



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. Employee Plan

II. Student Plan

**Greenspring
1525 Greenspring Valley Road
Stevenson, Maryland 21153**

**Owings Mills
100 Campus Circle
Owings Mills, Maryland 21117**

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**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN
I. EMPLOYEE PLAN**

**Bloodborne Pathogens Exposure Control Plan
Employee Plan**

1. Introduction

- 1.1. Stevenson University is committed to providing a safe and healthful work environment for our employees. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize exposure to bloodborne pathogens in accordance with the OSHA Standard, 29 CFR 1910.1030.
- 1.2. This ECP includes:
 - 1.2.1. Determination of employee exposure.
 - 1.2.2. Implementation of various engineering controls.
 - 1.2.3. Work practice methods of exposure control, including:
 - Universal Precautions
 - Engineering controls
 - Work practice controls
 - Personal protective equipment
 - Housekeeping
 - 1.2.4. Hepatitis B vaccination.
 - 1.2.5. Post-exposure evaluation and follow-up.
 - 1.2.6. Communication of hazards to employees and training.
 - 1.2.7. Recordkeeping.
 - 1.2.8. Procedures for evaluating circumstances surrounding an exposure incident.
- 1.3. The ECP is included, in its entirety, on Stevenson University's Human Resources, Sandra R. Berman School of Health Professions, and Beverly K. Fine School of the Sciences portal pages, and, in addition, each employee with a definite risk or possible risk of occupational exposure will be provided with a copy of this plan.

2. Scope

- 2.1. This ECP applies to employees who have a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of job duties. This plan must be reviewed and updated annually by the Vice President of Human Resources, Dean of the Fine School of the Sciences, Assistant Vice President of the Wellness Center, Nursing Department Chair, Program Coordinator for Medical Laboratory Science, Associate Athletic Director/Head Athletic Trainer, Director of

Security, Director of Facilities, Wellness Center Nurse Practitioner, and Senior Laboratory Safety Manager.

3. Definitions

5. Exposure Determination

5.1 Stevenson University performed exposure determinations to ascertain which employees are likely to incur exposure to blood or OPIM and which procedures are likely to cause exposure. Stevenson University performed this exposure determination without regard to the use of PPE. Please note that employees are considered to be exposed even if donned in PPE.

5.2 This exposure determination is required to list all job classifications in which all employees may be expected to incur such exposure, regardless of frequency. Within the University, the following classifications are in this category:

Security Personnel
Wellness Center Family Physician
Nurse Practitioners, C.R.N.P.
Licensed Athletic Trainers

5.3 In addition, Stevenson University performed an exposure determination of job classifications in which some employees may have exposure to blood or OPIM. Because not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have exposure were also listed in order to understand clearly which employees in these categories are considered to have exposure. The job classifications and associated tasks for these categories are as follows:

<u>Job Classification</u>	<u>Tasks/Procedures</u>
Wellness Center Staff	First Aid Response
Athletics Department Personnel	First Aid Response
Facilities Personnel	Maintenance and Repair
Residence Life Resident Directors	First Aid Response
Residence Life Resident Assistants	First Aid Response

risk that exposures to blood or OPIM can occur:

5.4.1 Handling contaminated sharps and other laboratory devices.

5.4.2 Procedures involving the containment and management of

5.4.3 All procedures involving contact with mucous membranes, body fluids, and blood.

6. Implementation Schedule and Methodology

6.1 **Overview:** This section describes the Universal Precautions, engineering controls, and PPE for employees who may come in contact with blood, blood products, or OPIM. This section also covers safe work practice controls for employees working with potentially infectious materials, hepatitis B vaccination, hazards communication, and training.

6.2 **Universal Precautions:** Universal Precautions will be observed at the University in order to minimize contact with blood, blood products, or OPIM. All human blood, blood products, or OPIM will be considered infectious regardless of the perceived status of the source individual.

6.3 **Engineering Controls:** Engineering controls and safe work practices will be used to eliminate or minimize exposure to employees at the University. Where possible exposure remains after institution of these controls, PPE shall also be used. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

6.3.1 Commercially-prepared samples and controls, tested negative for all viral markers currently being tested, will be used in student labs whenever possible.

6.3.2 Chemical splash goggles will be used in any laboratory when splashing, spraying, and splattering or generation of droplets is anticipated.

6.3.3 Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.

6.3.4 Immediately after use, all disposable, contaminated sharps, (needles, surgical instruments, syringe with attached sharp, etc.) will be placed in leak-proof, puncture-resistant disposable

containers, labeled with the biohazard label. These sharps containers are located in all biology and nursing skills laboratories on Owings Mills North and in the Wellness Center and Caves 120 on Owings Mills. They are inspected and maintained or replaced by their respective departments (Wellness Center staff, laboratory managers, and the Associate Athletic Director/Head Athletic Trainer) when 2/3 full to prevent overfilling. The contaminated

Microhematocrit centrifuge
Spectrophotometers

6.4.10 If obvious contamination is observed, the Laboratory Services staff should be notified so that the equipment can be disinfected. This includes:

Centrifuges
Spectrophotometers
Automated instruments

6.4.11 Assistant VP of the Wellness Center will ensure that the proper decontamination of contaminated equipment/surfaces with a 10% bleach solution or appropriate disinfectant is performed on a daily basis.

6.5 **Personal Protective Equipment (PPE)**

6.5.1 Stevenson University has chosen PPE based on anticipated potential employees exposure to blood, blood products, or OPIM. PPE must be worn by all employees participating in laboratory, clinical, or First Aid exercises involving exposure to blood, blood products, or OPIM. PPE will be provided, at no cost, to employees and must be readily accessible. Closed-toe shoes and pants that cover the entire leg and ankle are mandatory in all science laboratories.

6.5.2 **Gloves**

6.5.2.1 The University will provide gloves to employees at no cost.

6.5.2.2 Gloves shall be worn at all times when it is reasonably anticipated that employees may have hand contact with any infectious agent. This includes blood, blood products, mucous membranes, non-intact skin, OPIM, and contaminated surfaces or items.

6.5.2.3 Gloves shall be removed immediately following any penetration by blood, blood products, or OPIM.

6.5.2.4 Gloves that are not visibly contaminated with blood or OPIM shall be removed and disposed in the general waste stream before leaving the laboratory. Gloves should never be washed or decontaminated for re-use.

laundered prior to going home with an employee to prevent cross contamination.

6.5.4 Protective Eyewear (chemical splash goggles)

- 6.5.4.1 Protective eyewear does not include corrective lenses.
- 6.5.4.2 The University will provide protective eyewear to employees that meets the ANSI/ISEA Z87.1-2010 consensus standard. Eyewear will be provided at no cost to the employee.
- 6.5.4.3 Eye protection is required to be worn whenever splashes, sprays, splatters, or droplets of blood, blood products, or OPIM may be generated.
- 6.5.4.4 Eye protection must be removed prior to leaving the laboratory.

6.6 Housekeeping

Housekeeping is of the utmost importance in the prevention of employee exposure to infectious surfaces or materials.

6.6.1 Sharps Procedures

- 6.6.1.1 Broken glassware, which may be contaminated, must never be picked up by hand. The glassware should be swept up using the dust pan sets available in the nursing skills and science laboratories. Gloves should be worn while cleaning broken glassware. Contaminated glassware should be disposed into a closable, puncture resistant, leak-proof, and labeled biohazard sharps container.
- 6.6.1.2 Contaminated sharps must be disposed of immediately following use. They should be put into closable, puncture resistant, leak-proof, and labeled biohazard sharps container. These containers should be replaced once they are 2/3 full.
- 6.6.1.3 The Laboratory Services staff will steam sterilize all biohazard sharps cardboard sleeves and bags located throughout the Fine School of the Sciences laboratories. Biohazard sharps containers used for needles and/or blood vials will be collected and disposed through the

- 6.6.3.2.1 Notify individuals in the immediate work area prior to beginning the decontamination procedure. If an individual is injured, call Security.
- 6.6.3.2.2 Put on gloves and any other necessary PPE.
- 6.6.3.2.3 Contain the spill by covering with paper towels or other absorbent material.
- 6.6.3.2.4 Saturate the contaminated area with a 1:10 dilution of household bleach (10% bleach solution) or EPA registered disinfectant and immediately wipe the area to remove the blood or OPIM.
- 6.6.3.2.5 Reapply the 10% bleach solution or the EPA registered disinfectant to the area and allow the disinfectant to penetrate for a minimum of 10 minutes making certain the area is well marked. If using a disinfectant other than bleach, refer to manufacturer instructions to determine the proper amount of time required to achieve disinfection.
- 6.6.3.2.6 If broken glass or other sharp material is present, it must never be picked up by hand. Use the Biohazard spill cleanup kits and follow the enclosed directions. These kits are available in all biology laboratories in the Manning Academic Center.
- 6.6.3.2.7 Discard the contaminated materials in an appropriate medical waste container (point of use sharps container, autoclave bag, or biohazard box) depending on the nature of the biohazardous material.
- 6.6.3.2.8 Remove gloves and other PPE.
- 6.6.3.2.9 Wash hands.

6.7 Hepatitis B Vaccination


- 6.7.1 The Hepatitis B vaccine shall be offered to employees whose job duties involve occupational exposure to blood, blood products, or

OPIM. The vaccination will be given at no cost to the employee and shall be administered by a licensed healthcare professional at the University or at Concentra Medical Center. The vaccination will be administered after initial employee training and within 10 days of the initial assignment.

- 6.7.2 Employees identified as needing the Hepatitis B vaccine will be provided training on the vaccine including safety, benefits, efficacy, methods of administration, and availability. Employees will be provided a series of three injections. The informed consent documents that the employee understands the information presented on the Hepatitis B vaccine and that they give consent to receive the series of vaccinations.
- 6.7.3 Vaccination is encouraged unless: documentation exists that the employee has previously received the series; antibody testing reveals that the employee is immune; or medical evaluation shows that vaccination is contra-indicated.
- 6.7.4 Employees who decline the Hepatitis B vaccine must sign a declination form (Appendix B), which will be held on file.
- 6.7.5 Employees that initially decline the vaccine may request and obtain the vaccination at a later date at no cost to the employee.
- 6.7.6 The full hepatitis B vaccination series will be made available to all unvaccinated first aid providers who assisted in an incident involving the presence of blood or OPIM no later than 24 hours after the incident, regardless of whether exposure has occurred.
- 6.7.7 The Office of Human Resources is responsible for ensuring that the vaccine is offered and if necessary, the declination forms are filed in the employee's personnel file.

6.8 Communication of Hazards to Employees

- 6.8.1 Warning labels are affixed to containers of biohazardous waste, refrigerators or freezers containing blood, blood products, or OPIM, other containers used to store, transport, or ship blood, blood products, or OPIM, and contaminated equipment. Red or orange Biohazard warning labels are also posted outside of rooms where biohazardous waste is generated. Red bags may be substituted for labels.

6.8.2  and the biohazard symbol in contrasting color.

6.9 Training

6.9.1 All employees who have occupational exposure to bloodborne pathogens are required to complete bloodborne pathogens training at the start of employment and annually thereafter.

6.9.1.1 The Medical Laboratory Science Program Coordinator and the Nioha0 g0 G[)]TJETQ.00000912 0 612 792 reW*nBT/F3 12 Tf1 0 0

Control methods to be used at the University to control exposure to blood/OPIM (engineering controls, safe work practices, and PPE) to include the uses and limitations, location, removal, decontamination and disposal of PPE.
What to do if an exposure occurs and exposure follow-up procedures.
Signs and labels used at the University.
Hepatitis B vaccine.

7. Post-Exposure Evaluation and Follow-Up

- 7.1 **Summary:** When a Stevenson University employee incurs an exposure incident, whether on-campus or off-campus, during University-related activities, it is required that the incident be documented and post-exposure follow-up be conducted as follows:

As soon after the exposure as possible, perform first aid on the exposure

7.4 Activities Performed by the Office of Human Resources Following Employee Exposure Incident:

7.4.1 Exposed individual will be given a copy of this Exposure Control Plan.

7.4.2 If possible, identify and document the source individual, unless it can be established that the identification is infeasible or there is more than one source individual.

7.4.3 Obtain consent and make arrangements with the hospital or Concentra Medical Center to have the source individual tested as soon as possible to determine HIV/HBV/HCV infectivity.

7.4.4 If the source individual is already known to be HIV, HCV, and/or HBV positive, and/or HBV status need not be repeated.

7.4.5 Ensure that the exposed employee is provided with the source individual's name and with information about applicable laws and regulations concerning disclosure of identity and infectivity of the source individual (e.g. laws protecting confidentiality).

7.4.6 A licensed healthcare professional at Concentra Medical Centers will perform the appropriate counseling concerning precautions to

7.5.1 The Vice President of Human Resources, the Senior Laboratory Safety Manager, as well as the

**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN
II. STUDENT PLAN**

**Bloodborne Pathogens Exposure Control Plan
Student Plan**

1.0 Introduction

- 1.1 Stevenson University is committed to providing a safe and healthful work environment for our students. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize exposure to bloodborne pathogens with the guidance of the OSHA Standard, 29 CFR 1910.1030. Stevenson University has and will use the OSHA standards as a guideline for protecting students from hazards in the laboratory and clinical setting.
- 1.2 This ECP includes:
 - 1.2.1 Determination of student exposure
 - 1.2.2 Implementation of various engineering controls
 - 1.2.3 Work practice methods of exposure control, including:
 - Universal Precautions
 - Engineering controls
 - Work practice controls
 - Personal protective equipment
 - Housekeeping
 - 1.2.4 Hepatitis B vaccination
 - 1.2.5 Post-exposure evaluation and follow-up
 - 1.2.6 Communication of hazards to students, and training
 - 1.2.7 Recordkeeping
 - 1.2.8 Procedures for evaluating circumstances surrounding an exposure incident
- 1.3 This ECP, in its entirety, can be accessed by all students from the Sandra R. Berman School of Health Professions and Beverly K. Fine School of the Sciences portal pages. In addition, each student with a definite risk or possible risk of exposure will review this plan as part of training requirements.

2.0 Scope

- 2.1 This exposure plan is mandatory for all Stevenson University students with the potential for contact with blood or other potentially infectious materials (OPIM). This plan must be reviewed and updated annually to reflect changes in tasks, procedures, and/or plan.

that students are considered to be exposed even if donned in PPE.

- 5.2 This exposure determination is required to list all student groups in which all students may be expected to incur such exposure, regardless of frequency. Within the University, the following classifications are in this

	Disposal municipal waste or Disposal by Waste Management contractor.
Biohazard waste boxes	Replaced when 2/3 full. Disposal by Waste Management contractor.
Mechanical pipetting devices	Cleaned, if contaminated, as per { } Laboratory Services staff at the end of the semester.

6.4 Safe Work Practices

- 6.4.1 Hand washing facilities are available in each of the nursing skills and science laboratories in the Manning Academic Center.
- 6.4.2 When hand washing facilities are not available, SU shall provide either an appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- 6.4.3 Skin is washed immediately with liquid dispensers

6.5.3 Laboratory Coats

- 6.5.3.1 All students must purchase the proper impermeable laboratory coats prior to performing laboratory work. Students participating in laboratory courses at the University are required to leave their laboratory coats in the designated areas within the laboratories. The laboratory coats will be disposed of at the end of each semester.
- 6.5.3.2 Laboratory coats must be worn and buttoned or snapped closed at all times while working in the science laboratories.
- 6.5.3.3 When a protective garment is penetrated by blood or OPIM and the substance has reached the person's own street clothes, or undergarments, the clothing is removed immediately, or as soon as possible prior to the student leaving the work area. Contaminated laboratory coats and street clothes will be sterilized on site before they are

Housekeeping is of the utmost importance in the prevention of student exposure to infectious surfaces or materials.

6.6.1 Sharps Procedures

- 6.6.1.1 Broken glassware, which may be contaminated, should not be cleaned up by students. Please notify the instructor. Broken glass must never be picked up by hand. The glassware should be swept up using the dust pan sets available in the nursing skills and science laboratories. Gloves should be worn while cleaning broken glassware. Contaminated glassware should be disposed into a closable, puncture resistant, leak-proof, and labeled biohazard sharps container.
- 6.6.1.2 Contaminated sharps must be disposed of immediately following use. They should be put into closable, puncture resistant, leak-proof, and labeled biohazard sharps container. These containers should be replaced once they are 2/3 full.
- 6.6.1.3 Laboratory Services will steam sterilize all biohazard sharps cardboard sleeves and bags located throughout the Fine School of the Sciences laboratories. Biohazard sharps containers used for needles and/or blood vials will be collected and disposed through a contracted contractor.
- 6.6.1.4 The University has scheduled pickups for biohazard waste. The pickups are scheduled as needed. When biohazard containers are 2/3 full, the Senior Laboratory Safety Manager should be notified to schedule a pickup.

6.6.2 Equipment Procedures

- 6.6.2.1 Equipment will be decontaminated when the students have completed use of the instrument in the laboratory or, if it is used throughout the semester, decontaminated at the end of the semester.
- 6.6.2.2 Equipment contaminated with blood or blood products should be decontaminated using a fresh 1:10 dilution of household bleach (10% bleach solution) or following manufacturer's instructions. Bleach may be corrosive to some parts.
- 6.6.2.3 All working surfaces should be disinfected after contact

with blood, blood products, or OPIM. The working surfaces should be disinfected using a fresh 1:10 dilution of household bleach (10% bleach solution) or an EPA registered disinfectant immediately following a spill as well as at the end of each laboratory session.

6.6.2.4 Reusable containers (test tube racks, heat blocks, etc.) shall be inspected and decontaminated using a fresh 1:10 dilution of household bleach (10% bleach solution) or an EPA approved disinfectant immediately after a spill of blood/OPIM, and at the end of the semester.

6.6.3 General Procedures

6.6.3.1 Tubes, vials, or other biological specimen containers cannot be placed in wastebaskets customarily emptied by janitorial personnel. These materials must be placed into biohazard bags to be autoclaved before being discarded or placed into marked biohazard boxes for disposal through the institution's waste management system.

6.6.3.2 Decontamination of body fluid spills and grossly contaminated surfaces shall occur as soon as possible using the following procedures:

6.6.3.2.1 Notify the instructor and all students in the immediate work area. The instructor (or the student, under direct supervision by the instructor) will perform the decontamination procedure. If an individual is injured, call Security. -3(i5(d)-7000003(iat)6(e)-3/F3 12 Tf1 0 EMC IEMC IE

If using a disinfectant other than bleach, refer to manufacturer instructions to determine the proper amount of time required to achieve disinfection.

6.6.3.2.6 If broken glass or other sharp material is present, it must never be picked up by hand. Use the Biohazard spill cleanup kits and follow the enclosed directions. These kits are available in all biology laboratories in the Manning Academic Center.

6.6.3.2.7 Discard the contaminated materials in an appropriate medical waste container (point of use sharps container, autoclave bag, or biohazard box) depending on the nature of the biohazardous material.

6.6.3.2.8 Remove gloves and other PPE.

6.6.3.2.9 Wash hands.

6.7 Hepatitis B Vaccination

6.7.1 **Vaccination Requirement.** All Medical Laboratory Science and Nursing students are required to have hepatitis B virus (HBV) titers drawn to demonstrate effective vaccination prior to starting clinical courses. The Medical Laboratory Science Program Coordinator and the Nursing Department Chair must ensure that this plan requirement is fulfilled. For Nursing and MLS students, records of titer results or declination forms are kept in the Castle Branch (CB) accounts.

6.8 Communication of Hazards to Students

6.8.1 Warning labels are affixed to containers of biohazardous waste, refrigerators or freezers containing blood, blood products, or OPIM, other containers used to store, transport, or ship blood, blood products, or OPIM, and contaminated equipment. Red or Orange Biohazard warning labels are also posted outside of the rooms where biohazardous waste is generated. Red bags may be substituted for labels.

6.8.2 The Biohazard symbol is placed on the front of the container and the Biohazard symbol in a contrasting color.

Emergency Room.

7.2 If On-Campus Student Exposure:

7.2.1 Report the incident to Security and the Assistant VP of the
any campus phone on Greenspring, Owings Mills, or Owings Mills
North. Security will complete an incident report.

7.2.2 If a student is exposed to blood, blood products or OPIM, the
incident must be reported to the appropriate program contact

- 7.3.1 Report the incident to the immediate clinical supervisor and the appropriate program contact for the course in which the exposure occurred (e.g., Medical Laboratory Science Program Coordinator, Nursing Department Chair, Biology Department Chair, Chemistry Department Chair, or Biomedical Engineering Program Coordinator) The program contact will report the incident to the Senior Laboratory Safety Manager and to the Dean of the Fine School of the Sciences (for Fine School of the Sciences students) or Dean of the Berman School of Nursing and Health Professions (for Nursing and Medical Laboratory Sciences students).
- 7.3.2 The incident must be reported to the Assistant VP of the Wellness Center (Appendix D) must be completed by the exposed individual and returned to the Assistant VP of the Wellness Center within 48 hours of the exposure incident.
- 7.3.3 All students who incur an exposure incident while working in hospitals or clinics should follow the hospital or clinic policies for post-exposure control evaluation. If the hospital or clinic does not have a working plan, the students should be directed to Patient First Medical Centers for post-exposure evaluation. All students should report to Patient First Medical Centers for all follow-up visits. Locations and hours of operation for Patient First Medical Centers closest to Greenspring and Owings Mills are found in Appendix G.
- 7.3.4 The general student population is responsible for their healthcare costs related to post-exposure treatment. Students are responsible for submitting claims to their health insurance carrier (Appendix H).
- 7.3.5 The Wellness Center will follow up with students following completion of post-exposure evaluation and treatment. Any exposed student refusing post-exposure medical evaluation by a designated staff member will be reported to the Assistant VP of the Wellness Center. Exposure Medical Evaluation for Bloodborne Pathogens form found in Appendix E.

7.4 Activities Performed by the Nursing Department Chair or the Program Coordinator for Medical Laboratory Science (or Designees)

7.5.1 The appropriate program contact and school dean, as well as the Senior Laboratory Safety Manager will review the circumstances of all student exposure incidents to determine:

Engineering controls in use at the time.

Work practices followed.

A description of the device used.

PPE used at the time of the exposure incident.

Location of the incident.

appropriate program contacts (Medical Laboratory Science Program Coordinator, Nursing Department Chair, Forensic Science Program Coordinator, and/or Senior Laboratory Safety Manager) for a minimum of 4 years.

Date of Preparation: 2/1995

Date of Revision: 2/2004, 4/2008, 11/2008, 1/2009, 3/2009, 8/

THIS PLAN SHALL BE REVIEWED ANNUALLY

For current copies of the plan or additional information, please contact:

Sarah Brush, M.S.

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Beverly K. Fine School of the Sciences
Stevenson University
sbrush@stevenson.edu*

Appendix A

Informed Consent for Hepatitis B Vaccination Series Employee Form

I give consent to Stevenson University to administer the Hepatitis B vaccine in an effort to provide immunization against hepatitis B. I acknowledge the following:

1. I have been informed that I am at risk of acquiring hepatitis B because of the nature of my occupational duties.
2. I have read and understand the information sheets that list the indications, benefits, and presently known side effects of hepatitis B vaccination. I have had an opportunity to ask questions and have had them answered to my satisfaction.
3. I understand that I must receive a series of 3 doses over a six month time period to achieve optimal immunity.
4. I understand that there is no guarantee of immunity or that I will not experience any side effects as a result of receiving the vaccination. In the event that I experience side effects or do not become immune from the vaccine, I hereby hold Stevenson University blameless from any and all liability to the extent permitted under the law.
5. I do not, at the present time, have any active infection. I am not pregnant, nor am I nursing an infant. I have no known history of hepatitis B.

Employee Signature_____

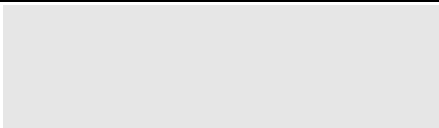
Date_____

Witness Signature_____

Date_____

Appendix C

Appendix D



REPORT OF INJURY

(To be completed by the injured party only)

Current Status: SU Employee _____ Student _____ Visitor _____
of

Present Job Title: _____	Length of Employment: _____
SU I.D.: _____	
Name of Supervisor: _____	Phone: _____
Last	First
Name(s) of Witness(es): _____ Phone: _____	
When did you report the accident to SU? _____	
To whom did you report the injury? _____	
Did you require medical attention? Yes: _____ No: _____ Maybe: _____	
Name of your treating physician: _____ Phone: _____	
Signature of Injured Party: _____ Date: _____	

Appendix E

Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogens Exposure

Exposed Employee/Student Information

Name: _____

Title/SU Major: _____

Exposure Date: _____

Statement of Understanding

I understand my exposure to blood, blood products, or OPIM puts me at risk for the development of infectious diseases such as HIV, HBV, and HCV. I also understand the implications of contracting these diseases.

I have been counseled to receive follow-up medical testing and evaluation at Patient First Medical Centers/Concentra Medical Centers or a similar facility to determine whether or not I have contracted an infectious disease.

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

_____ Date

_____ Witness Name

_____ Signature

Appendix G

Patient First Medical Centers Locations and TrAud TrAud TrAud Patie 51

Appendix H

Payment for Healthcare Services Provided by Patient First Medical Centers

As required by law, the University will incur the cost of healthcare services rendered for post-exposure treatment for all employees. This includes any students that have an employee/employer relationship with the University (work-study, graduate assistants, etc.) and who have an exposure incident while performing duties related to their University employment.

With the exception noted above, **students are responsible for their healthcare costs related to post-exposure treatment.** Patient First Medical Centers will bill insurance carriers directly for any services rendered. The student is responsible for any copayments or costs not covered by his/her health insurance carrier.

Patient First Medical Centers will never turn away a student seeking post-exposure care. No matter what the circumstance, report to Patient First Medical Centers or a similar facility to receive the post-exposure care for a bloodborne pathogens exposure. Your safety and health is of the utmost importance.