

DePaul University

School of Nursing

Bloodborne Pathogens Exposure Control Plan

IF YOU ARE READING THIS PLAN BECAUSE YOU HAVE BEEN EXPOSED TO BLOODBORNE PATHOGENS, GO DIRECTLY TO SECTION 11.1 (EXPOSED EMPLOYEES) OR SECTION 11.2 (EXPOSED STUDENTS).

ACKNOWLEDGEMENTS

This Bloodborne Pathogens exposure control plan was developed by the DePaul University Environmental Health and Safety (EHS) Office using best practice examples from the University of South Carolina's and University of New Hampshire as well as Federal and State regulations and guidance documents.

The manual will be reviewed and revised yearly by the DePaul School of Nursing.

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I. Purpose

The purpose of this exposure control plan is to eliminate or minimize School of Nursing (SON) employee and SON students' occupational exposure to human blood or other infectious body fluids. Other potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visibly contaminated with blood. In addition, the purpose of this plan is to provide information how what to do should an employee or student incur exposure to human blood or other infectious body fluids.

II. Scope

This exposure control plan applies to all DePaul University (DPU) SON employees and SON students who, during the course of their employment and study, may come into contact with human blood or potentially infectious bodily fluids.

III. Responsibilities

Employees and SON students are expected to follow DPU policies and the procedures of their particular place of work. When new procedures or duties will be performed by an employee and SON student previously determined not to be at risk for potential exposure, it is the supervisor's responsibility to notify the Departmental Safety Officer or his/her designee.

The Safety Officer or his/her designee must ensure the required employee and SON students training are completed and an annual program review and update is performed.

The Safety Officer or his/her designee has overall responsibility for the program as it applies to the SON. This includes coordinating training, controls, and exposure response with DPU's Environmental Health & Safety Office; and maintaining certain records as further described herein.

A copy of the plan may be obtained from the Safety Officer or his/her designee or is available in the School of Nursing, and on the School of Nursing website at go.depaul.edu/bbp.

IV. Work Practice and Engineering Controls

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

Engineering and work practice controls will be utilized to eliminate or minimize exposure to all SON employees and SON students working and studying at DPU.

- Employees and SON students must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick). **
- Employees and SON students must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.**

**Employees and SON students shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work. Because most DPU buildings are public access, they will have available hand washing facilities in public restrooms and custodial / janitorial closets. (If hand washing facilities are not available, SON will provide its workers either 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 and water as soon as feasible.)

- All sharps must be placed into appropriate sharps containers. The sharps containers are puncture resistant, labeled with a biohazard label (see Appendix D for the biohazard label), and are leak proof. Sharp containers are located in each lab at head of table or bed. The simulation lab manager will notify Environmental Health & Safety (EHS) to pick up and dispose of the needles in an appropriate, labeled sharps container.
 - Needles should never be recapped.
 - Needles may be moved only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
- Breaking or shearing of needles is prohibited.
- No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
- No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
- Employees and SON students must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

V. Housekeeping

Decontamination will be accomplished by utilizing the following materials:

- Fresh 10% (minimum) solution of chlorine bleach and water or EPA-registered disinfectants
- All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.
- Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.
- Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.

- Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that is closeable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If sharps container is not pre-labeled, biohazard labels are available through EHS.

VI. Other Regulated Waste

BBP waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded and closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport. Bio bins are located in McGowan North, room 152 and CDM Center (Loop) basement or contact EHS for disposal.

Biohazard bags and labels are available through the EHS department office.

Removal of biohazardous waste from DPU campus shall be handled by LB Medwaste Services. This shall be coordinated through the EHS department.

VII. Laundry Procedures

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use. All contaminated clothing shall be placed in a bio bag and sealed closed,

If the clothing is salvageable, the clothing will be laundered at a dry cleaner that specializes in cleaning contaminated clothing.

VIII. Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized.

The SON will provide gloves, face shields, eye protection, and aprons to employees and students and will replace or repair personal protective equipment as necessary, all at no cost to their employees or students.

All personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees and SON students clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

Employees and SON students must:

- Utilize protective equipment in occupational exposure situations.
- Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.
- Remove all personal protective equipment before leaving the work area.
- Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

IX. Hepatitis B Vaccination and Testing of Immune Status

9.1 Staff and Hepatitis Vaccination and Testing of Immune Status

DPU will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure.

DPU shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed under the supervision of a licensed physician or under the supervision of another licensed healthcare professional; and
- Provided according to the recommendations of the U.S. Public Health Service.

Hepatitis B vaccination shall be made available after the employee has received the bloodborne pathogens exposure training and within 10 working days of initial assignment to all employees who have occupational exposure. However, the vaccination shall not be required if the employee has previously received the complete Hepatitis B vaccination series, if antibody testing has revealed that the employee is immune, or if the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. All waivers shall be turned into EHS Office. (Appendix C)

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

9.2 Students Hepatitis Vaccination and Testing of Immune Status

The student is financially responsible for all vaccines and titers including Hepatitis B. The student shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series are completed prior to beginning clinical attendance. It is the student's responsibility to supply the Safety Officer or his/her designee with documentation of the vaccine dates and the date when the final Hepatitis B surface antigen/antibody (quantitative) will be drawn.

X. Post Vaccination Testing of Immune Status

10.1 Staff Post Vaccination Testing of Immune Status

Testing for immunity is advised only for persons whose subsequent clinical management depends on knowledge of their immune status. Post vaccination testing is considered for persons at high levels of occupational risk. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

DPU will offer post vaccination testing free of charge to those employees at high risk for contracting bloodborne disease. The anti-HBS laboratory test will be performed two to three months after completion of the Hepatitis B vaccination series to some individuals in the job classifications listed below:

- Health care workers who work in a clinical setting
- Researchers in a laboratory setting who routinely work with human blood or blood components

10.2 Student Post Vaccination Testing of Immune Status

Because students are in the clinical setting, they are considered to be at high risk for blood borne pathogen exposure. If a serum titer does not demonstrate immunity after 1-2 months after the first Hepatitis B vaccination series, the student will require revaccination with a new Hepatitis B series. If the student does not demonstrate immunity at 1-2 months after the second series of three vaccinations, they are noted as a non-responder. The student must sign a waiver that documents that they are aware that they are not immune to Hepatitis B. This waiver is filed in the student's personal file and uploaded to Castle Branch.

XI. Post Exposure Evaluation and Follow-up

11.1 Staff Post Exposure Evaluation and Follow-up

All employees who incur an exposure incident will be offered confidential post-exposure evaluation and follow-up in accordance with the OSHA standard. Employees who incur an exposure at DPU should contact Public Safety immediately. Public Safety will facilitate transportation to Advocate Illinois Masonic Medical Center. Advocate Illinois Masonic Medical Center will perform post exposure evaluations and follow-up, which will include at least, the following elements:

- A description of the employee's duties as they relate to the exposure incident;
- Documentation of the route(s) and circumstances of the exposure;
- The results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee, including vaccination status, EHS Office will maintain these records.

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

- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to provide time for the employee to decide if the blood should be tested for HIV serological status.

Should a DPU employee incur an exposure at an outside facility while performing duties within their DPU role, they should follow both DPU's post exposure policy as well as the institution's policy where the exposure occurred. All exposure incidents should be reported to the Safety Officer or his/her designee as soon as possible, but no later than one business day after the incident. The Safety Officer or his/her designee will report all employee exposure incidents to EHS.

Employees are encouraged to speak with their health care provider about any additional follow-up post-exposure prophylaxis that may be recommended.

11.1.1 Healthcare Professional's Written Opinion

The EHS office shall obtain and 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 healthcare professional's written opinion for HBV vaccination shall be limited to whether the HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation; and
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

11.1.2 Confidentiality

All other findings or diagnosis shall remain confidential and shall not be included in the written report. Confidentiality should be practiced throughout the process regarding the incident and the employee(s) involved by the supervisor and all individuals involved.

11.2 Student Post Exposure Evaluation and Follow-up

Any student who incurs an exposure incident at DPU should obtain confidential post-exposure evaluation and follow-up.

Students who would like to obtain this confidential post-exposure evaluation and follow-up from Advocate Illinois Masonic Medical Center may contact DePaul Public Safety, who will facilitate transportation to Advocate Illinois Masonic Medical Center.

The post exposure evaluations and follow-up, should include at least, the following elements:

- Documentation of the route(s) and circumstances of the exposure;
- The results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the student, including vaccination status, the Safety Officer or his/her designee will maintain these records.

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

- The exposed student's blood shall be collected as soon as feasible and tested after consent is obtained;
- The student may have his/her blood collected for testing of the student's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to provide time for the student to decide if the blood should be tested for HIV serological status.

The student is responsible for costs associated with the medical evaluation.

Should a student incur an exposure at an outside facility while performing duties within their student role in a clinical, internship or service learning setting, they should follow both DPU's post exposure policy as well as the institution's policy where the exposure occurred. All student exposure incidents, whether they occur at DPU or off-campus while conducting learning or training activities under the SON must be reported to the Safety Officer or his/her designee as soon as possible, but no later than one business day after the incident.

Students are encouraged to speak with their health care provider about any additional follow-up post-exposure prophylaxis that may be recommended.

11.3 Testing of Exposure Source

When possible, the Safety Officer, his/her designee, or institution where the exposure took place, will look into testing the exposure source individual for HIV, hepatitis B, and/or hepatitis C. Testing of the source individual's blood does not need to be repeated if the source individual is already known to be infected with HIV, hepatitis B, and/or hepatitis C.

XII. Training

The SON will provide BBP training for SON employees and students. The Safety Officer or his/her designee must ensure the employees and students complete the BBP training at the time of initial assignment to tasks where occupational exposure may occur, within ninety days after the effective date of the standard, and at least annually thereafter.

BBP quizzes for employees will be collected and sent to DPU's EHS Office. BBP quizzes for student will be maintained by the Safety Officer or his/her designee. Students will document their completed training in the Castle Branch system by uploaded their completed quiz with results.

Employees and students, who do not complete an initial training on hire or enrollment, will be prohibited from participating in any lab or clinical activities until training is completed and documented. Annual training and new standard training must also be completed during the prescribed timeline or lab and clinical activities will cease.

SON students in the Nurse Anesthesia program at NorthShore University Hospital are required to complete Annual Required Education (ARE) as requirement of that institution. This includes training on bloodborne pathogens precautions and the NorthShore exposure control plan.

Employees and students must comply with all outside institutions' policies and training requirements regarding bloodborne pathogen exposure. It is expected that each outside institution provide this training which is unique to their institution.

XIII. Record Keeping

13.1 Medical Records

In general, medical records are maintained by Advocate Illinois Masonic Medical Center, SAGE Medical Group, or other health care providers.

Any employee medical records maintained by EHS will be maintained in accordance with OSHA Standard 29 CFR 1910.1020. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years.

Any student medical records maintained by the SON will be maintained for 3 years from the date of occurrence or treatment.

13.2 BBP QUIZ

Employee BBP quizzes will be maintained in the EHS office for 3 years from date of training. Student BBP quizzes will be maintained by the Safety Officer or his/her designee for 3 years from the date of

training. Records of completion of student BBP quizzes will be maintained by the Safety Officer or his/her designee.

13.3 Sharps injury log

DPU shall maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. All SON employee and student injuries associated with contaminated sharps must be reported to the Safety Officer or his/her designee within 48 hours of the injury by completing the Sharps Injury Log Form available in Appendix A. For sharps injuries to employees, the Safety Officer or his/her designee will forward the completed Sharps Injury Log Form (Appendix A) to EHS. The Safety Officer or his/her designee will maintain Sharps Injury Log Forms for SON students. The information is recorded and maintained in such a manner as to protect the confidentiality of the injured employee or student. (Appendix A)

APPENDIX A- Sharps Injury Log

<p>SHARPS INJURY LOG DePaul University Environmental Health & Safety</p>

Person incurring injury:

- 1. Complete all sections of this form**
- 2. Submit this form to the Safety Officer or his/her designee within 48 hours**

The Safety Officer or his/her designee will make a photocopy for the injured individual, will maintain documentation for the student/employee, and will submit a copy of the log involving employees (not students) to the DePaul EHS Office within 48 hours.

Injured Person is (select one): <input type="checkbox"/> Employee <input type="checkbox"/> Student		
Name of Injured Person	DePaul ID #	e-mail
Dept	Supervisor	e-mail
Date of Injury	Location of Incident	Body part injured
Job classifications of injured employee (N/A for students)		Procedure being performed at time of injury
Describe how the incident occurred		
Identify Sharp involved TYPE: _____ BRAND: _____ MODEL: _____		

Employee or Student Signature	Date
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APPENDIX B - Definitions

For the purpose of this plan the following definitions shall apply:

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

Bloodborne Pathogens - pathogenic microorganisms that are present in the human or primate blood and that can cause disease in humans. These pathogens include but are not limited to hepatitis B (HBV) and human immunodeficiency virus (HIV).

Bloodborne Pathogens & Needle stick Prevention - In 1991, OSHA issued the Bloodborne Pathogens Standard (29 CFR 1910.1030 to protect workers from this risk. In 2001, in response to the Needle stick Safety and Prevention Act, OSHA revised the Bloodborne Pathogens Standard. The revised standard clarifies the need for employers to select safer needle devices and to involve employees in identifying and choosing these contaminated sharps.

CFR - means Code of Federal Regulations

Clinical Laboratory - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious material.

Contaminated - the presence of blood or the reasonable anticipation of blood or other potentially infectious materials on a surface or item.

Contaminated Laundry – article of clothing or bed linens which have been soiled with blood or other potentially infected material or which may contain sharps.

Contaminated Sharps - any contaminated objects that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, pipette tips and exposed ends of dental wire.

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

Engineering Controls - (e.g., sharps disposal containers, self sheathing needles, hand washing sinks) controls that isolate or remove the bloodborne pathogen hazards from the workplace.

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

Hand washing Facilities - a facility providing an adequate supply of running potable water, soap, and single use towels.

HBV - hepatitis B virus.

HIV - human immunodeficiency virus.

Needleless Systems - a device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

Other Potentially Infectious Materials - includes the following:

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

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

Personal Protective Equipment (PPE) - is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

Production Facility - is a facility engaged in industrial-scale, large volume (10 liters or more) or high concentration production of HIV, HBV, or HCV.

Regulated Waste - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Also called Bio hazardous Waste.

Research Laboratory - a laboratory producing or using research laboratory scale amounts of HIV, HBV or other infectious materials. Research laboratories may produce high concentrations of infectious agents but not in the volume found in production facilities.

Sharps Injury Log - a log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. This log will contain the type and brand of device involved in the incident, the department or work area where the exposure incident occurred, an explanation of how the incident occurred, and other items of information deemed relevant by the University Health Service.

Sharps with Engineered Sharps Injury Protections - a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

SON – School of Nursing

Standard Precautions - this concept synthesizes the major features of Universal Precautions and Body Substance Isolation and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions apply to: blood, all body fluids, secretions, and excretions regardless of whether or not they contain visible blood (the only exception is sweat), non-intact skin, and mucus membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital and clinic setting.

Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacteria end spores.

Universal Precautions - is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain other human body fluids are treated as if known to be infected with HIV, HBV, or other bloodborne pathogens.

Work Place Controls - that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by a two-handed technique).

APPENDIX C- Hepatitis B Vaccination

**HEPATITIS B VACCINATION
ACCEPTANCE/DECLINATION STATEMENT**

Check **one** of the following:

[] I have received the HBV vaccination series on: _____
Date/Year

[] I decline participation in the vaccination series.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If, in the future, I continue to have exposure to blood or other potentially infectious materials and I wish to be offered the Hepatitis B vaccine, I can be vaccinated at that time at no charge to me.

[] I accept participation in the hepatitis B program and wish to receive the vaccination series.

Print Name

Signature

DePaul ID #

Department

Supervisor (for employees)

Date

APPENDIX D: SIGNAGE



Appendix E: Checklist for Student BBP Exposure

Checklist for Student BBP Exposure

If you are exposed to blood or other potentially infectious material:	
1	Immediately flush exposed skin with soap and water and exposed mucus membranes with water.
2	<p>At DePaul: Immediately report the incident to your instructor so that you can make decisions about how to obtain confidential post-exposure evaluation and follow-up. The incident should also be reported to the School of Nursing.</p> <p>At RFUMS site: Immediately report the incident to your instructor so that you can make decisions about how to obtain confidential post-exposure evaluation and follow-up. The incident should be reported to the School of Nursing at (773) 325-7280.</p> <p>Off Site: Follow the post-exposure policy of the institution where the exposure occurred, and then report the incident to School of Nursing.</p>
3	<p>At DePaul: If you would like to obtain this confidential post-exposure evaluation and follow-up from Advocate Illinois Masonic Medical Center you may contact DePaul Public Safety at (773) 325-7777. Public Safety will facilitate transportation to Advocate Illinois Masonic Medical Center.¹</p> <p>Off Site: Follow the instructions of the institution or go to a nearby emergency facility.</p>
4	The emergency room practitioner will assess the information about the exposure to determine the transmission risk, prophylaxis recommendations, and necessary follow-up.
5	If a contaminated sharp was involved in the exposure incident, complete the Sharps Injury Log (Appendix A to SON BBP ECP) and return the completed form to the School of Nursing.

NOTE: THIS CHECKLIST IS INTENDED AS A QUICK GUIDE. PLEASE REFER TO SECTION 11.2 FOR FULL EXPOSURE PROCEDURES.

¹ Students are responsible for costs associated with the emergency room visit, post-exposure evaluation, prophylaxis, and/or any follow-up tests.