BLOOD BORNE PATHOGENS POLICY
FOR
SAINT ANSELM COLLEGE

In Compliance with

OSHA's HAZARD COMMUNICATION STANDARD

TITLE 29 CODE OF FEDERAL REGULATIONS 1910. 1030

EFFECTIVE: May 1992
REVISED: November 15, 2001
November 5, 2003
November 17, 2004 distributed annually to Department heads and posted on Saint Anselm website: www.anselm.edu
January 16, 2006
April 14, 2020
January 3, 2022

TABLE OF CONTENTS

PURPOSE

OSHA 1910.1030 Blood Borne Pathogens limits occupational exposure to blood and other potentially infectious materials, since any exposure could result in transmission of Blood Borne Pathogens, which could lead to disease or death.

SCOPE

This policy is to cover all Saint Anselm College employees and Nursing Students who could be "reasonably anticipated", as the result of performing their duties, to face contact with blood and other potentially infectious materials. Infectious materials include- semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid visibly contaminated with blood and all body tissue or organ other an intact skin from a human (living or dead)and human immunodeficiency virus (HIV) containing cell or tissue culture, organ cultures and HIV or

Hepatitis B (HBV) or hepatitis C (HCV) - containing culture medium or other solutions as well as blood, organs or other tissues from experimental animals infected with HIV, HBV or HCV.

EMPLOYEE AND NURSING STUDENT AWARENESS

The Blood Borne Pathogens Policy shall be accessible to all Saint Anselm College (SAC) employees and nursing students through department heads.

POLICY REVIEW AND UPDATE

1) The policy is to be analyzed and updated annually. The review will be conducted by a representative of the SAC Joint Loss Management (Safety) Committee and the Director of Campus Health Services.
2) Where skin or barrier areas of the human body have been broken through such events as needle sticks, human bites, cut/abrasions and handling of body fluids. Classifications include…
    a) Biology/Lab Staff/Faculty
    b) Dining Services (as designated)
    c) EMT Staff
    d) Health Services Nursing Staff
    e) Nursing Facilities
    f) Nursing Students/Faculty
    g) Physical Plant Staff (as designated)
    h) Residence Life Staff
    i) Security Staff
    j) Trainers/Coaches/Equipment Room Staff
3) When handling pathological microorganisms that are present in human blood. Classifications include…
    a) Blood Research/Teaching Labs
    b) NursingStudents/Faculty
    c) Health Services Staff
    d) Research Diagnostic Teaching Lab Staff

4) Handling and/or removal of potential infectious waste for transportation including sharps containers, etc. Classifications included…
   a) Blood Research/Teaching Labs
   b) Health Services Staff
   c) Nursing Students/Faculty
   d) Physical Plant (as designated)

5) When performing CPR and blood/fluid related first aid techniques, Classifications included…
   a) Athletic Trainer/Coaches
   b) EMT
   c) Health Services Nursing Staff
   d) Nursing Students/Faculty
   e) Residence Life Staff
   f) Security
   g) Students

PROCEDURES

General:

- Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials.
- Engineering and work practice controls shall be used to eliminate or minimize and individual's exposure. Where occupational exposure remains after institution of the controls, personal protective equipment shall also be used.
- Engineering controls shall be examined and maintained/replacement on a regular schedule to ensure their effectiveness.
- SAC shall provide hand-washing facilities that are readily accessible to an individual's needs. When the provision of the hand washing facilities is not feasible, SAC shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic wipes. When antiseptic hand cleansers or wipes are used, hands shall be washed with soap and running water as soon as feasible. All individuals shall wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- SAC shall ensure that individual's wash hands and any other skin with soap and water , or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Personal Protective Equipment:

- Shall be provided by SAC, at no cost to an individual, when there is the possibility of an occupational exposure. Such protective equipment shall consist of, but not be limited to gloves, gowns, laboratory coats, face shields, or masks, eye protection, mouth pieces, resuscitation bags, pocket masks or other ventilation devices.
- Shall be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the an individual's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- Gloves shall be worn when it can be reasonably anticipated that an individual may have hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin; when performing vascular access procedures; when handling or touching contaminated items or surfaces.

Contaminated Needles and Sharps:

- According to the "**Needle stick and Other Sharps Injuries-Final Rule** " (Federal Register 1/18/2001) Non-managerial individual's involved in direct patient care must be involved in the evaluation of engineering and work-practice controls such as **non-needle sharp or a needle device with a built-in safety features.**
- Shearing or breaking is prohibited.
- **Shall not be bent, recapped or removed** unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Such recapping or removal **must be accomplished through the use of a mechanical device or a one-handed technique**
- Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. The container shall be:
    - Puncture resistant
    - Labeled or color-coded in accordance with this standard
    - Leak-proof on the sides and bottom
    - In accordance with the requirements set forth for reusable sharps
- Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping.
- The container for storage, transport or shipping shall be labeled or color-ended and color-coded and closed prior to being stored, transported or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary, provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding is required when such specimens/containers leave the facility.
- If outside contamination of the primary container occurs, the primary containers shall be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping and is labeled or color-coded according to the requirements of the standard.

Work habits:

- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas when there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be keep in refrigerators, freezers, shelves, cabinets, on countertops or on bench tops where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other potentially infectious materials prohibited

Housekeeping:

- All procedures involving blood or other potentially infectious materials shall be performed in such a manner is to minimize splashing, spraying, spattering and generation of droplets of these substances.
- All equipment as well as environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overly contaminated or after any spill or blood or other potentially infectious materials; and at the end of the work shift if the surface may become contaminated since the last cleaning.

- Protective coverings such as plastic wrap, aluminum foil or impervious-backed absorbent paper use to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overly contaminated or at the end of the work shift if they have become contaminated during the shift.
- All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis, cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Broken glassware that may be contaminated shall not be picked up directly with hands. It shall be cleaned up using mechanical means.

RESEARCHING STANDARD PROCEDURES

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires individuals to reach by hand into the containers where these sharps have been placed.

<u>Regulated waste - contaminated sharps:</u>

1. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are...
    a. Sealable
    b. Puncture resistant
    c. Leak-proof on sides and bottoms
    d. Labeled or color-coded in accordance with this standard
2. During use, containers for contaminated sharps shall be…
    a. Easily accessible to personal and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found
    b. Maintained upright throughout use
    c. Replaced routinely and not be allowed to overfill
3. When moving containers of contaminated sharps from the area of use the containers shall be…
    a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping
    b. Placed in a secondary container if leakage is possible
4. Secondary containers shall be…
    a. Sealable
    b. Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping
    a. Labeled or color-coded according to standards
2. Reusable containers shall not be opened, emptied or cleaned manually or in any other manner which would expose individuals to the risk of percutaneous injury.

Other regulated waste:

1. Regulated waste shall be placed in containers which are…
    a. Sealable
    b. Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping
    c. Labeled or color-coded according to standards
    d. Closed prior to removal or prevent spillage or protrusion of contents during handling, storage, transport and shipping
2. If outside contamination of the regulated waste containers occurs, it shall be placed in a secondary container, the secondary container shall be…
    a. Sealable
    b. Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping
    c. Labeled or color-coded according to standards
    d. Closed prior to removal or prevent spillage or protrusion of contents during handling, storage

Transport and shipping

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, Political Subdivision of States and Territories.

RESEARCH LABORATORIES

Research and teaching laboratories facilities shall meet the following criteria:

- Standard microbiological practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy Blood Borne Pathogens.
- Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leak-proof, labeled or color-coded container that is closed before being removed from the work area.
- All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.
- Laboratory coats, gowns, smocks, uniform or appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing which has been exposed to infectious agents shall not be worn outside the work area and shall be decontaminated before being laundered.
- Before disposal, **all waste from work areas and from animal rooms where infectious waste is handled** shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy
- Blood Borne Pathogens.
- Vacuum lines shall be protected with liquid disinfectant traps and high efficiency particulate air (HEPA) filters, or filters of equivalent or superior efficiency, which are checked routinely and maintained or replaced as necessary.

Needles and Syringes:

- Hypodermic needles and syringes shall be used only for research procedures or parenteral injections and aspirations of fluids from laboratory animals and diaphragm bottles. Non-needle sharps or needle devices with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident shall be used for the injection or aspiration of other potentially infectious materials.

- Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture resistant container and autoclaved or decontaminated before reuse or disposal.

Spills:

- All spills shall be immediately contained and cleaned up by appropriate professional staff or other properly trained and equipped to work with potentially concentrated infectious materials.
- A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
- A biosafety manual shall be prepared or adopted. Said manual shall be reviewed and updated on an annual basis, or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instruction on practices and procedures, and shall be required to follow them.

Containment Equipment:

- Certified biological safety cabinets or other appropriate combinations of personal protection or physical containment devices (i.e., special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors and containment caging for animals), shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills or aerosols.
- Filtered air biological safety cabinets shall be certified when they are installed, whenever they are moved and semi-annually.
- Each laboratory shall contain a facility for hand washing and an eye wash facility that is readily available within the work area.
- An autoclave for decontamination of regulated wasted shall be readily available.

INFORMATION AND TRAINING

Mandated training **within 90 days of effective date** - initially upon assignment and per State Requirements.

Training must include:

1. Making accessible a copy of the regulations text of the standard and explanation of its contents
2. General discussion on blood borne diseases and their transmission
3. Exposure control plan
4. Engineering and work practices controls
5. Personal protective equipment
6. Hepatitis-B vaccine
7. Response to emergencies involving blood
8. How to handle exposure incidents
9. Post-exposure evaluation and follow-up program
10. Signs, labels and color-coding

The trainer must be knowledgeable in the subject matter and allow ample opportunity for questions and answers.

Laboratory workers must receive additional specialized initial training.

SCHEDULE FOR IMPLEMENTATION

Vaccination - Hepatitis B:

- All designated individuals (within the identified classifications) shall be offered the Hepatitis B vaccine within ten (10) working days of initial assignment through SAC student Health Services at SAC cost.
- Pre-screening **may not be** required as a condition of receive the vaccine.
- Individuals must sign a declination form if they choose not to be vaccinated but may later opt to receive the vaccine at no cost to the individual.
- If a booster doses later be recommended, individuals must be offered the recommended booster at no cost to the individual.

HAZARD COMMUNIZATION

- Red bags and red sharps containers will be used throughout campus. Said bags and containers will be provided by the Physical Plant Department as needed and billed to the requesting department.
- All potential blood or body fluid contamination objects, weather contaminated or not, must be disposed of in the approved red bag or sharps containers.

EXPOSURE INCIDENT PROCEDURES

The following procedure is to be followed when an individual is exposed to an infectious material:

Employees:

1. First Aid
    a. Contaminated wound - encourage bleeding from the skin wound and wash the injured area with copious soapy water, disinfectant, scrub solution or water contaminated intact skin-wash the area with soap & water
    b. Contaminated eyes - gently rinse eyes while open with saline or water
    c. Contaminated mouth - spit out any fluid, rinse the mouth with water and spit out again
2. Report the exposure incident ASAP to your supervisor and go to the nearest Emergency Room or Occupational Health within 2 hours of exposure to determine if post exposure prophylaxis is appropriate.
    a. The following activities should be conducted by the healthcare professional at the emergency room or Occupational Health: (see Appendix A-attached)
        - Document the routes of exposure and how the exposure occurred
        - Identify and document the source individual (unless the employer can establish that identification infeasible or prohibited by state or local law)
        - Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, or JBV 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.
        - Assure that the exposed employee is provided with the source individual's test results and with information about individual (e.g., laws protecting confidentiality).

- After obtaining consent, collect exposed individual's blood as soon as feasible after exposure incident, and test blood for HBV, HCV and HIV serological status.
- If the individual 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 individual elects to have the baseline sample tested during this waiting period, perform testing soon as feasible.

3. Complete an Injury and Accident Investigation Report and notify Health Services of the exposure.

Nursing Students

The following procedure is to be followed if an exposure has occurred by a Nursing Student to an infectious material:

1. First Aid
    a. Contaminated wound/needle stick - encourage bleeding from the skin wound and wash the injured area with copious soapy water, disinfectant, scrub solution or water contaminated intact skin-wash the area with soap & water
    b. Contaminated eyes - gently rinse eyes while open with saline or water
    c. Contaminated mouth - spit out any fluid, rinse the mouth with water and spit out again
2. Report the exposure incident to your Clinical Nursing Instructor and/or the Nursing Supervisor of the facility you are assigned. Go to the nearest Emergency Room within 2 hours of exposure.

    The following activities should be conducted by the healthcare professional at the Emergency Room:
    - Document the routes of exposure and how the exposure occurred
    - Identify and document the source individual (unless the employer can establish that identification infeasible or prohibited by state or local law)
    - Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, or JBV 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.
    - Assure that the exposed individual is provided with the source individual's test results and with information about individual (e.g., laws protecting confidentiality).
    - After obtaining consent, collect exposed individual's blood as soon as feasible after exposure incident, and test blood for HBV, HCV and HIV serological status.
    - If the individual 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 individual elects to have the baseline sample tested during this waiting period, perform testing
3. The exposed nursing student is to notify Health Services of the exposure soon as feasible and schedule an appointment with a Health Services provider to determine follow-up care if needed.

4. The exposed nursing student is responsible for using their own health insurance to pay for any medical visits associated with their occupational exposure.

POST EXPOSURE EVALUATION AND FOLLOW-UP

Employees

1. The office of Human Resources ensures that the healthcare professional evaluating an employee after an exposure incident received the following:
    a. A description of the employee's job duties relevant to the exposure incident
    b. Route (s) of exposure
    c. Circumstances of exposure
    d. If possible, results of the source individuals' blood test
2. Relevant employee medical records, including vaccination status
3. The exposed individual will be referred through the Saint Anselm College Worker's Comp provider for follow-up by a provider as may be required for blood testing, counseling, and evaluation of reported illness.
4. The examining healthcare professional is to provide the employee a copy of their professional written opinion within 15 days after completion of the evaluation. A copy of this opinion will be provided to the Office of Human Resources by the employee. **(See Appendix A - attached)**

Nursing Students

1. Call Health Services to schedule an appointment with a provider. Health Services will obtain a copy of the students Emergency Room records and review the Saint Anselm College Blood & Body Fluid Exposure Form (Appendix A) for evaluation. The provider and the student will review/complete these documents to determine follow-up as may be required for blood testing, counseling and evaluation of reported illness.
2. The examining Health Services provider is to provide the exposed individual a copy of the written opinion within 15 days after completion of the evaluation.
3. Health Services will review the Student Injury and Accident Investigation Report and send it to the Risk Manager for their records.
4. The exposed student is responsible for using their own health insurance to pay for any medical visits associated with their occupational exposure.

EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The exposed individual's supervisor/nursing department is responsible to review the circumstances of the exposure incident. The College Safety Committee will review the circumstances of all exposure incidents to determine:

- Engineering controls in the use at the time
- Work practices followed
- A description of the device being used
- Protective equipment of clothing that was used at the time of the exposure incident (gloves, eye shield etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Exposed individual's training

If it is determined that revisions need to be made, the College Safety Committee will ensure that appropriate changes are made to this Exposure Control Plan.

RECORD KEEPING

Training records must be maintained for **three (3) years.** Said records must include dates, contents of training programs or summary, trainer's name and qualifications, names and job titles of all persons attending the sessions.

1) **A sharps Injury Log** for recording percutaneous injuries will be confidentially maintained by Health Services.

2) Services for our professional nursing staff and Rescue Team members in additional to nursing students who are seen and treated by Health Services for a stick by a needle or sharp. The log should contain:
   a) The type and brand of device involved
   b) The department where the incident occurred
   c) An explanation of how the incident occurred

3) The law requires that **medical records** be kept for each exposed individual with occupational exposure for the **duration of employment or residential occupancy plus 30 years** and must be kept **confidential.** Said records must include:
   1) The employees name
   2) Social security number
   3) Hepatitis-B vaccination status (including dates)
   4) Results of any examinations or medical testing
   5) Follow-up procedures
   6) A copy of the healthcare professional's written opinion
   7) Any information provided to the healthcare professional

4) Evidence that direct patient-care staff have been involved in evaluation and selection of effective and work practice controls should be documented.

5) Medical records must be made **available to the exposed individual** and anyone with written consent of the exposed individual as well as OSHA and NIOSH. They are not available to the employer/college.

6) Disposal of records must be in accordance with OSHA's standard covering access to records.

APPENDIX A

Saint Anselm College Health Services
BLOOD or BODY FLUID EXPOSURE FORM

Student/Employee Name_____Date_____

Campus/Home Address_ _____

Date of Birth_____ Social Security Number_____

Telephone (Home)_____ (Room)_____(Cell)_____

Date of Exposure_____ Time of Exposure _____AM/PM

Route of Exposure (check if applicable):

____ Needle stick ____ Open skin ____ Mucous Membrane ____ Intact skin

Did it break the skin? _____Yes _____No Did it bleed? _____Yes _____No

Body Fluid Involved_____

Describe how the exposure occurred? _____

_____

_____

Risk Assessment of the Source Person (if known/available):

Do you know the source person's name? _____Yes _____No

Name (if known)? _____

Do you have any information about the source person's level of risk? _____

_____

_____

How many Hepatitis B injections have you received? _____ Dates _____ _____ _____ Results_____

Have you ever had Hepatitis C antibody titer done? _____ Dates _____ _____ _____ Results_____

After Exposure

What first aid treatment did you receive and where? _____

Were you advised to report to the nearest emergency room or other healthcare providers within 2 (two) hours of exposure for evaluation of the need for PEP? _____Yes _____No

Clinical Assessment and Procedure:

Exposure Type: _____ Percutaneous _____ Mucous Membrane _____ Skin Exposure

*Risk assessment: _____ Highest Risk _____ Increased Risk _____ Lowest Risk

*If increased risk type refer to **Medical Management of HIV Infection** sheet**.**

Baseline HIV test done? _____ Yes _____ No Date_____ Results_____

Repeat HIV test done at 3 mos. _____ Yes _____ No Date_____ Results_____

Repeat HIV test done at 6 mos. _____ Yes _____ No Date_____ Results_____

Baseline Hepatitis B antibody titer (HBSAB) drawn? _____Yes _____No

Results of HBSAB titer _____positive (immune) _____negative

If negative for antibodies to Hepatitis B, what treatment did the employee/student receive? _____

Baseline Hepatitis C antibody titer (HCSAB) drawn? _____Yes _____No

Results of HCSAB Titer _____positive (immune) _____negative

If negative for antibodies to Hepatitis C, what treatment (if any) did the employee/student receive _____

_____Signature of Healthcare Provider

FOR EMPLOYEES: Send Appendix A and Appendix B with the employee. Records need to be kept for the duration of employment plus 30 years.

FOR STUDENTS: Place a copy OF Appendix A & B in the student record and notify the Director of Health Services for filing upon graduation. Records need to be kept indefinitely after an exposure.

APPENDIX B

INSTRUCTIONS FOR THE EVALUATING PHYSICIAN

This OSHA individual may have suffered an exposure incident as defined in the Blood Borne Pathogens Standard.

In accordance with The Standard's Provision for Post-Exposure Evaluation and Follow-up, this exposed individual presents to you for evaluation. Included to assist you in this evaluation are:

- A copy of 29 CFR 1910.1030, Occupational Exposure to Blood Borne Pathogens;
- A description of the exposed individual's duties as they relate to the exposure incident;
- Documentation of the routes of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the exposed individual's appropriate treatment including vaccination status.

After completing the evaluation, please:

- Inform the exposed individual regarding the evaluation results and any follow-up needed;
- Complete the attached written opinion form and give it to the individual. (this form will be maintained in the office to which the individual is assigned; and
- Send a copy of all evaluation results and records to:
  U.S. Department of Labor – OSHA
  Office of Occupational Medicine
  Room N3653
  200 Constitution Avenue, NW
  Washington, DC 20210

These copies will be maintained as part of the individual's confidential medical record in OSHA's Office of Occupational Medicine Medical Records Section. Should you have any questions regarding the evaluations or medical records, please contact OSHA's office of Occupational Medicine at (202) 219-5003. After your evaluation of this OSHA employee, please assure that the following has been furnished to the individual and provide your initials beside the following statements:

_____ The exposed individual has been informed of the results of this evaluation.

_____ The exposed individual has been told about any medical conditions resulting from exposure to blood and other potentially infectious materials which require further evaluation and treatment.

No further findings are to be included on this report. Please return this sheet to the exposed individual.

_____

(Name of Exposed)

Thank you for your evaluation of this employee.

_____

Physician's signature

_____

Physician's name (printed)

***Employee: Please return a copy of this sheet to Human Resources**

****Student: Please return a copy of this sheet to Health Services**