

CITY OF TURLOCK  
FIRE DEPARTMENT  
BLOODBORNE PATHOGENS CONTROL PLAN



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# Statement of Purpose

The Turlock City Fire Department strives to provide a safe and healthful workplace for employees. The purpose of this plan is to prevent or minimize employees' occupational exposure to blood and Other Potentially Infectious Materials (OPIM), by establishing, implementing and maintaining an effective exposure control plan as required by the bloodborne pathogens regulation in the *California Code of Regulations, Title 8, Section 5193* and *OSHA 1910.1030*

Copies of this plan are kept in Human Resources and Fire Administration. It is available for review by any employee at any time. This plan can also be found on the Turlock City Fire Department intranet.

The plan will be reviewed and updated no less than annually and whenever:

- New tasks are implemented, or;
- Tasks are changed, or;
- New employee positions with potential exposure are added, or;
- An exposure incident indicates the need for a revision in the plan.

## PROGRAM ADMINISTRATION

- The Turlock City Fire Department Designated Infection Control Officer is responsible for implementation of the Exposure Control Plan (ECP). The Turlock City Fire Department Designated Infection Control Officer will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- The Turlock City Fire Department Designated Infection Control Officer will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Turlock City Fire Department Designated Infection Control Officer will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

- The Turlock City Fire Department Designated Infection Control Officer will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- The Turlock City Fire Department Designated Infection Control Officer will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

## Occupational Exposure Determination

Turlock City Fire Department employees have occupational exposure to bloodborne pathogens. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM (including various contaminated body fluids, unfixed human tissues or organs other than skin, and other materials known or reasonably likely to be infected with human immunodeficiency virus [HIV] or hepatitis B virus [HBV] or hepatitis C virus [HCV]) that may result from the performance of an employee's duties. Exposure determinations are made based on job description and without regard for the use of Personal Protective Equipment (PPE).

### Level A Employees:

The following job classifications have been identified as those in which all employees have occupational exposure to blood or other potentially infectious materials:

Job Title	Task
Battalion Chief	Patient Care, First Aid, CPR, Vehicle Extrication, Cleaning contaminated equipment
Captain	Patient Care, First Aid, CPR, Vehicle Extrication, Cleaning contaminated equipment
Engineer	Patient Care, First Aid, CPR, Vehicle Extrication, Cleaning contaminated equipment
Fire Fighter	Patient Care, First Aid, CPR, Vehicle Extrication, Cleaning contaminated equipment

### Level B Employees:

The following job classifications have been identified as those in which *some* employees have occupational exposure to blood or other potentially infectious materials:

Job Title	Task
Chief	Patient Care, First Aid, CPR, Vehicle Extrication, Cleaning contaminated equipment
Division Chief	Patient Care, First Aid, CPR, Vehicle Extrication, Cleaning contaminated equipment

### Level C Employees:

Employees in any other job classification not included in A or B above will be covered under this program only after an occupational exposure has occurred.

# Methods of Compliance

Standard precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

## ***Engineering and Work Practice Controls***

The following work practices are designed to eliminate or minimize employee exposure. All engineering and work practices will be examined thoroughly and modified, if indicated, when an exposure incident occurs. The specific engineering controls and work practice controls used are listed below:

1. Needles and Sharps (A sharp includes, but is not limited to needles, needle devices, scalpels, lancets and broken glass.)
  - a. Disposable needles and sharps shall not be bent, recapped, sheared, broken or removed from devices.
  - b. Disposable needles and sharps are placed in closable, puncture resistant containers, which are leak proof on the sides and bottom as soon as possible and labeled with the "Biohazard" symbol or the color red.
  - c. All handling of needles and sharps shall be done in compliance with the engineered sharps prevention system. This includes but is not limited to the use of tongs, tweezers, pliers or other instruments that have been approved as part of the engineered sharps protection system.
  - d. Containers for contaminated sharps will be:
    - i. Made accessible to those employees who are most likely to encounter contaminated materials.
    - ii. Rigid, puncture resistant, leak proof on the sides and bottom.
    - iii. Maintained in a secure location throughout use transport.

- iv. Replaced when they are 3/4's full.
  - v. Closed immediately prior to removal or replacement.
2. Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a reasonable likelihood of exposure.
- a. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, countertops or bench tops where blood or other potentially infectious materials are present.
  - b. All procedures involving blood or other potentially infectious materials will be performed in a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
  - c. Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited.
3. Equipment which may become contaminated with blood or other potentially infectious material is examined prior to servicing and is decontaminated, if feasible. If not feasible, a readily observable "Biohazard" label indicating which portions are contaminated shall be affixed to the equipment. This information must be conveyed to all potentially affected employees, service representative and/or the manufacturer, as appropriate.

### ***Personal Protective Equipment***

1. Appropriate protective equipment, which 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 the time which the protective equipment is in use, includes but is not limited to:
- a. Single use or utility gloves.
    - i. Single use gloves are replaced as soon as practical when contaminated and as soon as feasible when torn or punctured.

- ii. Single use gloves are not washed or decontaminated for reuse.
- iii. Utility gloves are replaced when there are signs of deterioration or compromise.
- iv. For employees allergic to any specific type of gloves, one of the following gloves are provided:
  - a) Hypoallergenic gloves.
  - b) Glove liners.
  - c) Alternate glove type
- b. Gowns or coats.
- c. Face shields, masks, or eye protection.
  - i. Goggles or glasses with solid side shields or chin length face shields are worn whenever splashes, spray, spatter, or droplets may be generated.
  - d. Resuscitation bags or other ventilation devices.
- 2. Personal protective gear, in appropriate sizes, which is designed to prevent the passage of potentially infectious materials is provided, at no cost, to all employees covered under this policy and, shall be worn whenever in the presence of blood or an OPIM.
- 3. If an employee, temporarily and briefly, declines to use personal protective equipment because, in their professional judgment, it would have prevented the delivery of health care or would have posed an increased hazard to the worker or a coworker, the Turlock City Fire Department will investigate and document the circumstances in order to determine whether changes in procedures should be instituted to prevent such occurrences in the future.
- 4. Personal protective equipment is:
  - a. Removed as soon as feasible following penetration by blood or other potentially infectious material.
  - b. Placed in a designated area or container for storage, washing, decontamination or disposal.
  - c. Removed before leaving the work area.

5. Hand washing facilities are readily available in all buildings operated by the City.
6. Hand washing will be done as soon as feasible after removal of gloves.
7. Following contact with blood or potentially infectious materials:
  - a. Hand washing is done as soon as feasible.
  - b. Skin in contact with infectious materials is washed as thoroughly as possible.
  - c. Mucous membranes in contact with infectious materials will be flushed with water.

### ***Housekeeping***

1. Small spills of blood and other bodily fluids requiring Standard Precautions shall first be removed with absorbent material. The area will then be cleaned and disinfected with an anti-bacterial, veridical, tuberculodial, fungicidal cleaning agent meeting the cleaning guidelines outlined on the agent's directions.
2. Large spills of blood shall be flooded with a liquid germicide before cleaning and then disinfected with fresh germicidal chemical after the spill has been removed with absorbent material.
3. Chemical germicides that are EPA approved for use as "hospital disinfectants" and are tuberculodial at recommended dilutions can be used for disinfection for the above type spills.
4. Electrical equipment may require special procedures that are described in the manufacturer's instructions.
5. All bins, pails, cans and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials, shall be inspected and decontaminated immediately or as soon as feasible on visible contamination.
6. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or other such instruments, outlined in the Engineered Sharps Injury Prevention Guidelines.



7. If outside contamination of a regulated waste container occurs, it shall be placed in a second container. The second container shall be:
  - a. Closable;
  - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
  - c. Labeled and color coded;
  - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
8. All equipment that has the potential to be exposed to blood or an OPIM shall be regularly cleaned with the appropriate cleaning agent, as dictated by department guidelines.
9. Disposal of all regulated waste shall be in accordance with applicable regulations.

### ***Laundry***

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
  - a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
  - b. Contaminated laundry shall be placed and transported in bags or containers labeled and color coded in compliance with Standard Precautions and designed to prevent leakage or soak-through.
2. Employees who have any contact with contaminated laundry will wear protective gloves and other appropriate protective equipment.
3. Contaminated Turnouts
  - a. For extreme contamination with body fluids, removal of the contaminants by flushing with water as soon as possible is necessary, followed by appropriate cleaning.
    - i. In the case of bloodborne pathogens, recommended decontamination procedures include using a .5 to 1% concentration of Lysol, or a 3-6% concentration of stabilized hydrogen peroxide.
    - ii. Liquid glutaraldehyde, available through commercial sources, will also provide high to intermediate levels of disinfectant activity.
  - b. The current edition of NFPA 1851 states that if a garment is verified as having been exposed to chemical, biological or radiological agents, that garment should be immediately removed from service and retired. When decontamination is not possible, the garments should be discarded in accordance with local, State and Federal regulations. Garments that are discarded should be destroyed

## Compliance Monitoring

1. The Turlock City Fire Department Designated Infection Control Officer will be responsible for ensuring that all personnel are following prescribed infection control practices and procedures.
2. The Turlock City Fire Department Designated Infection Control Officer will work in conjunction with other officers of the Turlock City Fire Department to monitor compliance.
3. Each employee shall comply with prescribed infection control practices and procedures and occupational safety and health standards and all rules, regulations, and orders issued.

## HBV Vaccination and Post-Exposure Evaluation

**General :** The Turlock City Fire Department shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

- a. Made available at no cost to the employee;
- b. Made available to the employee at a reasonable time and place;
- c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place
- e. The Turlock City Fire Department shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
- f. The Turlock City Fire Department shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

## ***Hepatitis B Vaccination***

- a. Hepatitis B vaccination shall be made available after the employee has received the training required in “**Information and Training**” section of this document, and within 10 working days of initial assignment to all employees who have occupational exposure, unless 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.
- b. Participation in a pre-screening program is not a pre-requisite for receiving HBV vaccination.
- c. HBV vaccination will be made available to an employee who initially declined vaccination and who is covered by the OSHA standard at the time of the request.
- d. Any employee, covered by the OSHA standard who declined HBV vaccination is required to sign the Hepatitis B vaccine Declination statement.
- e. Routine booster doses of HBV vaccine will be available, at no cost to the employee, if such booster doses are recommended by the U.S. Public Health Service.
- f. A copy of the OSHA regulations of Occupational Exposure to Bloodborne Pathogens has been provided to the health care provider responsible for the HBV vaccination program.

## ***POST-EXPOSURE EVALUATION AND FOLLOW-UP***

Should an exposure incident occur, contact the on-duty Battalion Chief. Each on-duty Battalion Chief has been authorized to act as a Turlock City Fire Department Designated Infection Control Officer.

An immediately available confidential medical evaluation and follow-up will be conducted by Work Wellness between the hours of 0800 – 1700 or Emanuel Medical Center Emergency Department after hours.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed

- a. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- b. Identification and documentation of the source individual, unless the Turlock City Fire Department can establish that identification is infeasible or prohibited by state or local law;

- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Turlock City Fire Department shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- f. The exposed employee's blood shall be collected as soon as feasible and tested for HBV and HIV serological status after consent is obtained.
- g. If the employee consents to baseline blood collection, but does not give consent at that time 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 feasible.
- h. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- i. Counseling; and
- j. Evaluation of reported illnesses.

#### ***ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP***

- a. The Turlock City Fire Department Designated Infection Control Officer ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

- b. The Turlock City Fire Department Designated Infection Control Officer ensures that the health care professional evaluating an employee after an exposure incident receives the following:
  - i. a description of the employee's job duties relevant to the exposure incident
  - ii. route(s) of exposure
  - iii. circumstances of exposure
  - iv. if possible, results of the source individual's blood test
  - v. relevant employee medical records, including vaccination status
  
- c. The Turlock City Fire Department Designated Infection Control Officer provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

***PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT***

- a. The Turlock City Fire Department Designated Infection Control Officer will review the circumstances of all exposure incidents to determine:
  - i. engineering controls in use at the time
  - ii. work practices followed
  - iii. a description of the device being used (including type and brand)
  - iv. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
  - v. location of the incident
  - vi. procedure being performed when the incident occurred
  - vii. employee's training
  
- b. The Turlock City Fire Department Designated Infection Control Officer will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
  
- c. If revisions to this ECP are necessary the Turlock City Fire Department Designated Infection Control Officer will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

# Communication of Hazards to Employees

## **Labels**

- a. Labels
  - i. Warning labels shall be affixed to containers of regulated waste
  - ii. Labels required by this section shall include the following legend



- iii. Or in the case of regulated waste the legend:
    1. BIOHAZARDOUS WASTE or SHARPS WASTE as described in Health and Safety Code Sections 118275 through 118320.
- b. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- c. Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- d. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled.
- e. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.
- f. Regulated waste that has been decontaminated need not be labeled or color-coded.

# Information and Training

## ***The training program on occupational exposure to bloodborne pathogens is:***

- a. Provided to all employees, with occupational exposure, during work hours and at no cost to the employee.
- b. Provided at the time of initial assignment to tasks where occupational exposure may occur.
- c. Follow-up training is provided at least annually within one year of previous training.
- d. Is modified when new tasks or procedures are instituted and additional training provided to cover the modifications.
- e. Is appropriate in content and vocabulary to the literacy and language of the employee.

## ***The training program contains:***

- a. An accessible copy of the text of the OSHA standard on occupational exposure to bloodborne pathogens and an explanation of its content.
- b. A general explanation of the epidemiology and symptoms of bloodborne pathogens.
- c. An explanation of the modes or transmission of bloodborne pathogens.
- d. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.
- e. An explanation of the appropriate method for recognizing tasks or activities that may involve exposure to blood and / or OPIM ( other potentially infectious materials).
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure; i.e., engineering controls, work practices, and personal protective equipment.
- g. Information on types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- h. An explanation of the basis for selection of personal protective equipment.
- i. Information on the hepatitis B Vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- j. Information on the appropriate action to take and persons to contact in an emergency involving Blood and / or OPIMs.

- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log.
- l. Information on the post-exposure evaluation and follow-up that will be provided.
- m. An explanation of the signs and labels and color coding.
- n. An opportunity for interactive questions and answers.

## Recordkeeping

### ***Medical Records***

- a. The Turlock City Fire Department shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020. This record shall include:
  - i. The name and social security number of the employee;
  - ii. A copy of all results of examinations, medical testing, and follow-up procedures.
  - iii. The Turlock City Fire Department's copy of the healthcare professional's written opinion.
  - iv. A copy of the information provided to the healthcare professional.
  - v. The Turlock City Fire Department shall maintain the records required for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.
- b. The Turlock City Fire Department shall ensure that employee medical records required are:
  - i. Kept confidential; and
  - ii. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

### ***Training Records***

- a. Training records shall be maintained for 3 years from the date the training occurred and must include the following information:
  - i. The dates of the training sessions;
  - ii. The contents or a summary of the training sessions;
  - iii. The names and qualifications of persons conducting the training; and
  - iv. The names and job titles of all persons attending the training sessions.



### ***Availability***

- a. Employee training records required by this section shall be provided upon request for examination and copying to employees, employee representatives, the OSHA Department Director, and OSHA Assistant/ Secretary.
- b. Employee medical records required by this section shall be provided upon request for examination and copying to the subject employee, anyone having written consent of the subject employee, OSHA in accordance with 29 CFR 1910.1020.

### ***Sharps Injury Log***

- a. The Turlock City Fire Department 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:
  - i. The type and brand of device involved in the incident;
  - ii. The department or work area where the exposure incident occurred; and
  - iii. An explanation of how the incident occurred.
- b. The sharps injury log shall be maintained for the period required by 29 CFR 1904.

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

HEPATITIS B VACCINATION 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 virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B Vaccine, at no charge to myself. However, I decline the 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.

I further have been informed that, 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 myself.

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

Employee Name (Please Print) \_\_\_\_\_

I have already had this vaccination series and will provide documentation to verify the date and who vaccinated me for hepatitis B.

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

Employee Name (Please Print) \_\_\_\_\_

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**HEPATITIS B VACCINE ACCEPTANCE STATEMENT**

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I accept and would like to be scheduled to take the vaccine.

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

Employee Name (Please Print) \_\_\_\_\_

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**POST-EXPOSURE REPORT TO HEALTHCARE PROVIDER**

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

Date of Exposure Incident \_\_\_\_\_

Time of Exposure Incident \_\_\_\_\_

1. Referred for Post-exposure evaluation and follow-up:

Name of Healthcare Provider \_\_\_\_\_

Date and time of Evaluation \_\_\_\_\_

2. Employee previously vaccinated against HBV infection:

Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_

3. Description of employee's duties during the exposure incident:

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

4. The route of exposure was:

a. Needle stick with suspected contaminated needle to \_\_\_\_\_

b. Piercing of skins with contaminated sharp to \_\_\_\_\_

c. Splashing/spraying of blood or other potentially infections material

to \_\_\_\_\_

d. Other (describe) \_\_\_\_\_

5. Describe the circumstances under which the exposure occurred:

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

6. The source individual is known \_\_\_\_\_ unknown \_\_\_\_\_

a. If known, is known to be infected with HBV \_\_\_\_\_ HIV \_\_\_\_\_

b. In accordance with state and local laws, consent is required for blood testing.

Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, consent obtained (document) Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, specimen obtained and tested. Yes \_\_\_\_\_ No \_\_\_\_\_

3. If yes, results are \_\_\_\_\_

4. If no, specimen available and tested. Yes \_\_\_\_\_ No \_\_\_\_\_

5. If yes to #4, results are \_\_\_\_\_

7. Pertinent employee medical records given to provider. Yes \_\_\_\_\_ No \_\_\_\_\_

ADDITIONAL REVISION DATES: JUNE, 2010, DECEMBER, 2004, JULY, 2003, MAY, 2003,  
DEC, 2002, OCT, 2002, JUNE, 2001, JUNE, 1995