**Dalton State College**

**Bloodborne Pathogens Program**

**Purpose**

The Dalton State College Bloodborne Pathogens Program aims to protect the health and safety of employees who, as a result of performing their job duties, are exposed to bloodborne pathogens. This plan will outline control measures to prevent bloodborne infections and diseases by eliminating or minimizing employee exposures.

**Scope**

Dalton State strives to provide all employees and on-site contractors with a safe and healthy workplace. This program is a collaborative effort that includes those employees with an occupational exposure to blood or other potentially infectious materials.

**Administration/Reporting**

The Bloodborne Pathogen Program is administered by the Dalton State Risk Management Department in cooperation with the Dalton State Public Safety Department. For Questions or concerns email [riskmanagement@daltonstate.edu](mailto:riskmanagement@daltonstate.edu)

Report all incidents (including near misses) involving potential exposure to bloodborne pathogens immediately to your supervisor and the Public Safety Department at 706-272-4461. Supervisors must also ensure that an Exposure Incident Report Form is also sent to riskmanagement@daltonstate.edu

**Program Responsibilities**

**Program Administrator.** The Program Administrator is responsible for the implementation of the Bloodborne Pathogens Program. They maintain, review, and update the program at least annually, and whenever necessary to include new or modified tasks and procedures. The Program Administrator will monitor the results of the program to determine additional areas of focus as needed.

**Employees.** Employees are responsible for using proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this program. Employees are also responsible for reporting all exposure incidents to their supervisor and Risk Management as soon as possible, ideally within one working day. Each employee is expected to protect themselves by:

* Learning what tasks may result in exposure
* Following the work practices established by the program
* Following universal precautions
* Wearing appropriate personal protective equipment at all times while performing identified tasks
* Reporting any incidents involving exposure
* Reporting any violations observed that are not consistent with the program

**Exposure Determination**

Job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infections materials, regardless of frequency, and based on the nature of the job or collateral duties have been identified and evaluated. They are listed in **Appendix A**. Recommended PPE is also listed in **Appendix A**. This list is updated annually or whenever job classifications or work situations change.

Employees who are part-time or temporary, and those individuals who perform contract work, are also covered by this exposure control plan and they are required to follow all provisions.

**Universal Precautions**

All personnel at Dalton State who are potentially exposed to human blood and other body fluids will use Universal Precautions at all times. Employees and contractors will treat all blood and bodily fluids that may contain blood as if they are infectious for HIV, HBV and other bloodborne pathogens, making sure to take the necessary precautions.

**Engineering Controls and Work Practices.** Engineering controls and work practices will be examined and maintained or replaced on a regular schedule. The following specific precautions will be used by all personnel.

When working in an area where human blood or other bodily fluids are present, personnel must **not**:

* Eat, drink, smoke, apply cosmetics or handle contact lenses
* Store food in freezers, refrigerators, cabinets, or any other area where human blood or other bodily fluids are stored or that may be contaminated with human blood or other bodily fluids
* Mouth pipetting/suction of blood or other potentially infectious materials is prohibited.

When completing a task involving or working with human blood or other bodily fluids personnel must:

* Minimize splashing or spraying
* Wash hands frequently, and immediately or as soon as practical after removal of gloves or other PPE

*(If antiseptic cleansers or towelettes are the only immediately available option to employees they will wash their hands and other exposed skin with soap and running water as soon as possible)*

* If mucous membranes have been exposed, flush with water for 5 minutes
* Use leak-proof and non-breakable containers
* If outside contamination of the primary container occurs, the primary container shall be placed in a second container which prevents leakage and is labeled according to this plan.
* If the specimen could puncture the primary container, the primary container shall be placed in a secondary container which is puncture resistant.
* Affix biohazard symbols to containers of waste, refrigerators, and freezers containing blood or other bodily fluids
* Use a sealed secondary container for transporting human blood or other bodily fluids through the facility
* Equipment that may become contaminated with blood or other infectious materials will be decontaminated as necessary prior to shipping or servicing unless the decontamination is not feasible, the equipment will be properly labeled.
* Use extreme caution when working with sharp objects such as needles, razor blades or broken glass, and properly dispose of in an appropriate sharps container immediately

**Sharps.** Use extreme care at all time when handling sharps. Dispose of all sharps in approved sharps containers only. Do not put sharps into regular trash containers or unmarked containers. Other precautions:

* Handle sharps, such as broken glass, scalpels and razor blades with mechanical devices whenever possible
* Avoid the use of sharps or breakable materials whenever possible
* Never recap, bend or break needles
* Use safer sharps devices, such as retractable box cutters or self-blunting syringes whenever possible
* If it is absolutely necessary to recap a needle, use a mechanical device such as a hemostat or forceps to handle the cap
* Appropriate sharps containers are:
  + Puncture-resistant
  + Leak-proofed
  + Labeled with biohazard markings

For disposal of sharps containers and replacement containers, contact your department manager or Dalton State Risk Management. Contaminated sharps will be discarded immediately or as soon as practical in containers that: are closable, puncture resistant, leakproof on sides and bottom, and labeled in accordance with this plan.

During use, Contaminated sharps containers shall: easily accessible, maintained upright, replaced routinely and not overfilled. When moving containers of contaminated sharps, the container shall: xclosed immediately prior to removal, placed in a secondary container if leakage is possible. The secondary container shall be closable, contain all contents, prevent leakage, and be labeled. Reusable containers shall not be opened, emptied, or cleaned in a manner which would expose employees to injury.

**Personal Protective Equipment (PPE).** Personal protective equipmentfor employees exposed under this program will be available at all times. Each department should maintain appropriate PPE which includes hypoallergenic gloves, glove liners or similar alternatives and various sizes of all PPE. This protective equipment prevents blood and other bodily fluids from reaching an employee’s clothing, skin, eyes, mouth or other mucous membranes under normal and proper use and for the duration of time that the equipment is expected be used. At a minimum, all personnel must wear appropriate gloves when performing procedures in which human blood or other bodily fluids may be handled or contacted.

Standard PPE includes, but is not limited to:

* Nitrile or latex gloves and lab coats, gowns or aprons where employees may be splashed
* Goggles, dust masks or face shields and surgical caps where employees’ face and head may be exposed
* Pocket masks, resuscitation bags or other ventilation device where personnel may need to perform emergency resuscitation

The decontamination, cleaning, laundering or disposal of PPE and the repair or replacement of items will be done as needed to maintain their availability and effectiveness.

All PPE must be removed immediately upon leaving the work area and placed in an appropriately designated container that displays the biohazard symbol for decontamination, storage, washing or disposal.

If a garment is penetrated by blood or other infectious material, the garment will be removed immediately or as soon as feasible. PPE will be removed prior to leaving the work area. When PPE is removed, it will be placed in the appropriate designated container for disposal or cleaning.

Gloves shall be worn when an employee may come in contact with blood, infectious materials, mucous membranes, and non-intact skin.

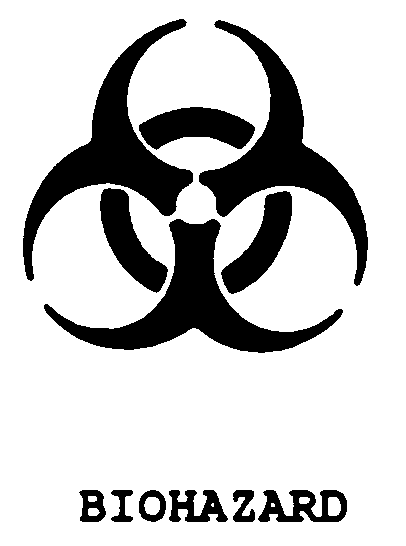
Appropriate gloves must also be worn when handling bagged or obviously contaminated linen. Disposable gloves must be replaced when visibly soiled, torn, punctured or otherwise compromised and may not be washed or disinfected for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is uncompromised. Utility gloves shall be disposed of properly if they are cracked, peeling, torn, punctured or they exhibit other signs of deterioration or inability to function as a barrier without compromise.

When the occurrence of splashes, splatters or droplets of blood or other potentially infectious materials can reasonably be anticipated to come in contact with an employee’s eye, nose or mouth, masks are required to be worn in combination with eye protection devices (such as goggles or glasses with a solid side shield or chin-length face shield).

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, or similar outer garments shall be worn in exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Surgical caps or hoods and/or shoe covers will be worn in instances when gross contamination can reasonably be anticipated.

**Labeling.** 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.

Labels required by this section shall include the following legend:  
  


These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated. Regulated waste that has been decontaminated need not be labeled or color-coded.

**Housekeeping.** *General*. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. Each department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

**Regulated Waste.** Regulated waste shall be placed in containers which are: Closable; Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; Labeled or color-coded in accordance with this plan; and Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be: Closable; Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; Labeled or color-coded in accordance with this plan; and Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

*Laundry*. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with this plan. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.

When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with this plan.

**Emergency Cleanup.** Report any spills or incidents immediately to your supervisor and the Public Safety Department at 706-272-4461 or from an emergency phone.Paper towels or other absorbent material will be used to collect larger volumes. Contaminated work surfaces of non-porous equipment will be cleaned as soon as possible with an appropriate disinfectant. All contaminated cleaning materials will be properly disposed in marked biohazard bags. Appropriate PPE will be worn at all times when cleaning up spills.

**Disinfectants.** When cleaning up blood or other potentially infections materials, employees will use one of the following appropriate disinfectants:

* A freshly made solution of household bleach and water (a 1:10 dilution – about 2 cups of bleach in a gallon of water). Bleach solutions that are more than one day old should not be used.
* Any commercial disinfectant that is tuberculocidal (this must be indicated on the product label).

**Hepatitis B Vaccination**

Personnel who may be exposed to human blood or other bodily fluids will receive training and be offered the choice of receiving a hepatitis B vaccination (at no cost to the employee) upon 10 days of their initial assignment. Personnel may not begin work with human blood or other potentially infectious materials until the training and vaccination offer have been completed. Dalton State Risk Management will assist with vaccinations.

* Affected personnel must complete a Consent or Decline of Vaccination Form contained in **Appendix C**. The completed and signed form will be kept in their medical record file. For those employees who initially decline vaccination, they may request vaccination at a later date at no cost to them.
* If affected personnel desire to be tested for the hepatitis B virus antibodies prior to deciding to receive immunization, the testing will be made available at no cost. If adequate antibodies titer is found, the offer of immunization will not be made.
* If the affected personnel have previously received the complete hepatitis B vaccination series, the offer of immunizations will not be made.
* Procedures will be performed by or under the supervision of a licensed physician.
* Laboratory tests will be conducted by ab accredited laboratory at no cost to the employee.
* If a hepatitis B booster is recommended, it will be made available at no cost to the employee.

**Vaccination Information.** Vaccination is encouraged for all employees who have potential for occupational exposure to blood or other bodily fluids. For unvaccinated individuals, post-exposure prophylaxis and vaccination are offered free of charge and are most effective if begun within seven days of the exposure event.

Facts about the hepatitis B vaccine:

* The most common side effect of the vaccination is soreness at the injection site.
* Although vaccination of individuals who have previously had hepatitis B infection is neither necessary nor recommended, the vaccine will not cause adverse effects in such individuals.
* Pregnancy or breast-feeding is not a contradiction for receiving the vaccine.
* When a series of three injections are administered in the deltoid muscle, the hepatitis B vaccine will induce a protective antibody (anti-HBs) response in 90-95% of healthy adults.
* Special considerations are necessary for hemodialysis patients or other immunosuppressed persons.

**Post-Exposure Evaluation & Follow-up**

**In the event exposure to contaminated human blood or other bodily fluids occurs, or is suspected to have occurred, contact your supervisor and the Public Safety Department immediately at 706-272-4461. Supervisors will complete an Exposure Incident Report and forward it to riskmanagement@daltonstate.edu**

Basic first aid is to be administered immediately upon exposure or suspected exposure. Any wounds involving broken skin must be washed thoroughly for a minimum of 15 minutes. After thorough washing, apply any necessary first aid.

Once washing and first aid is complete, the exposed individual will report the exposure their supervisor and Dalton State Risk Management. The individual will then be offered a confidential post-exposure medical evaluation. The post-exposure medical evaluation will include:

* Documentation of the exposure route, the HBV and HIV antibody status of the exposure source individual (if known), and the circumstances under which the exposure occurred.
* Identification and documentation of the source individual unless identification is infeasible or prohibited by law.
* The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
* When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
* Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
* The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
* If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
* Dalton State shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided: A copy of this regulation, A description of the exposed employee's duties as they relate to the exposure incident; Documentation of the route(s) of exposure and circumstances under which exposure occurred; Results of the source individual's blood testing, if available; and All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

**Health Care Professional’s Written Opinion.** The health care professional providing post-exposure and follow-up evaluations, testing or counseling will provide a written opinion addressing the following to Dalton State College and the exposed employee within 15 days of the completed evaluation:

* A statement noting whether the hepatitis B vaccination is indicated for the employee and whether the employee received the vaccination
* Proposed post-exposure evaluation and follow-up
* Documentation that the employee was informed of the evaluation results
* Documentation that the employee was informed about any medical conditions resulting from the exposure requiring further evaluation or treatment

All other findings or diagnoses not related to the exposure will remain confidential and will not be included in the written report.

**Counseling.** Counseling by the employee assistance program or other health care professional will be offered to the exposed and source individuals as requested and necessary. This counseling will include education on bloodborne pathogens and will be provided on an ongoing basis to assist involved individuals in understanding and coping with the incident.

**Reporting and Investigation**

**Reporting.** All work-related injuries and illnesses where there is exposure or potential exposure to blood or other bodily fluids must be reported to their supervisor and the Public Safety Department, even when medical attention is not required or is refused by the employee. An Exposure Incident Report (see **Appendix F**) must be completed and submitted within 24 hours of the incident by the supervisor.

**Follow-up Investigation**

Each exposure incident will be investigated by the Program Administrator in order to prevent or reduce repeat incidents. The evaluation will include documentation of:

* Safety equipment in use at the time of the exposure incident
* Work practices in place at the time of the exposure incident
* Personal protective equipment or clothing in use at the time of the exposure incident
* An evaluation of the policies and “failures of controls” at the time of the exposure incident

**Training**

All employees and contract workers required to participate in the Bloodborne Pathogens Program must receive initial training and annual retraining. New personnel must be trained prior to working with human blood or other potentially infectious materials. The Program Administrator has responsibility to ensure all potentially exposed personnel are trained.

The training program will cover, at a minimum, the following elements:

* A copy and explanation of OSHA’s bloodborne pathogen standard
* Epidemiology and symptoms of bloodborne pathogens
* Modes of transmission of BB Pathogens
* Our Bloodborne Pathogens Program and how to obtain a copy
* Methods to recognize exposure tasks and other activities that may involve exposure to blood
* Use and limitations of engineering controls, work practices, and personal protective equipment (PPE)
* PPE — the basis for selection
* PPE — use, location, removal, handling, decontamination and disposal
* Hepatitis B vaccine — offered free of charge, safety, effectiveness, benefits and method of administration (See **Appendix C**)
* Emergency procedures for blood and other potentially infectious materials
* Exposure incident procedures (method of reporting, medical follow up)
* Post-exposure evaluation and follow-up
* Signs, labels and/or color coding to warn of hazards
* Question and answer session

In addition to required annual refreshers, retraining will also be provided on an as-needed basis, when new hazards are introduced into the workplace, when modifications in tasks change an employee’s occupational exposure and/or when inadequacies in employee knowledge or use of equipment are noted.

Training records will include: dates of training, summary of the training, names of instructor, names and job titles of everyone attending the training. Training records will be maintained for 3 years.

**Recordkeeping**

**Medical Records.** Confidential records are maintained for all personnel with occupational exposure to human blood or other potentially infectious materials. These records will include the following:

* Personnel names and ID numbers
* Signed Consent or Decline of Vaccination Forms for each participating individual
* Hepatitis B vaccination status, dates of vaccinations and any medical records relative to each individual’s ability to receive vaccination
* Copies of all examination results, medical testing and follow-up procedures for each participating individual
* Copies of the health care professional’s written opinion created after each evaluation

The Program Administrator is responsible for maintenance of these medical records. Medical records are kept confidentially for the duration of employment plus 30 years. Employee medical records are provided within 15 working days when requested by the employee or anyone having written consent of the employee. Requests should be sent to the Program Administrator. Records will not be disclosed without the employee’s express written consent.

**Sharps Injury Log.** All cut and puncture injuries from contaminated sharps are to be recorded in a Sharps Injury Log (see **Appendix G**). This log will be reviewed as part of the annual program evaluation and maintained for at least seven years.

**Periodic Program Review**

All Bloodborne Pathogens Program procedures and training are reviewed by the Program Administrator annually.

Annual inspections are documented with the form shown in **Appendix H**and maintained by the Program Administrator.

**Outside Contractors**

Contractors working on our property or job sites are required to have their own bloodborne pathogens program that is equivalent to or better than Dalton State’s program. Contractors that do not have a bloodborne pathogens program will be required to use Dalton State’s program and be responsible for the cost associated with its implementation for their employees.

**Revision History**

Initial Draft- 11/22/2021

Review, Revision and Publish- 11/29/21

**Appendix A – Job Classifications** (Revised 11/2021)

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| --- | --- | --- | --- |
| **Department** | **Job** | **Task/Procedures** | **Controls & PPE** |
| **STEM** | **Student Workers, Faculty, Lab Coordinators** | **Work with Blood** | **Gloves, Face Shields, Eye Protection, Lab Coats, Masks** |
| **Health Center** | **Medical Workers** | **Work around bodily fluids** | **Gloves, Eye Protection, Masks, Lab Coats or Disposable Gowns** |
| **Public Safety** | **First Responder** | **Work around bodily fluids** | **Gloves, Face Shields, Eye Protection, Masks** |
| **Plant Ops** | **Plumber, Other** | **May have contact with bodily fluids** | **Gloves, Face Shields, Eye Protection, Masks** |
| **Athletics** | **Trainers, Medical Staff** | **May have contact with bodily fluids** | **Gloves, Face Shields, Eye Protection, Masks** |
| **Plant Ops** | **Custodial** | **May have contact with bodily fluids** | **Gloves, Face Shields, Eye Protection, Masks** |
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**Appendix B – Label and Sign Requirements**

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| --- | --- |
| **Equipment or Item Requiring Label/Sign** | **Label/Sign Type (i.e., size, color)** |
| *Sharps container in locker room* | *Red container with 2”x3” biohazard label* |
| *Refrigerator in lab* | *8”x12” biohazard sign* |
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**Appendix C – Hepatitis B Consent or Declination Form**

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**CONSENT OR DECLINE OF VACCINATION FORM**

*Please fill out* ***either*** *CONSENT or DECLINE section below.*

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area/Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CONSENT TO VACCINATE**

**Please indicate if you consent to receive the hepatitis B vaccination. Yes, I consent \_\_\_\_\_\_**

I have read the information about the vaccine. I have had an opportunity to ask questions of a qualified medical professional and understand the benefits and risks of receiving the vaccination. I understand it is possible that I may not become immune, or that I may experience side effects from the vaccine.

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Employee Signature Date Signed

Note: Your consent to vaccination will be filed in your confidential medical record and will be retained for the duration of your employment plus 30 years.

**DECLINE TO VACCINATE**

**Please indicate if you decline the hepatitis B vaccination. Yes, I decline \_\_\_\_\_\_**

I understand that due to my occupational exposure to blood or other potentially infections 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 me; however, I decline hepatitis B vaccination at this time. I have had an opportunity to ask questions of a qualified medical professional and understand the benefits and risks of receiving the vaccination. 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.

**If you are declining vaccination because you have previously been vaccinated, please check here. ­­­­\_\_\_\_\_\_\_**

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Employee Signature Date Signed

Note: Your declination to vaccination will be filed in your confidential personnel record and will be retained for the duration of your employment plus 30 years.

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**Appendix D – Request for Source Individual Evaluation**

**REQUEST FOR SOURCE INDIVIDUAL EVALUATION**

Dear Medical Professional:

One of our employees was involved in an incident that may have resulted in exposure to a bloodborne pathogen. I am asking you to perform an evaluation of the source individual. Given the circumstances surrounding this event, please determine whether our exposed employee is at risk for infection and/or requires medical follow-up.

Attached is a **Documentation and Identification of Source Individual** form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the indicated medical provider. The evaluation form has been developed to provide confidentiality assurances for the source individual and the exposed individual concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level. We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receives such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

Dalton State College

Appendix E

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**DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL**

Name of exposed employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and phone number of medical provider who should be contacted

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**Incident Information**

Incident Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name or Medical Record Number of Source Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of the Incident**

\_\_\_\_\_\_\_ Contaminated sharps injury

\_\_\_\_\_\_\_ Blood or body fluid splash onto mucous membrane or non-intact skin

\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Source Individual Evaluation**

*Source Individual Known*

Chart reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source Individual Unknown*

Researched by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Testing of Source Individual’s Blood**

Consent to test source individual’s blood \_\_\_\_\_ Obtained \_\_\_\_\_ Refused

**Evaluation and Recommendation**

*Check one.*

\_\_\_\_\_\_\_ Identification of source individual infeasible or prohibited by state or local law.

State why infeasible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Evaluation of the source individual reflected no known bloodborne pathogens.

\_\_\_\_\_\_\_ Evaluation of the source individual reflected possible bloodborne pathogens and medical follow-up is recommended.

Person Completing Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note:*** *Report the results of the source individual’s blood test to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.*

***HIV-related information cannot be released without the written consent of the source individual.***

**Appendix F – Exposure Incident Report Form**

**EXPOSURE INCIDENT REPORT**

*Be as detailed as possible.*

Date completed \_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Employee name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has employee been vaccinated for hepatitis B? ­­­\_\_\_\_\_ Yes \_\_\_\_\_ No

**Exposure Incident Information**

Date and time of exposure \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_:\_\_\_ \_\_\_ AM/PM

Location of incident (home, street address, work area, etc.). Be specific. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of incident (accident, housekeeping, medical emergency). Be specific. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what task(s) you were performing when the exposure occurred. Be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Were you wearing personal protective equipment (PPE)? **Yes / No**

If yes, list types \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the PPE fail? **Yes / No**

If yes, explain how \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any body fluids, blood or other potentially infectious material you were exposed to. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any parts of your body that were exposed to potentially infectious material. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Estimate the size of the area of your body that was exposed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimate the period of time your body was exposed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did a foreign body (needle, nail, auto part, broken glass, etc.) penetrate your body? **Yes / No**

If yes, what was the object? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did it penetrate your body? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was any fluid injected into your body? **Yes / No**

If yes, what fluid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive medical attention? **Yes / No**

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care provider name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know the name of the source individual (the person who the blood or potentially infectious material came from)? **Yes / No**

If yes, list name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any other important details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Submit completed report to: riskmanagement@daltonstate.edu*

**Appendix G – Sharps Injury Log**

**Sharps Injury Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Type of Device**  (syringe, broken glass, knife, etc.) | **Brand Name** | **Location/Dept.** | **Brief description of incident**  (procedure being done, action being  performed, body part injured, etc.) |
| 10/29/2014 | Box cutter | Unknown | Shipping | Picking up box cutter, cut thumb, previous use by others who have cut themselves as well |
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**Appendix H – Annual Evaluation Report**

|  |  |
| --- | --- |
| Date of evaluation: | Evaluated by (list all present): |
| Written program reviewed: Yes No | |
| Comments on written program: | |
| The following specific bloodborne pathogens procedures have been reviewed: | |
| The following specific bloodborne pathogens procedures were modified: | |
| The following specific bloodborne pathogens procedures were added: | |
| A review of the sharps procedures was made: Yes No | |
| The following specific sharps procedures were modified: | |
| The following specific sharps procedures were added: | |
| Additional information: | |