

Spearfish Emergency Ambulance Service, Inc.

Exposure Control Plan

APPENDIX - A

Table of Contents

Section I:	Purpose of the Plan & General Program Management <ul style="list-style-type: none">A. Responsible PersonsB. Availability of VolunteersC. Review and Update
Section II:	Exposure Determination <ul style="list-style-type: none">A. Category I TasksB. Category II TasksC. Category III Tasks
Section III:	Methods of Compliance <ul style="list-style-type: none">A. GeneralB. Engineering ControlsC. Work Practice ControlsD. Personal Protective EquipmentE. Housekeeping
Section IV:	Hepatitis B Vaccination, Post-Exposure Evaluation <ul style="list-style-type: none">A. Hepatitis B VaccinationsB. Post-Exposure Evaluation and Follow-upC. Information provided to the Healthcare WorkerD. Healthcare Worker's Written OpinionE. Medical Record keeping
Section V:	Labels and Signs
Section VI:	Training Records
Section VII:	Preventing Transmission of TB
Appendices	Application for Hepatitis B Vaccinations & Declination Form Exposure Incident Investigation Form Post-Exposure Evaluation & Follow-up Checklist

Exposure Control Plan – Section I

Purpose of the Plan

One of the major goals of the **Occupational Safety and Health Administration (OSHA)** is to regulate facilities where work is carried out, to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees / volunteers. Relative to this goal, OSHA has enacted the **Bloodborne Pathogens Standard**, codified as **29 CFR 1910.1030**. The purpose of the Bloodborne Pathogens Standard is to “reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens” those employees / volunteers may encounter in their workplace.

Spearfish Emergency Ambulance Service, Inc. believes that there are a number of “good general principles” that should be followed when working with bloodborne pathogens.

These include:

- That It is prudent to minimize all exposure to ALL bloodborne pathogens
- Risk of exposure to bloodborne pathogens should never be underestimated
- Our organization shall institute as many safe work practices and engineering controls as possible to eliminate or minimize employee/volunteer exposures to bloodborne pathogens.
- We have implemented this Exposure Control Plan (**ECP**) to meet or exceed OSHA Bloodborne Pathogens Standards.

The objective of this plan is twofold:

- To protect our volunteers from health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling should a volunteer be exposed to bloodborne pathogens.

General Program Management

A. Responsible Persons:

There are three major “Categories of Responsibility” that are central to the effective implementation of the Exposure Control Plan for Spearfish Emergency Ambulance Service, Inc.

These are:

- The Director of Spearfish Emergency Ambulance Service, Inc.
- The Infection Control Officer
- The employees / volunteers

The following sections define the roles played by each of these individuals in following the Exposure Control Policy.

Executive Director:

The Executive Director shall have ultimate responsibility for maintaining compliance with the Bloodborne Pathogens Standard and the Exposure Control Plan. The Executive Director shall work with the Infection Control Officer and the volunteers to ensure that proper exposure control procedures are followed.

Infection Control Officer:

The Infection Control Officer shall be responsible to the Executive Director for overall management and support of the organization's Bloodborne Pathogens Compliance Program. Activities which are delegated to the Infection Control Officer include, but are not limited to;

- Overall responsibility for implementing the Exposure Control Plan for the organization.
- Working with the Executive Director to develop and administer any additional bloodborne pathogens related policies and practices needed to support a safe working environment for all employees/volunteers.
- Looking for ways to improve the Exposure Control Plan as well as to revise and update the plan when necessary.
- Collecting and maintaining a suitable reference library on the Bloodborne Pathogens Standard and health information in regards to exposure control.
- Knowing current legal requirements concerning infection control and advising the Executive Director of any changes or discrepancies in current policies and/or procedures.
- Maintaining current training and shot record for all employees/volunteers in accordance to the Exposure Control Plan.

Employees / Volunteers:

The employees/volunteers of the organization have the most important role in the Exposure Control Plan. The ultimate execution of much of the infection control procedures rests in their hands. In this role they must do the following:

- Know what tasks they perform that have occupational exposures,
- Attend the infection control training on an annual basis,
- Plan and conduct all operations in accordance with the exposure control plan and safe working practice,
- Develop good personal hygiene habits.

B. Availability of the Exposure Control Plan to Employees / Volunteers

The organizations exposure control plan is made available to the employees/volunteers at any time. Copies of the exposure control plan are kept in the following locations;

- Each employee/volunteer is given their own personal copy,
- Master copies are kept in the Director office on computer and on paper ,
- One copy is in each of the ambulances.

C. Review and Update of the Plan

The Exposure Control Plan shall be reviewed and updated on an annual basis by the Infection Control Officer and Executive Director. When changes are made to the Exposure Control Plan all members shall be trained on the changes and addenda shall be posted to the Exposure Control Plan.

Exposure Control Plan – Section II

Exposure Determination

One of the keys to implementing a successful Exposure Control Plan is to identify situations those employees / volunteers may encounter within the environment that they work. We deal with the following three different job classifications;

- Job classifications in which **ALL** employees/volunteers have occupational exposure to bloodborne pathogens. These are Category I Tasks.
- Job classifications in which **auxiliary personnel** (Law Enforcement, Fire Department, etc.) have potential occupational exposure to bloodborne pathogens while assisting ambulance personnel. These are Category II Tasks.
- Job classifications in which **NO** volunteers have occupational exposure to bloodborne pathogens while assisting ambulance personnel. These are Category III Tasks.

Category I Tasks:

Category I tasks are those involving any exposure to blood, body fluids, or tissues. All procedures and other job related tasks that involve an inherent exposure to mucous membranes or tissues, or a potential for spills or splashes of them.

Category I tasks are generally performed by EMT's, Paramedics, EVOC Drivers, or any other medical personnel assigned temporary ambulance duties.

Category I Tasks Description:

- Primary and secondary physical assessment of patients,
- Patient handling
- Application of equipment (splints, C-collars, backboards, etc.)
- Patients use of emesis basin, urinal, bedpan
- Moving patient to and from ambulance gurney
- Assisting with extrication.
- Application of dressings and/or bandages
- Artificial ventilation's (mouth to mask, bag-valve-mask devices, intubation, etc.)
- Suctioning blood and other potentially infectious materials from the patient's airway
- Insertion and/or removal of oropharyngeal or nasopharyngeal airways
- Any invasive procedure (IV insertion/removal, drug administration, needle thoracotomy, surgical airway, etc.)
- Advanced treatment procedures performed by other medical personnel assigned ambulance duty.
- Cleaning of all equipment in contact with blood or body fluids
- Proper handling of laundry with blood or body fluid exposure
- Any other treatment or procedure that risks crew contact with bloodborne pathogens

Category II Tasks:

Category II tasks are those that do not involve exposure to blood, body fluids or tissues, but unplanned Category I tasks may occur. Category II tasks are performed by public safety personnel who have a potential exposure risk while assisting ambulance personnel at emergency scenes.

Personal protective equipment for auxiliary personnel shall be supplied by their respective agencies. Such equipment will also be available through Spearfish Emergency Ambulance Service, Inc. as an added precaution.

Category II Tasks Description:

- Patient handling
- Application of equipment (splints, C-collars, backboards, etc.)
- Patients use of emesis basin, urinal, bedpan
- Moving patient to and from ambulance gurney
- Assisting with extrication.
- Assisting medical personnel with the application of dressings and/or bandages
- Artificial ventilation's (mouth-to-mask, bag-valve-mask devices, etc.)

Category III Tasks:

Category III tasks are those that involve NO exposure to blood, body fluids or tissues and Category I tasks are not a condition of assignment to the task. Tasks that involve handling of implements or utensils involved in patient care or extrication are Category III Tasks.

Category III Tasks Description:

- Inventory and restocking of supplies in the ambulances and garage
- Restocking clean linen supplies
- Routine cleaning of ambulance equipment
- Routine cleaning of ambulance garage
- Routine maintenance of ambulances

Exposure Control Plan – Section III

Methods of Compliance

There are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens. There are five areas to be discussed; Universal Precautions, Engineering Controls, Work Practice Controls, Personal Protective Equipment, Housekeeping Procedures

1. Universal Precautions

The use of Universal Precautions within our organization is a must. We must treat ALL human blood and body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens. In circumstances where it is difficult or impossible to differentiate between body fluid types, we must assume ALL body fluids to be potentially infectious.

2. Engineering Controls

The following are engineering controls used to eliminate or minimize the risks of bloodborne pathogen transmission; Hand washing facilities are available at all hospitals and in the main ambulance garage. Antiseptic hand cleaners and antiseptic towelettes are available in the ambulances for use when exposure occurs and handwashing facilities are not readily available.

Contaminated needles and other sharps shall not be bent, recapped or removed except through the use of a mechanical device or a one-handed technique.

Contaminated sharps are to be placed immediately in puncture resistant, labeled, leakproof containers.

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

All procedures involving blood or other infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering or these substances.

3. Work Practice Controls

In addition to engineering controls, this organization uses a number of Work Practice Controls to help eliminate or minimize employee/volunteer exposure to bloodborne pathogens. The following Work Practice Controls is a major part of the organizations Bloodborne Pathogens Compliance Program;

Personnel diagnosed with a communicable disease will not take ambulance call and/or have contact with any patient until the Director has received a release, signed by the attending physician.

Personnel who have exudative lesions or weeping dermatitis will refrain from direct patient contact and from handling patient care equipment until the condition resolves.

Personnel will ensure good hand and lower arm washing techniques are adhered to. Washing in the ambulance will be accomplished by using antiseptic hand cleaners and/or towelettes. Washing in other facilities will be done with soap and water.

Personnel will wash their hands;

- when coming on duty
- before and after all patient contacts
- before and after handling patient care devices (catheters, urinary catheters, respiratory equip)
- before entering rooms in high-risk areas (newborn nurseries, ICU's, patient isolation rooms)
- after removal of potentially contaminated gloves or other protective equipment
- after contact with patient secretions or any articles contaminated with the above
- after blowing or wiping the nose, sneezing, or coughing into the hands
- before and after eating, drinking, or smoking
- after personal use of the toilet
- after completion of duty.

Wearing artificial or long fingernails and/or nail polish is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

Food and/or drink is not to be kept on countertops or other storage areas where blood or other potentially infectious materials are present or have been present (prior to disinfecting).

Mouth pipetting/suctioning of blood or other infectious materials is prohibited.

Sharps containers must be placed as close to the source as possible (i.e. IV sticks must not be attempted unless a sharps container is within arms reach without obstacles)

Specimens of blood or other potentially infectious materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.

Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary

If decontamination is not feasible the item must be labeled as biohazardous identifying the contaminated portions prior to handling, servicing, or shipping.

4. Personal Protective Equipment

Personal Protective Equipment is the individual's "last line of defense" against bloodborne pathogens. This organization provides (at NO cost to the employees/volunteers) the personal protective equipment they need to protect themselves against such exposures. This equipment includes, but is not limited to;

Gloves, Safety glasses, goggles, face shields / masks, TB Masks, Gowns and disposable shoe coverings

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect the employees/volunteers from potential exposure, we adhere to the following practices;

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered, and decontaminated as needed.
- Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of by sealing it in a red biohazard bag and placing it in the appropriate biohazard bin at Spearfish Ambulance and/or other receiving facility.

To make sure that this equipment is used effectively, the employees/volunteers adhere to the following practices when using their personal protective equipment;

- Gloves are worn; during all patient contacts, when the rescuers hands have open wounds or dermatitis, when handling contaminated items or surfaces, when decontaminating equipment and/or the vehicle
- Disposable gloves are replaced; when torn, punctured or otherwise lose their ability to function as an "exposure barrier", between patient contacts when the rescuer will have contact with more than one patient at a time.
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
- Masks and eye protection are indicated whenever the possibility for blood or other body fluids has a chance of contacting the rescuers mucous membranes (eyes, nose, or mouth), or when respiratory pathogens are present.
- Gowns or aprons should be worn whenever potential large amounts of blood or body fluids may saturate the clothing of the rescuer.
- Disposable shoe coverings should be worn whenever there is a risk of contamination to the rescuers shoes.
- All personal protective equipment must be changed between patients.
- Any garments penetrated by blood or other potentially infectious materials must be removed immediately, or as soon as feasible.
- All potentially contaminated personal protective equipment must be removed prior to leaving a work area or accident scene, if possible.

5. Housekeeping

Maintaining the equipment and facilities in a clean and sanitary condition is an important part of our bloodborne Pathogens Compliance Program. Appropriate record keeping of all cleaning after every run is done by filling out the cleaning section on the billing sheet attached to every Ambulance Trip Report. Proper record keeping of all cleaning is to be done in accordance with OSHA regulations. The cleaning solutions used are rated to be effective against HBV, HIV, and TB as well as any other potentially infectious materials.

ALL equipment and surfaces are cleaned and decontaminated after contact with blood and other potentially infectious materials;

- After completion of medical procedures.
- Immediately (or as soon as feasible) when surfaces are overtly contaminated.
- After any spill of blood or infectious materials.
- At the end of each trip.

The ambulance/equipment may be thoroughly cleaned/disinfected prior to leaving the receiving medical facility.

Protective coverings (such as linens, plastic trash bags or wrap, aluminum foil or absorbent paper) are removed and replaced.

This is done as soon as feasible and at the end of the trip when contaminated.

All trash containers, pails, bins, and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible after exposure.

Potentially contaminated broken glassware is picked up using mechanical means (dustpan & broom, tongs, forceps)

Contaminated reusable sharps are stored in containers that do not require "hand processing."

Sharps containers shall be sealed and appropriately disposed of before they are full and overflowing.

Guidelines for handling regulated waste:

All waste is discarded or "red bagged" in containers that are:

- Closeable
- Puncture-resistant if discarded materials have the potential to penetrate the container.
- Leak-proof if the potential for fluid spill or leakage exists.
- Red in color or labeled with the appropriate biohazard warning labels.

Containers for regulated waste must be placed in appropriate locations in the ambulances, and in the garage of Spearfish Ambulance, within easy access (close to the sources of the waste).

Contaminated laundry is handled as little as possible and is immediately placed in a red bag and processed through Spearfish Regional Hospital. Do not carry open contaminated laundry through the halls, or from room to room, due to possible contamination of other areas.

Contaminated cleaning fluids (mop water with disinfectant added) will be disposed of in a location designated by Spearfish Regional Hospital (when cleaning occurs at the hospital.)

Contaminated mop heads will be changed after each use. Contaminated mop heads and cleaning cloths will be disposed of by sealing them in a red bag or other appropriately labeled container and disposed of at Spearfish Ambulance Service facility(ies).

Medical waste will return to the ambulance garage after a call for proper disposal. All contaminated linen should be sealed in a red bag or delivered to Spearfish Regional Hospital for proper decontamination.

Spearfish Ambulance Service is responsible for the collection and disposal of our own contaminated waste.

Exposure Control Plan – Section IV

Hepatitis B Vaccination, Post-Exposure Evaluation

Spearfish Emergency Ambulance Service, Inc. recognizes that even with good adherence to all of the exposure prevention practices, exposure incidents can occur. As a result, we have implemented a Hepatitis B Vaccination Program, as well as established procedures for post-exposure evaluations and follow-up should an exposure to bloodborne pathogens occur.

A. Vaccination Program

To protect the employees/volunteers from Hepatitis B infection this organization has implemented a vaccination program at **NO** cost to the employees/volunteers. If the employee/volunteer fails to complete the series, the second series shall be done at the individuals personal expense. The program consists of a series of three (3) inoculations over a six (6) month period. As a part of this program and bloodborne pathogens training, the employees/volunteers shall receive information regarding the Hepatitis Vaccinations, including its safety and effectiveness.

Vaccinations are performed under the supervision of the organizations Medical Director. Documentation of the completed series is kept in the individuals infection control file. Employees/volunteers who have declined to take part in the program must sign a *Vaccination Declination Form*.

To ensure that all employees/volunteers are aware of the vaccination program it is thoroughly discussed in our bloodborne pathogens training and in new employee orientation. "Vaccination Program Notices" shall be posted in prominent places throughout the facility to alert employees/volunteers of any changes or updates in the program.

B. Post-Exposure Evaluation and Follow-up

Should one of the employees/volunteers be involved in an incident where exposure to bloodborne pathogens may have occurred, there are two areas that we immediately focus our efforts on;
Making sure that the employee/volunteer receives medical consultation and treatment (if required) as soon as possible after the exposure.

Investigating the circumstances surrounding the exposure incident.

The Director investigates every exposure incident that occurs in our organization. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

- When the incident occurred (Date and time)
- Where the incident occurred
- What potentially infectious materials were involved in the incident (type of material i.e. blood, etc.)
- Source of the material
- Under what circumstances the incident occurred (type of work being performed)
- How the incident was caused
- Personal protective equipment being used at the time of the incident
- Actions taken as a result of the incident (member decontamination, cleanup, notifications made)

After the information is gathered it is evaluated, a written summary of the incident and its cause is prepared and recommendations are made in order to avoid similar incidents in the future. An *Incident Report* must be filled out by the member and forwarded to the Director immediately after the incident. All members must follow the *Needle Stick Protocol* guidelines at Spearfish Regional Hospital Emergency Department. Most of the information involved in the Post-Exposure Evaluation must remain confidential in order to protect the privacy of the people involved.

The following steps must be done for the Post-Exposure Evaluation;

- Exposed member advises receiving medical facility of the exposure incident. Collection and testing of the blood of the member will be initiated according to the receiving medical facility's exposure protocols. Treatment will be immediately initiated (if required). In the instances where no medical facility is receiving the source individual, the member must proceed to Step 2.
- The exposed member will contact the Director for assistance in filing an "Exposure Incident Investigation Form", Workers Compensation Form and to initiate testing and any necessary treatment.
- If possible, the testing of the source individual's blood to determine HBV and/or HIV infection will be completed by the receiving facility. This information will also be made available to the exposed member, if it is obtained. At that time the member will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.
- The exposed member will be provided with the following confidential information:
 - Documentation regarding the routes of exposure and circumstances under which the exposure occurred.
 - Identification of the source individual (unless prohibited by law).
- Arrange an appointment for the exposed member with a qualified healthcare professional to discuss the member's medical status and treatment requirements.
- Periodic testing for HIV will continue as often as deemed necessary by the attending physician.

C. Information Provided to the Attending Physician

To assist the attending physician listed above, the following documents shall be given to them to aid in their assessment and treatment;

- A copy of the Bloodborne Pathogens Standard
- A description of the exposure incident report
- The exposed members relevant medical history
- All other pertinent information

D. Physicians Written Opinion

After the consultation, the physician shall provide the organization with a written opinion evaluating the exposed member's status. The Director shall, in turn, furnish a copy to the exposed member.

In keeping with patient confidentiality, the written opinion will contain only the following information:

- Whether Hepatitis B Vaccination is indicated for the member
- Confirmation that the member has been informed of the results of the evaluation, to include, any medical conditions or further treatment resulting from the exposure
- Whether the member may continue with the organization on an active status.

All other findings or diagnosis will remain confidential and will not be included in the written report.

E. Medical Record Keeping

To make sure that we have as much medical information available to the attending physician, medical records are maintained on all employees/volunteers. The Director is responsible for setting up and maintaining these records, which include the following information;

- Name of the member
- Social Security Number
- A copy of the members Hepatitis B Vaccination status (dates, Medical records relative to the members ability to receive vaccination)
- Copies of the results of the examinations, medical testing and follow-up procedures that took place as a result of a member's exposure to bloodborne pathogens.
- Copies of the members active duty status

As with all information in these areas, ALL information will be confidential. NO information shall be disclosed or reported to anyone without the members written consent (except as required by law.)

Exposure Control Plan – Section V

Labels and Signs

This section describes the warning signs of equipment or supplies with possible exposure to bloodborne pathogens and biohazard labels. These labels must be affixed to all equipment or storage of biohazardous materials with possible bloodborne pathogens;

- Contaminated equipment
- Containers of regulated waste
- Sharps disposal containers
- Other containers used to store, transport or ship blood and other infectious materials
- Laundry canisters.

On the labels affixed to contaminated equipment, indicate which portions are contaminated and the date of contamination.

Biohazard signs are posted at the entrances to HIV and HBV research laboratories and production facilities. If you see these signs **BEWARE**.

Exposure Control Plan – Section VI

Training

General Information:

Having well informed and educated employees/volunteers is extremely important when attempting to eliminate or minimize exposures due to bloodborne pathogens. All employees/volunteers are put through a comprehensive training program during orientation and annually to furnish them with as much information as possible on this issue.

The Director and Infection Control Officer are responsible for seeing that all employees/volunteers who have potential exposure to bloodborne pathogens receive exposure control training.

A. Training Topics

The topics covered in the exposure control training program include, but are not limited to, the following;

- The Bloodborne Pathogens Standard itself,
- Epidemiology and Symptoms of bloodborne pathogens,
- Modes of transmission of bloodborne pathogens,
- The Exposure Control Plan for Spearfish Emergency Ambulance Service, Inc.

- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other infectious materials,

A review of the use and limitations of methods that will prevent or reduce exposure, including;

- Engineering Controls
- Work Practice Controls
- Personal Protective Equipment

Selection and use of personal protective equipment, including;

- types available
- proper use
- location within the ambulances and facilities
- removal, handling, decontamination, and disposal.
- Visual warnings of biohazards within our facility (labels, signs, and “color-coded” containers.)

Information on the Hepatitis B Vaccine, including it’s;

- Efficacy, safety, methods of administration, benefits of vaccination, and the free vaccination program.
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occurs, including incident reporting.
- Information on post-exposure evaluation and follow-up including medical consultation provided by Spearfish Emergency Ambulance Service, Inc.

B. Training Methods

The above training presentations make use of several techniques including, but not limited to, those below;

Classroom type atmosphere with personal instruction

Videotape programs

Training manuals (employee/volunteer handouts)

Demonstration of equipment use. “Hands on” experience for employees/volunteers

Employee/volunteer review sessions

C. Record keeping

To facilitate the training of the employees/volunteers, as well as to document the training process, training records are maintained containing the following;

- Date and time of all training sessions
- Contents/summary of the training sessions
- Names and qualifications of the instructors
- Names and job titles of the employees/volunteers attending the training sessions.
- Training records are kept on computer as well as in each individuals training record as proof of meeting the training requirements of Spearfish Emergency Ambulance Service, Inc.
- These training records are available for examination and copying to our volunteers and their representatives, as well as for OSHA and it’s representatives.

D. New Employee/Volunteer Training:

When a new employee/volunteer becomes a member of the organization, the following process takes place to ensure that they are trained in the appropriate work practice controls:

The new employee/volunteer shall receive an exposure control briefing including, but not limited to:

- Explanation of the Exposure Control Plan,
- A copy of the exposure control plan
- Training in the location and use of Personal Protective Equipment
- Training in Housekeeping Procedures

Review of the new member’s shot record will also take place during orientation determine dates and/or status for the following information;

- Tetanus status
- TB skin test
- Hepatitis B Vaccinations

Exposure Incident Investigation Form

Date of Incident: _____

Time of Incident: _____

Location: _____

Potential Infectious Materials Involved: _____

Type: _____

Source: _____

Circumstances (Work being performed, etc.) : _____

How incident was Caused (accident, equipment malfunction, etc.) _____

Personal Protective Equipment Being Used: _____

Actions Taken (decontamination, clean-up, reporting, etc.) _____

Recommendations for Avoiding Repetition: _____

Post-Exposure Evaluation and Follow-up Checklist

The following steps must be taken, and the information transmitted, in the case of an employee/volunteer's exposure to bloodborne pathogens:

Activity	Completion Date
Employee/volunteer furnished with documentation regarding exposure incident	
Source individual identified. (_____)	
Source individual's blood tested and results given to employee / volunteer _____ Consent not obtained by source individual.	
Exposed employee / volunteer's blood collected and tested	
Appointment arranged for employee / volunteer with physician	
Physician's Name (_____)	
Documentation forwarded to the physician	

Bloodborne Pathogens Standard
 Description of exposed employee/volunteer's duties
 Copy of Exposure Incident Investigation Form
 Result of source individual's blood tests
 Employee/volunteer's medical records

Employee/Volunteer Signature

Date

Executive Director Signature

Date