

# Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens

*Preventing the transmission of bloodborne diseases within  
potentially exposed workplace occupations*

Revised: 2/19/2015

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## **Exposure Control Plan**

St. Lawrence University is committed to providing a safe and healthful work environment for our entire staff. 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." This ECP includes

- I. Background and Definitions
- II. Identification of employees at risk
- III. Methods of Implementation and Control
  - a. Universal Precautions
  - b. Engineering and Work Practice Controls
  - c. Personal Protective Equipment
  - d. Housekeeping
  - e. Training and Communication of hazards to employees
  - f. Hepatitis B vaccination
  - g. Recordkeeping
  - h. Implementation of ECP
- IV. Post Exposure Evaluation Procedures

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 their supervisor. If requested, the Environmental Health and Safety Office will provide an employee with a copy of the ECP free of charge and within 15 days of the request. The Environmental Health and Safety Office 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.

### **I. Background and Definitions**

This Exposure Control Plan applies to all occupational exposure to blood or other potentially infectious materials as defined below.

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

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

**Other Potentially Infectious Materials** means

- A. The following body fluids: Semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all bodily fluids when it is difficult or impossible to differentiate between body fluids.
- B. Any unfixed tissues or organ other than intact skin from a human (living or dead) and
- C. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals that are infected with HIV or HBV.

**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) and human immunodeficiency virus (HIV).

**Hepatitis B Virus (HBV):** The major mode of HBV transmission for the general population is sexual, both heterosexual and homosexual. Also important is parenteral entry by shared needles covering intravenous drug users and to a lesser extent in needle stick injuries or other exposure of individuals, usually health care workers to blood. HBV has not been found to be transmitted by casual contact, fecal, oral or airborne routes or by contaminated food or drinking water. Contact with fluids such as tears or saliva has not been shown to transmit infection. However, all body fluids will be regarded as potentially contaminated. Despite the similarities in the modes of transmission, the risk of HBV infections in health care settings far exceeds that for HIV infections.

**Human Immune Deficiency Disease (HIV):** The major modes of HIV transmission for the general population are essentially identical to those for HBV; HIV is caused by a virus that is transmitted in well-defined mechanisms involving the direct introduction of contaminated blood through the skin such as intravenous drug abuse, sexual contact, and cross placental transmission. HIV transmission has not shown to occur unless the above activities occur. Ordinary social contact and ingestion of food and water have not been shown to result in virus transmission. Contact with fluids such as tears and saliva have not been shown to result in virus transmission. However, all bodily fluids will be regarded as potentially contaminated.

**Sharps: Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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

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## II. Exposure Determination

The following is a list of all job classifications at our establishment in which all employees may have occupational exposure:

<b>Job Title</b>	<b>Department/Location</b>
First Responder	Security and Safety/76 Park Street
Security Officer	Security and Safety/76 Park Street
EMT	Security and Safety/76 Park Street
Athletic Trainer	IA&R/Augsbury
Cleaner	Facilities Operations/Diana B. Torrey '82 Counseling & Health Center
Equipment Attendant	IA&R/Augsbury Cage

The following is a list of job classifications in which some employees at our establishment may 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:

<b><u>Job Title</u></b>	<b><u>Department/Location</u></b>
Cleaner	Facilities Operations/various
Custodian	Facilities Operations/various
Coaches, Assistant Coaches and Athletic Staff	IA&R/Augsbury
Skilled Trades (except Electricians)	Facilities Operations/various

### **Task and Procedure Risks**

The following is a list of tasks and procedures in which occupational exposure may occur.

1. Cleaning up blood or bodily fluid spills
2. Rendering first aid to bleeding victims
3. Cardio-pulmonary resuscitation to victims
4. Handling contaminants, soiled/exposed materials
5. Disposal of/ cleaning up of sharps.
6. Repair and maintenance of plumbing which may be contaminated with blood or bodily fluids.

## III. Methods of Implementation and Control

### **A. Universal Precautions**

Universal precautions shall be used to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation

between bodily fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. These precautions are:

1. Wearing of protective gloves as a precaution to prevent skin contact with blood and/or bodily fluids.
2. Hand and skin surfaces washed immediately and thoroughly if contaminated with blood or bodily fluids.
3. Hands washed immediately after glove removal.
4. Use of mouthpieces, ventilation or resuscitation devices during resuscitation efforts.
5. Precautions taken to prevent injuries caused by needles, broken glass or other sharp, potentially contaminated materials.

## **B. Engineering Controls and Work Practice Controls**

**1. Facilities Operations.** The following work practices will be utilized by all facilities operations personnel when encountering any blood or body fluid spills.

- a. Protective gloves must be worn at all times.
- b. Large spills should be diluted with a germicidal cleaner (EPA labeled stating it will kill HIV/Hepatitis B) before being removed.
- c. Remove all visible material and place in plastic bags for proper disposal.
- d. After spill and all materials are picked up, clean area with the facility approved EPA labeled germicidal cleaner.
- e. Liquid waste may be flushed down toilets or rinsed down floor drains.
- f. Remove gloves when cleaning is completed and place gloves in an appropriate plastic bag for disposal.
- g. Wash hands thoroughly.

If sharp objects, such as needles or potentially contaminated broken glass are found, use mechanical means (broom and dust pan) to clean up broken glass. Gloves must be worn. Deposit materials in a puncture resistant container and as soon as possible notify your supervisor who will file a written report to EH&S.

**2. Laundry.** The following work practices will be used by Equipment Attendants anytime there is a potential to encounter bloodborne pathogen exposure while laundering athletic towels and uniforms:

- a. Protective gloves will be worn.
- b. Towels and uniforms will be handled carefully and not shaken or aired out.
- c. Place wet contaminated laundry in leak-proof, labeled or color-coded containers (plastic bio hazard bag) before transport.
- d. Use a germicidal washing detergent to wash towels and uniforms.
- e. If sharps are encountered, STOP and call your supervisor, who will assist you in acquiring a puncture resistant container.
- f. Wash hands thoroughly after handling laundry.

**3. Security Officers/EMTs.** When responding to any emergency where blood or other fluids are suspected and you may become EXPOSED to person or materials, the following procedures shall be followed:

- a. Wear protective gloves.
- b. Wash immediately and thoroughly after contact.
- c. CPR – use protective mouthpiece to ventilator resuscitate during rescue effort.
- d. Use proper containers (plastic bags) when disposing of contaminated material such as bandages or other soiled materials.
- e. Ensure the area is left clean. All hazardous material must be removed to proper containers. (Contact Facilities Operations to clean and wash area.)
- f. Do not try to recap needles, use proper disposal container, available at Security and Safety Office.
- g. All equipment will be cleaned and sterilized if needed after each use.
- h. A statement indicting proper procedure handling the above situations shall be included in your report.
- i. Proper cleaning equipment, including germicidal cleaner will be available at the Security and Safety Office.

**4. Athletic Department.** The following work practices will be used by the Athletic department every time there is a potential for contact with bloodborne pathogens:

- a. Wear gloves as precaution to prevent skin contact with blood and /or bodily fluids.
- b. Hand and skin surfaces washed immediately and thoroughly if contaminated with blood or bodily fluids.
- c. Hands washed immediately after glove removal.
- d. The use of protective mouthpiece if rescue breathing is applied during CPR.
- e. Precautions taken to prevent injuries by needles, scalpels and other sharp instruments:
  - i. Needles may not be recapped, bent or broken by hand or removed from disposable syringes following use.
  - ii. Used syringes, needles and scalpel blades shall be placed in puncture resistant containers for disposal, available in the Head Trainers Office.
- f. Use proper containers (plastic bio hazard bag) when disposing of contaminated material such as bandages or other soiled material if there is enough material to be squeezed out or is dripping.
- g. Ensure that area is left clean, hazardous material is removed to proper containers, and disinfect all equipment with a germicidal cleaner.

### **C. Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Environmental Health and Safety Office.

The following types of PPE are available through your department:

1. Gloves
2. Gowns
3. Goggles
4. Face masks.

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.
- Used PPE may be disposed of in the regular trash unless it is saturated and/or leaking or heavily caked and/or flaking (with blood or OPIM) in which case it should be disposed of in a plastic bio hazard bag.
- 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.

#### **D. Housekeeping**

Regulated waste (e.g. saturated and dripping or heavily caked and flaking) is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately after use in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded. Sharps disposal containers are available through your supervisor.

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Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

### **E. Training Programs**

The Environmental Health and Safety Department ensures that all employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- Explain the OSHA bloodborne pathogen standard and provide a copy of the Standard on request.
- an explanation of our ECP and how to obtain a copy
- 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
- 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
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at the Environmental Health and Safety Office located in the Central Warehouse (229-5913).

Copies of training records, including the Training Form (Appendix E) and Hepatitis B Vaccine Declination Forms, (Appendix A) will be forwarded by trainers to the Human Resources Office. A list of employees requiring the HBV vaccine will then be forwarded to the Diana B. Torrey '82 Health and Counseling Center.



## **F. Hepatitis B Vaccination**

The hepatitis B (HB) vaccination series is available at no cost to all new employees who have the potential for occupational exposure during the course of performing their duties. The vaccination is administered within 10 days of employment. The vaccine will not be administered if the employee has previously received the series, or antibody testing reveals the employee is immune or the vaccine is contraindicated.

Employees who decline the vaccination must sign the Hepatitis B Vaccine Declination Form. Employees who decline may request and obtain the vaccination at a later date at no cost to the employee. Documentation of refusal of the vaccination is kept in the Human Resources Office

Vaccination and a medical evaluation will be provided by the Diana B. Torrey '82 Health and Counseling Center. Following the medical evaluation, a copy of the health care professional's written opinion will be kept in the employee's medical file in the Human Resources Office and provided to the employee within 15 days of the completion of the evaluation. The evaluation will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered or declined by the employee.

## **G. 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 Human Resources office in Vilas Hall, G-6.

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 Human Resources, Vilas Hall, G-6.

### **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," by the Human Resources Office, Vilas Hall, G-2 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 Human Resources, Vilas Hall, G-2.

The employee's Physician/Director of the Diana B. Torrey '82 Health and Counseling Center or designee will provide the University and the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and treatment.

All other diagnoses must remain confidential and not be included in the written report to St. Lawrence University.

### **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 Environmental Health and Safety Office.

## **H. IMPLEMENTATION**

The Environmental Health and Safety Office is responsible for implementation of the ECP and will:

- Maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Central Warehouse/229-5907.
- Provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and biohazard bags as required by the standard.
- Ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- Ensure that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- Provide training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

The Human Resources office:

- will forward the names of personnel, limited to those covered by the Plan per section II to the Environmental Health and Safety Office on hiring or following a change in job title.

Employees listed in section II, Exposure Determination:

- must comply with the procedures and work practices outlined in this ECP.

## **IV. Post Exposure Evaluation and Follow –Up**

### **A. IMMEDIATELY FOLLOWING AN EXPOSURE, THE EXPOSED INDIVIDUAL MUST:**

- Wash blood or potentially infectious fluid from the contaminated body area(s) with soap and running water continuously for 15 minutes.
- Be evaluated immediately at the Diana B. Torrey Health and Counseling Center to determine if the exposure is **significant** and needs medical follow-up. Center hours are Monday through Friday 9:00 am – 5:00 pm during the academic year.
- If the exposure is determined to be significant, or occurs when the Diana B. Torrey Health and Counseling Center is closed, **proceed immediately** to a local hospital emergency room for further medical evaluation. The emergency room staff will follow specific procedures to determine if prophylactic medication for Hepatitis B and HIV should be initiated.
- If the exposure is not significant, no further medical follow up is necessary. Documentation of this assessment will be kept in the exposed individual's medical file in the Human Resources Office.
- The supervisor of the exposed individual should be notified as soon as possible.
- The supervisor and employee must complete an [Incident/Injury/Near Miss Report Form](#), Appendix C, found on Pages 18-19.

### **B. DEFINITION OF SIGNIFICANT EXPOSURE**

**Criteria in both (1) and (2) must be met for the exposure to be considered a significant exposure which would require immediate clinical follow-up at the nearest hospital emergency room\***

#### **1. The body substance was:**

- Blood, semen, vaginal secretions, an internal body fluid (e.g., cerebrospinal, peritoneal, pericardial, pleural, amniotic, synovial or joint fluid), **OR**
- Any other body fluid visibly contaminated with blood; **OR**
- Exposure was to a body fluid during a circumstance where it was **difficult or impossible** to differentiate the fluid type involved and is therefore considered potentially hazardous;

## AND

### 2. The type of injury or contact provided a portal of entry;

- Percutaneous exposure (e.g., a penetrating injury with a contaminated implement that went through the skin such as needle stick or cut),
- Mucous membrane contact (e.g., the body fluid splashed in the eyes or mouth),
- Non-intact skin contact\*\* (e.g., the body fluid came in contact with open skin such as dermatitis or abrasion).

\*If the exposed individual questions or is not satisfied with the determination regarding significant exposure, they should be referred to the nearest hospital emergency room

\*\* If there has been a massive blood exposure, the exposure should be considered significant.

Following initial first aid or emergency room care the following activities will be performed. Each exposure must be documented by the employee on an “Exposure Incident Report Form” (see Appendix D). The hospital Emergency Room will add any additional information as needed. The employee may choose to go to their own personal physician.:

- Document the routes of exposure and how the exposure occurred.
- If possible identify and document the source individual
- 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.
- 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).
- After obtaining consent, collect exposed employee’s blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- 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.

Appendix D “Exposure Incident Report” will be provided to the employee so they may bring it along with any additional relevant medical information to the

medical evaluation. Original copies of this form will be maintained with employee's medical records.

### **C. Administration of Post-Exposure Evaluation and Follow-up**

The Environmental Health and Safety Office ensures that, when requested, health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of SLU's bloodborne pathogens standard and ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

Counseling may be provided free of charge at the Canton Office of the County Health Department

Follow-up medical treatment may be obtained free of charge from employee's private, personal physician.

### **D. Procedures for Evaluating an Exposure Incident**

The Environmental Health and Safety Office will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be revised.

Supervisors will report, to the Environmental Health and Safety Office, all percutaneous injuries from contaminated sharps for recording in a Sharps Injury Log.

If revisions to this ECP are necessary the Environmental Health and Safety Office will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

Record of Revisions		
Date	Reviewed by	Summary of Revisions
1/22/2007	Ted Coviello, Suna Stone- McMasters, Colleen Manley, Kathy Boak, Patricia Ellis, Ron Waske	<ol style="list-style-type: none"> <li>1. Change name of Winning Health Center to Diana B. Torrey '82 Health and Counseling Center,</li> <li>2. Add EHS Office to document title</li> <li>3. Clarified routing of medical records</li> <li>4. Added definitions in section I.</li> <li>5. Require completion of Incident Form following significant exposure.</li> <li>6. Define HR role in forwarding names of affected employees to EHS and Health Center</li> <li>7. Considered removing some employees from program based on OSHA interpretations of Standard, but retained conservative definition of potentially infectious materials to include all bodily substances.</li> <li>8. Added appendices C, D and E.</li> </ol>
2/19/2015	Suna Stone- McMasters	Changed name from Ted Coviello to Theresa Simoni and corrected broken web links

**Appendix A**  
**HEPATITIS B VACCINE DECLINATION**

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.

Print: (Employee Name)\_\_\_\_\_

Signed: (Employee Name)\_\_\_\_\_ Date:\_\_\_\_\_

COMMENTS:

Original: Diana B. Torrey '82 Health and Counseling Center  
Copy: Human Resources  
Copy: Originating Department  
Copy: Employee

Appendix B  
**SHARPS INJURY LOG**  
St. Lawrence University  
Environmental Health and Safety Office

<b>Type and Brand of Device Department</b>	<b>Area where Incident Occurred</b>	<b>Explanation of how incident occurred</b>

St. Lawrence University has established this sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information listed below shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee.



Appendix C

St. Lawrence University  
Incident/Injury/Near Miss Report

**SUPERVISOR and EMPLOYEE complete this form.**

The information should be ACCURATE and COMPLETE; provide as much detail as possible and document the incident as the employee explains it. Notify the Human Resources Office when there is lost time or medical treatment. This report must be filed within 24 hours of the incident/accident.

If the injured person is an Agency Temporary please specify which agency and FAX this form to HR immediately; the University must provide Same Day Notification of incident/accident to the agency.

Employee Name \_\_\_\_\_ Schedule (days/shift/hours) \_\_\_\_\_

Employee's Title & Status \_\_\_\_\_  
(If injured is an Agency Temp, Fax report to HR #5561)

(Circle all that apply) Full-Time Part-Time Seasonal Regular  
SLU Temp SLU Student Worker Temp Agency (Kelly/Maxsys/Penski) \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_

Where did the incident occur \_\_\_\_\_  
(please be specific)

Employee's account of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses to the incident (name and affiliation) \_\_\_\_\_

Nature of injury (i.e., swelling on right forearm) \_\_\_\_\_  
\_\_\_\_\_

Body Part Affected: (be specific – left knee, lower back): \_\_\_\_\_

Category of incident: (please check all that apply)

Cut \_\_\_\_\_ Slip/Fall \_\_\_\_\_ Sprain/Strain \_\_\_\_\_ Burn \_\_\_\_\_ Bend/Lift \_\_\_\_\_ Other \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date \_\_\_\_\_

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

**Notify Human Resources ASAP of any medical need or lost time due to this incident!**  
**Questions??? Call Human Resources, ext. 5833. HR FAX #229-5561.**



Appendix C (cont.)

**Supervisor's Report of Injury/Incident**

Employee \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Department \_\_\_\_\_

When notified of incident? \_\_\_\_\_

Was medical care provided \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_  
(attach any and all medical documentation)

How much time lost from work \_\_\_\_\_  
(List specific dates!)

Has injured returned to work? \_\_\_\_\_ Date \_\_\_\_\_

How/why did the incident occur and what can be done to correct or prevent similar incidents in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Select item(s) under EMP which require additional attention)

<u>Equipment</u>	<u>Material</u>	<u>People</u>
Arrange _____	Place _____	Place _____
Use _____	Handle _____	Train _____
Maintain _____	Process _____	Lead _____

Additional Comments (if any) \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(acknowledges report of incident)

**Forward original report to Human Resources, keep a copy for your records.**

**Corrective Action** (To be completed by Risk Manager)

What can be done to resolve the problem that contributed to the incident/injury? \_\_\_\_\_  
\_\_\_\_\_

What steps were taken to prevent recurrence? \_\_\_\_\_  
\_\_\_\_\_

HUMAN RESOURCES: \_\_\_\_\_ DATE: \_\_\_\_\_

RISK MANAGER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

RISK MANAGER'S COMMENTS & RECOMMENDATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For HR/Internal use only: Report # \_\_\_\_\_  
C-2 Filed  
Copy to EH&S, Security  
8.30.06

APPENDIX D - optional

EXPOSURE INCIDENT REPORT – to be completed by Employee for use by medical provider.

EMPLOYEES NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATED COMPLETED \_\_\_\_\_ SCHOOL/DEPT. \_\_\_\_\_

EMPLOYEE'S JOB TITLE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

D/O/B \_\_\_\_\_

HAVE YOU BEEN VACCINATED FOR HEPATITIS B? \_\_\_\_\_

DATE OF EXPOSURE \_\_\_\_\_ TIME OF EXPOSURE \_\_\_\_\_ (AM) (PM)

LOCATION OF INCIDENT (SCHOOL, DEPT., CLINIC, ETC. - BE SPECIFIC): \_\_\_\_\_

NATURE OF INCIDENT (AUTO ACCIDENT, TRAUMA, MEDICAL EMERGENCY) - BE SPECIFIC: \_\_\_\_\_

DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED (BE SPECIFIC :) \_\_\_\_\_

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)? YES NO IF YES, LIST. \_\_\_\_\_

DID THE PPE FAIL? YES NO IF YES, EXPLAIN HOW: \_\_\_\_\_

WHAT BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL? BE SPECIFIC: \_\_\_\_\_

DID A FOREIGN BODY (NEEDLE, NAIL, AUTO PART, GLASS, DENTAL WIRES, ETC.) PENETRATE YOUR BODY? YES

NO IF YES,

WHAT WAS THE OBJECT? \_\_\_\_\_

WHERE DID IT PENETRATE YOUR BODY? \_\_\_\_\_

WAS ANY BODILY FLUID ON THE PENETRATING OBJECT? YES \_\_\_\_\_ NO \_\_\_\_\_

IS YES, WHAT WAS THE FLUID? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

HAVE YOU RECEIVED MEDICAL ATTENTION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHERE? \_\_\_\_\_

WHEN? \_\_\_\_\_

BY WHOM? \_\_\_\_\_

EXPOSED EMPLOYEE SIGNATURE \_\_\_\_\_

LOCAL BLOODBORNE PATHOGEN PROGRAM ADMINISTRATOR SIGNATURE \_\_\_\_\_

\*\*\* URGENT \*\*\*

Fax this form to attending Health Care Professional AS SOON AS POSSIBLE

