

RANDOLPH COMMUNITY COLLEGE

629 Industrial Park Avenue

Asheboro, North Carolina

Bloodborne Pathogen Exposure Control Plan

November 2022

I. PURPOSE

The purpose of the Exposure Control Plan is to significantly reduce the risk of infection for employees with potential to be exposed to blood or body fluids. The targeted diseases include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

This plan and noted procedures are intended to comply with 29 CFR 1910.1030, U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) standard, pertaining to employees who may be subject to occupational exposure to bloodborne pathogens.

This plan identifies the job classifications that may incur occupational exposure to blood and other potentially infectious materials (OPIM) at Randolph Community College. This plan also describes the methods of compliance with applicable requirements of the Standard and a procedure for evaluating exposure incidents.

In addition, the Standard requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories are expected to incur exposure to blood or OPIM, tasks or procedures that would cause these employees to have occupational exposure are listed to better understand clearly which employees in these categories are considered to have occupational exposure.

All full and part-time employees of Randolph Community College whose job classifications put them at risk for exposure to bloodborne pathogens are required to comply with this plan and with the requirements of the Standard. Any failure to comply may be cause for disciplinary action.

Departments or programs utilizing on-campus sites for instruction in which there is a high risk of exposure to bloodborne pathogens will assure that all employees affected are trained in the Standard, Universal Precautions, and this Exposure Control Plan.

College employees involved in the instruction of students at off-campus clinical sites will comply with the plan established by that facility as well as this Exposure Control Plan.

A. RESPONSIBILITY

The Program Coordinator identified in Appendix A, Section A is responsible for implementing the Exposure Control Plan. The Program Coordinator working with Randolph Community College Safety Committee will assure compliance with the Plan and the Standard. The plan will be reviewed annually and revised as necessary.

B. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN

The Bloodborne Pathogen Exposure Control Plan may be examined by employees during Randolph Community College's normal operating hours. Copies of this Plan are available for examination as indicated in Appendix A, Section B.

C. DEFINITIONS

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Contaminated: the presence, or reasonably anticipated presence, of blood or other potentially infectious materials (OPIM) on an item or surface.

Contaminated Sharps: any contaminated object(s) that can penetrate the skin.

Engineering Controls: controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogen hazard from the workplace.

Occupational Exposure: any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM):

1. The following fluids: semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. An unfixed organ or tissue (other than intact skin) from a human.
3. HIV-containing cells or tissue cultures, organ cultures, and HIV or HIV containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, blouses) are not considered to be personal protective equipment.

Regulated Waste: contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Universal Precautions: an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

II. EXPOSURE DETERMINATION

The Program Coordinator and those listed in Appendix A and section E are responsible for classifying tasks performed in their areas of responsibility that have a potential of exposure to blood or other infectious body fluids. Whenever possible, additional procedures are established to eliminate or reduce task-associated risks and program lead instructors are responsible for their supervisors, division chairs and employees adherence to this policy including part-time employees.

Occupational exposure determination is made without regard to the use of personal protective equipment (i.e., the presence of personal protective equipment does not alter the presumption of potential exposure).

The supervisors, division chairs and program lead instructors shall ensure that all position descriptions, including administrative and support personnel, whether paid or volunteer, have been evaluated by the appropriate department or program and that any risk of exposure has been identified.

For jobs with a potential exposure, a list of tasks or procedures which present a potential occupational exposure to those employees will be prepared. Employees who are reassigned to a different job or the same job in a different environment will have their job responsibilities reviewed to ensure appropriate training is provided. This must be reviewed by the department or program involved on an annual basis.

Supervisors, division chairs and program lead instructors are responsible for monitoring employees' job performance and for ensuring job descriptions match with the tasks that are being performed by employees. Any change in task which will present a change in exposure status while on any of Randolph Community College's campuses or their clinical sites will be noted and appropriate training will be provided.

Supervisory personnel are also responsible for monitoring employees' training status and their compliance with universal precautions and other risk-reducing policies; being particularly attentive to recognize, act on, and prevent unsafe actions by anyone in their presence. They will ensure that whenever a new position description is prepared, it is reviewed for exposure risks.

All employees share responsibility with and for their co-workers to ensure compliance with the letter, spirit, and intent of Randolph Community College's policies for the prevention of transmission of disease among employees, students, and visitors of Randolph Community College. Therefore, each employee must know how to recognize potential occupational exposure and must communicate changes in their exposure classification to their supervisor if asked to perform tasks or procedures which involve an increased risk of exposure.

EXPOSURE CLASSIFICATIONS are listed in Appendix A, Section F for jobs and tasks presenting a potential risk of exposure. Section G provides a listing of jobs and tasks that normally would not have an exposure risk unless certain unplanned tasks have to be performed, such as administering first aid as part of Randolph Community College system or having to do a clean-up.

III. RECORDKEEPING

Randolph Community College will maintain a record for each employee who is determined to be at risk for occupational exposure to bloodborne pathogens.

Each employee's record should contain the following:

- a. Employee's name and Social Security Number,
- b. A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations or a signed declination form, and
- c. If an exposure occurs, the Program Coordinator and Human Resource will maintain copies of the incident report, the post-exposure follow-up procedures performed, documentation of the route(s) of exposure, the results of the source individual's blood testing, if available, and a copy of the healthcare professional's written opinion.

A. RECORD MAINTENANCE

An employee's records will be kept confidential and not be disclosed or reported without the individual employee's written consent, except as required by federal, state, or local laws.

An employee's records will be maintained by Randolph Community College for not less than thirty (30) years after the employee's termination.

B. TRAINING RECORDS

Employee training records will include the following information related to specific education about bloodborne pathogens:

1. The dates of the training sessions,
2. The contents or a summary of the training session,
3. The name(s) and qualifications of the person(s) conducting the employee training,
4. The names and titles of all persons attending the training sessions,
5. The training records must be kept for three (3) years.

Training records will be maintained at the location designated on Appendix A, Section C and will be kept current by the Program Coordinator and or Director of Safety & Emergency Preparedness.

Randolph Community College will ensure that all records required to be maintained by the OSHA Standard shall be made available upon request to federal and state officials for examination and copying. Employee training records required by the OSHA Standard will be provided upon request for examination and copying to employees, to employee representatives, and to federal, state, and local officials in accordance with 29 CFR 1910.20.

Randolph Community College shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h). If Randolph Community College ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, Randolph Community College shall notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, at least three (3) months prior to their disposal. Randolph Community College shall also transmit these records to the Director, if the Director requires them to do so, within that three (3) month period.

IV. METHODS OF COMPLIANCE

Randolph Community College will practice and enforce Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM) (i.e., semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly

contaminated with blood and in situations where it is difficult or impossible to differentiate between body fluids).

1. Blood and body fluid precautions will be used consistently in a setting where the risk of blood exposure is present.
2. All identified employees will use barrier precautions to prevent exposure to the skin and mucous membranes (eyes, nose, mouth) when contact with blood or other potentially infectious materials is anticipated.
3. Disposable gloves (single use) will always be replaced as soon as practical when visibly contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves will not be washed or decontaminated for reuse.
4. Masks and protective eyewear combination (goggles or glasses with solid side shields), or face-shields which protect all mucous membranes will be worn when performing procedures that are likely to generate splashes, spray, spatter, or droplets of blood or other potentially infectious materials.
5. Gowns, aprons, or other protective body clothing will be worn when performing procedures likely to generate splashes or splatters of blood or body fluids and in all occupational exposure situations.
6. The Hepatitis B vaccine will be offered and provided free of charge at a convenient time and place to all employees in the jobs determined to have a potential exposure to blood or other infectious body fluids.
7. Surgical caps or hoods and/or shoe covers will be worn in instances when gross contamination can reasonably be anticipated.
8. Hands or other skin surfaces will be washed immediately using a five-minute scrub if contaminated with blood or other body fluids. Hands will also be washed after removing protective gloves.
9. Safety precautions will be followed to prevent injuries caused by needles, scalpel blades, and other sharp instruments.
10. All sharps (e.g., needles, scalpels,) will be placed in properly labeled containers with the international biological hazard symbol and the wording "Biohazard."
11. Identified employees with exudative lesions or weeping dermatitis will refrain from all direct patient contact during student activities and from handling patient-care equipment until the condition resolves.
12. Pregnant identified employees will be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

A. WORK PRACTICES

Randolph Community College recognizes that those employees involved in direct patient care are the best possible sources for information about effective engineering and work practice controls to reduce the risk of exposure. Therefore, Randolph Community College solicits input from those employees who are so involved on a regular basis. Those employees are asked to help with the evaluation of this program and to supply input with respect to the most recent advancements in controls to reduce potential for exposure.

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
2. Food or beverages will be consumed only in a safe designated area. Food and drinks will not be kept on the countertops or benchtops where blood or other potentially-infectious materials are present.
3. Employees will wash hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. Antiseptic hand cleansers or towelettes, in conjunction with paper towels, will be used if hand-washing facilities are not available.
4. Employees will wash their hands or any other skin for at least 20 seconds; or flush the mucous membranes with water immediately, (if contamination is in the eyes, flush for 10-15 minutes) or as soon as possible, following contact with blood or other potentially-infectious materials.

Smoking is not permitted in any campus building or property of Randolph Community College. The college is a smoke-free campus.

5. The mucous membranes (eyes, nose, and mouth) will be protected when there is a likelihood of splatter or splashes from blood or body fluids. All procedures involving blood or other potentially-infectious materials will be performed in a manner which minimizes splashing, spraying, splattering, and the generation of droplets of these substances.
6. Mouth pipetting or suctioning of blood or other potentially-infectious materials is prohibited.
7. Contaminated needles or other contaminated sharps will not be bent, recapped, sheared, broken, or removed (a mechanical device or a one-handed technique may be used to recap or remove needles). Immediately, or as soon as possible after use, contaminated sharps will be placed in containers which are puncture-resistant, leak-resistant, and properly labeled or color-coded. All glass and hard plastics (intact or broken), which are to be discarded, will be treated as sharps.
8. Specimens of blood or other potentially-infectious materials will be placed in a designated regulated waste container.
9. Any blood or body fluid related accident (i.e. needle stick, blood or body fluid splatter or splash to the mucous membranes) will be reported immediately to the supervisor.
10. Equipment which has been contaminated with blood or other potentially-infectious materials will be decontaminated before being serviced or shipped unless it can be shown that decontamination of the equipment is not feasible. Equipment, or portions thereof, which is not decontaminated requires that a warning label be affixed.

B. PERSONAL PROTECTIVE EQUIPMENT

All employees should have access to, become familiar with, and follow personal protective equipment policies established by each of Randolph Community College's departments on Randolph Community College campus and those off-campus clinical sites in which they are participating in clinical experiences for students. Personal protective equipment will be provided, at no cost to the employee, when there is potential for an occupational exposure. A list of protective equipment is included in Appendix A, Section I. An example of personal protective equipment could include the following: Gloves, gowns, laboratory coats, face masks, face-shields or safety glasses, mouthpieces, resuscitation bags, pocket masks, or other ventilation equipment.

Personal protective equipment will be used for all occupational exposure situations; however, the employee may temporarily or briefly decline the use of equipment in the following scenario:

"Under rare and extraordinary circumstances, the employee uses his/her professional judgment that, in a specific instance, its use would have prevented delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the employee."

Situations in which personal protective equipment was temporarily or briefly declined will be investigated and documented to determine if changes can be instituted to prevent future occurrences.

1. Appropriate personal protective equipment in appropriate sizes will be readily accessible in each work area. In most instances, personal protective equipment will be provided at off-campus clinical sites by the participating facility for college employees involved in patient care activities which may involve exposure. Types of equipment and its location will be determined by the facilities Exposure Control Plan.
2. Gloves will be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially-infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
3. Cleaning, laundering, repair, replacement, or disposal of personal protective equipment will be provided at no cost to employee. The Program Coordinator should be contacted.
4. Personal protective equipment will be utilized when working with patients and potentially-infectious materials; disposable protective gloves will be used during direct patient care and handling of contaminated disposable waste items.
5. If a garment(s) is penetrated by blood or other potentially-infectious material, the garment must be removed immediately or as soon as feasible.
6. Personal protective equipment will be removed prior to leaving the work area where there is reasonable likelihood of occupational exposure.

7. Utility gloves will be decontaminated for reuse, if the integrity of the glove is not compromised. They must be cleaned in a 1:10 solution of bleach, and examined carefully before reusing. They must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration.
8. Personal protective equipment for on-campus sites will be located in specific places as designated by individual departmental policies/procedures.

C. SHARPS

Sharps are defined as needles, scalpels, or other instruments, or pieces of needles, scalpels or other instruments including hard plastic and glass that is capable of penetrating the skin.

1. Only disposable needles will be used at Randolph Community College and whenever applicable, safety needle devices will be purchased.
2. Contaminated sharps will be discarded immediately or as soon as possible in containers which are closable, puncture-resistant, leak-proof on the sides and bottom, and (1) labeled with the international biological hazard symbol and the wording "Biohazard" or (2) red containers.
3. The sharps containers will be easily accessible to personnel and located as close as possible to the areas where sharps are used.
4. The sharps containers will be maintained upright throughout use, replaced routinely and not be allowed to overfill.
5. During replacement or removal from the work area, the sharps containers will be closed to prevent the spillage or protrusion of contents during handling, storage, transport, or shipping. The sharps containers will be placed in a secondary container if leakage is possible.
6. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of a percutaneous injury.
7. Immediately, or as soon as possible, after use, contaminated reusable sharps must be placed in containers until properly decontaminated. These containers will be puncture resistant, leak-proof on the sides and bottom, and will either be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol.
8. All reusable sharps will be properly sterilized or decontaminated after use as recommended by the Center for Disease Prevention and Control.
9. Contaminated reusable sharps will not be stored in a manner which requires employees to reach into the containers.

D. SPECIMENS

1. Specimens of blood, tissue, or other potentially-infectious materials collected or transported by Randolph Community College will be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping.
2. The container will be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol. The container must be closed prior to storage, transport, or shipping.

NOTE: If Universal Precautions are utilized in the handling of all specimens, the labeling/color coding system is not necessary, provided the containers are recognizable as containing specimens.

3. If outside contamination of the primary container occurs, the primary container is to be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and which is labeled or color-coded appropriately.
 - a. If the specimen could puncture the primary container, the primary container will be placed within a secondary container which is puncture-resistant in addition to having the above characteristics.
 - b. Spills of infectious material will be handled using an appropriate spill kit.

E. LAUNDRY

1. Employees handling contaminated linen will wear protective gloves and other appropriate PPE to prevent exposure to blood or other potentially-infectious materials during the handling and sorting of soiled linen and other fabric items.
2. Laundry that is contaminated with blood or other potentially-infectious materials or that may contain contaminated needles or sharps will be treated as if it were HBV/HIV infected and handled as little as possible with a minimum amount of agitation.
3. Contaminated laundry will be bagged at the location where it was used.
4. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."

5. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
6. Red bags or red containers may be substituted for labels.
7. Contaminated laundry that is wet and presents a reasonable likelihood of soak-through or leakage from the bag will be transported in bags or containers which prevent the fluids from the exterior.
8. All contaminated laundry shipped off-site to another facility which does not utilize Universal Precautions must be labeled or color-coded as follows:
 - a. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."
 - b. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
 - c. Red bags or red containers may be substituted for labels.
 - d. The laundry service will be contacted by the Department Head, Lead Instructor or Purchasing Office before shipping.

F. HOUSEKEEPING

Randolph Community College work areas, common areas, and instructional areas will be maintained in a clean and sanitary condition. A schedule for cleaning and a method of decontamination, based on the location, type of surface, type of soil present, and procedures being performed in each area, has been developed with Maintenance/Housekeeping.

1. All equipment and environmental work surfaces will be cleaned and decontaminated after contact with blood or other potentially-infectious materials.
2. The process of decontamination will be conducted after completion of procedures; when surfaces are overtly contaminated; after the spill of blood or other potentially infectious material; and at the end of the work shift, if the surface may have become contaminated since the last cleaning.
3. Only approved disinfectants will be used, such as a 10% solution of sodium hypochloride (household bleach) (one (1) part bleach to ten (10) parts water) mixed fresh each day; or as listed in Appendix A, Section H.

4. Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent will be removed at the end of the work shift or whenever they become overtly contaminated during the shift.
5. Any bins, pails, cans or other similar receptacles intended for reuse will be decontaminated on a regular basis or whenever there is visible contamination.
6. Broken glassware must be handled with the aid of a mechanical device (i.e., brush and dustpan, tongs, or forceps).

G. REGULATED WASTE

Regulated waste includes:

1. Liquid or semi-liquid blood;
2. Other potentially-infectious materials that would release blood or other potentially-infectious materials in a liquid or semi-liquid state if compressed;
3. Items that are caked with dried blood or other potentially-infectious materials and are capable of releasing these materials during handling;
4. Pathological and microbiological wastes containing blood or other potentially-infectious materials; and
5. Any item, such as bandages, gauze, linens, or used personal and protective equipment that becomes covered with or contains liquid blood or other potentially-infectious materials.

The following guidelines will be followed to meet the federal, state, and county guidelines; however, if the North Carolina and local medical biohazardous waste regulations are more stringent, then those regulations will also be incorporated into the plan.

1. Specimens of blood or other potentially-infectious materials will be placed in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping.
2. For disposal of regulated waste, Randolph Community College shall provide containers that are:
 - a. Closable.
 - b. Constructed to contain all contents and prevent leakage of fluids.
 - c. Colored red or orange-red label with letters in contrasting colors and a biohazard symbol.
3. The containers shall be closed prior to removal to prevent spillage or protruding of contents during handling, storage, transport, or shipping.
4. If outside contamination of the regulated waste container occurs, it will be placed in a second container with the same characteristics as the first container.
5. Randolph Community College shall place the containers for regulated waste in every appropriate laboratory and classroom.

6. Immediately, or as soon as feasible after use, disposable sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak-proof on the sides and bottom and that are labeled with a "biohazard" symbol or color-coded in red. A commercial sharps container is acceptable.
7. Any regulated waste is picked-up and transported by an outside contractor.

H. HAZARD COMMUNICATION

Randolph Community College will affix florescent orange or orange-red labels with letters in a contrasting color to containers of regulated waste, refrigerators and freezers containing blood or other potentially-infectious material, and other containers that will be used to store, transport, or ship blood or other potentially-infectious materials. All such labels must have the universal biohazard symbol.

Randolph Community College will train employees annually or more often when necessary. This training will include information about the hazards of bloodborne pathogens, recognition of potential hazards, the standard as it applies, and other items as required by 29 CFR 1910.1030 and 1910.1200.

I. BLOOD SPILLS

At Randolph Community College employees and students are encouraged to avoid blood spills and OPIM. Clean-up of these materials is to be routinely handled by the Maintenance/Housekeeping staff.

V. TRAINING

A. TRAINING REQUIREMENTS

1. Training will be provided for employees who are at risk for occupational exposure to blood or other potentially infectious materials and hazardous chemicals.
2. All affected employees are required to participate in annual training sessions offered during normal work hours at no cost to the employee.
3. Training sessions for employees will be scheduled:
 - a. At the time of initial assignment to tasks involving occupational exposure.
 - b. Whenever tasks or procedures change which affect an employee's occupational exposure.
 - c. When required due to unusual circumstances.
 - d. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the Standard, only training with respect to the provisions of the Standard which were not included need be provided.
 - e. Annual training for all employees shall be provided within one (1) year of their previous training.

4. Randolph Community College shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the exposure(s) created.
5. Materials appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

B. CONTENT OF TRAINING SESSIONS

1. The training program shall contain, at a minimum, the following elements:
 - a. An accessible copy of the regulatory text of the Standard and an explanation of its contents.
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - c. An explanation of the modes of transmission of bloodborne pathogens.
 - d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially-infectious materials.
 - f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of protective equipment.
 - h. An explanation of the basis for selection of personal protective equipment and how to gain access to it.
 - i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
 - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially-infectious materials.
 - k. 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.
 - l. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 - m. An explanation of the signs, labels, and/or color-coding required by the Standard.

VI. HEPATITIS AND HEPATITIS B VACCINE

A. INFORMATION ON HEPATITIS

Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Many people with Hepatitis B recover completely, but approximately 10% become chronic carriers; one to two percent (1-2%) die from fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well, yet can transmit the virus to others. Others may develop a variety of symptoms and liver problems varying from mild to severe (chronic persistent hepatitis, chronic active hepatitis, cirrhosis, and liver failure). There is also an association between the Hepatitis B virus and hepatoma (a form of liver cancer).

Hepatitis B virus can be transmitted by contact with body fluids including blood (along with contaminated needles), semen, breast milk, and vaginal secretions. Health workers are at high risk of acquiring Hepatitis B due to frequent contact with blood or potentially contaminated body fluids and, therefore, the vaccine is recommended to prevent the illness.

B. INFORMATION ON HEPATITIS B VACCINE

1. Three (3) doses of Hepatitis B vaccine are needed to confer protection. Clinical studies have shown that after three (3) doses, ninety-six percent (96%) of healthy adults have been seroprotected. Doses are administered at zero (0), one (1), and six (6) months.
2. Full-time and permanent part-time employees who have occupational exposure will be provided, through the state insurance plan, the Hepatitis B vaccine and vaccination series, as well as post-exposure evaluation and follow-up procedures, including laboratory tests at an accredited laboratory.
3. Protocol for the above procedures will be performed under the supervision of a licensed physician or by another licensed healthcare professional and provided in accordance with the recommendations of the U.S. Public Health Service.
4. The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided with a copy of 29 CFR 1920.1030 Bloodborne Pathogens if they do not have one.
5. The Hepatitis B vaccination will be available to employees within ten (10) working days of initial assignment involving potential exposure and after they have received training on the required subjects.
6. The Hepatitis B vaccine and any future booster(s) recommended by OSHA will be available to employees who have an occupational exposure, unless they have previously received the complete Hepatitis B vaccination series and antibody testing has revealed the employee is immune or the vaccine is contraindicated for medical reasons.
7. A Hepatitis B pre-screening program will not be a prerequisite for receiving the vaccination.
8. An employee who initially declines the Hepatitis B vaccination will be allowed to receive the vaccination at a later date.
9. Employees who decline to accept the Hepatitis B vaccination will be required to sign the declination statement (Appendix B).

10. All part-time employees who may have occupational exposure to Hepatitis B should have the Hepatitis B vaccine prior to being employed by Randolph Community College.
11. Full-time and permanent part-time employees who have already had the vaccine at another location must send or deliver a copy of their vaccination record to the Human Resources Office to be placed in the employee's file. Part-time employees should deliver a copy of their vaccination record to their supervisor.

VII. POST-EXPOSURE

IMMEDIATELY TAKE THE FOLLOWING STEPS:

1. Immediately take appropriate precautionary measures. For eye, mouth, and other mucous membrane exposures, flush/rinse the exposed area thoroughly with running water for at least ten to fifteen (10-15) minutes. For needle sticks, other puncture wounds, or contamination of any body part with blood, scrub for a minimum of five (5) minutes.
2. Report the incident to the appropriate persons (e.g., supervisor, program director, or department head) IMMEDIATELY.
3. If the source individual is known and present, inform the individual of the incident and the need for him/her to be tested, within forty-eight (48) hours. Testing of the source individual must be done at no cost to him/her. If the source individual is known but unavailable, contact him/her as soon as feasible to inform him/her of the incident and the need to be tested.
4. If the source individual refuses to be tested or does not report for testing within a reasonable time, the source individual's physician should be contacted; or if the physician is not known, contact the County Health Department. The Health Department will then take appropriate action.
5. Be sure to complete a Bloodborne Pathogen Employee Exposure Incident Packet (Appendix C). The Bloodborne Pathogen Student Exposure Incident Packet can be found in Appendix D. The Employee incident exposures will be handled as a workplace injury. It will be necessary to report the incident to the insurance representative within forty-eight (48) hours so that a worker's compensation form can be completed.

Appendix A

Randolph Community College
Bloodborne Pathogen Exposure Control Plan-General Information

A.

Program Coordinator: **Randolph Community College Director of Safety and Emergency Preparedness**
Matthew R. Needham
Office 336-633-0210
Fax 336-633-0104
Email mrneedham@randolph.edu

B.

A Copy of the Exposure Control Plan is located in the following areas:

Program Coordinator's Office

Human Resource Office

Randolph Community College Web Page under the Employee Forms and Publications link

Employees are informed of the location of this & other safety plans:

Initial Briefing (Safety)/Orientation

Annual Training Sessions

E-mail Memos

C.

Training Records are maintained by :

Each department supervisor for their full-time and part-time employees

Training Records are located:

In each of the department supervisor's office for full-time and part-time employees

D.

Exposure Records are maintained by and located:

Program Coordinator's Office

Human Resource Office

E.

Exposure Determinations are made by the Program Coordinator and:

Supervisor/Department Head/Lead Instructor

Program Instructors

F.

Employees in the following areas have been identified as having a potential risk to blood or other infectious body fluids:

TITLE	TASKS
Associate Degree Nursing Clinical/Lab Instructor	Clinical Activities in typically off-campus settings
EMS Instructor	Instructional Activities in Emergency Medical Science (typically off-campus)
Nurse Aide Clinical/Lab Instructor	Clinical Activities in typically off-campus settings
Phlebotomy Instructor	Clinical Activities on and off campus
Biology Instructor	Laboratory Activities on campus
Maintenance/Housekeeping Staff	Maintaining and cleaning facilities on campus

G.

Please list jobs that normally do not involve potential exposure, but may require performing unplanned exposure tasks such as administering initial emergency first aid; cleaning blood spills, etc.

Emergency First Aid:	Job Titles:	Tasks Performed:
	Employees who offer “Good Samaritan” help	Any first aid help
Cleaning Blood or other body fluids:	Job Titles:	Tasks Performed:
	Maintenance and Housekeeping Staff	Maintaining and cleaning facilities on campus

H.

What cleaning solution do you use to decontaminate?

Approved cleaner: **Liquid Absorbent Material and 20% Bleach Solution and Disposable Towels**

I.

What Personal Protective Equipment is available?

Latex Gloves

Face Masks

Eye Protection

Gown

J.

Which medical provider would you refer an exposed employee to?

Randolph Hospital

**364 White Oak Street
Asheboro, NC 27204-1048
(336) 625-5151**

White Oak Urgent Care

**197 NC-42
Asheboro, NC 27203
(336) 625-2560**

Appendix B

Hepatitis B Vaccine Record Form

Hepatitis B: Special Precautions:

I have read information on Hepatitis B and have had an opportunity to ask questions. I understand the benefits and risks of Hepatitis B vaccine, and voluntarily agree to be immunized. I understand that I must have 3 doses of the vaccine to confer immunity. As with all medical treatments, there is no guarantee that I will become immune. I am in general good health. I am not immunosuppressed, on hemodialysis, pregnant, or breast-feeding.

Name	SSN	Date of Birth	Age	
Address	City	State	Zip	Home Phone
Signature	Date	Department		
Date:	Type:	Mfg & Lot #: (If known)	Exp. Date: (If known)	Given By: (If known)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Hepatitis B Vaccine Declination Form
(Complete either section 1 or 2)

1. If you have never received Hepatitis B vaccine:

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 vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, 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 at no charge to myself.

Signature of employee: _____

Date: _____

2. If you have previously received Hepatitis B vaccine through another organization or employer:

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I decline hepatitis B vaccination at this time due to the fact that I have previously received all 3 hepatitis B vaccines through another organization; or I know that I already have immunity due to hepatitis B antibody count.

Signature of employee: _____

Year of hepatitis B vaccine: _____

Through what organization: _____

Appendix C

Bloodborne Pathogen Exposure

Employee Incident Packet



BLOODBORNE PATHOGEN EXPOSURE INCIDENT PACKET

Use the forms in the packet to report Bloodborne Pathogen (BBP) exposure incidents.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

Other potentially infectious materials (OPIM) means:

- ✓ the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- ✓ Any unfixed tissue of organ (other than intact skin) from a human(living or dead); and
- ✓ HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Complete the required forms as indicated on the incident checklist.

Incident Forms		
Name of Form	Page	Action
Employee Incident Checklist	2	Gives directions for BBP exposure to an employee
Medical Incident Report	3	Completed by College personnel and signed by those involved
BBP Exposure Incident Report	4	Completed by exposed individual and supervisor
Exposed Employee Consent Form	5	Completed by employee if receiving a post-exposure evaluation
Exposed Employee Declination of Post-Exposure Evaluation	6	Completed by employee if not receiving a post-exposure evaluation
Health Care Professional's Opinion form	7	Completed by Health Care Professional
BBP Source Information and Consent Form	8-9	Completed by the supervisor and source person and taken to the medical facility

EMPLOYEE INCIDENT CHECKLIST

Immediately wash exposed area with soap and water

- For exposure to eyes, mouth, and/or nose, flush area with water.

Notify Supervisor and Director of Safety and Emergency Preparedness as soon as possible.

Complete the following documents:

- [Incident Report Form](#) from the RCC website
- Bloodborne Pathogen (BBP) Exposure Incident Report
- Bloodborne Pathogen Source Information and Consent Form (if source is known)
- Exposed Employee Consent Form: For blood collection and testing
- Exposed Employee Declination Form: **If** choosing not to receive post-exposure follow-up.

Take the completed forms to the Director of Safety and Emergency Preparedness so medical care can be coordinated. If unavailable, report to the HR department.

If the incident occurs after business hours, seek medical treatment for a post-exposure medical evaluation at the hospital, and take the following documents with you.

- BBP Exposure Incident Report: Sections 1 & 2 are to be completed by the employee and/or the supervisor prior to the doctor's appointment.
- Bloodborne Pathogen Source Information and Consent Form (if source is known)
- Health Care Professional's Written Opinion for Post-Exposure Evaluation: Your doctor will complete and return to the Director of Safety and Emergency Preparedness.

Medical Care Provided By:

Randolph Health Internal Medicine
237-D N. Fayetteville St.
Asheboro, NC 27203
Phone: 336-625-3248
Fax: 336-625-6629
During Business Hours

Randolph Health
364 White Oak St.
Asheboro, NC 27204
336-625-5151
After Business Hours

All bloodborne exposure incidents will be handled confidentially, and employees will be handled as a work-related injury. If you have questions regarding the Workers' Compensation and/or BBP Exposure Incident process, or preventative safety concerns, contact Matthew Needham, Director of Safety and Emergency Preparedness, at 336-633-0210.

Bloodborne Pathogen Exposure Incident Report

Take this form to your medical evaluation

Section 1: Exposed Individual Information: *To be completed by the exposed person and/or supervisor/instructor*

Name:	Job Position/Title:
Work Number or Other Contact Number:	Home Telephone:
Work Site Name:	HBV Vaccination Series Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Exposure: ____/____/____ Time: _____:_____ A.M. P.M.	Location where exposure occurred (bldg., room #):
Personal Protective Equipment Used: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles/Mask/Face Shield <input type="checkbox"/> Gown <input type="checkbox"/> Other (please identify) _____	Was a safety device being used? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, did it work? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Brand of Safety Device: _____
Body Part Exposed (please circle one): Hand Mouth Eye Other (please identify): _____	Did this exposure occur during the employee's normal work activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Student exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Body Fluid Exposed to:	Type of Exposure: <input type="checkbox"/> Needlestick <input type="checkbox"/> Mucous Membrane <input type="checkbox"/> Non-intact Skin (chapped, abraded, or otherwise non-intact) <input type="checkbox"/> Cut <input type="checkbox"/> Fluid Injected? If yes, estimated volume: _____
Describe how exposure occurred: (include job duties being performed when exposed):	

Section 2: Source Information: *To be completed by the supervisor/instructor. If more than one source, attach another page. Forward this form to the Director of Safety and Emergency Preparedness after section 2 is completed.*

Name:	Position: (or other source such as found needles)
Consent Form Given to Source Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Consent Form Was Provided: ____/____/____ <i>To be signed and returned to RCC within 3 days</i>
Supervisor's Signature:	Date:

Section 3: Completed by the Director of Safety and Emergency Preparedness when source consent form is returned

Date the source consent form was returned to RCC ____/____/____

If the Source Information and Consent Form was NOT signed and returned, document all attempts to secure the signed form:

Name and position of the person who attempted to secure the signed consent form: _____

Exposed Employee Consent Form

PLEASE READ ALL AND CHECK ONE OF THE THREE FOLLOWING CONSENT STATEMENTS

Name: _____ Date of exposure incident: ____/____/____

Consent for Blood Collection and Testing

Following exposure to blood or potentially infectious materials during the performance of my duties, I consent to having my blood collected as soon as feasible and tested for HBV and HIV serological status. I understand that blood test(s) will be provided by Randolph Community College and at no cost to me. I also understand that the source individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual/exposed employee, including the following statement:

“This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose.”

I further understand the results of my blood test(s) will remain confidential and will not be released to the College.

Consent for Blood Collection Only

Following exposure to blood or potentially infectious materials during the performance of my duties, I consent to having my blood collected as soon as feasible. I do not consent to having my blood tested for HBV and HIV status at this time. I understand that my blood sample will be preserved for at least ninety (90) days and if, within ninety (90) days of the exposure incident in which I was involved, I elect to have my blood tested for HBV and HIV, such testing shall be done as soon as feasible. I understand that blood test(s) will be provided by the College and at no cost to me. I further understand that the results of my blood test(s) will remain confidential and will not be released to the College.

Refusal of Consent for Blood Collection and Testing

Following exposure to blood or potentially infectious materials during the performance of my duties, I do not consent to having my blood collected as soon as feasible and tested for HBV and HIV serological status. I understand the blood test(s) would be provided by the College at no cost to me. I further understand that the results of my blood test(s) would remain confidential and would not be released to the College.

Employee Signature:

_____ Date: ____/____/____

Exposed Employee Declination of Post-Exposure Evaluation

TO BE COMPLETED BY THE EXPOSED EMPLOYEE

I was exposed to blood and/or other potentially infectious body fluids at my worksite on _____/_____/_____. As a result of this incident, I have completed the BBP Exposure Incident Report and the Exposed Employee Consent Form. I have been advised by the College to seek medical evaluation and follow-up by a Health Care Provider immediately. However,

I decline medical evaluation and blood testing.

*complete social security # is required per OSHA requirements

Employee's Last Name: _____

Employee's First Name: _____

Job Title: _____

*Social Security #: _____

Work Site: _____

Site Address: _____

Site Phone #: _____

Other Contact Phone #: _____

Employee Signature: _____ Date: ____/____/____

Supervisor Name: _____

Supervisor Signature: _____ Date: ____/____/____

NOTE: Completed form will be placed in exposed employee's medical file.



Health Care Professional's Opinion for Post-Exposure Evaluation

Employee Name: _____

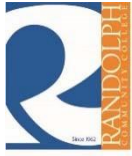
Date of Incident: ____/____/____ Date of Evaluation: ____/____/____

*****CONFIDENTIAL*****

Health Care Professional's Evaluation
The Employee named above has been informed of the results of the evaluation to blood or other potentially infectious materials. This includes the results of the source individual blood test(s), if consent was obtained.
The employee named above has been told about any health conditions results from exposure to blood or other potentially infectious material which may require further evaluation or treatment.
Hepatitis B vaccination is ____ is not ____ indicated. (Check one)

All other findings or diagnoses shall remain confidential and shall not be included in this report.

Health Care Professional's Name (Please Print)	
Health Care Professional's Signature	
Health Care Professional's Address	Telephone #: Fax #:
*Please provide a copy of this form to the employee and return this form to the address below within 15 days of the evaluation. Please label the outside of the envelope "Confidential."	
Employer's Name: Randolph Community College, Attn: Director of Safety	
Employer's Address: 629 Industrial Park Ave. Asheboro, NC 27205	
Employer's Phone: 336-633-0210	Employer's Fax: 336-633-0104



BLOODBORNE PATHOGEN SOURCE INFORMATION & CONSENT FORM

Note: This form MUST BE SIGNED AND RETURNED to Randolph Community College within THREE (3) DAYS of the date on which it was received. This signed document will be placed in the exposed employee's confidential medical file. THE TEST RESULTS REMAIN CONFIDENTIAL BETWEEN THE PHYSICIAN AND PATIENT.

SECTION 1: DESCRIPTION OF THE EXPOSURE INCIDENT

(TO BE COMPLETED BY THE SUPERVISOR)

On (date of incident) _____ a Randolph Community College employee came in contact with blood or other potentially infectious material of the person designated below as the source person. The exposure incident occurred in this way:

SECTION 2: CONSENT FOR BLOOD TESTING AND RELEASE OF THE INFORMATION

(TO BE COMPLETED BY THE SOURCE OR PARENT/GUARDIAN)

I give my consent to have the blood of (name of source person)

tested for Hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV) and to have the results made available to the exposed employee and their professional health care provider. I understand that the test will be done at no cost to me. I also understand that the exposed individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source person named above, including the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

I understand that the results of my blood tests will not be released to the College.

I refuse to give consent to have blood tested for Hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV) at this time:

Signature of source person: _____ Date: ____/____/____ OR

if under age 18, signature of source person's parent or guardian:

_____ Date: ____/____/____

SECTION 3: EXPOSED EMPLOYEE’S PROFESSIONAL HEALTH CARE PROVIDER TO WHOM BLOOD TESTS WILL BE RELEASED.

(TO BE COMPLETED BY EMPLOYEE)

Physician’s Name/Medical Facility Name:

Address:

Telephone Number:

Fax Number:

**PLEASE TAKE A COPY OF THIS TWO-PAGE DOCUMENT TO GIVE TO YOUR
HEALTH CARE PROVIDER**

Instructions to health care provider: Pursuant to this signed consent form, please release the source person’s test results to the employee’s health care provider, listed in SECTION 3 above.

Please Note:

This signed document will be placed in the exposed employee’s medical record, and a copy in the Workers’ Comp file.

These two pages must be signed and returned to the College within three days of the date on which it was received.

Fax: 336-633-0104 Attention: Director of Safety –CONFIDENTIAL

OR

Mail to:

RCC Director of Safety - CONFIDENTIAL
629 Industrial Park Ave.
Asheboro, NC 27205

Appendix D

Bloodborne Pathogen Exposure

Student Incident Packet



BLOODBORNE PATHOGEN EXPOSURE INCIDENT STUDENT PACKET

Use the forms in this packet to report Bloodborne Pathogen (BBP) exposure incidents for students

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

Other potentially infectious materials (OPIM) means:

- ✓ the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- ✓ Any unfixed tissue of organ (other than intact skin) from a human(living or dead); and
- ✓ HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Complete the required forms as indicated on the incident checklist.

Incident Forms		
Name of Form	Page	Action
Student Incident Checklist	2	Gives directions for BBP exposure to a student
Medical Incident Report	3	Completed by College personnel and signed by those involved
BBP Exposure Incident Report	4	Completed by exposed individual and instructor
BBP Source Information and Consent Form	5-6	Completed by the supervisor and source person and taken to the medical facility
Bloodborne Pathogen Exposed Student Acknowledgement	7	Completed by the student returned to Director of Safety

STUDENT INCIDENT CHECKLIST

Immediately wash exposed area with soap and water.

- For exposure to eyes, mouth, and/or nose, flush area with water.

Notify Instructor and Director of Safety and Emergency Preparedness as soon as possible.

Complete the following documents:

- [Incident Report Form](#) from the RCC website
- Bloodborne Pathogen (BBP) Exposure Incident Report
- Source Information and Consent Form (if source is known)
- Bloodborne Pathogen Exposed Student Acknowledgement Form

Seek medical treatment for a post-exposure medical evaluation. The RCC partnering medical facility can assist with the Accidental Insurance Claim. Call to make an appointment and take the following documents with you to the doctor's appointment:

- Obtain the Accidental Insurance Claim Form from the Business Office and have it signed.
- BBP Exposure Incident Report: Sections 1 & 2 are to be completed by the student and taken to the doctor's appointment.
- Source Information and Consent Form (if source is known)

Return completed forms to the Director of Safety and Emergency Preparedness.

Medical Care Provided By:

Randolph Health Internal Medicine
237-D N. Fayetteville St.
Asheboro, NC 27203
Phone: 336-625-3248
Fax: 336-625-6629
During Business Hours

Randolph Health
364 White Oak St.
Asheboro, NC 27204
336-625-5151
After Business Hours

All bloodborne exposure incidents will be handled confidentially. If you have questions regarding the Workers' Compensation and/or BBP Exposure Incident process, or preventative safety concerns, contact Matthew Needham, Director of Safety and Emergency Preparedness, at 336-633-0210.

Bloodborne Pathogen Exposure Incident Report

Take this form to your medical evaluation

Section 1: Exposed Individual Information: *To be completed by the exposed person and/or supervisor/instructor*

Name:	Job Position/Title:
Work Number or Other Contact Number:	Home Telephone:
Work Site Name:	HBV Vaccination Series Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Exposure: ____/____/____ Time: _____:_____ A.M. P.M.	Location where exposure occurred (bldg., room #):
Personal Protective Equipment Used: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles/Mask/Face Shield <input type="checkbox"/> Gown <input type="checkbox"/> Other (please identify) _____	Was a safety device being used? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, did it work? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Brand of Safety Device: _____
Body Part Exposed (please circle one): Hand Mouth Eye Other (please identify): _____	Did this exposure occur during the employee's normal work activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Student exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Body Fluid Exposed to:	Type of Exposure: <input type="checkbox"/> Needlestick <input type="checkbox"/> Mucous Membrane <input type="checkbox"/> Non-intact Skin (chapped, abraded, or otherwise non-intact) <input type="checkbox"/> Cut <input type="checkbox"/> Fluid Injected? If yes, estimated volume: _____
Describe how exposure occurred: (include job duties being performed when exposed):	

Section 2: Source Information: *To be completed by the supervisor/instructor. If more than one source, attach another page. Forward this form to the Director of Safety and Emergency Preparedness after section 2 is completed.*

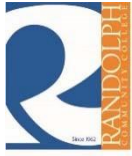
Name:	Position: (or other source such as found needles)
Consent Form Given to Source Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Consent Form Was Provided: ____/____/____ <i>To be signed and returned to RCC within 3 days</i>
Supervisor's Signature:	Date:

Section 3: Completed by the Director of Safety and Emergency Preparedness when source consent form is returned

Date the source consent form was returned to RCC ____/____/____

If the Source Information and Consent Form was NOT signed and returned, document all attempts to secure the signed form:

Name and position of the person who attempted to secure the signed consent form: _____



BLOODBORNE PATHOGEN SOURCE INFORMATION & CONSENT FORM

Note: This form MUST BE SIGNED AND RETURNED to Randolph Community College within THREE (3) DAYS of the date on which it was received. This signed document will be placed in the exposed employee's confidential medical file. THE TEST RESULTS REMAIN CONFIDENTIAL BETWEEN THE PHYSICIAN AND PATIENT.

SECTION 1: DESCRIPTION OF THE EXPOSURE INCIDENT

(TO BE COMPLETED BY THE INSTRUCTOR)

On (date of incident) _____ a Randolph Community College student came in contact with blood or other potentially infectious material of the person designated below as the source person. The exposure incident occurred in this way:

SECTION 2: CONSENT FOR BLOOD TESTING AND RELEASE OF THE INFORMATION

(TO BE COMPLETED BY THE SOURCE OR PARENT/GUARDIAN)

I give my consent to have the blood of (name of source person)

tested for Hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV) and to have the results made available to the exposed student and their professional health care provider. I understand that the test will be done at no cost to me. I also understand that the exposed individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source person named above, including the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

I understand that the results of my blood tests will not be released to the College.

I refuse to give consent to have blood tested for Hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV) at this time:

Signature of source person: _____ Date: ____/____/____ OR

if under age 18, signature of source person's parent or guardian:

_____ Date: ____/____/____

SECTION 3: EXPOSED STUDENT’S PROFESSIONAL HEALTH CARE PROVIDER TO WHOM BLOOD TESTS WILL BE RELEASED.

(TO BE COMPLETED BY STUDENT)

Physician’s Name/Medical Facility Name:

Address:

Telephone Number:

Fax Number:

**PLEASE TAKE A COPY OF THIS TWO-PAGE DOCUMENT TO GIVE TO YOUR
HEALTH CARE PROVIDER**

Instructions to health care provider: Pursuant to this signed consent form, please release the source person’s test results to the employee’s health care provider, listed in SECTION 3 above.

Please Note:

This signed document will be placed in the exposed employee’s medical record, and a copy in the Workers’ Comp file.

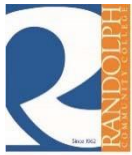
These two pages must be signed and returned to the College within three days of the date on which it was received.

Fax: 336-633-0104 Attention: Director of Safety –CONFIDENTIAL

OR

Mail to:

RCC Director of Safety - CONFIDENTIAL
629 Industrial Park Ave.
Asheboro, NC 27205



BLOODBORNE PATHOGEN EXPOSURE INCIDENT

Bloodborne Pathogen Exposed Student Acknowledgement

TO BE COMPLETED BY THE EXPOSED STUDENT

Name: _____ Date of exposure incident: ____/____/____

I was exposed to blood and/or other potentially infectious body fluids during a class at Randolph Community College. As a result of this incident, I have completed the BBP Exposure Incident Report, and I have been advised by the College to seek medical evaluation and follow-up by a Health Care Provider immediately.

Intent for Blood Collection and Testing

Following exposure to blood or potentially infectious materials during the performance of my class, I intend on having my blood collected as soon as feasible and tested for HBV, HCV and HIV serological status. I understand that blood test(s) will **not** be provided by Randolph Community College, but RCC does provide supplemental accident insurance that can be used. I also understand that the source individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual/exposed person, including the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

I further understand the results of my blood test(s) will remain confidential and will not be released to the College.

Refusal of Consent for Blood Collection and Testing

Following exposure to blood or potentially infectious materials during the performance of my class, I do not consent to having my blood collected as soon as feasible and tested for HBV and HIV serological status. I understand the blood test(s) would **not** be provided by the College, but RCC does provide supplemental accident insurance that could be used. I further understand that the results of my blood test(s) would remain confidential and would not be released to the College.

Signature: _____ Date: ____/____/____