



UNIVERSITY of HAWAII®  
**WINDWARD**  
COMMUNITY COLLEGE

# **Windward Community College BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN FOR NON-RESEARCH PERSONNEL**

**Prepared by  
UHM Environmental Health and Safety Office**

**Adopted and Revised by WCC Safety and Security Office**

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## **1.0 Policy**

It is the policy of the University of Hawai'i to provide a healthy and safe environment for students, employees, visitors and general public. In keeping with this mission, Windward Community College has established a Bloodborne Pathogens program which includes protections and safeguards for employees exposed to blood and other potentially infectious materials during their normal job duties.

## **2.0 Purpose/Scope**

### **2.1 Purpose**

The exposure control plan (ECP) is established to minimize or eliminate the risk of occupational exposure to blood and other potentially infectious materials (OPIM) and to comply with the requirements of the Hawaii Occupational Safety and Health (HIOSH) Bloodborne Pathogens Standard.

### **2.2 Scope**

This ECP applies to all Windward Community College non-research personnel, who have potential for occupational exposures to blood or other potentially infectious materials during their normal job duties. A separate exposure control plan has been established for researchers that work in biological laboratories: [www.hawaii.edu/ehso/bio/BSM\\_part13.htm](http://www.hawaii.edu/ehso/bio/BSM_part13.htm)

## **3.0 Definitions**

### **3.1 Bloodborne Pathogens**

Pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

### **3.2 Contaminated**

There is contamination if there is the presence of or the reasonably anticipated presence of blood, or Other Potentially Infectious Materials (OPIM) on an item or surface.

### **3.3 Other Potentially Infectious Materials (OPIM)**

3.3.1 The following human body fluids: semen, vaginal secretions, cerebro spinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and other body fluid that is visibly contaminated with blood as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.

3.3.2 Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

3.3.3 Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

- a. Cell, tissue, or organ cultures from humans or experimental animals;
- b. Blood, organs, or other tissues from experimental animals; or
- c. Culture medium or other solutions.

### ***3.4 Engineering Controls***

Controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogen(s) hazard from the workplace.

### ***3.5 Engineered Sharps Injury Protection***

A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

### ***3.6 Exposure Incident***

A specific eye, mouth, other mucous membrane, non-intact skin, or peripheral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

### ***3.7 Personal Protective Equipment***

Personal Protective Equipment (PPE) is specialized clothing or equipment worn or used 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 is not considered to be personal protective equipment.

### ***3.8 Sharp***

Any object used or encountered that can be reasonably anticipated to penetrate the skin or any part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

### ***3.9 Universal Precautions***

Universal Precautions are approaches to infection control. According to the concept of

Universal pre-cautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and HCV, and other bloodborne pathogens.

## **4.0 Responsibilities**

### **4.1 Deans, Directors and Department Chairs**

4.1.1 Conduct an exposure evaluation to determine which employees and tasks/procedures have occupational exposure to bloodborne pathogens and OPIM.

4.1.2 Develop a Bloodborne Pathogen Exposure Control Plan (ECP) specific for their Department and provide administrative support in the implementation of the "Exposure Control Plan".

4.1.3 Provide the resources necessary to ensure that Personal Protective Equipment (PPE) is available for affected employees.

4.1.4 Ensure that all employees whose exposure determination is identified as Category I (Section 5) are offered Hepatitis B vaccinations in accordance with Section 11.0.

4.1.5 Ensure that all exposure incidents are documented on the Exposure Incident report Form (Appendix D) and reported to the Environmental Health and Safety Office.

4.1.6 Following an incident, ensure that the "Post Exposure Evaluations and Follow-up" (Appendix E) provisions are completed and documented (Section 12.0)

### **4.2 Environmental Health and Safety**

4.2.1 Provide assistance to Departments in the development of a written "Exposure Control Plan (ECP).

4.2.2 Provide employee training as necessary.

4.2.3 Maintain copies of any "Exposure Incident Report".

4.2.4 Assist in the implementation of the plan.

### **4.3 Employees Covered by the Exposure Control Plan**

4.3.1 Attend training as required under the HIOSH Bloodborne Pathogens Standard.

4.3.2 Understand the applicable components of the ECP.

4.3.3 Adhere to the practices and procedures of Universal Precautions.

4.3.4 Report any exposure, accident, injury or illness to their supervisor.

## **5.0 Exposure Determination**

## 5.1 Determining Type of Exposure

Exposure determinations are based on an employee's reasonable potential for occupational exposure to blood or OPIM. The following exposure determination and task assessments shall be made without regard to the use of personal protective equipment.

Category I: Tasks that involve direct contact with blood, body fluids, or tissues. All procedures, or other job-related tasks that involve an inherent potential for percutaneous, mucous membrane, or skin contact with blood or OPIM, are Category I tasks. The use of appropriate protective measures will be required for every employee engaged in Category I tasks.

Category II: Tasks that involve no exposure to blood or OPIM, but may require performing unplanned Category I tasks. The normal work routine involves no contact with blood or OPIM but contact may be required as a condition of employment. Appropriate protective measures shall be readily available for every employee engaged in Category II tasks, but contact may be required as a condition of employment. Appropriate protective measures shall be readily available for every employee engaged in Category II tasks.

## 5.2 Examples:

Exposure determinations shall be conducted by each department; use the information set forth in section 5.1 and 5.2 to complete Appendix A.

## 6.0 Universal Precautions

Under circumstances in which differentiation between body fluid types is difficult or impossible,

Department	Job Classification	CAT I	CAT II	Tasks/Procedures
Children's Center	Professional Staff		X	First Aid as needed.
Buildings and Grounds	Custodians		X	
Campus Security	Security Officers	X		First Aid as needed.
University Health Center	Lab Technicians	X		
University Health Center	Nurses	X		
University Health Center	Physicians	X		
Dental Hygiene	Clinical staff	X		
Nursing	Clinical staff	X		

all body fluids shall be considered potentially infectious, regardless of the perceived status of the source individual. This practice of “Universal Precautions” should always be used to prevent contact with suspect fluids.

## **7.0 Engineering & Work Practice Control**

Whenever feasible, engineering controls shall be used as a first line of defense against occupational exposure to bloodborne pathogens. Work practice controls reduce employee exposure in the workplace by either removing or isolating the employee from exposure.

### **7.1 Needleless Systems (Specific Engineering Requirements)**

When needleless systems are unavailable or not feasible, needles with engineered sharps injury protection shall be used.

### **7.2 Prohibited Practices**

7.2.1 Shearing or breaking of contaminated needles and other contaminated sharps.

7.2.2 Contaminated sharps shall not be bent, recapped, or removed from the devices.

7.2.3 Sharps that are contaminated with blood or OPIM 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.

7.2.4 Disposable sharps shall not be reused.

7.2.5 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 brush and dust pan, tongs, or forceps.

7.2.6 The contents of sharps containers shall not be accessed unless reprocessed or decontaminated.

7.2.7 Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risks of sharps injury.

7.2.8 Mouth pipetting/suctioning of blood or OPIM is prohibited.

7.2.9 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

7.2.10 Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.

### **7.3 Regulated Biohazardous Waste (Sharps Containment and Disposal)**

Windward Community College's Hazardous Materials and Hazardous Waste Management

Program and Policy can be found at: [http://wcc.hawaii.edu/Security/Hazardous\\_Materials.php](http://wcc.hawaii.edu/Security/Hazardous_Materials.php)

7.3.1 Procedures involving the use of sharps in connection with patient care shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharp injury.

7.3.2 All sharps containers for contaminated sharps shall be easily accessible to personnel and located close to the immediate area where sharps are used.

7.3.3 All sharps containers for contaminated sharps shall be rigid, puncture resistant, leak proof on the sides and bottom, and must be properly labeled.

7.3.4 All sharps containers shall be maintained upright throughout use, and replaced when necessary.

7.3.5 Sharps containers shall not be filled beyond the line indicated on the container itself, or no more than 7/8's full.

7.3.6 Sharps containers shall not be reused.

7.3.7 When moving containers of contaminated sharps from the area of use, the containers shall be closed prior to removal or replacement to prevent spillage or protrusion of contents.

7.3.8 If leakage of the primary container is possible, a secondary container must be used to prevent leakage during transport and handling. The secondary container must be properly labeled to identify the contents.

7.3.9 Red-colored sharp's disposal containers are to be used for biologically contaminated sharps only.

#### ***7.4 Other Regulated Biohazardous Waste***

Besides needles and syringes, other regulated biohazardous waste such as contaminated gloves, cover slips, pipette tips, etc., requires special handling and disposal.

#### ***7.5 Handling Specimens of Blood or OPIM***

Specimens of blood or OPIM shall be placed in a container which prevents leakage during the collection, handling, processing, storage, transport, or shipping. The container must be labeled with a biohazard label. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage. The secondary container must also be appropriately labeled.

#### ***7.6 Cleaning and Decontamination of Worksite/Equipment***

7.6.1 Work areas and equipment must be maintained in a clean and sanitary condition at all

times. Each department shall implement an appropriate schedule that describes cleaning and decontamination method used for specific locations and equipment.

For Example:

Area	Frequency	Method
Work surface	After procedure completion	Wash with 1:10 bleach solution
Centrifuge	After procedure completion	Wash with 1:10 bleach solution

In Appendix B, provide your department's cleaning and disinfection schedule.

7.6.2 EPA registered disinfectants and/or germicides shall be applied to working area surfaces to ensure the area is maintained in a clean and sanitary condition.

7.6.3 Working surfaces and equipment shall be cleaned after completion of working procedures, when these items are overtly contaminated, immediately after a spill of blood or OPIM, routinely after the end of the work shift, or prior to maintenance or servicing.

7.6.4 Protective clothing shall be worn during clean-up procedures (i.e. gloves, goggles).

7.6.5 Reusable items that may be potentially infectious shall be decontaminated before washing or reprocessing.

7.6.6 All containers, bins, pails, cans or similar receptacles intended for use in the disposal of infectious waste shall be covered. These containers should be collected on a daily basis or when the container becomes full.

## **7.7 Hygiene**

7.7.1 Hand washing facilities must be readily accessible in the work area. Employees shall wash their hands with soap and water, immediately, or as soon as possible, after the removal of gloves or other personal protective equipment.

7.7.2 Following any contact of skin with blood or any other infectious materials, employees shall wash the affected area with soap and water as soon as possible. Mucous membranes must be flushed with water if exposed.

## **7.8 Laundry**

7.8.1 Contaminated laundry shall be handled as little as possible and placed in appropriately marked bags or containers at the location where it was used.

7.8.2 Universal precautions shall be utilized in the handling of all potentially contaminated laundry.

7.8.3 Wet laundry is placed in leak resistant bags or containers that are closed, and transported as such.

## **8.0 Personal Protective Equipment (PPE)**

1. PPE should be provided without cost to the employee.
2. Wearing personal protective equipment can greatly reduce potential exposure to all bloodborne pathogens.
3. All personal protective equipment required for use must be readily accessible to employees and is chosen based on the anticipated exposure to blood or OPIM.
4. Protective equipment is considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other membrane under normal conditions of use and for the duration of time in which the protective equipment is used.
5. Personal protective clothing and equipment must be removed before leaving the work area or when the PPE becomes contaminated.
6. If a garment is penetrated, workers must remove it immediately or as soon as feasible.
7. When removed, PPE shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
8. All PPE is cleaned, laundered or disposed of by each Department at no cost to the employee. All PPE repairs and replacement is provided by the Department at no cost to the employee.

### **8.1 Gloves**

8.1.1 If an employee is expected to have direct hand contact with blood or OPIM or contaminated surfaces, gloves must be worn. Latex sensitive employees shall be provided with alternative gloves that provide the same level of protection.

8.1.2 Disposable gloves shall be properly disposed of if visibly soiled, torn, or damaged. Disposable gloves are single use gloves and are not to be washed or decontaminated for reuse.

8.1.3 Gloves are not to be removed or worn outside the work area.

### **8.2 Masks, Eye Protection, Face Shields**

This PPE will be worn singularly or in combination as guidelines specify. They will be worn when the potential exists for spattering, spraying, splashing droplets or aerosols of blood or any OPIM may be present. Use of this PPE applies when the employees eyes, nose or mouth are potentially exposed to contamination.

### **8.3 Other**

Surgical caps or hoods and/or fluid resistant shoe covers or boots shall be worn in instances when gross contamination can be reasonably anticipated.

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

Communicating hazards to employees who may potentially come into contact with blood borne

pathogens is a vital component of this program in order to eliminate or minimize exposure.

### **9.1 Signs & Labels**

9.1.1 The proper biohazard labels shall be affixed to all collection or storage containers of potentially infectious materials. This includes regulated waste, refrigerators, freezers, equipment and other containers used to store, transport or ship blood or other potentially infectious materials.

9.1.2 The label shall include the universal biohazard symbol and the legend BIOHAZARD. In the case of regulated waste BIOHAZARDOUS WASTE may be substituted. The labels shall be fluorescent orange or orange-red in color.

9.1.3 Red bags or red sharp bags may substitute for labels.

### **9.2 Information and Training**

Employee training shall be conducted prior to assignment of tasks where the potential for occupational exposure to bloodborne pathogens are present. Additionally, these employees will be retrained at least annually on the following elements:

9.2.1 Explanation of the HIOSH Bloodborne Pathogens Standard and its contents.

9.2.2 A general explanation of the epidemiology and symptoms of bloodborne diseases.

9.2.3 Information regarding the modes and methods of transmission of blood-borne disease.

9.2.4 An explanation of the Department's Exposure Control Plan.

9.2.5 Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

9.2.6 Use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and personal protective equipment.

9.2.7 Information on the types, proper use, location, removal, handling, de-contamination and disposal of personal protective equipment.

9.2.8 The basis for selection of personal protective equipment.

9.2.9 Information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

9.2.10 Take the appropriate actions and contact the appropriate persons in an emergency involving blood or other potentially infectious materials.

9.2.11 Procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available and the procedure for

recording the incident on the Sharps Injury Log (Appendix F)

9.2.12 Follow the guidelines on the post-exposure evaluation and the follow-up that is provided following an exposure.

9.2.13 The explanation of the signs, labels and color coding requirements.

9.2.14 This is an opportunity for interactive questions and answers.

## ***10.0 Recordkeeping***

Training, medical, exposure incident/accident and sharps injury log records/reports shall be maintained by each Department.

### ***10.1 Training Records***

Training records shall be maintained for 3 years from the date that the training occurred. Training records shall include the following information:

10.1.1 The dates of the training sessions.

10.1.2 The contents or a summary of the training sessions.

10.1.3 The names and qualifications of the person(s) conducting the training.

10.1.4 The names and job titles of all persons attending the training sessions.

### ***10.2 Medical Records/Exposure Incident Reports***

In accordance with 29CFR1910.1020, the University shall establish and maintain an accurate record for each employee with occupational exposure. All medical records shall be confidential and will not be disclosed to any person except where regulation requires. Each record will be maintained for the duration of employment plus 30 years.

The medical records shall include the following:

10.2.1 The name and social security number of employee.

10.2.2 A copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.

10.2.3 A copy of all results if examination, medical testing, and follow-up procedures.

10.2.4 A copy of the information provided to the healthcare professional. \

10.2.5 A confidential copy of the healthcare professional's written opinion.

### **10.3 Sharps Injury Log**

Each Department shall maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps (See Appendix F). The information in the sharps injury log shall be recorded and maintained to protect the confidentiality of the injured employee. The sharps injury log shall be maintained for the period required by 29 CFR 1094.6.

The sharps injury log shall contain, at a minimum:

10.3.1 The type and brand of device involved in the incident.

10.3.2 The department or work area where the exposure incident occurred.

10.3.3 An explanation of how the incident occurred.

### **11.0 Hepatitis B Vaccination**

The Hepatitis B vaccination series shall be made available to all employees whose exposure determination is identified as being in Category I (Section 5.1), unless the employee has previously received the complete Hepatitis B vaccination series, and antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. The hepatitis vaccination program consists of the following:

11.1 Made available at no cost to eligible employees.

11.2 Made available to the employee at a reasonable time and location.

11.3 Performed under the supervision of a licensed physician or healthcare professional.

11.4 Provided according to the recommendation of the U.S. Public Health Services.

11.5 Made available after the employee has received training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure.

11.6 If an employee initially declines the Hepatitis B vaccination, but at a later date chooses to receive the vaccination while still eligible and employed by WCC, the vaccination shall then be made available.

11.7 All employees who decline the hepatitis vaccination shall sign the hepatitis B Vaccination Declination Form (Appendix C), and this will be kept by the department's personnel officer or whoever is designated by the Dean, Director or Department Chair.

### **12.0 BBP Post-Exposure Evaluation & Follow-up**

#### **12.1 Procedures**

12.1.1 The exposure incident must be reported immediately to your supervisor, and department chair (see Appendix D)

12.1.2 A report of employee's injury must be filed with Human Resources.

12.1.3 A Post-Exposure Evaluation and Follow-up form (Appendix E) must be completed.

12.1.4 A confidential medical evaluation and follow-up will be made available to the employee. This is to be determined by the healthcare professional, who reviews the employee's exposure incident report and medical records.

12.1.5 A full HBV vaccination series will be made available within 24 hours to affected employees that have not received the pre-exposure vaccination series.

12.1.6 Identification of the source individual must be made, if possible. The source individual's blood must be tested if consent can be obtained. Source testing is not needed if it is already known that the individual is infected with HBV or HIV. Results of the test must be made available to the exposed employee.

12.1.7 The exposed employee is offered the following:

A) The option of having his/her blood collected for testing of the employee's HIV/HBV serological status. If the employee consents to blood collections, but does not give consent to testing, the sample must be preserved for 90 days. The employee may elect, during that time, for testing to be done. Additional testing and collection will be made available as recommended by the U.S. Public Health.

B) Offered post exposure prophylaxis in accordance with current recommendations of the U.S. Public Health Service.

C) Given appropriate counseling concerning infection status, results and interpretation of tests, and precautions to take during the period after the exposure incident.

D) Is informed about what potential illnesses can develop to seek early medical evaluation and subsequent treatment.

## ***12.2 Information Provided to the Healthcare Professional***

The following information shall be provided to the attending physician:

12.2.1 A copy of the Bloodborne Pathogen Standard

12.2.2 Description of the affected employee's job duties and history regarding the occupational exposure.

12.2.3 Documentation of the route of exposure and circumstances, under which exposure occurred (Exposure Incident Report Form, Appendix D).

12.2.4 Results of the source the individual's blood testing, if available.

12.2.5 All medical records relevant to the appropriate treatment of the employee including vaccination status.

### **12.3.0 Healthcare Professionals Written Opinion**

The attending physician shall provide the University with the following information in writing within 15 days from completion of the evaluation:

12.3.1 An opinion whether or not a vaccination for Hepatitis B is indicated and in series has been initiated.

12.3.2 That the employee has been informed of the results of the evaluation.

12.3.3 That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

### **13.0 Program Evaluation**

The standard requires an annual review of the exposure control plan. In addition, whenever changes in tasks, procedures or employee position affect or create new occupational exposure, the existing plan must be reviewed and updated accordingly.

### **14.0 References**

14.1 OSHA Bloodborne Pathogen Standard - 29 CFR1910.1030

[http://www.oshs-slc.gov/OshStd\\_data/1910\\_1030.html](http://www.oshs-slc.gov/OshStd_data/1910_1030.html)

14.2 OSHA Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens

[http://www.osha-slc.gov/Osh/Directive\\_data/CPL\\_2-2\\_69.html](http://www.osha-slc.gov/Osh/Directive_data/CPL_2-2_69.html)

14.3 Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis Morbidity and Mortality Weekly Report (MMWR) - Recommendations and Reports, June 29, 2001/Vol.50/No. RR-11





**Appendix C**

**Hepatitis B Vaccine Declination Form**

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Windward Community College is required by law to assure that employees who decline to accept the Hepatitis B vaccination sign the following statement as required by the HIOSH Bloodborne Pathogens standard.

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

I have been advised, in the course of my employment as a \_\_\_\_\_ with the University of Hawaii, Windward Community College, I may be exposed or have the potential for exposure to Hepatitis B virus (HBV). The risks associated with receiving or not receiving the vaccination have been explained to me.

\_\_\_\_\_  
Employee's Last Name                      Employee's First Name                      Employee ID#

\_\_\_\_\_  
Position Title                                      Department                                      Telephone

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix D**

**EXPOSURE INCIDENT REPORT FORM**

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**I. Employee Information**

\_\_\_\_\_  
Employee's Last Name                      Employee's First Name                      Employee ID #

\_\_\_\_\_  
Position Title                      Department                      Telephone

\_\_\_\_\_  
Supervisor's Name                      Accident Location

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**II. Provide a description of exposed employee's duties as they relate to the exposure incident:** (Attach additional information, if necessary)

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**III. How did the accident occur? Please provide an explanation of the route(s) of exposure and the circumstances under which the exposure incident occurred:**  
(Attach additional information, if necessary)

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

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix E**

**POST-EXPOSURE EVALUATION & FOLLOW-UP FORM**

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As part of my employment with the University of Hawaii, Windward Community College I may have been exposed to blood or other potentially infectious materials on the following date:  
\_\_\_\_\_ (MM/DD/YY )

Exposed Employee's Name: \_\_\_\_\_

The Route of Exposure was: \_\_\_\_\_

Please check (°) if completed:

Exposure Incident Report Form has been completed. (Copies forwarded to EHSO and Human Resources). Source individual's blood has been tested. (Provided consent obtained). Exposed employee has been notified of result.

I further understand that, as a result of this exposure, I may require evaluation or treatment due to the potential risk of acquiring hepatitis B virus, HIV, or other blood borne infection. I was offered and encouraged to have a confidential evaluation and follow-up and have been given the opportunity to be vaccinated with Hepatitis B vaccine and/or Hepatitis B immune globulin at no charge to myself.

Please initial here: \_\_\_\_\_

Please check the following that apply to you:

- I accept the hepatitis B vaccination series.
- I accept the hepatitis B immune globulin.
- I decline the hepatitis B vaccination series.
- I decline the hepatitis B immune globulin.
- I consent to baseline blood collection and HB. Serological testing.
- I do not consent to baseline blood collection.
- I consent to baseline blood collection, but do not consent to any testing at this time. I understand that the blood sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, I elect to have baseline samples tested for either HB, or HIV, such testing shall be done as soon as feasible.

Employee Signature: \_\_\_\_\_  
Dept.: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix F**

**Sharps Injury Report**

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I. Exposed Employee Information:

Employee's Last Name \_\_\_\_\_

Employee's First Name \_\_\_\_\_

Job Classification/ Title \_\_\_\_\_

Department \_\_\_\_\_

---

II. Exposure Incident Information:

1. Date & Time of Exposure Incident: \_\_\_\_\_

2. Type and brand of sharp involved in the exposure incident: \_\_\_\_\_  
\_\_\_\_\_

3. Department or work area where the exposure incident occurred:  
\_\_\_\_\_

4. The procedure that the exposed employee was performing at the time the incident occurred:  
\_\_\_\_\_

5. How did the incident occur?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What was the body part involved in the exposure? \_\_\_\_\_  
\_\_\_\_\_

7. Did the sharp have engineering sharp injury protection?

No - (Proceed to Question #9)

Yes - Was the protective mechanism activated:  Yes  No?

**Appendix F (Continued)**

Did the injury occur before, during, or after the protective mechanism was activated?

Before     During     After

8. If the sharp did not have an engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury:

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9. The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury:

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Employee's Signature \_\_\_\_\_

Date: \_\_\_\_\_