|  |
| --- |
| Last Date of Revision: 11/2/2017 |



Bloodborne Pathogens Exposure Control Plan

Original Version 12/5/17

Contents

[Contact Information 3](#_Toc498518747)

[1. Policy Statement 4](#_Toc498518748)

[2. Definitions and Abbreviations 5](#_Toc498518749)

[2.1. Glossary 5](#_Toc498518750)

[3. Roles and Responsibilities 9](#_Toc498518751)

[3.1. Department of University Safety and Assurances Bloodborne Pathogens Program 9](#_Toc498518752)

[3.2. Principal Investigators and Supervisors 9](#_Toc498518753)

[4. Employee Exposure Determination 9](#_Toc498518754)

[4.1. At-Risk Employees 9](#_Toc498518755)

[4.2. Possible Exposure Routes 10](#_Toc498518756)

[5. Methods of Implementation and Control 10](#_Toc498518757)

[5.1. Universal Precautions 10](#_Toc498518758)

[5.2. Exposure Control Plan 11](#_Toc498518759)

[5.3. Engineering Controls and Work Practices 11](#_Toc498518760)

[5.3.1. Blood or bodily fluid cleanup 11](#_Toc498518761)

[5.3.2. Needles and Sharps 12](#_Toc498518762)

[5.4 Personal Protective Equipment (PPE) 13](#_Toc498518763)

[5.5. Housekeeping (Decontamination of Waste) 14](#_Toc498518764)

[5.5.1. Decontamination of Infectious Waste 14](#_Toc498518765)

[5.5.2 Disposal of Decontaminated Waste and Sharps Containers **Error! Bookmark not defined.**](#_Toc498518766)

[5.5.3. Laundry 17](#_Toc498518767)

[5.5.4. Labels 18](#_Toc498518768)

[6. Hepatitis B Vaccination 19](#_Toc498518769)

[7. Post-Exposure Evaluation and Follow-Up 19](#_Toc498518770)

[7.1. Employees 19](#_Toc498518771)

[7.1.1. Immediately following exposure: 19](#_Toc498518772)

[7.1.2. At the Medical Care Provider: 20](#_Toc498518773)

[7.1.3. Within 24 hours of the time of the accident or injury: 20](#_Toc498518774)

[7.1.4. Following Up Post-Exposure: 20](#_Toc498518775)

[7.2. Supervisors 21](#_Toc498518776)

[7.3. Human Resources 21](#_Toc498518777)

[7.4. Bloodborne Pathogens Program 22](#_Toc498518778)

[7.4.1. Post-Exposure 22](#_Toc498518779)

[7.4.2. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident 22](#_Toc498518780)

[8. Employee Training 23](#_Toc498518781)

[8.1 Occupationally Exposed Employees and At-Risk Employees (Non-Research) 23](#_Toc498518782)

[8.1.1. Employees 23](#_Toc498518783)

[8.1.2. Supervisors 24](#_Toc498518784)

[8.2 Researchers and Principal Investigators 24](#_Toc498518785)

[8.2.1. Principal Investigator Responsibilities 25](#_Toc498518786)

[9 Recordkeeping 25](#_Toc498518787)

[9.1 Training Records 25](#_Toc498518788)

[9.2 Medical Records 26](#_Toc498518789)

[9.3 OSHA Recordkeeping 26](#_Toc498518790)

[9.4 Sharps Injury Log 26](#_Toc498518791)

[Appendix A: Hepatitis B Consent/ Declination Statement 27](#_Toc498518792)

[Hepatitis B Statement Acknowledgement 28](#_Toc498518793)

[Hepatitis B Vaccine Declination Form (Mandatory) 29](#_Toc498518794)

[Appendix B: Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogen Exposure 30](#_Toc498518795)

# Contact Information

Bloodborne Pathogens Program Manager:

 Jill McClary-Gutierrez, Biological Safety Officer

 Engelmann Hall, Room 270

 2033 E. Hartford Ave.

 Milwaukee, WI 53201

 Phone: (414) 588- 4261

 E-mail: mcclary@uwm.edu

Departmental/ College/ Division Contact for Bloodborne Pathogens Documentation Records:

Campus Police Department:

 Police Chief Joseph LeMire

 E-mail: lemire@uwm.edu

3410 N. Maryland Avenue

Milwaukee, WI 53211

Emergency (from off-campus phone): (414) 229-9911

On-campus phone: 9911 (emergency line)

Non-emergency: (414) 229-4627

Hepatitis B Vaccine Administration:

Columbia St. Mary’s Corporate WORx

262-268-3185

# Policy Statement

This Exposure Control Plan includes all elements required by the OSHA bloodborne pathogens standard (29 CFR 1910.1030) for the University of Wisconsin-Milwaukee Campus. Each department and/ or division/ college is required to complete the individual parts specific to their departments and keep a record of the exposure control plan, along with all applicable training documentation, in a secure location.

The University of Wisconsin-Milwaukee is committed to providing a safe and healthy work environment for our staff, faculty, and students. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

* Determination of employee exposure
* Implementation of various methods of exposure control, including:
	+ Universal precautions
	+ Engineering and work practice controls
	+ Personal protective equipment
	+ Housekeeping
* Hepatitis B vaccination
* Post-exposure evaluation and follow-up
* Communication of hazards to employees and training
* Recordkeeping
* Procedures for evaluating circumstances surrounding exposure incidents
* Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

# Definitions and Abbreviations

## 2.1. Glossary

**Acquired Immunodeficiency Syndrome (AIDS):** A syndrome that is the result of the depletion of CD4 T helper cells by HIV over time leading to the increase in opportunistic infections.

**Biohazardous Waste**: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials 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, also called **Regulated Waste**.

**Blood**: human blood, human blood components and products made from human blood.

**Bloodborne Pathogens (BBP):** pathogenic microorganisms that can cause disease in humans.

These pathogens include but not limited to hepatitis B (HBV) and human immunodeficiency

virus (HIV). These pathogens have been detected in blood, blood components, urogenital secretions, urine, saliva, and cerebrospinal fluid. Of these materials, human blood presents

the greatest potential for transmitting infections.

**Body Substance Isolation (BSI)**: a practice of isolating all body substances (blood, urine,

feces, etc.) of individuals undergoing medical treatments, particularly emergency medical

treatment of those who might be infected with illnesses’ such as HIV or hepatitis to

reduce as much as possible the chances of transmitting these illnesses. BSI is similar in

nature to universal precautions, but goes further in isolating workers from pathogens,

including substances not currently known to carry bloodborne pathogens.

**Code of Federal Regulations (CFR):** Codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

**Clinical Laboratory:** a workplace where diagnostic or other screening procedures are

performed on blood or other potentially infectious material.

**Contaminated:** the presence of blood or the reasonably anticipated presence of blood or

other potentially infectious materials (on a surface or item).

**Contaminated Laundry:** laundry which has been soiled with blood or other potentially

infected material or which may contain sharps.

**Contaminated Sharps**: any contaminated objects that can penetrate the skin including, but

not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of

dental wire.

**Decontamination**: the use of physical or chemical means to remove, inactivate, or destroy

bloodborne pathogens (on a surface or item) to the point where they no longer capable of

transmitting infectious particles; and the surface or item is rendered safe for handling, use, or

disposal.

**Engineering Controls:** (e.g., sharps disposal containers, self-sheathing needles) controls that

isolate or remove the bloodborne pathogen hazards from the workplace.

**Exposure Control Plan (ECP):** the OSHA Bloodborne Pathogens Standard requires that every employer with employees at occupational risk of exposure to bloodborne pathogens "establish a written control plan designed to minimize or eliminate employee exposure." The plan must: identify all employees with occupational exposure, specify measures which must be taken to minimize exposure risk, and develop procedures for evaluating exposure incidents.

**Exposure Incident:** a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Gloves:** The most widely used form of personal protective equipment. They act as a primary

barrier between hands and bloodborne pathogens. Latex or vinyl gloves are used for medical, dental or laboratory procedures. Heavy duty utility gloves may be used for housekeeping duties.

**Hand washing Facilities:** a facility providing an adequate supply of running potable water, soap,

and single-use towels.

**Hepatitis B Virus (HBV):** A double-stranded DNA virus that can integrate into a host genomes liver cells (hepatocytes) and become a persistent infection. It is one of the major bloodborne pathogens.

**Hepatitis B Vaccine:** A routine childhood vaccine, given in a series of three doses, with the typical dose beginning at birth. It is offered to all at-risk employees at no cost to the employee as part of compliance with the OSHA Bloodborne Pathogen Standard NR 1910.1030.

**Hepatitis C Virus (HCV):** A single-stranded RNA virus that infects hepatocytes (liver cells) and causes a persistent infection. It is a major cause of liver cancer, and one of the major bloodborne pathogens. There is no vaccine available.

**Human Immunodeficiency Virus:** A bloodborne pathogen virus that attacks specific immune cells, impairing the body’s ability to respond to infectious pathogens. Infections are lifelong and lead to the depletion of the T helper cells, leading to the onset of AIDS.

**Institutional Biosafety Committee (IBC):** campus committee that reviews and approves

recombinant DNA activities and other activities that may pose a biological hazard. All research involving blood and OPIM is required to be registered with the biological safety program at UWM.

**Needleless Systems:** devices that do not use needles for: the collection of bodily fluids or

withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Medical waste**: sharps contaminated with blood, infectious or biologically contaminated material that can cause accidental injury.

**Occupational Exposure:** reasonably anticipated skin, eye, mucous membrane, or parenteral

contact with blood or any other potentially infectious material that may result from the performance of an employee's duties.

**Occupational Safety and Health Administration (OSHA):** A Federal Government organization that is part of the U.S. Department of Labor that sets and enforces standards and providing training, outreach, education, and assistance to assure a safe and healthful working condition for working individuals.

**Other Potentially Infectious Materials (OPIM)**: includes the following: (1) human body fluids:

cerebrospinal, synovial, pleural, pericardial, peritoneal, amniotic, semen, vaginal secretions saliva in dental procedures; all body fluids, secretions, and excretion except sweat; all body fluids in situations when it is difficult to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human living or dead; (3) HIV-containing cell or tissue culture, organ culture, and HIV, HCV, or HBV-containing culture medium or other solutions; and (4) blood, organs or other tissues from experimental animals infected with HIV, HCV, or HBV.

**Parenteral:** Piercing of mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (PPE)**: Specialized clothing or equipment worn by an employee for protection against a hazard. It includes: gloves, gowns, face shields, masks, protective eyewear, mouthpieces and resuscitation bag or other ventilation devices. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

**Production Facility**: Facility engaged in industrial-scale, large volume (10 liters or more) or high

concentration production of HIV, HBV, or HCV.

**Regulated Waste**: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials 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, also called **Biohazardous Waste**.

**Research Laboratory:** A laboratory producing or using research laboratory scale amounts of HIV, HCV, or HBV. Research laboratories may produce high concentrations of HIV, HCV, or HBV but not in the volume found in production facilities.

**Routes of Exposure:** Include the inadvertent introduction of blood or infectious materials by

parenteral or percutaneous inoculation, direct contact with skin broken by cuts, scratches, abrasions, or dermatitis, and exposure of mucous membranes to droplets.

**Sharps Injury Log:** A 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. This log will contain: the type and brand of device involved in the incident, the department or work area where the exposure incident occurred, and an explanation of how the incident occurred. The Worker’s compensation form can be used as the sharp injury log. Document the required information listed above on the form. Also keep a copy of the submitted form for future reference.

**Sharps:** An item that is designed to cut or puncture skin. Sharps include unused, disinfected or

contaminated: needles, syringes with needles, scalpel blades, lancets, and razor blades, broken vials and laboratory slides contaminated with infectious agents or human blood.

**Sharps with Engineered Sharps Injury Protections:** A non-needle sharp or a needle device used

for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Standard Precautions:** Concept that synthesizes the major features of Universal Precautions and Body Substance Isolation and applies them to all patients receiving care in hospitals and clinics, regardless of their diagnosis or presumed infection status. Standard Precautions apply to: blood, all body fluids, secretions, and excretions regardless of whether they contain visible blood (the only exception is sweat), non-intact skin, and mucus membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital and clinic setting.

**Sterilize:** The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions:** An approach to infection control. According to the concept of Universal

Precautions, all human blood and certain other human body fluids are treated as if known to be

infected with HIV, HBV, or other bloodborne pathogens.

**Work Practice Controls**: That reduce the likelihood of exposure by altering the way a task is performed (e.g., prohibiting the recapping of needles by a two-handed technique).

# Roles and Responsibilities

## 3.1. Department of University Safety and Assurances Bloodborne Pathogens Program

The Department of University Safety and Assurances will maintain, review, and update the Exposure Control Plan (ECP) at least annually, and whenever necessary to include new or modified tasks and procedures. The Department of University Safety and Assurances will also provide training and maintain a sharps injury log for the institution.

The Bloodborne Pathogens Program Manager will be responsible for training, documentation of training, and making the written ECP available to departmental supervisors, principal investigators (PIs), research personnel, at-risk employees, OSHA, and NIOSH representatives. The exposure control plan will be made readily available at:

## 3.2. Principal Investigators and Supervisors

The Supervisors and Principal Investigators are responsible for providing a local ECP

The Department of University Safety and Assurances Bloodborne Pathogens Program is (are) responsible for implementation of the ECP. 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 Department Supervisor or Lab Manager 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. It is the responsibility of the department/ program supervisor or principal investigator (PI) to ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The departmental supervisor and/ or PI 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.

# Employee Exposure Determination

## 4.1. At-Risk Employees

Any employees that is at risk for exposure to human blood and other potentially infectious materials (OPIM) are included in the list below. The following is a list of all job classifications at The University of Wisconsin-Milwaukee in which all employees have occupational exposure risks to human blood and OPIM. These include all full-time, part-time, students, and temporary employees in these positions.

* Campus Police and Security Officers
* Lifeguards
* Athletic Trainers
* Klotsche Pavilion Center Supervisors
* Norris Health Center Supervisors and Staff

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals. These include all full-time, part-time, students, and temporary employees in these positions.

* Researchers, instructors, and lab technicians working with human cells, bloodborne pathogens, or unpreserved human tissues
* Custodial and housekeeping staff
* Plumbers
* Faculty and staff working with clients/ patients in clinical or teaching settings
* Children’s Center employees

## Possible Exposure Routes

The following identifies ways an employee may be exposed to blood or OPIM:

* Cleaning up any blood or body fluid spill
* Handling contaminated waste or laundry
* Providing emergency services or functions in public safety where delivery of trauma care is possible
* Removing, preparing, and/ or storing any unfixed tissue or organ from a human
* Providing patient care
* Culturing or handling of human cells and/ or blood-borne viruses

# Methods of Implementation and Control

## 5.1. Universal Precautions

All employees will utilize universal precautions. At UWM, all blood or other potentially contaminated body fluids shall be considered to be infectious. Treat all body fluid as other potentially infectious materials (OPIM).

## 5.2. Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.

All employees can review this plan at any time during their work shifts by contacting the Bloodborne Pathogens Program. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Bloodborne Pathogens Program Manager, is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

## 5.3. Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are

listed below:

### 5.3.1. Blood or bodily fluid cleanup

The following materials are necessary for cleaning up any blood or OPIM spills:

* Labeled biohazard bags.
* Freshly prepared solution of 10% household bleach (1 part bleach, 9 parts water), or any other approved disinfectant (see approved disinfectants for HIV/ HBV)
* Inert absorbing material, such as paper towels, kitty litter, diatomaceous earth, hy-dri, or absorbent pads.
* A dust pan and a hand brush, or tongs (for picking up broken glass).
* PPE, including: disposable gloves, goggles, face shield, face masks, coveralls, and paper booties.
* Antiseptic wipes.

If you need to clean up a spill of blood or OPIM, follow these procedures:

* Mark off the spill area so no one accidentally enters the spill area.
* If the spill is unusually large, contact your supervisor to determine needs for clean-up. University Safety and Assurances can assist with determining these needs.
* Put on PPE to properly handle the cleanup. This requires gloves, goggles, a mask or chin-length face shield, and impervious coveralls to cover up clothing.
* Place the absorbent material, such as paper towels, on the spill site. Other absorbent materials, such as kitty litter or diatomaceous earth are to be placed on the site in such a way that no liquid remains. This can be checked by gently pushing on the solid material with a paper towel, then placing paper towels over the solid materials.
* Cover the entire spill area (which now contains the absorbent material) with disinfectant (such as 10% bleach). Pour the disinfectant carefully as to ensure that there are no splashes or aerosols generated.
* Let the disinfectant sit on the spill area for 20 minutes.
* If there are sharps, remove the sharps using tongs and place into a rigid, puncture-proof and leak-proof container.
* Carefully place the absorbent materials into a biohazard bag. Place the biohazard bag in a secondary container, such as a clearly labeled bin.
* Clean the spill area a second time by wiping down the area with the disinfectant and place the materials into the biohazard bag.
* Carefully remove all PPE and place into the biohazard bag. Goggles and reusable face shields can be disinfected, rinsed, and reused.
* Disinfect any reusable tools, equipment, and supplies.
* Wash hands, face, arms, and any other exposed body part for a minimum of 20 seconds with warm water and soap.
* Record the incident and ensure that your supervisor has been notified.
* Contact the Hazardous Waste Program to determine how to best remove the biohazardous waste for decontamination.

If you spill any blood or OPIM on you directly, follow these procedures:

* Wash all areas that the spill has occurred on as soon as possible.
* For clothing: remove contaminated clothing and then wash areas where exposure is evident, taking a shower if necessary.
* If blood comes in contact with your mucous membranes (eyes, nose, lips) rinse with lukewarm water for 15 minutes.
* If there is any contact with an opening in the skin, wash thoroughly and notify supervisor of exposure.
* Wash your hands with antiseptic cleaner and water if you are exposed to any OPIM.
* Any exposure of your skin or mucous membranes to blood or OPIM is an exposure incident and must be reported to your supervisor and to worker’s compensation.

### 5.3.2. Needles and Sharps

Sharps disposal containers are inspected and maintained as necessary to prevent overfilling by the PI or supervisor. The Department of University Safety and Assurances will identify the need for changes in engineering control and work practices through employee interviews, safety committee recommendations, and annual ECP reviews. Contaminated needles and other sharps shall not be bent, recapped or removed.

Sharps disposal containers are inspected and maintained or replaced by the departmental supervisor or PI when the container is 2/3 full. It is the responsibility of the supervisor to contact Hazardous Waste Program through the [Waste Pickup Request Form](http://uwm.edu/environmental-protection/pickup-request/) for pickup of the 2/3 full container.

* ***Handwashing and disinfection:***Handwashing facilities are generally readily accessible to employees. When provision of hand washing facilities may not be feasible due to remote or outdoors location, an appropriate antiseptic hand cleanser and towels will be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Employees shall wash their hands immediately or as soon feasible after removal of gloves or any other PPE. Employees will wash hands and any other skin with soap and water, or flush mucous membranes with water as soon as feasible following contact with blood or other potentially infectious materials (OPIM).

* ***Other important work practices*:** 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. Food and drink shall not be kept in refrigerators, freezers, shelves, or cabinets or on countertops or bench tops where blood or OPIM are present. If equipment becomes contaminated with blood or OPIM shall be inspected and decontaminated prior to being put back into use.

The Department of University Safety and Risk Assurances will evaluate the need for new procedures or new products with input from any respective departments involved in the Bloodborne Pathogens Program.

## 5.4 Personal Protective Equipment (PPE)

When there is a risk of occupational exposure, PPE is provided to employees at no cost by their respective departments. It is the responsibility of each department to purchase and provide PPE as required. PPE will be considered “appropriate” only if it does not permit blood or OPIM to pass through to or reach the employees clothes, skin, eyes, mouth, or other mucous membranes. Appropriate PPE in the appropriate sizes will be readily accessible at the work site. The types of PPE available to employees may include: gloves, gowns, goggles or face shields, and resuscitation bags or pocket masks.

Gloves shall be worn when it can be reasonably anticipated that the employee may have had contact with blood or OPIM, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces.

Goggles or glasses with solid side shields or chin-length face shields shall be worn whenever splashes, spray matter or droplets may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriate protective clothing such as, but not limited to, gowns, aprons or outer garments shall be worn in occupational exposure situations. If a garment is penetrated by blood or OPIM, the garment shall be removed immediately or as soon as possible. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

The supervisor will provide the PPE- employees should request PPE from their supervisor prior to commencing any work that may have an increased risk for blood or OPIM exposure.

All employees using PPE must observe the following precautions:

* Wash hands immediately or as soon as feasible after removing gloves or other PPE.
* Remove PPE after it becomes contaminated and before leaving the work area.
* Talk to your supervisor for safe disposal methods of your contaminated PPE. Contaminated PPE should be placed in a biohazard bag to be autoclaved prior to disposal.
* Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
* Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
* Never wash or decontaminate disposable gloves for reuse.
* Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
* Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

## 5.5. Housekeeping (Decontamination of Waste)

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”),

and closed prior to removal to prevent spillage or protrusion of contents during handling.

### 5.5.1. Decontamination of Infectious Waste

The UWM campus is required to follow the State of Wisconsin Infectious Waste State Statute NR 526.

#### 5.5.1.a. Incineration

Treatment by incineration shall consist of incineration in a controlled air, multi-chambered incinerator which provides complete combustion of the waste to carbonized or mineralized ash. The incinerator shall be one that is regulated by the department under s. [NR 502.09](http://docs.legis.wisconsin.gov/document/administrativecode/NR%20502.09) or [502.13](http://docs.legis.wisconsin.gov/document/administrativecode/NR%20502.13).

#### 5.5.1.b. Steam disinfection

Treatment by steam disinfection, including but not limited to autoclaving, shall subject all the waste to a combination of operational temperature, pressure (if applicable) and time proven to render the waste non-infectious at the design capacity of the installed equipment.

#### 5.5.1.c. Chemical disinfection

Treatment by chemical disinfection shall expose the infectious waste to an appropriate type and concentration of disinfectant for a period of time sufficient to render the waste non-infectious. The chemical disinfectant shall be chosen based on the manufacturer's recommended use of the disinfectant, the cleanliness of the surface of the waste, the contact time, the physical and chemical properties of the waste, the concentration of the disinfectant and the degree of microbial contamination.

#### 5.5.1.d. Mechanical grinding and chemical disinfection

Treatment by mechanical grinding and chemical disinfection shall expose all of the waste to the chemical disinfectant for a period of time sufficient to render the waste non-infectious. The chemical disinfectant shall be chosen based on the use of the disinfectant in medical situations, the cleanliness of the surface of the waste, the contact time, the physical and chemical properties of the waste, the concentration of the disinfectant and the degree of microbial contamination. Treatment by mechanical grinding and chemical disinfection shall prevent the release of infectious liquid or infectious gaseous discharges into the environment.

#### 5.5.1.e. Mechanical grinding and heat disinfection

Treatment by mechanical grinding and heat disinfection, including but not limited to low frequency wave radiation and microwave radiation, shall expose all of the waste to heat for a period of time sufficient to render the waste non-infectious. Treatment by mechanical grinding and heat disinfection shall prevent the release of infectious liquid or infectious gaseous discharges into the environment.

#### 5.5.1.f. Gas disinfection

Treatment by gas disinfection shall allow gas to penetrate all the infectious waste and shall render the waste non-infectious. The unit shall be operated in a manner that does not pose an occupational risk of exposure to the gas.

* **Note:**For ethylene oxide sterilizers, refer to OSHA regulations in [29 CFR 1910.1047](http://docs.legis.wisconsin.gov/document/cfr/29%20CFR%201910.1047). Air toxic rules in ch. [NR 445](http://docs.legis.wisconsin.gov/document/administrativecode/ch.%20NR%20445) may also apply.

#### 5.5.1.g. Other methods

Treatment by other treatment methods and processes shall render the waste non-infectious and shall be appropriate with respect to all of the following: the properties of the waste being disinfected, the manufacturer's recommended use of the disinfectant, the cleanliness of the surface of the waste, the contact time, the physical properties of the waste, the concentration of the disinfectant and the degree of microbial contamination.

### 5.5.2. State of Wisconsin Infectious Waste Statute NR 526.11

The procedure for handling other regulated waste must follow the State of Wisconsin Infectious Waste statute NR 526.11. No person may dispose of infectious waste in a solid waste disposal facility unless the infectious waste has undergone treatment in accordance with this section. The treatment method shall effectively render the waste non-infectious. The treatment method shall be chosen by considering the properties of the waste being treated and the degree of microbial contamination.

* **Bulk blood**. Bulk blood shall be treated by any of the following methods:
	+ Biological treatment in a municipal or industrial wastewater treatment facility which has been approved under s. 281.41, Stats., or permitted under ch. 283, Stats. Bulk blood may be transported to the wastewater treatment facility through the sewer system.
	+ Methods which render the blood non-infectious, such as autoclaving liquid waste at 121 degrees Centigrade, 15 PSI, for 1 hour for every gallon of liquid waste.
	+ Incineration- contact the Hazardous Waste Program for pick-up to be arranged to be handled by MERI.
* **Body fluids and blood-contaminated urine and feces.** Body fluids and blood-contaminated urine and feces shall be treated by any of the methods listed above or by disposal in a septic system.
* **Sharps.** The procedure for handling medical sharps disposal containers must follow the State of Wisconsin Statute 526.11 for Infectious Waste. Sharps (needles and syringes) shall be treated selection of a method which both renders the sharp non-infectious and renders the sharp broken and not able to be reused, such as by a grinding or shredding process. For the University of Wisconsin System, all sharps are to be disposed of in clearly labeled, hard-sided containers.
* When the sharps container is full, contact the Hazardous Waste Program through the online form at: <http://uwm.edu/environmental-protection/pickup-request/>.
* DO NOT fill the sharps container more than 2/3 full.
* Keep the sharps container closed when not in use.
* The contracted company, Madison Environmental Resourcing, Inc. (MERI) is responsible for the incineration of all sharps waste in the UW system.
* Sharps disposal containers are available at (must be easily accessible and as close as feasible to the immediate area where sharps are used).
* Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

### 5.5.3. Laboratory equipment and reusable labware

Any laboratory equipment, such as reusable beakers, flasks, and syringes, must be decontaminated prior to washing and re-use. Any laboratory equipment that encounters blood or OPIM is to be placed on an autoclavable tray and autoclaved for 30 minutes, 121 degrees Celsius, at 15 PSI or soaked for a period of 20 minutes in freshly prepared 10% bleach solution. After decontamination, the labware may be washed as normal, either by hand or using a laboratory dishwasher. Note that if chemical decontamination is selected, this should be done inside of a biological safety cabinet to prevent aerosol generation or splashes during the decontamination process.

For laboratory equipment, follow the manufacturer’s instructions for decontamination. If a tube breaks in a centrifuge, consult the manufacturer’s guide to determine the best means for chemical decontamination of the centrifuge. Conduct chemical decontamination of equipment inside of a biological safety cabinet when possible.

### 5.5.4. Laundry

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded so that employees recognize the material as needing to be handled while using Universal Precautions. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

When a task (blood spills, nose bleeds, major lacerations or wounds, etc.) causes an employee’s clothing to become contaminated and/or saturated it is to be removed as soon as feasible and suitable clothing should be worn in its place. Skin must be washed off with soap and water before clean clothing is applied. Contaminated clothing shall be handled as contaminated laundry as described above.

### 5.5.5. Labels

The following labeling methods are used at UWM to identify materials as contaminated, sharps, etc.

**Biohazard:** All materials with this label are biohazardous and require decontamination prior to disposal. These may be affixed to secondary containers containing biohazard bags for contaminated material collection, sharps containers, or storage areas for biohazardous materials, such as laboratory refrigerators and freezers.





Employees are to notify the Department of University Safety and Assurances if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

**Sharps**: As seen above, all containers designated as sharps containers will indicate as such. This may also be done with hand-written labels, provided they are very clear about the materials being stored in that container.

# Hepatitis B Vaccination

University Safety & Assurances Bloodborne Pathogens Program will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

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

1. documentation exists that the employee has previously received the series;
2. antibody testing reveals that the employee is immune; or
3. medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of both acknowledgement of the Hepatitis B Statement and the refusal of the vaccination is kept in the employee’s personal record with their departmental human resources office. These are found in [Appendix A.](#_Appendix_A:_Hepatitis)

The University of Wisconsin-Milwaukee is required to offer the vaccine series at no cost to the employee. This is offered in the first 10 days of employment. It may be refused, but the employee may be allowed to request the vaccine even after refusal of the initial offer.

If medical evaluation shows the vaccination is contraindicated, a copy of the health care professional’s written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

# Post-Exposure Evaluation and Follow-Up

## 7.1. Employees

Any employee who believes they have been exposed to bloodborne pathogens while on the job should follow the procedures:

### 7.1.1. Immediately following exposure:

1. Clean the wound thoroughly with soap and water- try to push blood out of the wound.
2. If a mucous membrane (eyes, nose or mouth): irrigate the affected area immediately with copious amounts of water or normal saline.
3. Seek medical treatment immediately. If the employee refuses a post-exposure medical evaluation by a health care professional, please complete the [Refusal of Post-Exposure Medical Evaluation Form in Appendix B](#_Appendix_B:_Refusal).

### 7.1.2. At the Medical Care Provider:

1. Tell your medical care provider your injury is work-related and to bill the State of Wisconsin Worker’s Compensation Program.
2. Comply with medical directions and actively participate in your recovery process.
3. If additional medical treatment is required:
	1. Complete an authorization form: [Authorization to Use or Disclose Health Information to Worker’s Compensation Self-Insurer](https://www.wisconsin.edu/workers-compensation/download/workers_compensation/forms_%28paper%29/MEDAUTH2013.doc)
4. If any of the following types of treatment are recommended by your health care provider, promptly notify your worker’s compensation coordinator prior to having the treatment:
	1. inpatient hospitalizations
	2. surgical procedures
	3. MRI and CT scans
	4. physical therapy
	5. chiropractic treatment

### 7.1.3. Within 24 hours of the time of the accident or injury:

1. Report the accident or injury to your supervisor.
2. Complete and submit [Employees Work Injury or Disease Report](https://www.wisconsin.edu/workers-compensation/download/new_ee_injury_form/Employee%27s%20Work%20Injury%20and%20Illness%20Form.pdf)for the State of Wisconsin to your supervisor.
3. Notify your supervisor of any unsafe work conditions.

### 7.1.4. Following Up Post-Exposure:

1. You must send the original of all medical bills from your injury/ illness to your campus Worker’s Compensation Coordinator. This will include:
	1. medical releases,
	2. medical proof that injury or illness is work related, and
	3. restrictions certificate of work restrictions.
2. Look to receive a prescription payment card in the mail (it is supplied by National Pharmaceutical Services (NPS)). Use it for payment of medication directly related to your injury/ illness claim. More information on the NPS card:
	1. NPS Letter and Card
	2. NPS Chain Pharmacy Network
3. If an injury will result in lost time from work:
	1. Notify your supervisor and campus Worker’s Compensation Coordinator.
	2. Provide your supervisor with medical documentation for the lost time injury.
	3. Report the lost time biweekly as directed by your supervisor or campus Worker’s Compensation Coordinator.
4. Maintain contact with your supervisor and worker’s compensation coordinator through the course of this claim. Notify your supervisor of any changes such as scheduled surgery, return to work, etc.
5. Respond to Worker’s Compensation Claims Examiner’s information request to expedite claim.
6. Participate in the return to work process Early Return To Work Program and/or alternate duty assignment as directed by your supervisor.

## Supervisors

1. The supervisor or person in charge will release the employee from their duties immediately to seek post-exposure care.
2. The supervisor or person in charge will fill out the [Employer’s First Report of Injury or Disease Form](https://www.wisconsin.edu/workers-compensation/supervisors/after-injury/) and notify human resources within 24 hours.
3. The supervisor or person in charge will inform Human Resources of the source individual if known.
4. Please bring the following information/documents with you to the clinic/hospital and give them to the treating health care professional:
	1. A description of the employee’s duties as they relate to the exposure incident;
	2. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
	3. Results of the source individual’s blood testing, if available, and
	4. All relevant medical records including vaccination status.
5. If the employee refuses a post-exposure medical evaluation by a health care professional, please complete the [Refusal of Post-Exposure Medical Evaluation Form in Appendix B](#_Appendix_B:_Refusal).

## Human Resources

1. Human Resources will contact the source individual and inform the source individual of the incident.
2. Human Resources will get consent (or refusal) from the source individual to conduct communicable disease screening and advise them to be tested for evidence of bloodborne virus infection.

## Bloodborne Pathogens Program

### 7.4.1. Post-Exposure

Following exposure, the State of Wisconsin Worker’s Compensation Program works with the medical care provider to document the following:

1. Routes of exposure, how the exposure occurred.
2. Identification and documentation of the source
3. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
4. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual’s test results were conveyed to the employee’s health care provider. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
5. Assure that the exposed employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
6. After obtaining consent, collect exposed employee’s blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
7. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Should an exposure incident occur, after the care of the employee has been secured, contact University Safety and Assurances.

An immediately available confidential medical evaluation and follow-up will be conducted by a licensed healthcare professional.

### 7.4.2. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The Department of University Safety and Assurances will review the circumstances of all exposure incidents to determine:

* engineering controls in use at the time
* work practices followed
* a description of the device being used (including type and brand)
* protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
* location of the incident (O.R., E.R., patient room, etc.)
* procedure being performed when the incident occurred
* employee’s training

The Department of University Safety and Assurances will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

# Employee Training

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Bloodborne Pathogens Program of the Department of University Safety and Assurances.

## Occupationally Exposed Employees and At-Risk Employees (Non-Research)

### 8.1.1. Employees

Non-research personnel that need to complete bloodborne pathogens training will complete the training through VIVID LMS or through a face-to-face training session through the Bloodborne Pathogens Training Program. Training is required annually for all personnel. Personnel will learn about the epidemiology, symptoms, and transmission of bloodborne pathogen diseases in this online module. In addition, personnel will learn/ review the following:

* the OSHA Bloodborne Pathogen Standard
* an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
* an explanation of the use and limitations of engineering controls, work practices, and PPE
* an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
* an explanation of the basis for PPE selection
* information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge

All non-research personnel need to understand the Bloodborne Pathogens Exposure Control Plan, including:

* information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
* 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
* 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 by the standard and used at this facility.

All personnel are welcome to ask questions about any materials pertaining to the Bloodborne Pathogens Standard and the UWM Bloodborne Pathogens ECP by contacting the Bloodborne Pathogens Program Manager.

Training materials for the University of Wisconsin-Milwaukee are available at the Department of University Safety and Assurances. Contact the Bloodborne Pathogens Program Manager for more information about training.

### 8.1.2. Supervisors

It is the responsibility of the supervisor to keep a current copy of the UWM Bloodborne Pathogens Exposure Control Plan readily available with the current contact information filled out at the beginning of the manual. It is the responsibility of the supervisor to obtain and maintain a record log of personnel that have reviewed the ECP and completed online or face-to-face training.

## Researchers and Principal Investigators

Researchers and PIs are required to complete annual training through CITI Program. It is the responsibility of the personnel members to set up an account on CITI Program and register for the OSHA Bloodborne Pathogens Training Course. All researchers are required to keep record of their training with their biological safety manual and lab safety manuals. Additionally, a laboratory-specific copy of the Bloodborne Pathogens Exposure Control Plan must be kept in the lab facility.

Training is required annually for all personnel. Personnel will learn about the epidemiology, symptoms, and transmission of bloodborne pathogen diseases in this online module. In addition, personnel will learn/ review the following:

* the OSHA Bloodborne Pathogen Standard
* an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
* an explanation of the use and limitations of engineering controls, work practices, and PPE
* an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
* an explanation of the basis for PPE selection
* information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge

Research personnel are required to read the Bloodborne Pathogens Exposure Control Plan in addition to completing online training to review:

* information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
* 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
* 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 by the standard and used at this facility.

Researchers are welcome to ask questions about any materials pertaining to the Bloodborne Pathogens Standard and the UWM Bloodborne Pathogens ECP by contacting the Bloodborne Pathogens Program Manager.

Training materials for the University of Wisconsin-Milwaukee are available at the Department of University Safety and Assurances. Contact Bloodborne Pathogens Program Manager for more information about training.

### 8.2.1. Principal Investigator Responsibilities

It is the responsibility of the PI to keep a current copy of the UWM Bloodborne Pathogens Exposure Control Plan readily available with the current contact information filled out at the beginning of the manual. It is the responsibility of the PI to obtain and maintain a record log of personnel that have reviewed the ECP and completed online or face-to-face training.

# Recordkeeping

## Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the Department of University Safety and Assurances.

The training records include:

* the dates of the training sessions
* the contents or a summary of the training sessions
* the names and qualifications of persons conducting the training
* the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee’s authorized representative within 15 working days. Such requests should be addressed to the Bloodborne Pathogens Program Manager.

## Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.” The Departmental HR Office is responsible for maintenance of the required medical records. These confidential records are kept in each departmental HR office for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the departmental HR office maintaining the records. Sharps injuries are to be reported to the Department of University Safety and Assurances and are recorded at this location (see 8.4, Sharps Injury Log).

## OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Department of University Safety and Assurances.

## Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

* date of the injury
* type and brand of the device involved (syringe, suture needle)
* department or work area where the incident occurred
* explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must

have any personal identifiers removed from the report. This is stored at the Department of University Safety and Assurances.

# Appendix A: Hepatitis B Consent/ Declination Statement

The following statement of declination of Hepatitis B vaccination must be signed by any employee who chooses not to accept the vaccine. The statement can only be signed by the employee who has received information regarding HBV, the Hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that **the vaccine and vaccination are provided free of charge to the employee**. The statement is not a waiver; employees can request and receive the Hepatitis B vaccination later if they remain occupationally at risk for HBV.

Hepatitis B is a serious liver infection caused by HBV. For some people, HBV infection becomes chronic, meaning it lasts more than six months. Most people infected with Hepatitis B as adults recover fully, even if their signs and symptoms are severe. Infants and children are more likely to develop a chronic HBV infection. A vaccine can prevent hepatitis B, but there is no cure if you have it. HBV is a very hardy virus and can survive in dried blood on a surface for up to seven days.

Hepatitis B can spread from mother to child at birth or soon after, through sexual contact, contaminated blood transfusions, needles, or exposure to HBV containing infectious materials through an open sore. Having a chronic HBV infection can lead to serious complications, such as:

**Scarring of the liver (cirrhosis).** The inflammation associated with a HBV infection can lead to extensive liver scarring (cirrhosis), which may impair the liver's ability to function.

**Liver cancer.** People with chronic HBV infection have an increased risk of liver cancer.

**Liver failure.** Acute liver failure is a condition in which the vital functions of the liver shut down.

When that occurs, a liver transplant is necessary to sustain life.

**Other conditions.** People with chronic Hepatitis B may have kidney disease, inflammation of blood vessels or anemia.

Hepatitis B vaccine is an injectable vaccine that prevents HBV. In healthy people, routine immunization results in more than 95% of people being protected. The Hepatitis B vaccine is a three-four shot series over a six-month period. The vaccine is given by injection into a muscle.

Additional doses may be needed in people with poor immune function but are not necessary for most people. In those who have been exposed to HBV but not immunized, HBV immune globulin should be given in addition to the vaccine. Serious side effects from the Hepatitis B vaccine are very uncommon. Pain may occur at the site of injection. It is safe for use during pregnancy or while breastfeeding.

## Hepatitis B Statement Acknowledgement

**PLEASE CHECK ONE:**

 I have previously completed the Hepatitis B Series of vaccinations.

 I wish to receive the Hepatitis B vaccine.

 I decline to receive the Hepatitis B vaccine. Please read, sign and date the declination statement page in addition to this Hepatitis B Consent/Declination Statement.

Employee Name:

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

*This record will be kept at the respective HR office for the employee.*

## Hepatitis B Vaccine Declination Form (Mandatory)

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 series at no charge to me.

Name (Print):

Signature:

Date:

# Appendix B: Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogen Exposure

**To be completed by the exposed employee if he/she refuses post-exposure medical evaluation by a health care professional**

**Exposed Individual Information**

Name:

Department:

Exposure Date:

Telephone Number:

**Statement of Understanding**

I have been fully trained in the University of Wisconsin-Milwaukee’s Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HCV or HBV. I also understand the implications of contracting these diseases. I have been offered follow-up medical testing free of charge by my employer to determine whether I have contracted an infectious disease such as HIV, HCV, or HBV. I have also been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow-up care.

Exposed Individual’s Signature: Date:

Please keep a copy of this form for your records. Send a copy of this form to the Human Resources Office. This form shall be kept on file for the length of your employment plus 30 years.

Dates of Revision and Annual Review: