



# Best Practices Guide For Bloodborne Pathogens



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# Bloodborne Pathogen Exposure Control Plan

## Introduction

In accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard 29 CFR 1910.1030, the following Best Practice will provide guidelines for members of the Maine Municipal Association (MMA) to develop an effective Bloodborne Pathogen Exposure Control Plan. The Maine Bureau of Labor has adopted the OSHA standard for public entities to follow. It is recommended that MMA members appoint a person within their entity to function as the Administrator of this plan. The Administrator's function is to ensure that a written BBP plan is developed, implemented, and evaluated annually as to compliance with the 29 CFR 1910.1030 standard, and that all affected employees are trained annually in the potential exposure hazards within their workplace.

## Scope

This information was prepared to assist you in developing YOUR Bloodborne Pathogen plan. As is the case with all safety plans, to be effective, they must relate to YOUR operations, exposures and hazards. The sample program and attachments are just that, a sample. It is intended as a guide for use in developing your program. If you have questions or need assistance please contact the Loss Control Department at Maine Municipal Association (MMA).

## Requirements

1910.1030 requires that a written exposure control plan be completed by all employers who have employees that may be exposed to bloodborne pathogens as part of their work activities. The exposure control plan must be reviewed and updated annually, and when necessary to reflect new/modified tasks, or procedures that affect occupational exposure, and new/revised employee positions with occupational exposure.

Annual documentation must also be done to show that the member (This requirement is meant for emergency responders who use needleless devices.) has considered and implemented an annual evaluation of commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. This documentation must also show that the employer has solicited input from non-managerial employees who are responsible for direct patient care on the identification, evaluation, and selection of effective engineering and work practice controls.

## Elements of an Exposure Control Plan

The written exposure control plan must include the following elements:

- Exposure Determination
- Hepatitis B Vaccination
- Post-Exposure Evaluation and Follow-up
- Engineering and Work Practice Controls
- Personal Protective Equipment Selection
- Housekeeping
- Laundry
- Communication of Hazards to Employees
- Medical Recordkeeping
- Training
- Training Records
- Availability
- Sharps Injury Log

➤ **Exposure Determination:** Each employer who has an employee(s) with occupational exposure shall prepare an exposure determination. This exposure determination shall contain the following:

- A list of job classifications in which **all** employees in those job classifications have occupational exposure.
- A list of job classifications in which **some** employees have occupational exposure, and
- A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed above.
- Employees whose job tasks do not fall under an exposure risk class should have training on potential bloodborne pathogen exposures and the proper response to these potential exposures.

**EXAMPLES: Job Tasks in which ALL employees have a risk of potential exposure.**

**Note:** These are examples only. There may be other job tasks that fall into this category. A Job Safety Analysis should be conducted to ensure that all job tasks are identified that pose a potential risk of exposure.

Location	Job Classification	Job Task	Control Method
Fire Dept.	Firefighters	Extrication, Recovery	Use of PPE: <ul style="list-style-type: none"> <li>• Turnout gear,</li> <li>• Extrication gloves,</li> <li>• Face shield,</li> <li>• Safety glasses</li> </ul>
EMS, Police, Fire	EMS Personnel Firefighters Police Officers	CPR Response	Use of PPE: <ul style="list-style-type: none"> <li>• Barrier Devices</li> </ul>
Police/ Sheriff/ Jail	Police Officers Sheriff Deputies Jail Staff	Arrest, Transport, Detention	Use of PPE: <ul style="list-style-type: none"> <li>• Gloves, safety glasses/ goggles</li> </ul> <p>Ensure splashguard is in place in the cruiser.</p>
School Setting Parks & Rec	Nurse Lifeguard	First Aid / CPR	Use of PPE <ul style="list-style-type: none"> <li>• Barrier Device</li> <li>• Gloves</li> </ul> <p>Face Shield, Safety Glasses/ Goggles</p>

**EXAMPLES: Job Tasks in which SOME employees have a risk of potential exposure.**

Location	Job Classification	Job Task	Control Method
School Setting Public Works Parks & Rec. All Buildings	Custodian Seasonal Workers	Cleaning Restrooms	Use of PPE: <ul style="list-style-type: none"> <li>• Gloves: vinyl or utility</li> <li>• Safety glasses/goggles</li> <li>• Face shield</li> <li>• If area is grossly contaminated, use of disposable gown and booties over shoes.</li> </ul>
School Setting Public Works Transfer Station Trash Pickup Parks & Rec.	Custodians Transfer Station Attendants Trash Pickup Staff Seasonal Workers	Picking up and disposing of trash	Use of PPE: <ul style="list-style-type: none"> <li>• Gloves: vinyl or utility</li> </ul> <p>Work Practice Controls:</p> <ul style="list-style-type: none"> <li>• Do not place hands under bags.</li> <li>• Do not carry bag against body.</li> </ul>
School Setting Parks & Rec.	Athletic Director Coaches Trainers	Administering First Aid/ CPR	Use of PPE: <ul style="list-style-type: none"> <li>• Barrier Device</li> <li>• Gloves</li> <li>• Face Shield, Safety Glasses, Goggles</li> </ul>

➤ **Hepatitis B Vaccination:**

The employer shall:

1. Make the Hepatitis B vaccination series available to all employees who have occupational exposure.
2. Offer all occupationally-exposed employees post-exposure evaluation and follow-up.
3. Ensure that all medical evaluations and procedures, including the Hepatitis B vaccination series, post-exposure evaluation and follow-up, and prophylaxis are:
  - Offered at no cost to the employee.
  - Made available at a reasonable time and place.
  - Performed by, or under, the supervision of a licensed physician, PA, or RN.
  - Provided according to current recommendations of the U.S. Public Health Service.

The Hepatitis B vaccination shall be made available after the employee has received the required training and within 10 working days of initial assignment. The exception occurs when: the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee decides to decline the vaccination, he/she must sign a declination waiver. If the employee initially declines the Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available the Hepatitis B vaccine at that time.

- **Post-Exposure Evaluation and Follow-up:** Immediately following an exposure, the employee should (depending on body part that was exposed) wash their hands, arms, face; flush their eyes; rinse their mouth and spit the saliva onto the ground or into the sink; or blow their nose repeatedly and flush the nostrils. Immediately following the report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless the employer can establish that identification is not feasible or is prohibited by state or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV status.
- If consent is not obtained, then the employer shall establish that legally required consent cannot be obtained.

- When the source individual's consent is not required by law, then the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV or HIV, then testing for the source individual's known status need not be repeated.
- The exposed employee will be provided with the source individual's test results and information about applicable laws and regulations concerning source identity.
- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- If the employee does not give consent for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days, of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.
- Post-exposure HBV vaccination will be offered to the affected employee.
- Recommendations by the U.S. Public Health Service will be followed for post-exposure prophylaxis.
- After an exposure incident occurs, the health care provider will receive a description of the exposed employee's job duties relevant to the exposure incident, documentation of the route of exposure, circumstances of exposure, results of the source individual's blood tests and all relevant employee medical records, including vaccination status, and a copy of this regulation.
- The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- The healthcare professional's written opinion will be limited to:
  - Status of Hepatitis B vaccination.
  - That the employee has been informed of the results of the evaluation.
  - That the employee has been informed about any medical conditions resulting from the exposure that would require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- The Ryan White Act (a notification process for emergency responders who may have had an exposure incident with a victim of an emergency) will be followed for all emergency responders: EMS, Fire, and Police personnel who assisted during the emergency and may have had an exposure.

- **Engineering and Work Practice Controls:** Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. This method views all body fluids as potentially infectious.

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used as outlined in that section. These controls include:

- Examination and replacement of engineering controls on a regular schedule to ensure their effectiveness.
- Provision of handwashing facilities that are readily accessible to the employees. If an exposure occurs in the field, where hand washing is not readily available, the use of an appropriate antiseptic hand cleanser in conjunction with cleancloth/ paper towels or antiseptic towelettes. When antiseptic hand cleanser or towelettes are used, hands shall be washed with soap and running water as soon as possible.
- Washing of hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Washing of hands and any other skin with soap and water, or flushing of mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- Contaminated needles and sharps shall not be bent, recapped, broken, or removed. They must be placed in containers that are:
  - Closeable.
  - Puncture resistant.
  - Labeled or color-coded with the biohazard sign.
  - Leak proof on all sides and bottom.
  - Disposed of by a regulated waste facility.
  - Easily accessible to personnel and located close to the area where sharps are used.
  - Maintained upright throughout use.
  - Replaced routinely and not be allowed to overfill.
  - Closed prior to transport for disposal.
- There shall be no eating, drinking, smoking, applying cosmetics or lip balm, or handling of contact lenses in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials (OPIM) shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets.

- Equipment that might have been contaminated with blood or other potentially infectious materials, shall be cleaned and decontaminated.
  - Splashguards should be in place in all police cruisers.
  - Procedures should be in place for cleaning and decontamination of the inside of cruisers.
- **Personal Protective Equipment Selection:** When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- PPE shall:
    - Be made available to all employees at the worksite, or issued to employees to carry with them.
    - Be made available in all sizes.
    - Laundered at no cost to the employee.
    - Repaired or replaced at no cost to the employee.
    - Removed and replaced as soon as feasible if penetrated by blood or other potentially infectious material..
    - Be removed prior to leaving the work area.
    - Be placed in an appropriate container for disposal, storage, washing, or decontamination when removed.
- **Specific PPE:**
- **Gloves** shall be worn when the employee may have contact with blood or other potentially infectious materials.
    - Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration.
    - Disposable gloves are not to be decontaminated for reuse.
  - **Masks** in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn when splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

- **Protective clothing** such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
  - **Shoe covers** or boots shall be worn in instances when gross contamination can be reasonably anticipated.
- **Housekeeping:** Employers shall ensure that the worksite is maintained in a clean and sanitary condition. This includes:
- Decontamination of work surfaces and equipment that have been contaminated with blood or other potentially infectious materials with an appropriate disinfectant.
  - Inspection and decontamination of all bins, pails, cans, and mops that are intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials.
  - Contaminated broken glass will be picked up with tongs, forceps, or a brush and dust pan.
  - Contaminated sharps (including needles, lancets, and broken glass) shall be disposed of in sharps containers or other non-pervious containers.
- **Laundry:** Contaminated laundry shall be:
- Handled as little as possible with a minimum of agitation.
  - Bagged or containerized at the location where it was used
  - Not be sorted or rinsed in the location of use. Bags shall be color-coded and labeled.
  - Never take home to wash.
  - Washed only by commercial laundries that have established guidelines in place for cleaning of contaminated laundry.
- Note:** Firefighters should follow the guidelines for decontamination of turnout gear as outlined in the NFPA Standard on Infection Control Procedures.
- **Communication of Hazards to Employees:** All infectious waste containers will be labeled with a bio-hazard symbol, and the words “bio-hazard”. These labels shall be fluorescent orange or orange-red, with lettering and symbols in a contrasting color. Labels shall be affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels.

- **Medical Recordkeeping:** The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020. This record shall include:
- The name and social security number of the employee.
  - A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
  - A copy of all results of examinations, medical testing, and follow-up procedures.
  - The employer's copy of the healthcare professional's written opinion.
  - A copy of the information provided to the healthcare professional.
  - The medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.
  - **Confidentiality:** The employer shall ensure that employee medical records are:
    - Kept confidential.
    - Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.
- **Training:** Employers shall ensure that all employees with occupational exposure participate in a training program, which must be provided at no cost to the employee and during working hours. Training shall be provided as follows:
- At the time of initial assignment to tasks where occupational exposure may take place.
  - At least annually, within one year of the previous training.
  - Additional training shall be conducted when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure.
  - Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
  - The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
- **Training Program:** The training program shall contain the following elements:
- An accessible copy of the regulatory text of the standard, and an explanation of its contents.
  - A general explanation of bloodborne diseases.
  - An explanation of the modes of transmission of bloodborne pathogens.

- An explanation of the employer's Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
  - An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  - An explanation of the use and limitations of engineering controls, work practices, and personal protective equipment.
    - Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
    - An explanation of the basis for selection of PPE.
    - Information on the hepatitis B vaccine.
    - Information on the actions to take in the event of an exposure, including medical follow-up.
    - Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
    - An explanation of the signs and labels and/or color coding required in the standard.
    - An opportunity for interactive questions and answers with the person conducting the training session.
- **Training Records:** Training records shall include the following information:
- Dates of the training sessions
  - Contents or a summary of the training sessions
  - Names and qualifications of persons conducting the training
  - Names and job titles of all persons attending the training sessions
  - Training records shall be maintained for 3 years from the date on which the training occurred
- **Availability:** The employer shall ensure that all records required to be maintained by the standard shall be made available upon request:
- Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, to the State and Federal Agencies.
  - Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the State and Federal Agencies.

- **Sharps Injury Log:** The employer shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The Sharps Injury Log shall contain, at a minimum:
- The type and brand of device involved in the incident.
  - The department or work area where the exposure incident occurred.
  - An explanation of how the incident occurred.
    - The requirement to establish and maintain a Sharps Injury Log shall apply to any employer who is required to maintain a Log of Occupational Injuries and Illnesses under 29 CFR 1904, OSHA 300 Log.
    - The Sharps Injury Log shall be maintained for five years following the end of the calendar year that these records cover.

## **Sources of Additional Help**

MMA , Risk Management Services - Please call Loss Control Services at (800) 590-5583 or visit our website at [www.memun.org/RMS/LC/default.htm](http://www.memun.org/RMS/LC/default.htm).

[MMA On-line Bloodborne Pathogens Training](#)

OSHA Standard: 29 CFR 1910.1030, 29 CFR 1904, online at [www.osha.gov/SLTC/bloodbornepathogens/index.html](http://www.osha.gov/SLTC/bloodbornepathogens/index.html)

OSHA Fact Sheets @ [www.osha.gov/OshDoc/data\\_BloodborneFacts/index.html](http://www.osha.gov/OshDoc/data_BloodborneFacts/index.html)

Maine Department of Labor, Safety Works @ 624-6400 @ [www.safetyworksmaine.com/safe\\_workplace/safety\\_management/osha\\_recordkeeping.html](http://www.safetyworksmaine.com/safe_workplace/safety_management/osha_recordkeeping.html)

Center for Disease Control @ [www.cdc.gov/needledisposal](http://www.cdc.gov/needledisposal)

DEP Waste Rules [mainegov-images.informe.org/dep/rwm/biomedical/pdf/ipbiomedicalwasterules.pdf](http://mainegov-images.informe.org/dep/rwm/biomedical/pdf/ipbiomedicalwasterules.pdf)

National Association of School Nurses, Eastern Office, PO Box 1300, Scarborough, ME. 04070. 207-883-2117

This information is intended to assist you in your loss control efforts. "Best Practices" are developed from available current information but may not address every possible cause of loss. We do not assume responsibility for the elimination of all hazards that could possibly cause accidents or losses. Adherence to these recommendations does not guarantee the fulfillment of your obligation under local, state, or federal laws.

**ATTACHMENT A**

**HEPATITIS B VACCINATION CONSENT**

Employee Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Consent**

I have chosen to receive the Hepatitis B vaccination due to my possible occupational exposure to blood or other potentially infectious materials that may place me at risk for Hepatitis B Virus (HBV) infection.

I have no known sensitivity to yeast or any other preservatives, am not pregnant, have not had a previous Hepatitis B infection, or am currently receiving immunosuppressive therapy.

I have been given written informational materials explaining the benefits and risks involved in receiving the Hepatitis B vaccination.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT B**

**HEPATITIS B VACCINE DECLINATION STATEMENT**

I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS I MAY BE AT RISK OF ACQUIRING HEPATITIS B (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. IF IN THE FUTURE I CONTINUE TO HAVE OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS AND I WANT TO BE VACCINATED WITH HEPATITIS B VACCINE, I CAN RECEIVE THE VACCINATION SERIES AT NO CHARGE TO ME.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Job Title: \_\_\_\_\_

**ATTACHMENT C**  
**HEPATITIS B VACCINATION RECORD**

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Hepatitis B Vaccinations:

	Dose #1	Dose #2	Dose #3
<b>Date:</b>			
<b>Signature:</b>			
<b>Lot Number:</b>			

Documentation of Previous Vaccination:

Copy Attached \_\_\_\_\_

Date Done: \_\_\_\_\_

Results of Antibody Testing:

Copy Attached \_\_\_\_\_

Date Done: \_\_\_\_\_

Documentation of Medical Contraindication:

Copy Attached \_\_\_\_\_

Date Done: \_\_\_\_\_

Consent form for HBV Immunization Signed:

Copy Attached \_\_\_\_\_

Date Done: \_\_\_\_\_

**ATTACHMENT D**  
**EXPOSURE INCIDENT REPORT**

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_

Job Title: \_\_\_\_\_ Department / Location: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date Incident Reported: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Individual Reported to: \_\_\_\_\_

Title: \_\_\_\_\_ Date Exposure Control Officer Notified: \_\_\_\_\_

Initial of Exposure Control Officer: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Description of Incident (including time of exposure, route, circumstances)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identification of Source Individual: \_\_\_\_\_

First Aid Given: \_\_\_\_\_

Referral to HealthCare Provider: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Exposure Control Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT E**

**SOURCE INDIVIDUAL MEDICAL RELEASE/ REFUSAL FORM**

Source Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

You have been involved in an incident that has exposed the following employees to your blood or body fluids:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission for Source Individual's Medical Release:

I hereby grant permission to have my blood drawn and tested to determine if I am a carrier of a bloodborne disease. I also grant permission to have the test results released to the individuals listed above, and to the health care providers performing the follow-up evaluations.

Source Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Refusal for Source Individual's Medical Release:

I have had the exposure evaluation process explained to me and I hereby refuse to consent to blood testing to determine my infectious status with regard to bloodborne pathogens, including but not limited to Hepatitis B Virus (HBV, Hepatitis C Virus (HCV), or Human Immunodeficiency Virus (HIV). I understand that by refusing to do so, those individuals who were exposed to my blood or body fluids will have limited information to determine their potential for contracting these diseases.

Source Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT F**  
**FORM LETTER TO HEALTH CARE PROVIDER**

**Dear Health Care Provider:**

Based upon the attached Exposure Incident Report, the following employee sustained an occupational exposure to bloodborne pathogens. Under the Occupational Safety and Health Administration Bloodborne Pathogen Standard 29 CFR 1910.1030, we are obligated to request a medical evaluation and follow-up for this employee.

You are being provided with the following information:

- A copy of the OSHA Standard.
- A copy of the Exposure Incident Report.
- Information on the source individual.
- A copy of the exposed employee's medical records relevant to this exposure and his/ her HBV vaccine status.

Please verify within 15 days, that the exposed employee has been informed of the following:

- The results of the evaluation.
- Any medical condition resulting from exposure.
- Any further evaluation or treatment needed.

Please send the verification letter to my attention. If you have any questions, please contact me.

Sincerely,

