented the injury.

_____ _____
Employee Signature Date

EP&S Comments/Follow-up (place additional comments on back)

_____ _____
Signature *Date*