



CITY OF PORTLAND BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids in ways that will result in no cost to employees.
2. Comply with OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.
3. Comply with Oregon OSHA Bloodborne Pathogens Standard OAR 437, Div 2, Sub Div Z (29 CFR 1910.1030 adopted by reference.)

DEFINITIONS

Blood means human blood, human blood components and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Contaminated means the presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an object or surface.

Contaminated Sharps means any object contaminated with body fluids, that is capable of penetrating the skin. The objects include, but are not limited to, needles, razors, lancets and broken glass.

Decontamination means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface of an item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls means controls (e.g. sharps disposal container) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

Hand Washing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

HBV means hepatitis B virus.

HCV means Hepatitis C virus.

HIV means Human Immunodeficiency Virus.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by hepatitis B immunization and post-exposure management and follow-up.

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

Other Potentially Infectious Materials means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

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

Personal Protective Equipment or PPE is specialized clothing or equipment worn by an employee to protect the body from an exposure. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protections against a hazard are not considered to be personal protective equipment.

Reasonably Anticipated means a rational conclusion to expect or foresee an occupational exposure.

Source Individual is any individual, living or dead, whose blood or other body fluids or tissues may be a source of occupational exposure.

Universal Precautions means a method of infection control that treats all human blood and body fluids as if they are infectious for bloodborne pathogens.

Work-Practice Controls are procedures that reduce the likelihood of exposure by altering the way a task is performed.

EXPOSURE DETERMINATION

City Bureaus are required to perform an exposure determination which covers employees that may incur an occupational exposure to blood or other potentially infectious materials. The exposure determination will be made without regard to the use of personal protective equipment. Bureaus are required to list all job classifications or positions in which employees may be exposed to blood or other potentially infectious materials regardless of frequency. The Safety Committee shall review the exposure determination annually or as job requirements change. The tasks or procedures in which exposure is expected to occur are listed in Attachment E.

COMPLIANCE METHODS

Universal Precautions

Universal precautions will be observed by the employees in all Bureaus in order to prevent contact with blood or other potentially infectious materials. All blood and other potentially infectious material will be considered infectious, regardless of the perceived status of the source individual.

Engineering Controls and Work Practices

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees while on the job. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

The supervisors will be responsible to review and maintain engineering and work practice controls for effectiveness and appropriateness on a continual basis.

Hand washing

Hand washing is the most significant means of preventing the spread of infection. The principle of hand washing is that of using friction to mechanically remove microorganisms from the skin.

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. The City shall provide an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap under running water as soon as possible.

The supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

The supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

Hand washing procedure:

1. Wash hands with soap and running water for at least 20 seconds agitating all areas of the hand (front, back, fingers, wrists, fingertips, thumbs, etc.).
2. Rinse hands under running water.
3. Dry hands well with paper towel.
4. Use paper towel to turn off faucet. *All manually controlled faucets are considered contaminated.*
5. Dispose of single use towels in designated waste containers.
6. Hand cream may be applied after frequent hand washing. Lotion helps prevent skin irritation, breakdown, and subsequent infection.

Contaminated Sharps

Needles. Contaminated needles will not be bent, recapped, removed, sheared or purposely broken. Protective safety devices on needles will be activated after use if available. Needles shall be put in puncture resistant sharps containers.

Glass or other sharps. Any broken glassware which may be contaminated will not be picked up directly with the hands. It will be cleaned up using a broom/brush and dustpan and disposed of in a sharps container. Note that clean-up implements are now considered contaminated.

Contaminated Equipment

Employees are responsible to notify the immediate supervisor of contaminated tools and equipment.

The supervisor shall be responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be cleaned prior to returning it to service. Tools and equipment can be cleaned by washing them in a fresh bleach solution of one (1) part bleach to nine (9) parts water. "Fresh" means mixed within the prior 24 hours or less.

A list of suitable products for decontamination can be found in Appendix B.

Blood Samples

Blood samples should be placed within a secondary container that prevents breakage and possible leakage during the handling, storage, and transport.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.

Personal Protective Equipment

The purpose of personal protective equipment (PPE) is to prevent blood or other potentially infectious materials from coming in contact with work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions.

PPE includes, but is not limited to:

Gloves, gowns, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks and other ventilation devices

The City shall provide PPE for employees for use on the job. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The supervisor shall ensure that the employees use appropriate PPE. **The only exception is in an emergency when an employee temporarily and briefly declines or is unable to use PPE under rare and extraordinary circumstances.** When the employee makes this judgement, the circumstances shall be investigated immediately (not to exceed 48 hours) by the supervisor and a Loss Control Officer and/or Occupational Health Nurse. This investigation will determine whether changes can be instituted to prevent such occurrences in the future.

Each Bureau, through a designated supervisor, shall ensure that appropriate PPE is readily available for use.

PPE Cleaning, Laundering and Disposal

All PPE will be cleaned, laundered and/or disposed of by the City. All repairs and replacements will be made by the City.

All garments which are penetrated by blood or other potentially infectious material shall be removed immediately or as soon as possible. The City is responsible for laundering such garments at no cost to the employee.

All PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves

Latex, vinyl, or nitrile gloves shall be worn where it is reasonably anticipated that an employee will have hand contact with blood; other potentially infectious materials; mucous membranes or when handling or touching contaminated items or surfaces. Anyone who has an open wound, crack, cut, etc on their hands shall wear gloves.

Used disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated, torn, punctured or when their ability to function as a barrier is compromised.

Additionally, utility gloves will be discarded if they are cracked, peeling, torn, punctured or exhibit signs of deterioration or when their ability to function as a barrier is compromised.

Hands will be washed after appropriate removal of gloves.

Waste Disposal Containers

All sharps containers will be disposable. Contaminated sharps shall be discarded immediately or as soon as possible in containers that are closeable, puncture resistant, and leak proof on sides and bottom. Sharps containers will be labeled and color-coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found. The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal/replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Note: Disposal of all regulated waste shall be in accordance with the applicable federal, state, and local regulations.

Labels and Signs

A designated person within the Bureau will ensure that biohazard labels will be affixed to containers of regulated waste or other potentially infectious materials and other containers used to store, transport or ship blood or other potentially infectious materials. (i.e., sharps containers.)

The universal biohazard symbol will be used. The label shall be fluorescent orange or orange red.

Laundry Procedures

Protective gloves are to be always worn when dealing with and handling contaminated laundry. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled and/or color coded red) bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

Hepatitis B Immunizations and Post-Exposure Evaluation, Management and Follow-up

General

The City of Portland will make available the Hepatitis B immunization series to all employees who have occupational exposure and post-exposure follow-up to any unvaccinated employee who has an exposure incident.

The Occupational Health Program within the Bureau of Human Resources will ensure that all medical evaluations and procedures, including the Hepatitis B immunizations and post-exposure evaluation, management, and follow-up (including prophylaxis) are:

1. Made available at no cost to the employee
2. Made available to the employee at a reasonable time and place
3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional
4. Provided according to the recommendations of the U.S. Public Health Service

All laboratory tests shall be conducted by an accredited laboratory.

Hepatitis B Immunization

The Occupational Health Program within Human Resources will provide the Bloodborne Pathogen training and Hepatitis B immunizations. The Human Resources contact is **Occupational Health Program Manager at 503-823-5238**. Any employee who begins the immunization series under the City's program will be able to complete the series at the City's expense as long as they are a City employee.

Hepatitis B immunizations will be made available:

1. After the employee has received the bloodborne pathogen training (see Information and Training),
2. Within 10 working days of initial assignment to tasks where an occupational exposure to blood or other potentially infectious material may occur, or
3. To all employees who have occupational exposure unless:
 - A. The employee has previously received the complete Hepatitis B immunization series (Documentation must be provided to the Occupational Health/Infectious Disease Program),
 - B. Antibody testing has revealed that the employee is immune, or
 - C. Immunization is contraindicated for medical reasons

If the employee initially declines Hepatitis B immunizations but at a later date while still covered under the BBP Standard decides to accept the immunizations, the immunizations shall be made available.

All employees who decline the Hepatitis B immunizations offered shall sign a waiver indicating their refusal.

If the U. S. Public Health Service and/or the Occupational Health Program Medical Provider or Consultant recommends a routine booster of Hepatitis B vaccine at a future date, such booster will be made available.

EXPOSURE INCIDENT REPORTING, EVALUATION AND FOLLOW-UP

Exposure Incident: Immediate Procedure

If an employee finds themselves in a situation where there is a suspected exposure to blood or other potentially infectious material, they should wash and/or flush the exposed area immediately and then report the incident to their supervisor.

Occupational Exposure Reporting Protocol

The employee's responsibilities after an exposure incident include:

1. Assess the exposure by following the guidelines for communicable diseases. (See Communicable Disease Guidelines, Attachment A.) All level 3 exposures should be documented and reported. Administer first aid.
2. Document the incident using the Exposure Incident Report (Attachment B).
3. Call the **Exposure Control Line at 503-823-1440**. This line is available 24 hours per day, 7 days a week. Identify yourself as a City of Portland employee. This will connect you with the healthcare professional on call.
4. The healthcare professional will do an exposure assessment over the phone and complete the Occupational Exposure Worksheet (Attachment C) with information provided by the employee. At this time the employee will receive recommendations for treatment and/or referral. The completed form is forwarded to the City's Occupational Health Nurse for follow-up.

The employee retains the right to seek initial medical treatment from a physician/provider of their choice. However, the City's occupational health nurse must be notified of any exposure incidents requiring medical attention so that they can supply appropriate information to the health care professional providing the treatment.

The manager's responsibilities after an exposure incident include:

1. Complete an Exposure Incident Evaluation form (Attachment D)
2. Direct the employee to a confidential evaluation with the Exposure Control Line healthcare provider or the health care provider of their choice.
3. Review relevant City, Bureau, and Risk policies with employee.
4. Review engineering controls and work practices

5. Identify personal protective equipment availability
6. Review possible alternatives with the employee
7. Send copies of attachments to the Bureau of Human Resources, ATTN: Occupational Health Program Manager (inter-office 106/987)

Evaluation and Follow-up

The evaluation will include *at least* the following elements:

1. Documentation of the route of exposure and the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is not possible or prohibited by state or local law.
3. The source individual's blood will be tested as soon as possible, after consent is obtained, to determine the possibility of HBV, HCV, or HIV infection. If consent is not obtained, the Bureau of Human Resources will establish that legally required consent cannot be obtained. Other alternatives for consent may be pursued at that time if source testing will affect the continued treatment of the exposed employee.
4. If the source individual is already documented to be infected with HBV, HCV or HIV, testing need not be repeated.
5. Results of the source individual's testing will be made available to the exposed employee. The employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV, HCV and HIV serological status will comply with the following:

1. The exposed employee's blood will be collected and tested as soon as possible after consent is obtained.

Information Provided to the Health Care Professional

A designee within the Bureau will ensure that the Division of Risk Management health care professional responsible for the employee's post-exposure evaluation is provided with the following:

1. A copy of 29CFR 1910.1030

2. A written description of the exposed employee's duties as they relate to the exposure incident
3. Written documentation of the route of exposure and circumstances under which exposure occurred
4. Results of the source individuals blood testing, if available
5. All medical records relevant to the appropriate treatment of the employee. (The employee's vaccination status is maintained by the HCP in Human Resources.)

Risk Services or Human Resources will provide the above information to the employee's primary medical provider if services are not received from their office.

Health Care Professional's Written Opinion

Risk Services or BHR Occupational Health Program will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

The written opinion concerning Hepatitis B immunization is limited to whether or not post-exposure HBV immunization should occur and if the employee has received the immunizations.

The opinion concerning post-exposure evaluation must include and is limited to the following:

1. Statement that the employee has been informed of the results of the evaluation
2. Statement that the employee has been told of any medical conditions resulting from the exposure that require further treatment or evaluation
3. Any other findings are **not** to be included in this report

See Attachment F

Information and Training

A designated employee within the Bureau will ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter. Additional training will be provided when changes such as implementation or modification of tasks or procedures affect the employee's occupational exposure. This training may be limited to this particular change.

Training will be tailored to the education and language level of the employee and held on City time.

The training will be interactive and cover the following:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents
2. A general explanation of the epidemiology and symptoms of bloodborne diseases
3. An explanation of the modes of transmission of bloodborne pathogens
4. An explanation of the City of Portland's Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy of the written plan
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
6. An explanation of the use and limitations of methods that will prevent or reduce exposure; for example: engineering controls, work practices and personal protective equipment (PPE)
7. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE
8. An explanation of the basis of selection of PPE
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being immunized, and that the immunizations will be offered at no charge to the employee
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

11. An explanation of procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
12. Information on the evaluation and follow-up required after an employee exposure incident
13. An explanation of the signs, labels and color-coding system for biohazards.

The person conducting the training shall be knowledgeable in the subject matter.

RECORD KEEPING

Medical Records

The Occupational Health/Infectious Disease Program in the Bureau of Human Resources is responsible for maintaining medical and immunization records. These records will be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

1. Name and personnel number of the employee
2. Copy of the employee's Hepatitis B immunization status, including the dates of immunizations
3. Copy of all results of examination, medical testing, and follow-up procedures
4. Copy of information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident and documentation of the route of exposure and circumstances of the exposure

Training Records

Bureaus are responsible for maintaining the following training records. Training records will be maintained for three years from the date of training. The following information will be documented:

1. The dates of the training sessions
2. An outline describing the material presented
3. The names and qualifications of person conducting the training
4. The names and job titles of all persons attending the training sessions

Availability

All Bloodborne Pathogen Program related records will be made available to the employee in accordance with 29 CFR 1910.20.

All Bloodborne Pathogen Program related records will be made available to the Assistant Secretary of Labor for OSHA and the Director of NIOSH upon request.

Transfer of Records

If this facility is closed or there is not a successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH will be contacted for final disposition.

Evaluation and Review

The Occupational Health/Infectious disease program in the Bureau of Human Resources is responsible for annually reviewing this program, its effectiveness and for updating this program as needed. Attachment G will be used for documentation of this review.

COMMUNICABLE DISEASE GUIDELINES

Exposure Level	Exposure Description	Action Required
LEVEL 1	Contact limited to being in the presence of a person suspected of having a communicable disease.	No special action required unless the person has or is suspected to have an airborne disease such as TB. Follow airborne exposure guidelines. Call City Nurse's Office during business hours 503-823-5238 If meningitis is known or suspected, Action Level 3
LEVEL 2	Contamination of intact skin, clothing or equipment with blood and/or body fluids.	Follow decontamination procedures, such as hand washing, cleaning the area of contamination and laundry requirements.
LEVEL 3	Exposure of open skin cuts or breaks, mucous membranes, such as eyes, nose or mouth, to blood or body fluids. This includes needle stick and human bites.	Follow action outlined in bloodborne exposure guidelines. Do first aid, clean wound, rinse eyes/mouth then call the Exposure Line at 503-823-1440

City of Portland

Exposure Incident Report (SAMPLE)

OVERVIEW

This form is for employees to record the occurrence of any exposure incident. An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral (e.g. needlestick) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Employee name: _____ Exposure date/time: _____

Bureau: _____ Department: _____ Supervisor: _____

Description of exposure incident: _____

Source name: _____ Location: _____

(If known)

Recommended actions: _____

Employee signature: _____ Date: _____

OCCUPATIONAL EXPOSURE WORKSHEET (SAMPLE)

Caller name: _____ Date: _____ Time: _____

Employee name: _____ Exposure date: _____

Employer: _____ Exposure time: _____

Phone: (w) _____ Employee# _____

(h) _____

(c) _____

Any other agencies responding to same incident? _____

Type of Exposure: ID HAZMAT

Mucous membrane _____

Needle/sharp _____

Open skin _____

Intact skin _____

Respiratory _____

Clothes/equip _____

Airborne _____

Other _____

Source of Exposure:

Blood _____

Vomit _____

Urine _____

Saliva _____

Feces _____

Respiratory _____

Smoke _____

Other _____

Narrative of exposure incident: _____

Precautions:

Eyewear

Mask

SCBA

Turnouts

Gloves

Other _____

Immunizations:

Hep B Vacc Date: _____

Titer Date: _____

Tetanus Date: _____

Tb Date: _____

Other: _____

Counseling Issues:

HIV stats

PEP

Hep B

Hep C

Universal Prec

Risks

Blood donation

Sex

Tb/Airborne

Meningitis

Other: _____

Source Patient:

Name: _____

Labs: _____

Location: _____

Contact: _____

DOB: _____

Phone: _____

Source Consent obtained: _____

Court order process initiated: _____

Source testing confirmed: _____

Results: _____

Assessment/Treatment/Recommendations:

PEP

Hep B Booster

Tb test

Tetanus

Hep A

Meningitis-Cipro

Other: _____

Call taken by: _____

Signature, Health Care Provider

City of Portland
Exposure Incident Evaluation (SAMPLE)

OVERVIEW

When an employee sustains an occupational exposure to blood or other potentially infectious materials, supervisory personnel are directed to investigate the exposure incident. The intent is determine the cause(s) of the incident and prevent reoccurrence.

Employee name: _____ Exposure Date: _____

Bureau: _____ Department: _____ Supervisor: _____

Description of exposure incident: _____

Conditions at the time of the exposure incident: _____

Cause(s) of exposure incident: _____

Recommended action(s) to prevent reoccurrence: _____

Supervisor signature: _____ Date: _____

Employees subject to the OR-OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties.

Job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials are listed below. Exposure determinations are made without regard to use of PPE.

Employees at risk – OMF Bureau of Human Resources	
Job classification	Task or exposure
Occupational Nurse	Phlebotomy; lab processing, Injections, other procedures
Employees at risk – Police Bureau	
All Sworn Officers	Dealing with public, police duties
Evidence Control Specialists	Evidence processing and storage
ID Technician	Fingerprinting
Precinct Desk Clerks	Dealing with public, contaminated items turned in
Auto Servicers	Working with contaminated vehicles
Employees at risk – Bureau of Environmental Services	
Industrial Maintenance Millwrights (IMM)	Maintain waster water system, respond to overflows
IMM Apprentices	Maintain waster water system, respond to overflows
IMM Operators	Maintain waster water system, respond to overflows
Pollution Control Lab (PLC)	Clinical lab specimen handling
PLC Field Operations Staff	Collection of water and other samples
Employees at risk – Parks Bureau	
Lifeguard	First aid and CPR

Health Care Professional's Written Opinion For Post-Exposure Evaluation

In consonance with CFR 1910.1030(f)(5) and City of Portland's BBP Follow Up Policy

Employee's Name: _____

Date of Incident: _____

Date of Evaluation: _____

Health Professional's Address: _____

Health Professional's Telephone: _____

_____ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

_____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ Hepatitis B vaccination **is** _____ **is not** _____ indicated.

Health Care Professional's Name

Health Care Professional's Signature

Date

Return this form to the employer and provide a copy to the employee within 15 days. Please label the outside of the envelope "Confidential."

Employer's Name _____

Employer's Address: _____

Confidential Fax: _____

