Bloodborne Pathogen Program
Exposure Control Plan

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SECTION 1: INTRODUCTION

PURPOSE

Wilkes University is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030.

“Occupational Exposure to Bloodborne Pathogens” The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

SCOPE AND APPLICABILITY

The requirements and procedures set forth in this plan are to be followed by all Wilkes University personnel who have a reasonable chance of encountering human blood, bodily fluids and other potentially infectious materials while performing their normal job duties. This plan encompasses all Wilkes academic and administrative departments.

This ECP includes:

- 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

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

REGULATIONS, STANDARDS AND INDUSTRY GUIDELINES

The below regulations, standards and industry guidelines are referenced in this Plan:

- U.S. Department of Labor, Occupational Safety and Health Administration (OSHA)
- Bloodborne Pathogens [29 CFR 1910.1030]
- Personal and Respiratory Protection [29 CFR Subpart I]

A copy of 29 CFR 1910.1030 is found in Appendix H of this Plan.
### DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Blood</td>
<td>means human blood, human blood components, and products made from human blood.</td>
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<tr>
<td>Bloodborne Pathogens:</td>
<td>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).</td>
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<tr>
<td>Contaminated:</td>
<td>means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.</td>
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<td>Contaminate Laundry:</td>
<td>means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.</td>
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<tr>
<td>Contaminate Sharps:</td>
<td>means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.</td>
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<tr>
<td>Decontamination:</td>
<td>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.</td>
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<tr>
<td>Engineering Controls:</td>
<td>means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.</td>
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<td>Exposure Incident:</td>
<td>means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.</td>
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<td>Licensed Healthcare Professional:</td>
<td>is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.</td>
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<tr>
<td>Occupational Exposure:</td>
<td>means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.</td>
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<tr>
<td><strong>Other Potentially Infectious Materials (OPIM):</strong></td>
<td>means (1) 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (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/HBV.</td>
</tr>
<tr>
<td><strong>Personal Protective Equipment (PPE):</strong></td>
<td>is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.</td>
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<tr>
<td><strong>Regulated Waste:</strong></td>
<td>means 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.</td>
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<tr>
<td><strong>Source Individual:</strong></td>
<td>means any individual, living or dead, whose blood or other potentially infectious materials 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.</td>
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<tr>
<td><strong>Sterilize:</strong></td>
<td>means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.</td>
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<td><strong>Universal Precautions:</strong></td>
<td>is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.</td>
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<tr>
<td><strong>Work Practice Controls:</strong></td>
<td>means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).</td>
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HEALTH HAZARDS

Bloodborne pathogens are pathogenic microorganisms present in human blood and are capable of causing disease in humans. These pathogens may be present in other potentially infectious materials: body fluids, tissues, and organs from infected persons and experimental animals.

The routes of transmission for occupational exposure to bloodborne pathogens are:

1. Puncture of the skin with a contaminated sharp object
2. Contact with broken skin
3. Splash to mucous membranes of the eye, nose, or mouth.

Hepatitis B Viral Infection is caused by the Hepatitis B Virus (HBV) which was formerly known as "serum hepatitis". Of all bloodborne diseases, HBV poses the greatest risk for infection because it can be easily transmitted through needle sticks and other types of percutaneous exposures. The virus causes inflammation of the liver and can lead to serious and occasionally fatal disease. An effective vaccine is available and should be offered to workers who may be exposed.

Hepatitis C Viral Infection is caused by the Hepatitis C Virus (HCV) and was formerly known as "non-A, non-B viral hepatitis". HCV also poses a risk for infection because it is transmitted through needle sticks and other types of percutaneous exposures. Similar to HBV, the virus causes inflammation of the liver and can lead to serious and occasionally fatal disease. Specific diagnostic tests for HCV have only become available recently. Although there is no vaccine available to prevent HCV, interferon has been used in some cases as with chronic HBV conditions.

Acquired Immunodeficiency Syndrome (AIDS) is a disease caused by Human Immunodeficiency Virus (HIV). HIV is a retrovirus which suppresses the immune system leaving the infected individual vulnerable to opportunistic infections and cancers. These infections become increasingly severe and eventually lead to death. No cure for HIV has been found. Drug prophylaxis such as AZT is available, although its efficacy is debated within the medical community.

In addition to HIV, HBV, and HCV, other viruses, bacteria and parasites may also be present in blood, human body fluids, or tissues. Some of them are: Simian Immunodeficiency Virus (SIV); Malaria; Syphilis; Babesiosis; Brucellosis; Leptospirosis; Creutzfeldt-Jakob Disease (CJD); and, Viral Hemorrhagic Fevers.

Bloodborne pathogens may be present in blood, body fluids, tissues, and other potentially infectious materials. Other potentially infectious materials (OPIM) include: Semen; Pleural fluid; Vaginal secretions; Amniotic fluid; Cerebrospinal fluid; Saliva in dental procedures; Synovial fluid; Body fluids visibly contaminated with blood; Peritoneal fluids; Pericardial fluids.
SECTION 2: PLAN ADMINISTRATION

ROLES AND RESPONSIBILITIES

- The University Environmental Health and Safety Committee (EHSC) is responsible for implementation of the ECP. This committee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. See Appendix A for EHSC Member Contact Information.

- 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 ECP.

- University laboratory managers and department coordinators within areas identified as an exposure risk will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. For budgeting purposes, the office of the university Provost and the Vice President for Finance and Support Operations will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. See Appendix A for EHSC Member Contact Information.

- The responsibility for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained is shared by the Health & Wellness Services Department and the Human Resources Department. Health and medical records will be maintained by the Health & Wellness Service Department. OSHA records pertaining to recordable incidents will be maintained by Human Resources.

- Risk & Compliance Management and Human Resources will work together to be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Human Resources will ensure initial training for new employees. Health Services and Human Resources will coordinate to conduct annual trainings and updates. Human Resources will make the ECP available to all employees through the university’s web portal. Both Health Services and Human Resources will have the ECP available for authorities and Public Safety will have the ECP available after normal business hours.

EMPLOYEE TRAINING AND INFORMATION

Training: Wilkes University will provide safety information and facilitate training for all personnel covered by this Plan to ensure awareness of all hazards and control measures associated with their activities. Information and training sessions shall be provided initially and annually thereafter for all At-Risk personnel. These sessions shall cover the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of our 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 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
- 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 the Health Services office.

Labels and Signage: All blood or other potentially infectious material (OPIM) will be demarcated with the biohazard symbol depicted in Figure 1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

Lab and facility managers responsible for exposure risk areas are 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 facility. Employees are to notify the lab manager or supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.
RECORDKEEPING

TRAINING RECORDS: Training records are completed for each employee upon completion of the initial and each annual training session. These documents will be kept for at least 3 years at the Risk & Compliance Management office. The training records include:

- Dates of the training sessions
- Contents or a 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 fifteen (15) working days. Such requests should be addressed to the Human Resources office.

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 Health & Wellness office is responsible for maintenance of the required medical records. These confidential records are maintained 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 15 working days. Such requests should be sent to the Health & Wellness office.

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 shall be completed by the Human Resources office.

SHARPS INJURY LOG: In addition to the 29 CFR 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
- An 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. The Sharps injury log is maintained by the Human Resources office.

PLAN REVIEW AND UPDATES

The EHSC is responsible for implementation of the ECP. This committee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
SECTION 3: PROCEDURES

EXPOSURE DETERMINATION

Exposure determinations for At-Risk Personnel with occupational exposures shall be conducted in accordance with OSHA requirements listed at 29 CFR 1910.1030(c)(2). The exposure determinations are made without regard to the use of personal protective equipment. Appendix B (available from the Human Resources office) contains a list of all job classifications at our establishment in which all employees have occupational exposure. Appendix B contains the following lists:

- Job classifications with all employees having an exposure
- Job classifications with some employees having an exposure
- A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. These employees will be included in Appendix B (Exposure Determinations for At-Risk Personnel).

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions, a method of infection control in which all human blood, tissue, and OPIM are treated as if known to be infectious for HBV, HCV, or other bloodborne pathogens.

Universal precautions are intended to prevent occupational exposure to blood. The routes of transmission for occupational exposure are 1) puncture of the skin with a contaminated sharp object, 2) contact with broken skin, and 3) splash to mucous membranes of the eye, nose, or mouth. Universal precautions include the following practices:

- Wear gloves when hands may come into contact with blood or OPIM. Replace gloves when they become torn or contaminated.
- To prevent exposure of mucous membranes of the mouth, nose and eyes, wear masks and protective eyewear whenever splashes, spray, or spatter of blood or potentially infectious materials are likely to occur.
- Wear protective suits, gowns or aprons during procedures that are likely to generate splashing of potentially infectious materials.
- Wash hands and other skin surfaces immediately following contact with blood or other potentially infectious substances, and after gloves are removed.
- Use care when handling needles, scalpels, razors and other sharp objects contaminated with blood or OPIM. Use tongs or forceps if possible.
- Use appropriately-labeled and constructed containers for disposal, storage, and transport of any potentially infectious material.
- Employees responsible for first aid should use protective resuscitation masks for mouth-to-mouth resuscitation.
- Health care workers or first aid providers must cover skin lesions and wear gloves when treating patients or when handling health-care equipment.
- Do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in work areas where there is likelihood of occupational exposure. Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, or on countertops where blood or OPIM are present.

**ENGINEERING CONTROLS**

Engineering Controls refer to equipment and facility design that isolate employees from the hazard. Examples of engineering controls used at Wilkes University include:

- **Sharps containers**- Rigid, hard-sided, leak-proof, and puncture-resistant containers used to dispose of sharps (Figure 2). These containers are labeled with the biohazard symbol and shall be in all immediate areas where sharps are handled.
- **Safe sharps**- Safe needle technology shall be used for all activities involving needles. This includes blunt-tipped needles, self-sheathing needles and retractable needles (Figure 3).
- **Laboratory equipment**- Laboratory equipment that shall be used for laboratory activities (research, education) include:
  - Biological Safety Cabinets (BSC)
  - Mechanical pipettes
  - Splash guards

![Figure 2: Sharps Container](image-url)
Sharps disposal containers are inspected and maintained or replaced by the facility/department where a risk has been identified, and in other exposure risk areas where laboratory technicians will inspect, maintain and replace containers on an as needed basis to prevent overfilling.

These facilities identify the need for changes in engineering controls and work practices through direct feedback from employees working in exposure risk areas, review of OSHA records, changes in OSHA standards and new product offerings from suppliers. The Environmental Health and Safety Committee will evaluate new procedures and new products regularly in the same manner, through employee feedback, supplier recommendations and changes in OSHA standards. Proposed changes to procedures and/or the use of new products are presented to the university’s Environmental Health and Safety Committee for review, ratification and implementation.

**WORK PRACTICE CONTROLS**

Work practices are methods and procedures followed by employees to protect themselves from exposure. Designated work practices for all Wilkes activities include:

- Occupational Hygiene-
  - Employees are directed to wash their hands with soap and water immediately after performing covered work activities, including after removal of gloves. If a sink is not available, washing hands with a disinfecting agent suitable for personal use is required. In these situations, hand washing shall still occur once soap and water are available.
- Eating, drinking, handling contact lenses, applying cosmetics (including lip balm), chewing gum, and storing food for human consumption is not allowed in the work area.

- Disinfectants:
  - Disinfectants are to be used in accordance with product instruction, including allowing for recommended contact time.
  - Diluted bleach must be mixed daily, i.e. no older than 24 hours.
  - Appropriate disinfectants include:
    - diluted bleach
    - EPA-registered tuberculocides
    - EPA-registered sterilants
    - products registered by EPA against HIV/HBV

- Equipment and tool use:
  - Employees shall not use broken sharps or glassware.
  - Contaminated tools and equipment are to be immediately and properly disposed (e.g. sharps container).
  - Used needles should not be recapped, removed from the syringe, bent, broken or manipulated. If recapping needles is necessary for a specific procedure, use forceps or other device.
  - Sharps shall not be placed in the regular garbage.
  - Safe needle technology shall be used.
  - Sharps shall not be left on a work surface when not in immediate use. They must be stored appropriately, such as with a designated holder or magnetic device (Figure 4).

- Labeling
  - Equipment used to store or handle blood and OPIM shall be labeled with the biohazard symbol.

- Dormitory Resident Trash
  - Wilkes University, through the Residence Life Department, shall ensure proper disposal of needles used by dormitory residence through education, awareness and supply of proper disposal containers.
  - Employees responsible for handling trash containers shall implement Universal Precautions. Plastic garbage bags shall be handled in a manner that minimizes exposure in the event a needle is inside (e.g. gloves, handle away from the body, avoid compacting the bag).

- Laboratory Activities
  - Laboratory activities involving blood or OPIM shall be in accordance with the Chemical Hygiene Plan or other standard operating procedure, in addition to general provisions outlined in this Plan.
PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is located within the facility designated as an exposure risk area and may be obtained through the facility lab manager or department. All employees using PPE 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 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.

GENERAL

Personal Protective Equipment (PPE) for designated tasks may include any of the following:

- Attire requirements- Including closed-toe shoes and long sleeves/pants.
- Hand Protection- Including single/double layer nitrile or latex gloves.
- Eye and Face Protection- Including goggles and in situations with splash hazards, goggles with face shield.
- Body Protection- Gown or coverall-type suit.
PPE shall be assigned and provided by Department Supervisors for designated tasks. Employees are responsible for maintaining, inspecting and reporting deficiencies with equipment.

**HAND PROTECTION**

Nitrile or latex gloves are required for any active covered activity. Further protection (such as double gloving, increased chemical resistance, or different glove material) may be assigned.

- Gloves are to be inspected prior to, and throughout use.
- Gloves are to be removed prior to leaving the work area using the one-hand technique. Employees shall wash hands immediately after glove use.
- Gloves are intended for single use only and shall be disposed of immediately after use.
- Care should be taken regarding handling of objects (pens, phones, doorknobs) that were handled while donning gloves.

**EYE AND FACE PROTECTION**

Eye and face protection shall include the use of safety goggles at a minimum. For activities that involve increased splash potential, goggles shall be used in concert with a face shield.

- All safety glasses/goggles shall comply with the ANSI Occupational and Educational Eye and Face Protection Standard (Z87.1). Standard eyeglasses are not sufficient.
- Goggles equipped with vents to prevent fogging are recommended, and they may be worn over regular eyeglasses.
- The user shall inspect the equipment prior to each use, and clean after each use. The equipment shall fit comfortably, while maintaining adequate protection.

**BODY PROTECTION**

In the event of a cleanup involving gross amount of liquid material, additional body protection shall be warranted in the form of aprons, medical gowns or coverall suit (e.g. Tyvek™). This PPE will be assigned by the Department Supervisor.

**HOUSEKEEPING AND SPILL CLEANUP**

All work areas shall be maintained in a sanitary condition. In areas where blood and OPIM are present, decontamination or gross cleanup shall be performed by trained personnel.

Spills must be cleaned up as soon as practical in accordance with the following protocol. Spill kits shall be readily available through the Housekeeping and Campus Safety Departments. Employees must be trained in accordance with this plan and applicable spill procedures.

1. Evacuate- Remove individuals from the immediate work area (e.g. the room where the spill occurred).
2. Notify- Notify the Department Supervisor and, if necessary, the EHS Office.
3. PPE- Don PPE, including at a minimum: goggles and gloves. Additional PPE shall be assigned by the department Supervisor and may include a face shield and body/sleeve protection.
4. Sharps- Remove any broken glass or other large materials and immediately containerize. Use forceps or similar device to avoid injury.
5. Gross Cleanup- Remove gross material through the use of absorbent material.
6. Apply the assigned disinfectant solution (or 10% bleach solution) to the area. Work from the outer limits of the spill towards the center. Ensure adequate contact time is obtained as directed by the product manufacturer (or 20-30 minutes for bleach).
7. After contact time is obtained, again wipe the area with heavy towels from outside-in.
8. All non-sharp material shall be placed into a red biohazard bag. Sharps shall be placed into an assigned sharps container.
9. Remove goggles/face shield, body coverings, and then gloves. Immediately wash hands with soap and water.

WASTE DISPOSAL

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. Sharps disposal containers are available at all university facilities identified as an exposure risk. Bins and pails 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.

All biohazard waste is to be secured in each Department's waste storage area. A pickup schedule shall be established by Wilkes University's contracted vendor. Each Department Supervisor shall notify the Biology Lab Manager via email if they have waste prior to each pickup. For each pickup, a University representative trained under the DOT Hazardous Materials Regulations shall review the service to confirm compliance and sign the waste manifest. All completed manifests, after receipt from the disposal facility, shall be forwarded to the Office of Risk & Compliance for recordkeeping.
SECTION 4: OCCUPATIONAL HEALTH PROGRAM

VACCINATIONS

The university’s Health & Wellness Services office will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. 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. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. See Appendix D “Hepatitis B Health History Questionnaire” template and Appendix E “Notice of Hepatitis B Vaccination and/or Declination Statement” template.

Documentation of refusal of the vaccination is kept at the Health & Wellness Services office.

Vaccination will be provided by the Health & Wellness Services office.

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 EVALUATIONS AND FOLLOW-UP

Post-Exposure Evaluations: Should an exposure incident occur, contact the Department of Public Safety, (570) 408-4999. A detailed flow chart for incident processing can be found in Appendix C “Bloodborne Pathogens Exposure Incident Determination”. An immediately available confidential medical evaluation and follow-up will be conducted by Wilkes-Barre General Hospital. 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.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- With the source individual’s written consent, 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.
- 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 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. See Appendix F “Refusal of Post-
Exposure Medical Evaluation” template.

The Human Resources office and the Health & Wellness Services office 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
available on the university’s web portal. The Health Services office 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 Human Resources office provides the employee with a copy of the evaluating health care
professional's written opinion within 15 days after completion of the evaluation.

Exposure Incident Review: The employee’s supervisor and the EHSC 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
- Procedure being performed when the incident occurred
- Employee’s training

The Human Resources office will record all percutaneous injuries from contaminated sharps in
a Sharps Injury Log.

If revisions to this ECP are necessary, the EHSC will ensure that appropriate changes are
made. (Changes may include an evaluation of safer devices, adding employees to the
exposure determination list, etc.)
## ENVIRONMENTAL HEALTH & SAFETY COMMITTEE

### MEMBERSSHIP 2016-2017

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**Updated: November 2016**
APPENDIX B - EXPOSURE DETERMINATIONS FOR AT-RISK PERSONNEL
The following exposure determinations were completed in accordance with requirements of 29 CFR 1910.1030(c)(2) and Wilkes University's Exposure Control Plan.

**Category 1: Job Classifications in which all employees have a potential occupational exposure.**

<table>
<thead>
<tr>
<th>Department</th>
<th>Job Classification</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic - Nursing Department</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Time Faculty</td>
<td></td>
<td>Patient care</td>
</tr>
<tr>
<td>Part Time Faculty</td>
<td></td>
<td>Patient care</td>
</tr>
<tr>
<td><strong>Academic – Pharmacy Practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Time Faculty</td>
<td></td>
<td>Patient care</td>
</tr>
<tr>
<td>Part Time Faculty</td>
<td></td>
<td>Patient care</td>
</tr>
<tr>
<td><strong>Athletics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic Director(s)</td>
<td></td>
<td>Athlete care</td>
</tr>
<tr>
<td>Coaches (FT/PT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic Trainers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health &amp; Wellness Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td>Student patient care (lacerations, wounds, TB testing, nosebleeds, needlesticks)</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin. Assistant</td>
<td></td>
<td>Assist with non-nursing duties</td>
</tr>
<tr>
<td><strong>Public Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Public Safety</td>
<td></td>
<td>Responding to emergency situations, including those involving first aid/CPR</td>
</tr>
<tr>
<td>Captain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lieutenant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sargent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Safety Officers (FT/PT)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Category 2: Job classifications with some employees having an exposure**

<table>
<thead>
<tr>
<th>Department</th>
<th>Area</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facilities- Maintenance</strong></td>
<td>Executive Director of Facilities</td>
<td>Waste removal, Plumbing work</td>
</tr>
<tr>
<td></td>
<td>Manager(s) Facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervisor(s) Facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Laborer (FT/PT)</td>
<td></td>
</tr>
<tr>
<td><strong>Facilities- Custodial</strong></td>
<td>Custodian(FT/PT)</td>
<td>Waste Removal, laundry, cleaning of restrooms</td>
</tr>
<tr>
<td></td>
<td>Housekeeper (FT/PT)</td>
<td></td>
</tr>
<tr>
<td><strong>Academic – Science(s)</strong></td>
<td>Faculty</td>
<td>Laboratory research, prep, or instruction involving specimens with blood or other potentially infectious material</td>
</tr>
<tr>
<td></td>
<td>Lab Manager(s)</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C - BLOODBORNE PATHOGENS EXPOSURE INCIDENT DETERMINATION
Blood or bodily fluid visibly contaminated with blood (i.e. saliva, urine, vomit).

Entered any of the following:
- Eye(s)
- Mouth
- Laceration (i.e. cut, gash, rip)
- Abrasion (i.e. scratch, scrape)
- Open skin (i.e. acne, sore, blister)
- Other mucous membrane
- Piercing of skin barrier or mucous membranes (i.e. human bite with broken skin, needle stick)

No

Not considered an exposure incident.

Yes

Assess if individual needs emergency treatment.

If No

Contain the site to prevent further exposure.

If Yes

Call 911

Report incident to Public Safety (x4999)
(Public Safety will notify Facilities for clean-up activities)

Fill out incident report at Public Safety Department.

- Agree to seek medical treatment for exposure at Wilkes-Barre General Hospital ER.
- Sign authorization to disclose health information at Public Safety Office

Go to WBGH ER for blood work and treatment.

- Follow-up of lab results and additional prophylaxis done by Director of Health & Wellness Services, 1st Floor Passan Hall (x4734).
- Follow-up with Human Resources to fill out appropriate paperwork.

- Refuses to obtain post-exposure medical evaluation.
- Sign refusal at Public Safety

Employer provides follow-up and counseling.
APPENDIX D - HEPATITIS B HEALTH HISTORY QUESTIONNAIRE
Hepatitis B Vaccine
Health History Questionnaire

All individuals must fill in this section:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td></td>
</tr>
<tr>
<td>WIN #:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Today's Date:</td>
<td></td>
</tr>
<tr>
<td>Initial Here:</td>
<td></td>
</tr>
</tbody>
</table>

All individuals must answer the following questions:

1. Have you ever been told that you have Hepatitis B?  Yes  No
2. Do you currently have any fever or infections?      Yes  No
3. Are you currently taking any medications?           Yes  No
   3a. If YES please list your current medications:

4. Do you have any chronic heart problems, lung problems, cancer or disease affecting your immunity? Yes  No
   4a. If YES please explain:

5. Do you have any allergies?                         Yes  No
   5a. If YES please explain:

Consent:

I have read the above statements and have been provided with additional information about the Hepatitis B virus vaccine. I am aware that I should ask any questions I have regarding this vaccine to the medical professionals at Health Services prior to receiving the initial dose of this series. I understand that in my work at Wilkes University I may be at risk of contracting Hepatitis B virus and that the vaccination has been recommended to prevent my becoming infected or ill. I consent to receive injections of Hepatitis B virus vaccine and if necessary to have blood drawn following the series.

Signature                          Date

FOR HEALTH SERVICES USE ONLY

<table>
<thead>
<tr>
<th>Date Administered</th>
<th>Lot Number</th>
<th>Location</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX E - HEPATITIS B VACCINATION AND/OR DECLINATION STATEMENT
Hepatitis B Vaccine

What You Need to Know

1 What is hepatitis B?
Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

Acute (short-term) illness. This can lead to:
- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

Chronic (long-term) infection. Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don’t look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person.

People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
  - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
  - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
  - having unprotected sex with an infected person;
  - sharing needles when injecting drugs;
  - being stuck with a used needle.

2 Hepatitis B vaccine: Why get vaccinated?
Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95% – and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents
- Babies normally get 3 doses of hepatitis B vaccine:
  - 1st Dose: Birth
  - 2nd Dose: 1-2 months of age
  - 3rd Dose: 6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.
- Anyone through 18 years of age who didn’t get the vaccine when they were younger should also be vaccinated.

Adults
- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
  - sex partners of people infected with hepatitis B,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people under 60 years of age with diabetes,
  - people with jobs that expose them to human blood or other body fluids,
- household contacts of people infected with hepatitis B,
- residents and staff in institutions for the developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is common,
- people with HIV infection.

- Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.

- Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses — with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

4 Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.

- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.

- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

5 What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

6 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filling a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
Hepatitis B Vaccine
2/2/2012
42 U.S.C. § 300aa-26
Notice of Hepatitis B Vaccination and/or Declination Statement

Please Complete:

Last Name: ___________________ First Name: ___________________ Middle Initial: _____

Date of Birth: ___ / ___ / ______  WIN #: _______________________

Department: ___________________ Supervisor: _____________________

Telephone/Cell: ______  Email: ________________________________

Please select one of the following:

If you wish to receive Hepatitis B Vaccination

_____ I would like to receive the Hepatitis B immunizations.

Employee Signature: ___________________ Date: ________________

If you already received the Hepatitis B Vaccination

_____ To the best of my knowledge, I received the Hepatitis B vaccine. The dates of my
Hepatitis B immunizations are:

Dose #1 _______  Dose #2 _______  Dose #3 _______

(If you do not know the dates you received the doses, you can leave these three lines blank).

If you do not wish to receive the Hepatitis B Vaccination

Hepatitis B Declination Statement:

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.

_____ I am not interested in receiving the Hepatitis B immunizations at this time.

Employee Signature: ___________________ Date: ________________

Revised on 10/2010
202

Paid: 

Date:

Balance Due:

Hepatitis B Vaccine Series:

Provider ID#:

570-552-8900

2 Shreve St.

Kingston, PA 18704

Family Care Center

Marleen Lichman, M.D.

Medical Director:

Health Care Provider 

Date 

Lot # Exp. 

Dose I

(1 month later) 

Dose II (initial)

Dose III 

(Within 6 months)

Registered nurse affiliated with Wilkes University as follows:

Hepatitis B vaccines have been administered to the above individual by a

Social Security Number

Administered Dosage

DOB

Name

Hepatitis B Vaccine Record

Wilkes University

Health Services
APPENDIX F - REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION
Refusal of Post-Exposure Medical Evaluation
Bloodborne Pathogen Exposure
Revised November 2016

Print and complete this form only if the exposed individual refuses post-exposure medical evaluation by a health care professional. Return the signed and completed form for the Human Resources Office.

Exposed Individual Information

Name: ________________________________________________________________________

Wilkes Department: ________________________________________________________________________

Exposure Date: _______________________

WIN Number: ________________________

Exposure Information

Facility and Department where the incident occurred: _________________________________

Type of Protection equipment used (gloves, eye protection, etc.): ________________________

Describe how you were exposed:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Tell how this type of exposure can be prevented:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Statement of Understanding

I have been fully trained in Wilkes Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HCV or HBV. I also understand the implications of contracting these diseases.

I have been offered follow-up medical testing free of charge by my employer to determine whether or not I have contracted an infectious disease such as HIV, HCV, or HBV. I have also been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow-up care.

Exposed Individual’s Signature: _______________________________ Date: ________________
APPENDIX G - ANNUAL IMPLEMENTATION PLAN CHECK LIST
Bloodborne Pathogens Exposure Control Plan
Annual Implementation Plan Check List

Date Completed: _______________________

1. Review and update the current university Exposure Control Plan based on changes to the OSHA Bloodborne Pathogens standard for the current year. This includes any needed updates to training materials for refresher training and initial new-hire training, engineering controls and incident reporting workflow.
   Status/Comments:

2. Run a Banner report to identify “at risk” employees that require refresher training.
   Status/Comments:

3. Schedule and conduct refresher training and vaccination for “at risk” employees.
   Status/Comments:

4. Review engineering controls and personal protective equipment with supervisors of designated “at risk” departments/facilities. Ensure that their procedures are documented and that adequate supplies of personal protective equipment are available and used by employees in an exposure environment. Provide Supervisors with an updated standard and plan as needed.
   Status/Comments:
APPENDIX H - OSHA BLOODBORNE PATHOGENS STANDARD (29 CFR 1910.1030)
OSHA's role is to assure the safety and health of America's workers by setting and enforcing standards; providing training, outreach and education; establishing partnerships; and encouraging continual improvement in workplace safety and health. As part of the Department of Labor, OSHA and the states that operate OSHA-approved state plans establish guidelines and standards to promote worker safety and health that apply to every workplace in the United States, including medical and dental offices.

This brochure provides only a glimpse of the most frequently found hazards in medical and dental offices. Many other standards may apply. This information should not be used as a substitute for reading and becoming familiar with all applicable OSHA standards. As an employer, it is up to you to follow up and obtain the full text of the OSHA standards, all of which are available on the OSHA website at www.osha.gov or by calling our toll-free number (800) 321-OSHA(6742). Most OSHA materials are available at no charge.

The following requirements include those that normally apply to medical and dental offices, whether there are two or 200 employees. Additional OSHA standards may apply to some offices. The complete text of the regulations can be found in Title 29 of the Code of Federal Regulations (29 CFR).

Bloodborne Pathogens Standard (29 CFR 1910.1030)

This is the most frequently requested and referenced OSHA standard affecting medical and dental offices. Some basic requirements of the OSHA Bloodborne Pathogens standard include:

- A written exposure control plan, to be updated annually.
- Use of universal precautions.
- Consideration, implementation and use of safer engineered needles and sharps.
- Use of engineering and work practice controls and appropriate personal protective equipment (gloves, face and eye protection, gowns).
- Hepatitis B vaccine provided to exposed employees at no cost.
- Medical follow-up in the event of an “exposure incident”
- Use of labels or color-coding for items such as sharps disposal boxes and containers for regulated waste, contaminated laundry and certain specimens.
- Employee training.
- Proper containment of all regulated waste.


The hazard communication standard is sometimes called the “employee right-to-know” standard. It requires employee access to hazard information. The basic requirements include:

- A written hazard communication program.
- A list of hazardous chemicals (such as alcohol, disinfectants, anesthetic agents, sterilants and mercury) used or stored in the office.
- A copy of the Material Safety Data Sheet (MSDS) for each chemical (obtained from the manufacturer) used or stored in the office.
- Employee training.

Ionizing Radiation Standard (29 CFR 1910.1096)

This standard applies to facilities that have an x-ray machine and requires the following:

- A survey of the types of radiation used in the facility, including x-rays.
- Restricted areas to limit employee exposures.
- Employees working in restricted areas must wear personal radiation monitors such as film badges or pocket dosimeters.
- Rooms and equipment may need to be labeled and equipped with caution signs.


These standards include the requirements for providing safe and accessible building exits in case of fire or other emergency. It is important to become familiar with the full text of these standards because they provide details about signage and other issues. OSHA consultation services can help, or your insurance company or local fire/police service may be able to assist you. The basic responsibilities include:

- Exit routes sufficient for the number of employees in any occupied space.
- A diagram of evacuation routes posted in a visible location.

Electrical Standards (Subpart S - Electrical 29 CFR 1910.301 to 1910.399)

These standards address electrical safety requirements to safeguard employees. OSHA electrical standards apply to electrical equipment and wiring in hazardous locations. If you use flammable gases, you may need special wiring and equipment installation. In addition to reading the full text of the OSHA standard, you should check with your insurance company or local fire department, or request an OSHA consultation for help.

OSHA Poster

Every workplace must display the OSHA poster (OSHA Publication 3165), or the state plan equivalent. The poster explains worker rights to a safe workplace and how to file a complaint. The poster must be placed where employees will see it. You can download a copy or order one free copy from OSHA's website at www.osha.gov or by calling (800) 321-OSHA.
Medical and dental offices are currently exempt from maintaining an official log of reportable injuries and illnesses (OSHA Form 300) under the federal OSHA recordkeeping rule, although they may be required to maintain such records in some state plan states. If you are in a state plan state, contact your state plan directly for more information. All employers, including medical and dental offices, must report any work-related fatality or the hospitalization of three or more employees in a single incident to the nearest OSHA office. Call (800) 321-OSHA or your state plan for assistance.

Helpful Resources
OSHA makes every effort to make information about its regulatory requirements readily available to the public. The full text of each standard in this brochure is available on the OSHA website at www.osha.gov. You can search for a specific subject by using the alphabetic index near the top of the home page or by clicking on Laws & Regulations below Compliance Assistance, then clicking on OSHA Standards (Standards - 29 CFR).

A recent OSHA publication, Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards, contains models of these two important documents that can be tailored to your business or office. Request Publication 3186-06R to receive this helpful resource. Information on other areas of interest or concern, such as compressed gases, may be obtained by calling OSHA.

The OSHA toll-free number is (800) 321-OSHA. Operators will direct the caller to the appropriate federal or state plan office to request a consultation, file a complaint, report a fatality, or to obtain telephone numbers for OSHA offices and the OSHA-approved state plan programs. They also take orders for OSHA publications.