Attachment A:

2015-2016
EXPOSURE CONTROL PLAN
for
OCCUPATIONAL EXPOSURE TO
BLOODBORNE PATHOGENS
AND
AIRBORNE PATHOGENS/TUBERCULOSIS

Savannah Technical College

REVIEWED: Walter Webel **DATE:** 5/19/15

EXPOSURE CONTROL COORDINATOR

APPROVED: **DATE:** 10-23-15

PRESIDENT/EXECUTIVE

REVIEWED: **DATE:**

TECHNICAL COLLEGE SYSTEM OF GEORGIA
EXPOSURE CONTROL OFFICER

APPROVED: **DATE:**

TECHNICAL COLLEGE SYSTEM OF GEORGIA
ASSISTANT COMMISSIONER
DATA, PLANNING AND RESEARCH

Revised: 5/19/15

ATTACHMENT B: TCSG Exposure Control Plan Model Taskforce

Exposure Control Plan
for
Occupational Exposure to Bloodborne Pathogens
and
Airborne Pathogens/Tuberculosis

INTRODUCTION

The State Board of the Technical College System of Georgia (SBTCSG), along with its work units and technical colleges, is committed to providing a safe and healthful environment for its employees, students, volunteers, visitors, vendors and contractors. SBTCSG Policy II.D. Emergency Preparedness, Health, Safety and Security compels technical colleges and work units to eliminate or minimize exposure to bloodborne and airborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" as well as Centers for Disease Control (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 2005." In pursuit of this goal, the Exposure Control Plan (ECP) is maintained, reviewed and updated at least annually to ensure compliance and protection for employees and students.

This Exposure Control Plan includes:

- clarification of program administration
- determination of employee and student exposure
- implementation of various methods of exposure control
    - standard precautions
    - engineering and administrative controls
    - personal protective equipment (PPE)
    - housekeeping
    - laundry
    - labeling
- vaccination for hepatitis B
- evaluation and follow-up following exposure to bloodborne/airborne pathogens (tuberculosis)
- evaluation of circumstances surrounding exposure incidents
- communication of hazards and training and
- recordkeeping

I. PROGRAM ADMINISTRATION

A. *Walter Webel* serves as the Exposure Control Coordinator (ECC) and is responsible for the implementation, maintenance, review, and updating of the Exposure Control Plan (ECP). The ECC will be responsible for ensuring that all required medical actions are performed and that appropriate health records are maintained. Further, the ECC will be responsible for training, documentation of training as well as making the written ECP available to employees, students, and any compliance representatives.

Contact Information for Exposure Control Coordinator:
Walter Webel
Savannah Technical College
5717 White Bluff Road
Savannah, Georgia 31405
912- 443-5818 (Office) 912-346-0394 (Cell)
wwebel@savannahtech.edu

Alternate Contact:
Melissa Banks
HR Director
Savannah Technical College
5717 White Bluff Road
Savannah, Georgia 31405
912-443-3388
mbanks@savannahtech.edu

B. Those employees and students who are determined to be at risk for occupational exposure to blood, other potentially infectious materials (OPIM) as well as at risk for exposure to airborne pathogens/tuberculosis must comply with the procedures and work practices outlined in this ECP.

C. *Savannah Technical College* is responsible for the implementation, documentation, review, and training/record keeping of standard precautions with respect to the areas of personal protective equipment (PPE), decontamination, engineering controls (e.g., sharps containers), administrative controls, housekeeping, laundry, and labeling and containers as required as assigned to designees. Further, adequate supplies of the aforementioned equipment will be available in the appropriate sizes/fit.

Contact Information for Responsible Person(s) or Department(s):

Program Director (Practical Nursing) Asha Anumolu
912-443-5822 (Office) aanumolu@savannahtech.edu

Program Director (CNA/Phlebotomy/PCT) Cathy Cribbs
912-443-5815 (Office) ccribbs@savannahtech.edu

Program Director (Early Childhood Care) Cinda Young
912-443-5788 (Office) cyoung@savannahtech.edu

Program Director (Surgical Tech) James Sather
912-443-5819 (Office) jsather@savannahtech.edu

Program Director (Paramedicine) Walter Webel
912-443-5818 (Office) wwebel@savannahtech.edu

Program Director (Medical Assisting) Jackie Muller
912-443-5810 (Office) jmuller@savannahtech.edu

Program Director (Dental Assisting) Stephanie Derfus
912-443-5818 (Office) sderfus@savannahtech.edu

Program Director (Dental Hygiene) Suzanne Edenfield
912-443-5732 (Office) sedenfield@savannahtech.edu

Facilities Director (Custodial/Maintenance) Gary Strickland
912-443-5794 (Office) gstrickland@savannahtech.edu

Program Director (Law Enforcement) Thomas Safrin
912-443-5787 (Office) tsafrin@savannahtech.edu

Program Director (Cosmetology/Barbering) Kim Cutter-Williams
912-443-5780 (Office) kcutter@savannahtech.edu

Director (Public Safety/Chief of Police) Mark Gerbino
912-443-4787 (Office) gerbino@savannahtech.edu

VP Economic Development (Con-Ed) Kevin Werntz
912-443-3015 (Office) kwerntz@savannahtech.edu

II. EXPOSURE DETERMINATION

Employees and/or students are identified as having occupational exposure to bloodborne/airborne pathogens based on the tasks or activities in which they engage. These tasks or activities are placed into categories as defined by the 1987 joint advisory notice by the U.S. Department of Labor and the U.S. Department of Health and Human Services. The relative risk posed by these tasks or activities, as well as the measures taken to reduce or eliminate risk of occupational exposure are also determined by the category.

Category I: A task or activity in which direct contact or exposure to blood, other potentially infectious materials, or airborne pathogens (tuberculosis) is expected and to which standard precautions apply.

Category II: A task or activity performed without exposure to blood or other potentially infectious materials, or airborne pathogens (tuberculosis) and to which universal precautions apply, but exposure to another person's blood or to OPIM might occur as an abnormal event or an emergency or may be required to perform unplanned Category I tasks or activities.

Category III: A task or activity that does not entail normal or abnormal exposure to blood or other potentially infectious materials, or airborne pathogens (tuberculosis) and to which standard precautions do not apply.
Employees or students who engage in tasks or activities which are designated as Category I or II, as well as their occupational area, are considered to be "covered" by the parameters of the ECP, including part-time, temporary, contract and per-diem employees.

The following is a list of job and/or student program classifications which have Category I or II occupational exposure. Included is a list of the tasks or activities or groups of closely related tasks or activities in which occupational exposure may occur for these individuals.

See Appendix A

Job/Program/Title	Occupational/Program Area	Task/Activity
Custodial/Maintenance	Facilities/Operations	Category II
Police/Public Safety/Security	Operations	Category II
Certified Nursing Assistant (CNA)	Health Sciences	Category I
Patient Care Technician (PCT)	Health Sciences	Category I
Health Care Assistant	Health Sciences	Category I
Phlebotomy Technician	Health Sciences	Category I
Early Childhood Care Specialist	Public Services	Category II
Infant/Toddler Childcare Specialist	Public Services	Category II
Family Childcare Specialist	Public Services	Category II
Cosmetology/Barbering	Public Services	Category II
Dental Assistant	Health Sciences	Category I
Dental Hygienist	Health Sciences	Category I
Medical Assistant	Health Sciences	Category I
Law Enforcement	Public Services	Category II
Surgical Technology	Health Sciences	Category I
Central Sterile Supply/Processing Technician	Health Sciences	Category I
Practical Nursing	Health Sciences	Category I
Paramedicine	Health Sciences	Category I
Emergency Medical Technician	Health Sciences	Category I
Advanced Emergency Medical Technician	Health Sciences	Category I
EMS Professions	Health Sciences	Category I
Continuing Education (Specific)	Economic Development	Category II

III. IMPLEMENTATION OF METHODS OF EXPOSURE CONTROL

A. Standard Precautions: All covered employees and students will use standard precautions as indicated by the task or activity.

B. Exposure Control Plan:

1. All covered employees and students will receive an explanation of this ECP during their initial training or academic experience, as well as a review on an annual basis. All covered employees and students can review this ECP at any time while performing these tasks or activities by contacting the *Program Director*. If requested, a hard copy of this ECP will be provided free of charge within 15 business days of request.
2. The ECC will review and update the ECP annually, or more frequently if necessary to reflect any new or modified tasks or activities that affect occupational exposure and to reflect new or revised employee classifications or academic programs with potential for occupational exposure.

IV. Personal Protective Equipment:

Follow standard precautions with regard to personal protective equipment for identified category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

A. Appropriate personal protective equipment (PPE) is provided to covered employees at no cost and available to covered students at the student's expense. Training/record keeping in the use of PPE for specific tasks is provided by The Program Director (See IC)

See Appendix A1

B. All covered employees and students using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
2. Remove PPE after it becomes contaminated and before leaving the work area.
3. Contaminated PPE may be disposed of in *appropriately marked containers (red bags) with the international bio-hazard symbol that is to be sealed immediately or that has a lid provided for multiple deposits.*)
4. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
5. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Utility gloves should be discarded if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
6. Never wash or decontaminate disposable gloves for reuse.
7. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
8. Remove immediately, or as soon as feasible, any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

9. Approved masks (HEPA or N-95) masks must meet the National Institute of Occupational Safety and Health (NIOSH) and must be approved for airborne pathogens.

C. The protocol for handling used PPE is as follows:

1. *All PPE is to be disposable and discarded in the appropriately labeled container (red biohazard bag) if the item is saturated with blood or OPIM).*
2. *Face shields, eye protection and resuscitation equipment is to be disposable and discarded the same way as the above mentioned procedure.*
3. *Wash hands with soap or water and if that is not available, appropriate antiseptic hand cleanser. Hands are to be washed with soap and running water as soon as feasible.*

V. Decontamination:

Follow standard precautions with regard to decontamination for identified category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

A. The individual Program Director is identified as the individual who is responsible for training/record keeping for decontamination.
B. For each category I and II task document the decontamination method required.
See Appendix A2

VI. Engineering and Administrative Controls:

Follow standard precautions with regard to engineering and administrative controls for identified category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

A. Engineering and administrative controls are developed and implemented to reduce or eliminate occupational exposure. Specific engineering and administrative controls for specified tasks or activities (delineated by academic program or college department) are listed below:
See Appendix B

B. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of *Program Director.*

C. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are detailed below:

1. Program Advisory Committee Recommendations
2. Recommendation from faculty/students
3. Review of previous documented incidents

VII. Housekeeping:

Follow standard precautions with regard to housekeeping for identified category I and II tasks. The individuals identified in I C. are responsible for implementing and documenting the following:
See Appendix B

VIII. Laundry:

Follow standard precautions with regard to laundry for identified category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:
See Appendix B

IX. Labeling and Containers:

Follow standard precautions with regard to labeling and containers for identified category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

A. The following labeling methods are used in this facility:

Equipment to be Labeled	Label Type (size, color)
specimens, contaminated laundry, etc.	*red bag, biohazard label*
sharps container	*red sharps container, biohazard label*
any equipment that has contaminants	*appropriate container, biohazard label*

B. *Program Director* is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into or out of the facility. Employees and students are to notify *Program Director* if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X.VACCINATION FOR HEPATITIS B

A. *Human Recourses* (HR) will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. *Program Director* will ensure that the same content training is given to covered students.

B. The hepatitis B vaccination series is available at no cost after initial covered employee training and within 10 days of initial assignment to all covered employees identified in the exposure determination section of this plan. The hepatitis B vaccination series is available to covered students at cost after initial covered student training and within 10 days of initial assignment to all covered students identified in the exposure determination section of this plan.

C. Vaccination may be precluded in the following circumstances: 1) documentation exists that the covered employee or covered student has previously received the series; 2) antibody testing reveals that the employee is immune; 3) medical evaluation shows that vaccination is contraindicated; or (4) following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the covered employee or student within 15 days of the completion of the evaluation. It will be limited to whether the covered employee or student requires the hepatitis B vaccine and whether the vaccine was administered.

D. However, if a covered employee or student declines the vaccination, the covered employee or student must sign a declination form. Covered employees or students who decline may request and obtain the vaccination at a later date at no cost to covered employees or at cost to covered students. Documentation of refusal of the vaccination is kept in the medical records of the individual.

E. Vaccination will be provided at *Memorial Health/Apple Care (during regular business hours) 14089 Abercorn Street Savannah, Georgia 31419.*

XI. POST-EXPOSURE FOLLOW-UP

A. Should an exposure incident occur, contact *Walter Webel 912-443-5818 (office) and Public Safety 912-356-2300 during normal business hours and Walter Webel 912-346-0394 (Cell) and Public Safety 912-356-2300 after normal business hours.*

B. *Faculty/Students should follow the protocol set in place by the clinical site. If one is not in place or the incident occurs on campus the employee/student should report to Memorial Health/ AppleCare during normal business hours. If the incident occurs after normal business hours, then the employee/student should report to Memorial Health University Medical Center (Emergency Room) for care.*

Memorial Health/Apple Care-14089 Abercorn Street Savannah, GA 31419
Memorial Health University Medical Center 4700 Waters Ave. Savannah, GA 31406

C. An immediate available confidential medical evaluation and follow-up will be conducted and documented by a licensed health care professional. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. For blood or OPIM exposure:
   a. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's/student's health care

provider.

b. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.

c. Exposure involving a known HIV positive source should be considered a medical emergency and post-exposure prophylaxis (PEP) should be initiated within **2 hours** of exposure, per CDC recommendations.

d. Assure that the exposed employee/student is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

e. After obtaining consent, collect exposed employee's/student's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

f. If the employee/student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

4. For airborne pathogen (tuberculosis):

a. Immediately after the exposure of covered employee or student, the responsible supervisor, the work unit or technical college Exposure Control Coordinator (ECC) and the authorized contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours of the incident; and recorded in the Exposure Log.

b. The exposed covered employee or student is to be counseled immediately after the incident and referred to *Memorial Health/Apple Care (see section Xe)* to begin follow-up and appropriate therapy. Baseline testing should be performed as soon as possible after the incident. The work unit or technical college is responsible for the cost of a post-exposure follow-up for both covered employees and students.

c. Any covered employee or student with a positive tuberculin skin test upon repeat testing or post-exposure should be clinically evaluated for active tuberculosis. If active tuberculosis is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

XII. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. *Program Director* ensures that health care professional(s) responsible for the covered employee or student hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of the *Savannah Technical College* blood borne pathogens standard.

B. *Program Director* ensures that the health care professional evaluating a covered employee or student after an exposure incident receives the following:

1. a description of the covered employee's or student's tasks or activities relevant to the exposure incident

2. route(s) of exposure

3. circumstances of exposure
4. if possible, results of the source individual's blood test
5. relevant covered employee or student medical records, including vaccination status

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

A. *Program Director* (Notification to the ECC) will review the circumstances of all exposure incidents to determine:
1. engineering controls in use at the time
2. administrative practices followed
3. a description of the device being used (including type and brand)
4. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
5. location of the incident (O.R., E.R., patient room, etc.)
6. procedure being performed when the incident occurred
7. training records of covered employee or student

B. *Program Director* (Notification to the ECC) and (Public Safety) will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

C. If revisions to this ECP are necessary *Program Director* (notification to the ECC) will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding individuals/occupational areas to the exposure determination list, etc.)

XIV. COMMUNICATION OF HAZARDS AND TRAINING

A. All employees and students who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
1. a copy and explanation of the *Savannah Technical College* blood borne pathogen standard
2. an explanation of our ECP and how to obtain a copy
3. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
4. an explanation of the use and limitations of engineering controls, work practices, and PPE
5. an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
6. an explanation of the basis for PPE selection
7. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge to covered employees and at cost to covered students
8. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
9. an explanation of the procedure to follow if an exposure incident occurs, including the

method of reporting the incident and the medical follow-up that will be made available

10. information on the post-exposure evaluation and follow-up that the employer/college is required to provide for the covered employee or covered student following an exposure incident
11. an explanation of the signs and labels and/or color coding required by the standard and used at this facility
12. an opportunity for interactive questions and answers with the person conducting the training session.

B. Training materials are available through interactive learning and the individual Program. If special assistance is needed to access the training the contact person will be the *HR Director Melissa Banks.*

IX. RECORDKEEPING

A. Training Records

1. Training records are completed for each covered employee and student upon completion of training. These documents will be kept for at least three years at Human Resources (Employee) and Specific Program Director (Students)
2. The training records include:
    a. the dates of the training sessions
    b. the contents or a summary of the training sessions
    c. the names and qualifications of persons conducting the training
    d. the names and job titles/department of all persons attending the training sessions
3. Training records are provided upon request to the covered employee or student or the authorized representative of the employee or student within 15 working days. Such requests should be addressed to HR Director *Melissa Banks (Employee) and Specific Program Director (Student)*

B. Medical Records

1. Medical records are maintained for each covered employee or student in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
2. *Human Resources (Employee)/Program Director (Student)* is responsible for maintenance of the required medical records. These confidential records are kept in *Human Resources (Employee)/Specific Program (Student)* for at least the duration of employment or attendance plus 30 years.
3. Covered employee or student medical records are provided upon request of the employee or student or to anyone having written consent of the employee or student within 15 working days. Such requests should be sent to HR Director *Melissa Banks (Employee) and Regina Thomas-Williams, (Registrar).*

C. Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by *Program Director* (Notification to the ECC).

D. Sharps Injury Log

1. In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:
   a. date of the injury
   b. type and brand of the device involved (syringe, suture needle)
   c. department or work area where the incident occurred explanation of how the incident occurred.
2. The Sharps Injury Log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Appendices: * Maintained in Individual Program (Area) See Example

A. **Program/Occupational Tasks I/II**
   Program/Occupational PPE
   Program/Occupational Decontamination
B. **Engineering and Administrative(work practice) Controls**
   Housekeeping and Laundry Controls

Attachments:

A. **Exposure Control Plan Signature Page**

B1. **STC Faculty Hepatitis B Vaccination Series Information and Consent Form**

B2. **STC Faculty Hepatitis B Vaccine Declination Form**

C. **TCSG Tuberculosis/Airborne Pathogens Information**
D. **TCSG Hepatitis B Vaccination Information**
E. **TCSG Hepatitis Training/Vaccination Form and Declination Statement**
F. **TCSG Exposure to Bloodborne/Airborne Pathogens Incident and Follow-Up Form**
G. **TCSG Post-exposure Consent for Testing: Source Individual (Testing for HIV/HBV/and HCV Infectivity)**

Appendix A1

Personal Protective Equipment:

1. Gloves shall be worn for touching human blood, bodily fluids, mucous membranes, or skin with open sores or weeping rashes; for touching items or surfaces soaked with blood or body fluids; for performing venipuncture or other procedures that enter blood vessels.
2. Latex, hypo allergic, or vinyl disposable exam gloves, in suitable sizes, shall be used for all medical and laboratory procedures. Hands shall be washed and gloves changed between patient contacts. Gloves shall not be washed in lieu of changing. Use of soap will compromise their ability to be an effective barrier. Employees with a latex allergy are to notify their supervisor. Appropriate accommodations will be made for those persons.
3. General-purpose utility gloves shall be used for housekeeping chores involving possible blood and other potentially infectious material contact and for instrument and equipment cleanup and decontamination procedures. Gloves extending beyond the wrist are preferable. Gloves must be compatible with cleaning and disinfecting chemicals.
4. Masks, protective goggles, and face shields shall be worn if aerosolization or splattering of blood or other potentially infectious material is likely to occur.
5. Gowns, fluid-proof aprons, laboratory coats, tyvek suits, or other protective clothing shall be worn if blood splattering or spattering of other potentially infectious material is likely.
6. Resuscitation devices, including mouth-pieces, masks, resuscitation bags, or other ventilation devices shall be strategically located and available for use in areas where the need for resuscitation is predictable. All appropriate personnel shall be familiar with their use.
7. Disposable personal protective equipment shall be disposed of properly and not reused. Reusable equipment shall be cleaned and decontaminated properly soon after used.

Appendix A2

Decontamination:

Recommended Disinfectant Solutions

All Environmental-Protection-Agency registered disinfectants are safe.

1. Diluted Bleach Solution

OSHA considers a diluted bleach solution as an appropriate disinfectant. Household bleach is the common name for sodium hypochlorite. A solution of one percent household bleach in warm water effectively disinfects and sanitizes surfaces that are used for the preparation of food and equipment that are involved in food processing. The 21 CFR Part 178 of the US government regulations requires bleach disinfectant solutions to be allowed to drain completely before they come in contact with food. Surfaces in hospitals are commonly cleaned by a diluted bleach solution (four parts water and one part bleach). This makes an effective disinfectant and kills harmful viruses, bacteria and fungi.

2. Hydrogen Peroxide

Hydrogen peroxide (H2O2) is a light blue liquid that has powerful antiseptic, disinfectant and bleaching properties. It is a byproduct of metabolism and naturally produced by living organisms. Hydrogen peroxide is synthetically manufactured by the Riedly-Pfeiderer process. The Food and Drug Administration recognizes hydrogen peroxide solution as a safe antimicrobial agent. EPA recognizes hydrogen peroxide based disinfectants include Steris Corp's steris-hydrogen peroxide sterilant (with an active ingredient of 31 percent hydrogen peroxide) and Advanced Sterilization Product's sterrad hydrogen peroxide (active ingredient is 59 percent hydrogen peroxide).

3. Commercial Disinfecting Agents

Meeting EPA requirement's as "appropriate disinfectants" labeled as effective against HIV HBV and Tuberculosis as needed.
Examples of such products are listed but are not limited to:
CAVICIDE
SANIZIDE-PLUS
METRI-CIDE 28
SUPER SANI CLOTH
ENVIROCIDE
CIDEXPLUS

As is true with all disinfectant products, the effectiveness is governed by strict adherence to the instructions on the label. For example, the EPA- approved label on one of these has a section titled "Special Instructions for Cleaning and Decontamination Against HIV-1 and HBV of Surfaces/Objects soiled with Blood/Body fluids." These instructions require:

1. personal protection devices for the worker performing the task
2. that all blood must be cleaned thoroughly before applying the disinfectant
3. that the disposal of the infectious waste be in accordance with federal, state, or local regulations
4. the surface is left wet with the disinfectant for 30 seconds for HIV-1 and 10 minutes for HBV

Appendix B:

Engineering and Administrative (Work Practice) Controls

Engineering controls, with work practice and personal protective equipment controls function together to minimize exposure incidents.

Engineering Controls:

1. Hand washing facilities must be readily accessible to staff and students wherever occupational exposure may occur or approved alternative hand- washing methods i.e., antiseptic cleaner or towelettes , clean paper or cloth towels followed by soap and water washing as soon as possible must be made available.
2. Containers for used sharps must be puncture resistant, leak-proof, properly labeled or color-coded, and located as close as possible to the places where sharps are used.
3. Specimen containers must be leak- proof, properly labeled or color coded.
4. Appropriated containers for other regulated waste must be accessible.
5. Mechanical pipettes should be plastic and not glass. Pipetting by mouth is prohibited.
6. It is *recommended* that all departments shall have a first aid kit easily accessible. All departmental first aid kits shall contain a disinfectant.
7. Self- sheathing devices, such as sharps with engineered sharps injury protections and needless system devices should be utilized whenever possible.

Administrative (Work Practice) Controls;

1. Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in work areas or on work surfaces that carry an inherent potential for contamination. Food and drink must not be stored in refrigerator, freezers, or cabinets where blood or other potentially infectious materials are stored. Such storage equipment must be clearly labeled to prevent this possibility.
2. Hands or other skin surfaces contaminated with blood or other potentially infectious material shall be washed immediately and thoroughly with soap and water. Mucous membranes, if contaminated, must be washed thoroughly with water. Hands must be washed immediately after gloves are removed, even if the gloves appear to be intact.
3. Precautions shall be taken to prevent injuries caused by contaminated sharps such as razor blades, broken glass, needles, scalpels, or other sharp instruments. Used needles shall not be broken, bent, recapped, or removed from disposable syringes or otherwise manipulated by hand. After use, disposable syringes, needles, scalpel blades, and other sharp items shall be placed in a puncture resistant container appropriately labeled. Puncture resistant containers shall be located as close as practical to the use area. These containers should not be located in areas open to the public.

4. All persons who have open wounds or weeping skin rashes shall refrain from all direct patent/client care, potentially hazardous laboratory procedures, and from handling patient-care equipment until the condition resolves. Cuts or abrasions shall be protected with a dressing and gloves prior to performing any procedure involving contact with blood and other potentially infectious materials.
5. Pregnant persons shall be especially familiar with and strictly adhere to Universal Precautions. Infection in the other places the fetus at risk of acquiring the infection.
6. Blood spills shall be cleaned up promptly with an approved disinfectant. Germicides vary in their activity against infectious agents and in the time needed for disinfection. Manufacturer guidelines shall be followed.
7. Large work areas contaminated by blood or bodily fluids must be thoroughly cleaned before application with approved disinfectant.
8. Medical equipment that requires sterilization or disinfection shall be thoroughly cleaned before disinfecting and care must be taken to follow manufacturer's guidelines for compatibility with the disinfectant. This will also apply to non-medical equipment.

Housekeeping and Laundry Controls

Housekeeping Controls;

1. Work areas will be maintained in a clean and sanitary condition. An appropriated written schedule for cleaning and method of cleaning and decontamination will be available.
2. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
3. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.
4. The protocol for handling sharps disposal containers is: Section *VIID/unless a commercial business is used for disposal and replacement of material.*
5. The protocol for handling other regulated waste is: Section *VIIA/unless a commercial business is used for disposal and replacement of material.*
6. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at *designated areas within specific program areas* (must be easily accessible and as close as feasible to the immediate area where sharps are used).
7. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
8. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.
9. All equipment, environmental and working surfaces will be cleaned and

decontaminated after contact with blood or OPIM

10. Contaminated work areas or equipment shall be decontaminated with an appropriate disinfectant after completion of tasks or when feasible.
11. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work time or training if they may have become contaminated .

Laundry Controls:

A. The following contaminated articles (program specific) will be laundered *after each use* and by *Faculty/Staff at the completion of the task it was utilized for or when the earliest opportunity presents itself. All washable laundry should be cleaned no later than 24 hours from time of soiling. The laundering will be site specific unless commercial laundering is utilized.*

B. The following laundering requirements must be met (document procedures):

1. Handle contaminated laundry as little as possible, with minimal agitation.
2. Contaminated laundry shall be placed and transported in appropriate bags or containers labeled or color-coded.
3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.
4. Wear the following PPE when handling and/or sorting contaminated laundry: protective gloves and other PPE as required.

Attachment A:

2015-2016
EXPOSURE CONTROL PLAN
for
OCCUPATIONAL EXPOSURE TO
BLOODBORNE PATHOGENS
AND
AIRBORNE PATHOGENS/TUBERCULOSIS

Savannah Technical College

REVIEWED: Walter Webel **DATE:** 5/19/15

EXPOSURE CONTROL COORDINATOR

APPROVED: **DATE:** 10-23-15

PRESIDENT/EXECUTIVE

REVIEWED: **DATE:**

TECHNICAL COLLEGE SYSTEM OF GEORGIA
EXPOSURE CONTROL OFFICER

APPROVED: **DATE:**

TECHNICAL COLLEGE SYSTEM OF GEORGIA
ASSISTANT COMMISSIONER
DATA, PLANNING AND RESEARCH

Revised: 5/19/15

SAVANNAH TECHNICAL COLLEGE

Attachment B1:

Savannah Technical College
Faculty Hepatitis B Vaccination Series
Information and Consent

HEPATITIS is a viral disease that causes systemic infection with primary liver involvement. There is no specific treatment for this disease. The outcome of Hepatitis B is variable but it can be lethal and 5-10% of infected persons will be carriers.

Vaccination is strongly recommended for health care workers, health science and nursing faculty and students, as well as others whose jobs or training programs involve an inherent potential for skin or mucous membrane contact with blood, body fluids, body fluids, body tissues, or a potential for spills or splashes of these items.

PURPOSE:

The purpose of the vaccination series is to provide prophylactic HBV protection to those faculty members and students in program areas which have the potential of exposure to blood or other potentially infectious body materials (OPIM).

Hepatitis B vaccination may be required by clinical facilities/worksites for both faculty members and students prior to any patient/client contact.

PREPARATION:

The vaccine is safe, immunogenic and effective in preventing Hepatitis B.

VACCINE:

The vaccine is produced in yeast cells, purified by a series of physical and chemical methods and is free of any human blood products.

DOSAGE AND ADMINISTRATION:

1. Given IM only into the deltoid muscle
2. Three doses of 1 ml. each
    a. 1st dose
    b. 2nd dose one month later
    c. 3rd dose six months after first dose
3. The duration of the protective effect is unknown at the present time.

ADVERSE REACTIONS:

1. As with any vaccine, an anaphylactic reaction may occur. (<1.0%)
2. Redness, swelling, warmth, and soreness at the injection site.
3. Low grade fever (</=101 F) is usually confined to the 48 hour period following the injection.
4. Malaise, headache, nausea, dizziness and aching, usually limited to the first few days following the injection.
5. Urticarial (rash) rare.
6. In a small number of persons, neurologic reactions, including the Guillain-Barre syndrome have occurred in the period following hepatitis B vaccination. The rate of occurrence of Guillain-Barre syndrome is not thought to be significantly increased above that observed in normal adults. These reactions are not thought to be related directly to the hepatitis B vaccine.

CONTRAINDICATIONS:

If any of the following are present, the vaccine should not be taken:

1. Hypersensitivity to yeast.
2. Hypersensitivity to any component of the vaccine.

PRECAUTIONS:

If any of the following are present, the faculty member should consult their private physician before starting the vaccination series:

1. Serious, active infection or illness.
2. Severely compromised cardiopulmonary function.
3. Pregnancy or lactation.

WARNING!:

Faculty members who are immunocompromised or receiving immunosuppressive therapy should consult their private physician for guidance and dosages prior to starting the vaccination series.

CONSENT:

_____ I, by my signature below, consent to Hepatitis B vaccination. I have read the information contained in this document and have had the opportunity to ask questions which were answered to my satisfaction.

_____ I have completed a Blood and Airborne Pathogens training module as required prior to consenting to receive the hepatitis B vaccine (Informed Consent).

_____ I understand that completion of the hepatitis B vaccination series is necessary to insure the greatest degree of protection. I understand the importance of completing the three-dose series as scheduled (defined as seven calendar days before or after the due date of the injection series) unless medically contraindicated.

_____ I understand that as with any medical treatment, there is no guarantee that I will become immune, that the hepatitis B vaccine will prevent me from developing hepatitis B or that I will not experience an adverse side effect or side effects from the vaccine.

(OR)

_____ I have already received the hepatitis B vaccine, and understand that I must provide Savannah Technical College with a copy of my immunization records to document the vaccine was administered.

_____

Faculty Member Signature Date

_____

Witness Signature Date

LOT # Date Site Admin. By: Manufacturer

1st Dose: _____

2nd Dose: _____

3rd Dose: _____

Booster, if necessary: _____

SAVANNAH TECHNICAL COLLEGE

Attachment B2:

Savannah Technical College
Faculty Hepatitis B Vaccine Declination Statement

Faculty Member Name: _____

Employee ID Number: _____

Program: _____

I understand that due to my occupational training exposure to blood or other potentially infectious body materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at cost. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring hepatitis B., a serious disease. If in the future I continue to have occupational training exposure to blood or other potentially infectious body materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at cost.

_____

Signature of Faculty Member Date

_____

Signature – Dean of Allied Health Date

Attachment C:

Tuberculosis/Airborne Pathogens Information

A. Introduction

This information regarding tuberculosis (TB) for covered employees or students based upon the CDC "Guidelines for Preventing the Transmission of Tuberculosis in Health Care Settings..." 2005. Topics include, testing and surveillance, post-exposure protocol, the requirements for HEPA or other NIOSH approved N-95 respirators and training regarding tuberculosis.

B. Tuberculosis Testing and Surveillance

1. Each covered employee or student should have a tuberculin skin test (TST) at the time of employment or prior to assignment to clinical or worksite area respectively; unless a previously positive reaction can be documented or after completion of appropriate preventative therapy or adequate therapy can be documented.

2. Periodic screening of TST-negative covered employees and students should be considered to identify persons whose skin tests convert to a positive status. The frequency of screening is risk-dependent, based on the assessed risk of both the setting and the covered employee/student. The risk assessment for the setting will aid in determining which covered employees or students should be screened and the frequency of that screening. For example, if the setting is assessed to be of medium risk, after baseline testing, covered employees and students should receive TB screening annually.

3. Initial and follow-up TST should be administered and interpreted according to current CDC guidelines.

4. Tuberculin skin tests (initial and periodic) shall be offered to covered employees at no cost to the employee. Students are responsible for the cost of their TST (initial and periodic).

5. Any covered employee or student with a confirmed diagnosis of active TB is not to have contact with patients or clients until such time as he or she is cleared by a physician.

C. Post-Exposure Tuberculosis Follow-up Protocol

1. Immediately after the exposure of covered employee or student, the responsible supervisor, the technical college or work unit Exposure Control Coordinator (ECC) and the authorized contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours of the incident; and recorded in the Exposure Log.

2. The exposed covered employee or student is to be counseled immediately after the incident and referred to his or her family physician or health department to begin follow-up and appropriate therapy. Baseline testing should be performed as soon as possible after the incident. The technical college or work unit is responsible for the cost of a post-exposure follow-up for both covered employees and students.

3. Any covered employee or student with a positive TST upon repeat testing, or post-exposure should be clinically evaluated for active tuberculosis. If active TB is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

D. Respiratory Protective Devices

Respiratory protective devices used in health-care settings for protection against *M. tuberculosis* should meet the following criteria:

a. certified by CDC/National Institute for Occupational Safety and Health (NIOSH) as a non-powered particulate filter respirator (N-, R-, and P-series 95%, 99%, and 100% filtration efficiency), including disposable respirators, or PAPRs with high efficiency filters;
b. ability to adequately fit respirator wearers (e.g., a fit factor of $\geq$100 for disposable and half face piece respirators) who are included in a respiratory-protection program; and
c. ability to fit the different facial sizes and characteristics of wearer. (This criterion can usually be met by making respirators available in different sizes and models.)

The fit of filtering face piece respirators varies because of different facial types and respirator characteristics. Assistance with selection of respirators should be obtained through consultation with respirator fit-testing experts, CDC, occupational health and infection-control professional organizations, peer-reviewed research, respirator manufacturers, and advanced respirator training courses.

A fit test is used to determine which respirator fits the user adequately and to ensure that the user knows when the respirator fits properly. After a risk assessment is conducted to validate the need for respiratory protection, perform fit testing during the initial respiratory-protection program training and periodically thereafter in accordance with federal, state, and local regulations.

Fit testing provides a means to determine which respirator model and size fits the wearer best and to confirm that the wearer can don the respirator properly to achieve a good fit. Periodic fit testing of respirators on wearers can serve as an effective training tool in conjunction with the content included in employee training and retraining. The frequency of periodic fit testing should be determined by the occurrence of risk for transmission of *M. tuberculosis*, a change in facial features of the wearer, medical condition that would affect respiratory function, physical characteristics of respirator, or a change in the model or size of the assigned respirator.

In situations that require respiratory protection, the minimum respiratory protection device is a filtering face piece (non-powered, air-purifying, and half-face piece) respirator (e.g., an N95 disposable respirator). This CDC/NIOSH-certified respirator meets the minimum filtration

performance for respiratory protection in areas in which patients with suspected or confirmed TB disease might be encountered. For situations in which the risk for exposure to *M. tuberculosis* is especially high because of cough-inducing and aerosol-generating procedures, more protective respirators might be needed.

A covered employee or student with a respiratory disease or other disorder which would cause respiratory impairment/decreased pulmonary function may be required to provide written physician documentation to show capability of using an alternate approved respiratory protection device.

A covered employee or student with a documented respiratory impairment that would prevent the use of a respiratory protection device should not be assigned to a patient/client diagnosed with or presumed to have active TB. An alternative assignment is to be made.

The technical college or work unit shall provide approved respirator protection devices for classroom demonstration and practical activities. The clinical or work site may provide approved devices for covered employees and students for off-campus experiences. At off-campus sites, if the approved devices are not provided for patient/client contact, it is the responsibility of the technical college or work unit to provide it at no cost to employees and to students at the students' expense.

E. Tuberculosis Training for Covered Employees and Students

1. Each covered employee and student shall receive training regarding tuberculosis as well as annual refresher training thereafter. The technical college or work unit ECC shall be responsible for monitoring and evaluating the effectiveness of this education and training process. The level and detail of baseline training will vary according to the responsibilities of the HCW and the risk classification of the setting.

2. Training shall be documented, recorded and records retained as specified in the technical college or work unit Exposure Control Plan.

3. The following content shall be included in training: overview of TB epidemiology in the US; transmission and pathogenesis of TB; testing for Tuberculosis infection and disease; diagnosis of TB; treatment of latent TB infection; treatment of TB disease; TB infection control; community TB control; confidentiality secondary to assessment and treatment of employee or student who develops TB disease; review of written policies and procedures; and review of the technical college or work unit policy on voluntary duty reassignment options for immunocompromised employees and students.

Attachment D:

Hepatitis B Vaccination Information

Covered employees and students shall provide written verification by a health care provider of hepatitis B vaccination.

The technical college or work unit shall offer the hepatitis B vaccination series to covered employees and students prior to being assigned to covered occupational areas. The vaccination shall be offered at no cost to employees in covered occupational areas; while covered students shall be responsible for the cost of their vaccinations.

Covered employees and students shall be provided with training prior to beginning their duties or tasks which includes information on the hepatitis B vaccination, its efficacy, safety, method of administration and the benefits of being vaccinated.

Covered employees and students have the right to decline hepatitis B vaccination. If they elect to decline the hepatitis B vaccination, they must complete a hepatitis B Vaccination Acceptance/Declination Statement (see Attachment E: TCSG Hepatitis B Training and Vaccination Form: Acceptance/Declination Statement Exemplar) which includes, at minimum, the following information:

"I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccination, at no charge to myself (for covered employees) or at cost (for covered students.) However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me (for covered employees) and at cost to me (for covered students)."

Attachment E:

TCSG Hepatitis B Training and Vaccination Form; Acceptance/Declination Statement Exemplar

Hepatitis B Training and Vaccination Form

Acceptance/Declination Statement

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus. In 2009, 3,374 cases of acute hepatitis B (HBV) in the United States were reported to CDC; the overall incidence of reported acute hepatitis B was 1.5 per 100,000 population, the lowest ever recorded. However, because many HBV infections are either asymptomatic or never reported, the actual number of new infections is estimated to be approximately tenfold higher. In 2009, an estimated 38,000 persons in the United States were newly infected with HBV. Rates are highest among adults, particularly males aged 25–44 years. Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis. Vaccination gives long-term protection from hepatitis B infection, possibly lifelong. Adults getting hepatitis B vaccine should get 3 doses — with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

The hepatitis B vaccine is very safe. Most people do not have any problems with it. The vaccine contains non-infectious material, and cannot cause hepatitis B infection. Some mild problems have been reported: soreness where the shot was given (up to about 1 person in 4); temperature of 99.9°F or higher (up to about 1 person in 15). Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses. A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

(Centers for Disease Control (CDC). Available at http://www.cdc.gov)

Attachment F: Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis) Exemplar

Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis)

INCIDENT REPORT

Date of report: _____

Name of person exposed: _____

Employee Number or Student Number: _____

If Student: Program/Course: _____

If Employee: Job Title: _____

Location of incident: _____

Date and time of incident: _____

Describe circumstances of exposure incident or attach report:

_____

_____

_____

_____

_____

_____

FOLLOW-UP

- ☐ Person involved in incident referred to appropriate health care professional for follow-up.
- ☐ Documentation of medical release is on file at work unit or technical college and clinical or work site (if appropriate). Alternate employment duties/academic activities assignment may be considered based on the opinion of the employee's/student's appropriate healthcare provider.
- ☐ Name, address and phone number of medical professional providing follow-up care:

_____

_____

☐ Identify Individuals to whom copies were sent within 24 hours:

Exposed Person's Supervisor/Academic Coordinator:

_____

Work Unit or Technical College Exposure Control Coordinator:

_____

Clinical or Work Site Contact Person:

_____

Name/Title of person preparing Exposure Incident Report and Follow-up Form:

_____ _____

(Printed) (Signature)

Attachment G: Post-exposure Consent for Testing: Source Individual (Testing for HIV, HBV, and HCV Infectivity) Exemplar

Post-exposure Consent for Testing: Source Individual*
Testing for HIV, HBV, and HCV Infectivity

This form should be reviewed and signed by the source individual (the person whose blood or body fluids provided the source of this exposure). This form should be submitted to the health care provider responsible for the post-exposure evaluation as well as attached to the Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis) for the exposed individual.

Exposed Individual Identification
Name (Please Print):_____
Department or Program:_____
Telephone Number:_____
Exposure Date:_____

Source Individual's Statement of Understanding
I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that an employee or student has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

Consent or Refusal & Signature
I hereby consent to:
HIV Testing ___
HBV Testing ___
HCV Testing ___
I hereby *refuse* consent to:
HIV Testing ___
HBV Testing ___
HCV Testing ___

Source Individual Identification
Source individual's printed name:_____
Source individual's signature:_____
Date signed:_____
Relationship (if signed by other than the source individual):_____