



PROCEDURE

Bloodborne Pathogens

Procedure Administrator: Director of Risk Management and Environmental/Health/Safety

Authority: The Occupational and Safety Hazard Act of 1970; The 1984 New Jersey Occupational Safety and Health Act.

Effective Date: September 23, 2009; October 14, 2010; January 31, 2012

Index Cross-References:

Procedure File Number: 6905

Approved By: Dr. Herman J. Saatkamp, Jr., President

- I. **EMPLOYEES COVERED:** This procedure applies to all University employees.
- II. **INTRODUCTION:**
 - A. Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis B and C warrant serious concern for workers occupationally exposed to blood and other body fluids that contain bloodborne pathogens. In recognition of these potential hazards, the New Jersey Public Employees Occupational Safety and Health Act (PEOSH) has adopted the Occupational Safety and Health Administration (OSHA) regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect New Jersey public workers from these health hazards.
 - B. The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. Each employer must determine the application of Universal Precautions by performing an employee exposure evaluation. If employee exposure is recognized the Standard mandates a number of requirements. One of the major requirements is the development of an Exposure Control Plan (ECP), which mandates training, work practices, engineering controls, personal protection equipment (PPE) and HBV vaccinations. The Standard also mandates practices and procedures for housekeeping, medical evaluation, hazard contamination and record keeping.

III. Procedure

A. Stockton University is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with PEOSH Bloodborne Pathogens Standard, Title 29 of Code of Federal Regulations 1910.1030.

B. The ECP is a key document to assist the University in implementing and ensuring compliance with the Standard, thereby protecting University employees.

1. This ECP includes,

- a. Copy of 29 CFR 1910.1030
- b. Program Administration
- c. Employee Exposure Determination
- d. Effective Dates
- e. Exposure Plan
- f. Engineering Controls
- g. Personal Protective Equipment
- h. Training
- i. Hepatitis B vaccination
- j. Post Exposure Evaluation
- k. Health Care Professionals
- l. Housekeeping
- m. Labeling
- n. Record Keeping
- o. First Aid Providers

C. APPENDIXES

1. **PROGRAM ADMINISTRATION:** The Department of Risk Management – Environment/Health/Safety is responsible for the implementation of the ECP. The Safety and Health Compliance Coordinator will perform the duties of the Exposure Control Officer as required by the Standard. This position will review and update the written ECP annually, to include new information or modified tasks and procedures.

2. Those employees who are reasonably anticipated to have contact with or exposure to blood, body fluids or other potentially infectious materials are required to comply with the procedures and work practices outlined in this Exposure Control Plan.
3. Specified Department Heads will have the responsibility for written housekeeping protocols, contained in the back of this document, and will ensure that effective disinfectants and training are provided.
4. Bloodborne Pathogen trained employees will be responsible for initial training; documentation of training and making certain the ECP is made available to all employees.
5. The Safety and Health Compliance Coordinator, or other personnel trained in Bloodborne Pathogen training will be responsible for the required annual retraining for all employees except the Police Officers who will obtain annual retraining during their annual In-Service duties.
6. Department Heads of Plant Management, Athletics, the Police Department and NAMS, or their designees, will maintain and provide all necessary PPE, engineering controls, labels and red bags or leak proof marked bio-hazard bags as required by the Standard. The same Department Heads or designee will ensure that adequate supplies of the aforementioned equipment are made available.

D. EMPLOYEE EXPOSURE DETERMINATION

1. As part of the exposure determination section of the ECP the following list comprises all job classifications within Stockton University in which all employees have a potential for occupational exposure:
 - a. Police Officers
 - b. Plumbers, repairman and electricians, Plant management
 - c. Custodians/BMW's, Plant management
 - d. Athletic trainers, Coaches and Student Athletic trainers (lifeguards)
 - e. Professors, adjunct professors and/or lab technicians, NAMS
 - f. Biotechnology research faculty, staff participating in blood glucose testing.

- g. Shipping, receiving and mailroom staff.
 - 1) Note: the doctors and nurses in the Health Services Department of Stockton University are under the jurisdiction of their employer, AtlantiCare Hospital and its ECP.

2. The following is a job classification in which some employees may have occupational exposure.

- a. Grounds, Plant Management
- b. NOTE: Good Samaritan acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e. nosebleed, cuts, giving CPR, or first aid) are not included in the Bloodborne Standard however PEOSH encourages employers to offer Post-Exposure Evaluation and follow-up in such cases.

E. Exposure Control Plan

1. Methods of Implementation and Control

- a. Universal Precautions: ALL employees will utilize Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids and possibly animal blood and body fluids are infectious for HIV, HBV and other bloodborne pathogens and must be treated accordingly.
- b. Exposure Control Plan: Employees covered by the Standard will receive an explanation of this ECP during their initial training session. The ECP may also be reviewed in the refresher training. All employees will have an opportunity to review this plan at any time during their work shifts by contacting their immediate supervisor. The plan is also available on the Risk Management website. Employees seeking copies of this Plan may contact Exposure Control Officer. A copy will be made available free of charge within 15 days of the request.

2. The Safety and Health Compliance Coordinator is responsible for updating the ECP at least annually, or when necessary to reflect any new or modified tasks which affect occupational exposure. Also, the updated ECP should reflect new or revised employee positions with occupational exposure.

F. ENGINEERING CONTROLS AND WORK PRACTICES

1. Engineering controls and work practice controls will be used to prevent exposure to bloodborne pathogens. RSC will utilize the following engineering and work practice controls in the attendant situations. Biohazard/leak proof bags or rigid containers with biohazard stickers will be available to all employees when possible contact is eminent.
2. Regulated medical waste puncture resistant disposal containers for sharp objects, needles, syringes, glass (all types), metal, etc. will be placed at or near the point of use.
3. Ventilated laboratory hoods and biological safety cabinets will be used where applicable for control of aerosols.
4. WORK PRACTICES
 - a. Providing either readily available hand washing stations, or when not available, antiseptic toweletts or other waterless hand cleaner. Employees will be trained to wash their hands as soon as possible after removing gloves, or after contact with unprotected skin by a possibly contaminated substance.
 - b. Labeling – all biohazard/leak proof bags or rigid containers that contain material contaminated with blood or other bodily fluids must immediately be labeled with biohazard stickers.
 - c. Equipment decontamination – all non-disposable equipment that came in contact with blood or other bodily fluids must be immediately decontaminated with a prescribed disinfectant.
 - d. Prohibiting eating, drinking, smoking, application of makeup or lip balm, and handling contacts in work areas where there is a likelihood of occupational exposure.
 - e. Prohibiting food or drink to be stored in refrigerator, freezers, shelves, cabinets or on counter tops where blood or other potentially infectious materials are stored or present.
 - f. Mandatory placement of specimens, blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or preparation for disposal of these items is mandatory.

- g. Staff should examine equipment which may be contaminated with blood or other potentially infectious material prior to servicing or shipment and decontaminating such equipment as necessary. Items will be labeled if not completely decontaminated and a sign indicating adequate decontamination should be posted prior to moving or servicing the equipment.

5. PERSONAL PROTECTIVE EQUIPMENT

- a. Personal Protective Equipment (PPE) must also be used if occupational exposure remains after instituting engineering controls and work practice controls, or if controls are not feasible. The Safety and Health Compliance Coordinator will provide training in the use of appropriate PPE for the employee’s specific job classification and the tasks/ procedures they will perform. This equipment will be provided at no cost to the employees of RSC.
- b. PPE will be worn by all employees of RSC whenever it can be reasonably anticipated that they may have contact with or exposure to blood, feces, urine, or other possibly contaminated body fluids.
- c. Face shields or safety goggles with surgical/dust mask will be worn by all employees/ students when splashes, sprays, spatters, or droplets of blood, urine, sweat or any other possibly infectious materials pose a hazard to their face, eyes, nose or mouth.
- d. Appropriate PPE is required for the following tasks; the equipment is listed for each task.

<u>TASK</u>	<u>EQUIPMENT</u>
Housekeeping: cleaning animal and chem. labs and bathrooms, emptying trash	Non latex gloves, face masks/shields, tongs where required
Plumbing/Repair shops/electricians, when working on/in lift stations/bathrooms Tyvek disposable jumpsuits/foot coverings,	masks/face shields (safety goggles) when needed.
Police Dept. medical assists masks,	gloves, masks, CPR antibacterial toweletts

Grounds cleanup

gloves, facemasks/shields,
tongs as required

- e. All equipment will be readily available from shift supervisors at the beginning of each shift in sufficient quantities to last through the workday.
 - f. All employees using PPE must observe the following precautions:
 - 1. Wash hands immediately or as soon as feasible after removal of gloves or other PPE. If a wash facility and appropriate anti-bacterial hand soap are not readily available then anti-bacterial towelettes are to be used and disposed of properly.
 - 2. Remove PPE before leaving designated work area or after a garment becomes contaminated.
 - 3. Place used PPE in appropriately designated in NJ Regulated Medical Waste (RMW) collection containers.
 - g. Biohazard bags will be available in each office having employees with occupational exposure, or where RMW materials may be generated.
 - h. Each cart should contain red bio-hazard bags, leak proof bags with red bio-hazard labels or solid bio-hazard containers. Contaminated PPE will be placed inside bio-hazard bags/containers and disposed of through Health Services or lab areas on Campus with RMW/ bio-hazard disposal.
 - i. Wear appropriate PPE when it can be anticipated that he or she may have contact with any and all potentially infectious materials and when handling or touching contaminated items of surfaces. Replace any PPE that may become torn, punctured, contaminated frequently or if their ability to function as a barrier becomes compromised. NEVER wash or decontaminate disposable gloves or other PPE to be reused.
 - j. Wear appropriate face and eye protection such as mask with face shield when splashes, sprays, splatters or droplets of blood or other potentially infectious materials pose a hazard to the eyes, nose and mouth.
- G. If blood or other potentially infectious material penetrates a garment, this garment(s) must be removed immediately or as soon as feasible. Pull-over type garments must be cut off to avoid contamination to the face in the event the infectious material penetrates to the inner side of the fabric.

H. TRAINING

1. All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens (as listed in section D. Employee Exposure Determination) will receive initial training conducted by the Safety and Health Compliance Coordinator or other appropriately trained personnel. Said training will include the epidemiology of bloodborne pathogens diseases. PEOSH pamphlet “Occupational Exposure to Bloodborne Pathogens” and fact sheets, located in the Record Keeping section and all training aids will be used to inform the employees of RSC of the following elements:
 - a. A copy and explanation of the Standard
 - b. Epidemiology and symptoms of bloodborne pathogens
 - c. Modes of transmission
 - d. Methods to recognize exposure tasks and other activities that may involve exposure to potentially infectious materials
 - e. Use and limitations of Engineering Controls, Work Practices and PPE
 - f. PPE- types, use, location, handling, decontamination and disposal
 - g. PPE- the basis for selection
 - h. Hepatitis B vaccinations will be offered free of charge. Training and Consent/Declination forms will be given prior to vaccination on its’ safety, effectiveness, benefits, and methods of administration.
 - i. Emergency procedures for blood spill or other potentially infectious materials
 - j. Exposure incident definition and procedures
 - k. Post-exposure evaluation and follow-up
 - l. Signs and labels and/or color-coding
 - m. Question and answer session
 - n. An Employee Education and Training Record will be completed for each employee upon completion of training. This document will contain acceptance/declination of shots and will be kept by the Safety and Health Compliance Officer in the Risk Management Department files. A copy will be sent to Plant Management, Athletics, the Police Department and NAMS.

I. HEPATITIS VACCINATION

1. The Safety and Health Compliance Coordinator, or other appropriately, trained person will provide information on Hepatitis B vaccinations, addressing its' safety, benefits, efficiency, methods of administration and availability at the initial training.
2. The Hepatitis B vaccination series will be made available at no cost through the Atlantic County Health Department within 10 days of the initial training (or the first available Thursday after training) to all employees who have occupational exposure to blood or other potentially infectious materials, unless: the employee has previously received the series, (proof requested) antibody testing reveals that the employee is immune, medical reasons exist that prevent taking the vaccination, or the employee chooses not to participate. All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an individual chooses to decline Hepatitis B vaccination, then that individual must sign documentation of refusal which will be kept with all records in the office of the Safety and Health Compliance Coordinator.
3. Participation in pre-screening is not a prerequisite for receiving Hepatitis B vaccinations.
4. Hepatitis B vaccination will be provided at a later date even if the employee initially refuses.
5. Employee MUST sign an acceptance/declination sheet.
6. Vaccination is to be administered in accordance with U.S. Public Health Service (USPHS) recommended protocol.

J. POST EXPOSURE EVALUATION

1. Post Exposure Evaluation and Follow-up, Procedures for Reporting, Documenting and Evaluating the Exposure are addressed in this section.
2. Should an exposure incident occur, the employee should contact his/her immediate supervisor, as soon as possible. The supervisor will contact the Safety and Health Compliance Coordinator, or appropriately trained personnel (see attached list of trained Bloodborne Pathogen personnel), whichever is more readily available. Each exposure must be documented by the employee on an Exposure Report Incident Form (see Appendix E) as well as an employee Accident form. The Exposure Control Officer will add any additional information if deemed necessary. If possible save the offending material in the event testing is deemed appropriate.

3. An immediately available confidential medical evaluation and follow-up will be conducted by the Emergency Department at AtlantiCare Hospital, Mainland Division. The hospital is to be advised that the patient is an employee of Stockton University and that the exposure is a work/research related incident. The following elements will be performed:
4. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred particularly if medical sharps were involved. Document brand, type, size.
5. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
6. The source individual(s) 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, shall establish that legally required consent cannot be obtained. When the source individual's consent is not required, the source individual's blood, if available, shall be tested and the results documented.
7. 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.
8. Results of the source individual's testing shall be made available to the exposed employee, and the exposed employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
9. Collection and testing of blood for HBV and HIV serological status.
10. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
11. 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 tested, such testing shall be done as soon as feasible. By law, all test results are maintained as confidential.
12. Post exposure prophylaxis, when medically indicated, as recommended by the U. S. Public Health Service, should be as follows:
 - a. Counseling; and
 - b. Evaluation of any reported illnesses.

13. The Exposure Control Officer will ensure that forms required for evaluation: Appendix C **“Request for Source Individual Evaluation”**, Appendix E **“Exposure Incident Report”**, Appendix E1 **“Employee Exposure Follow-up Record, Source”** are provided to the employee so that they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these Appendices will be maintained with the employees’ medical records in University.
14. The Exposure Control Officer and the supervisor of the exposed employee will review the circumstances of the exposure incident to determine if protocols, procedures and/or training need to be revised.
15. NAMS: Only incidents involving medical sharps will be logged. The information will be evaluated during the annual sharps evaluation to determine if a safer alternative is advised/available.
16. New Jersey Law (N.J.S.A. 26-5C et. seq.) and Regulation (N.J.A.C. 8:57-2) requires information about AIDS and HIV be kept confidential. While the law requires reporting of positive results to the State Department of Health, the law strictly limits disclosure of HIV related information. When disclosure of HIV related information is authorized by a signed release, the person who has been given the information **MUST** keep it confidential.
17. Also note that the HIV Confidential Case Report form and/or AIDS Adult Confidential Case report form, as well as HIV Testing Policy information applicable to New Jersey public sector employees can be obtained by contacting:
 - a. The New Jersey State Department of Health
Data Analysis Unit
PO Box 363
Trenton, NJ 08625-0363
609-984-6204

K. HEALTH CARE PROFESSIONALS

1. The Safety and Health Compliance Coordinator will ensure that the health care professionals responsible for exposed employee’s post-exposure evaluation and follow-up receive the following:
 - a. A description of the employees’ job duties, relevant to the exposure incident.
 - b. Route(s) and circumstances of exposure.
2. When possible, source individual’s information and if obtained signed **“Request for Source Individual Evaluation”**, relevant medical records, including vaccination status.

3. The Safety and Health Compliance Coordinator will provide the employee a copy of the evaluating healthcare professional's written opinion within 15 days after receipt of the same from the healthcare professional. This written opinion will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions, which may require any further evaluation and/or treatment. All other diagnoses must remain confidential and not included in the written report to the University.

L. HOUSEKEEPING

1. The Department Head or his/her designee will develop and implement a written schedule for cleaning and decontaminating work surfaces/ areas of possible contamination as indicated by the Standard to include the following;
 - a. Include in the housekeeping schedule a method of decontamination, the location of cleanup and decontamination supplies.
 - b. Decontaminate work surfaces and/or areas of possible contamination with an appropriate disinfectant as soon as feasible, or immediately when overtly contaminated, after a spill of any and all potentially infectious materials.
 - c. Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately.
 - d. **ALWAYS** use mechanical means such as tongs, brush and dustpan to pick up contaminated broken glassware or other sharp object. **NEVER** pick up with hands even if gloves are worn.
 - e. Place regulated waste in closable labeled or color-coded containers. When storing, handling, or transporting, put ALL regulated waste in containers constructed to be leak-proof. When discarding contaminated sharp objects, place them in containers that are sealable, puncture resistant, are appropriately color coded / or labeled, and leak proof on sides and bottom.
 - f. Discard all regulated waste according to Federal, State and Local regulations. Contact the Department of Risk Management for assistance.

M. LABELING

1. The Standard requires either florescent red-orange biohazard bags or red-orange biohazard labels be affixed to leak-proof bags/ containers be used. Either method may be used. The shift supervisor will ensure warning labels are affixed or red bags are used as required. Employees are to notify the Risk Management Department – Safety and Health Compliance Coordinator/Exposure Control Officer and the local Department head if they discover any unlabeled regulated waste.

N. RECORDKEEPING – MEDICAL RECORDS

1. Medical records will be maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020. The Safety and Health Compliance Coordinator will be responsible for maintenance of the required medical records, and they will be kept in the Department of Risk Management at Stockton University. In addition to the requirements of 29 CFR 1910.1030, the medical records will include:
 2. The name and (last 4 digits of) the social security number of the employee
 3. A copy of the employee's Hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination
 4. A copy of all results of examinations, medical tests, and follow-up procedures as required by the Standard
 5. A copy of all healthcare professional's written opinion(s) as required by the Standard
 6. All employee medical records will be held confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law
 7. All records of employees who have had an exposure incident will be held for 30 years after said employee leaves the employ of Stockton University
 8. Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within 15 days of that request

O. TRAINING RECORDS

1. Original bloodborne pathogens training records will be maintained in the Department of Risk Management by the Safety and Health Compliance Coordinator.
2. The training records shall include;
 - a. The dates of training sessions
The content or summary of the training sessions
The name(s) and qualifications of the person(s) conducting the training
The name and job titles of all persons attending the training session will be on the sign in sheet (appendix A)
 - b. The training records will be made available to the employee within fifteen days of request.

P. FIRST AID PROVIDERS

1. Designated First Aid Providers
Police personnel/EMT's/First Responders
Athletic Trainers and Student Athletic Trainers
 - a. The above listed categories are included in this coverage and all information previously listed and to follow will and do pertain to them. Therefore, pre-exposure training and vaccinations have been given to them, upon their signed acceptance thereof.
 - b. In the event of an exposure incident they will advise the Exposure Control Officer and the Department Head, or head Athletic Trainer.
 - c. The Safety and Health Compliance Coordinator, or other properly trained personnel, will ensure that all first aid providers receive training and specifics on how to report an exposure incident.
 - d. If no pre-exposure vaccination has been given, the Exposure Control Officer will ensure that all medical tests are offered per the Standard as indicated below.

Q. RECORD KEEPING SECTION

APPENDIX C 1, LETTER, REQUEST FOR SOURCE INDIVIDUAL EVALUATION

APPENDIX C 2, FORM, DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

APPENDIX D, CONSENT FOR DRAWING BLOOD SPECIMEN(S)

APPENDIX E, EXPOSURE INCIDENT REPORT

APPENDIX F, EMPLOYEE EXPOSURE FOLLOW-UP RECORD

APPENDIX C 1

STOCKTON UNIVERSITY

REQUEST FOR SOURCE INDIVIDUAL EVALUATION

Dear (Emergency Room Medical Director, Infection Control Practitioner);

During a recent incident, one of our employees, staff or emergency care providers was involved in an event which may have resulted in an exposure to a Bloodborne Pathogen.

I am asking that you perform an evaluation of the source individual who has produced this letter. Given the circumstances surrounding this event, please determine whether our employee is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of Source Individual" which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidential assurances for the patient and the exposed worker. 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 written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

Dennis Lepore
Health & Safety Control Officer

APPENDIX C 2

STOCKTON UNIVERSITY

CONFIDENTIAL

DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

Name of Exposed Employee:

Name and phone number of Medical Provider who should be contacted.

Incident Information

Date: _____

Name or medical record number of the individual who is the Source of the Exposure;

Nature of the Incident

Contaminated needle stick injury

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

Other

Report of Source Individual Evaluation

Chart reviewed by _____ Date _____

Source Individual Unknown-researched by: _____

Date _____

Testing of Source Individual's blood CONSENT Obtained [] Refused []

Check One:

[] Identification of source individual infeasible or prohibited by State Law. State why unfeasible.

[] Evaluation of the source individual reflected known exposure to Bloodborne Pathogen.

[] Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Report completed

by _____ 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 findings to the employer. HIV related information cannot be released without the written consent of the source individual.

APPENDIX D

STOCKTON UNIVERSITY

CONSENT FOR DRAWING BLOOD SPECIMEN(S)

I understand that an incident has occurred which may have resulted in my being exposed to blood or other body fluid, which may be infectious.

It has been explained to me and I understand that under these circumstances it is recommended by the Public Employees Occupational Safety and Health Act (PEOSH) that my blood be tested for bloodborne pathogens. Therefore I freely consent to having samples of my blood drawn for testing purposes.

Employee Signature _____ DATE _____

Witness _____ DATE _____

APPENDIX E

STOCKTON UNIVERSITY

EXPOSURE INCIDENT REPORT
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

Please Print

DATE COMPLETED _____

EMPLOYEE'S NAME (print) _____ SS# _____

HOME PHONE _____ WORK PHONE _____

CELL _____

D.O.B. _____ JOB TITLE _____

EMPLOYEE VACCINATION STATUS

DATE OF EXPOSURE _____ TIME OF
EXPOSURE _____ AM ___ PM ___

LOCATION OF INCIDENT (BE SPECIFIC) _____

NAUTRE OF INCIDENT (BE SPECIFIC)

DESCRIBE TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED (BE SPECIFIC)

WERE YOU WEARING PPE? YES _____ NO _____

LIST _____

DID PPE FAIL? YES _____ NO _____

HOW? _____

WHAT BODY FLUIDS OR OTHER POTENTIALLY INFECTIOUS MATERIALS WERE YOU EXPOSED TO, BE SPECIFIC;

APPENDIX F

STOCKTON UNIVERSITY

EMPLOYEE EXPOSURE FOLLOW-UP RECORD

EMPLOYEE'S NAME _____

JOB TITLE _____

DATE OF INCIDENT _____

DATE REPORTED _____

TIME OF INCIDENT _____ AM [] PM []

SOURCE INDIVIDUAL FOLLOW-UP

REQUEST MADE TO:

DATE _____ TIME _____ AM [] PM []

EMPLOYEE FOLLOW-UP

EMPLOYEE'S HEALTH FILE REVIEWED

BY _____ DATE _____

Information given on source individual's blood test results YES []

NOT OBTAINED []

REFERRED TO HEALTHCARE PROFESSIONAL WITH REQUIRED
INFORMATION

NAME OF HEALTHCARE

PROFESSIONAL _____

BY WHOM _____

DATE _____

BLOOD SAMPLING/TESTING OFFERED

BY WHOM _____

DATE _____

VACCINATION OFFERED/RECOMMENDED

BY WHOM _____

DATE _____

COUNSELING OFFERED

BY WHOM _____

DATE _____

EMPLOYEE ADVISED OF NEED FOR FURTHER EVALUATION OF MEDICAL
CONDITION

BY WHOM _____

DATE _____

LIST OF PERSONNEL THAT HAVE PEOSH BLOODBORNE PATHOGEN TRAIN
THE TRAINER TRAINING (AS OF 1-01-2012)

NAME	DEPARTMENT
Dennis Lepore	Risk Management & EHS
Robert Chitren	Risk Management & EHS
Dianna Kreutzer	Campus Police
Justine Ciralo	NAMS
Eugene Swilkey	Human Resources

Approval History:

	Date
President	01/31/12