1.0 PURPOSE:

This Exposure Control Plan (ECP) is designed to minimize occupational exposure to bloodborne pathogens at LSUHSC. The ECP complies with the State of Louisiana Office of Risk Management’s Loss Prevention Manual, reference A, and OSHA Standard 29 CFR 1910.1030, reference B.

2.0 SCOPE:

This policy applies to all faculty, staff, and students who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM).

3.0 RESPONSIBILITIES:

3.1 Deans, Department Heads, and Directors shall:
- Ensure employees and students determined to have occupational exposure to blood or OPIM comply with the procedures and work practices outlined in this ECP.
- Ensure the currency of all employee exposure determinations and required vaccinations. Maintain Consent/Declination form records.
- The Dean of the School of Dentistry will ensure all personnel also comply with the requirements of the LSUSD Exposure Control Plan, reference C.
- Fund hepatitis B vaccinations for employees.

3.2 Principle Investigators, Supervisors, and Faculty shall:
- Follow the procedures outlined in EHS - 400.06 Incident/Accident Reporting and Investigation Policy to report exposures to blood or other potentially infectious materials, and ensure proper testing and medical treatment is provided.
- Validate that employees are properly assessed for risk level, receive initial and recurring Bloodborne Pathogens training, and that all high risk employees are offered the hepatitis B vaccination. If the employee’s risk level changes, notify the Biosafety Officer so that the proper training can be assigned.
- Ensure each employee is trained on area-specific work practice controls and engineering devices.
• Ensure employees are provided with PPE, worn as required, and trained in the proper wearing and use.
• Establish area-specific biohazardous spill response and decontamination procedures and training.

3.3 Environmental Health and Safety (EH&S) shall:
• Maintain, review, and update this ECP when necessary.
• Provide training to personnel via the on-line Knowledge Delivery System on bloodborne pathogens and hepatitis B vaccinations.

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

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

• **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.

• **Disinfection:** the process of reducing a contaminant load of microorganisms on a surface or object using bleach, ethanol, or another appropriate chemical.

• **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 a person's duties.

• **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.

• **Occupational Exposure:** reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a person's duties.

• **Other Potentially Infectious Materials (OPIM):** materials other than human blood that can contain bloodborne pathogens and be potentially infectious. These include the following human body fluids: semen, vaginal
secretions, cerebrospinal fluid, 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 body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); 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 infected with HIV or HBV.

- **Parenteral**: the piercing of mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

- **Source Individual**: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee or student. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

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

- **Standard Precautions**: is the use of personal protective equipment (PPE) to prevent exposure to both bloodborne and airborne pathogens.

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

### 5.0 EMPLOYEE EXPOSURE DETERMINATIONS:

Due to the nature of work performed at LSUHSC, all employees are considered potentially at risk to bloodborne pathogens. Risk levels for occupational exposures are determined by reviewing tasks and procedures associated with exposure to human blood, body fluids, or OPIMs without regard to the use of personal protective equipment. The Office of Compliance makes the initial determination of employee risk level for all personnel based on job title and department. It is the duty of the supervisor to verify that the risk level is correct for the position.
5.1 **High Risk Determination**
- Personnel shall be classified high risk if they perform:
  - Direct patient care activities likely to result in direct or indirect exposure to patient's blood or body fluids.
  - Processing or handling human blood, body fluids, tissues or organs.
  - Processing or handling of equipment, materials or waste that may have been contaminated with human blood, body fluids or OPIMs.
  - Routine administration of first aid.
  - Other likely or anticipated exposure to blood, body fluids or OPIMs, including physicians, dentists, laboratory workers, healthcare workers, plumbers and custodial staff, shelter workers, child welfare workers, police officers and others who carry weapons, first responders, firefighters, kitchen staff (that may handle sharp equipment), and public safety workers.
- All students are considered high risk, except for those enrolled in the Schools of Public Health and Graduate Studies.

5.2 **Low Risk Determination**
Employees shall be classified low risk if they do not perform any activity listed in Section 5.1.

6.0 **ENGINEERING AND WORK PRACTICE CONTROLS:**

Engineering controls and work practice controls are used to minimize exposures to personnel. Engineering and work practice controls shall be examined and maintained on a regular schedule. These practice controls create the basis of the Universal Precaution approach to infection control. In accordance with Universal Precautions, all personnel handling any type of human blood, human blood components, and materials made from human blood, or OPIM shall be treated and handled as if known to be infectious for HIV, HBV or other bloodborne pathogens. For more information on Universal Precautions, visit the NIH/CDC website [Fundamentals of Infection Prevention](https://www.cdc.gov). 

6.1 **Engineering Controls**
Engineering Controls include equipment and devices used to protect against bloodborne pathogens. Contaminated equipment (biosafety cabinets, mechanical pipetting devices, splash guards, etc.) must be decontaminated at the end of the workday and after a spill occurs.

6.2 **Biological Safety Cabinets (BSCs)**
BSCs are a primary means of containment developed for working safely with infectious microorganisms. BSCs can provide containment of infectious aerosols, isolate the operator from the agent, and protect other personnel in the room. BSCs must be certified annually, whenever moved, or after repair work has been
performed. Contact EH&S for assistance with cabinet selection, certification and decontamination procedures, and proper placement in the laboratory.

6.3 **Sharps Containers**
- Sharps containers must be used for disposing all needles, scalpels, broken glass, and other sharps. Sharps must be placed in an appropriate sharps container immediately following usage and shall be placed as close to the procedure area as possible. Sharps containers must be non-breakable, puncture resistant, leak proof, sealable/closeable and labeled with the universal biohazard symbol.
- Sharps containers must be properly maintained and disposed of when ¼ full.

6.4 **Sharps with Engineered Sharps Injury Protection (SESIPs) and Needleless Systems**
SESIPs and needleless systems are recommended for work involving blood, OPIMs, and material that potentially contain bloodborne pathogens.

6.5 **Splash Guards and Plastic Backed Absorbent Pads**
- Splash guards and plastic backed absorbent pads must be used to contain the spread of blood and potentially infectious material in the laboratory.
- Contaminated plastic backed absorbent pads shall be removed immediately or as soon as feasible after any spill of blood or OPIM and at the end of the workday.

6.6 **Sealed Rotor Heads and Centrifuge Cups**
Sealed rotor heads and centrifuge cups shall be used to avoid accidental spills and generation of aerosols while performing routine centrifuge operation with material that potentially contains bloodborne pathogens.

6.7 **Mechanical Pipetting Devices**
Mechanical pipetting devices must be used. Mouth pipetting is prohibited.

6.8 **Work Practice Controls**
Work practice controls are modifications of work procedures to reduce the likelihood of occupational exposure to blood or other potentially infectious materials. The following work practice controls will be used:

6.9 **Personal Protective Equipment (PPE)**
- As is consistent with the practice of standard precautions, choose PPE based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the person’s clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.
• PPE shall be provided without cost to all employees who are at risk of occupational exposure to bloodborne pathogens. Soiled PPE must not be taken home to launder. All garments that are penetrated by blood shall be removed as soon as feasible.

• All personnel shall wear appropriate gloves when there is reasonable anticipation of hand contact with blood or OPIM and when handling or touching contaminated items. Never wash or decontaminate disposable gloves for reuse. Replace gloves if they are torn, contaminated, or if their ability to function as a barrier is compromised.

• All personnel shall wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth. Remove as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

• For more information regarding PPE, visit LSUHSC EHS - 400.03, Personal Protective Equipment Policy.

6.10 Hand Washing
Hand washing facilities must be readily accessible to all personnel who incur exposure to blood or other potentially infectious materials. If hand washing facilities are not readily available, the principle investigator, supervisor, or instructor is required to provide 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 running water as soon as feasible. Additionally, all laboratories must have sinks for hand washing.

6.11 Sharps, Needles, and Contaminated Glassware
• Contaminated sharps, needles, and other contaminated sharps must not be bent, recapped, removed, sheared or purposely broken. If a medical procedure requires that the contaminated needle be recapped or removed and no alternative is feasible, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed scoop method.

• Any broken glassware which may be contaminated must not be picked up directly with bare or gloved hands. It must be removed by mechanical means such as tongs and/or dustpans and broom and placed in an appropriate infectious waste sharps container.

6.12 Work Area Restrictions
• In work areas where there is a reasonable likelihood of exposure to blood or OPIM, personnel shall not eat, drink, apply cosmetics or lip balm, or handle contact lenses.

• Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present.

• All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.
6.13 Specimen Handling and Transport
- Place blood and OPIM in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimen. The container will be labeled or color coded in accordance with 29 CFR 1910.1030, reference B, requirements and closed prior to handling.
- Any specimens that could puncture a primary container will be placed within a puncture-resistant secondary container.

6.14 Disinfection
- A 1:9 dilution (for a high organic load (e.g., blood spill)) or a 1:99 dilution (for surface decontamination) of household bleach made fresh daily is recommended for use in most circumstances.
- Disinfect all contaminated work surfaces after completing procedures, immediately after any spill of blood or OPIM, and at the end of the workday if the surface may have become contaminated since the last cleaning.
- Lab personnel must be prepared to respond to spills of potentially infectious materials in their areas.

6.15 Decontamination
- Decontamination requires stronger chemical microbicides to ensure a more complete removal of microbial burdens
- Most decontaminations are performed with heat, steam and pressure, provided by an autoclave. An SOP for the safe use of autoclaves is available on the EH&S website.
- Aqueous solutions such as blood, urine, or microbial cultures must be autoclaved prior to disposal.

6.16 Housekeeping
- Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, and appropriately labeled.
- Regulated waste shall be placed in a red bag lined biohazard box.
- Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded (sharps disposal containers are available at Campus Office Stores).
- Bins and pails (e.g., wash or emesis basins) shall be cleaned and decontaminated as soon as feasible after visible contamination.
- Broken glassware that may be contaminated can only be picked up by mechanical means, such as a brush and dustpan.
6.17 Laundry Procedures

- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.
- Apparel contaminated with blood or OPIM shall be handled as little as possible. Such apparel will be decontaminated, preferably by autoclaving, before it is sent to a laundry for cleaning. Such apparel will not be sorted or rinsed in the area of use.
- All employees who handle contaminated apparel will use PPE to prevent contact with blood or OPIM.

6.18 Signs and Labels

- Biohazard warning signs shall be posted at the entrance to HIV/HBV research laboratories and other work areas in which biohazards are used.
- Attach biohazard warning labels to containers of regulated waste, refrigerators and freezers containing blood or OPIM, lab equipment in which biohazards are stored or used (e.g., incubators, centrifuges, etc.), and other containers used to transport or ship blood or OPIM.
- Labels shall include the universal biohazard symbol and be fluorescent orange, orange-red, or predominantly so with lettering or symbols in a contrasting color.
- Notify EH&S if you discover regulated waste containers, refrigerators containing blood, contaminated equipment, or any OPIM containers without proper labels.

7.0 HIV AND HBV RESEARCH LABORATORY REQUIREMENTS

Research laboratories engaged in the culture, production, concentration, experimentation and manipulation of HIV and HBV shall follow the special requirements included in this section. This section does NOT apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues or organs. The requirements listed here apply in addition to other requirements of this plan.

7.1 HIV AND HBV Research Laboratories shall:

- Contain hand and eye washing facilities, and an autoclave must be available for the decontamination of all waste and other materials.
- Conducted HIV and HBV procedures in a BSC or appropriate containment device. No work with HIV or HBV shall be conducted on the open bench.
- Protect vacuum lines with liquid disinfectant traps and HEPA filters. These vacuum lines must be routinely maintained and replaced as necessary.
- Use appropriate combinations of PPE and physical containment devices in conjunction with all HIV or HBV activities that involve the threat of droplet, aerosol or spill exposures.
• Close doors while HIV or HBV work is in progress and post biohazard signage that states “Caution: Work with HIV or HBV in progress.”
• Transport infectious or contaminated materials in durable, leak proof, and labeled container that is closed prior to removal from work area.
• Limit work area access to authorized personnel. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard meet special entry requirements and those who comply with all entry and exit procedures will be allowed in the work area.
• Wear lab coats, gowns, gloves, and other appropriate PPE in the work area. PPE shall not be worn outside of the work area and shall be decontaminated before being laundered.
• Wear gloves when handling infected animals and OPIM. Take special care to avoid skin contact with HIV or HBV cultures or contaminated materials.
• Use hypodermic needles and syringes only for parenteral injection and aspirations of fluids from lab animals and diaphragm bottles.
• Never bend, shear, or recap needles and substitute, whenever possible, safer sharps devices. Place needles in a puncture resistant, leak proof sharps container and inactivate (via steam or chemical sterilization) prior to disposal.
• Each individual should have a baseline serum sample be collected and banked prior to HIV or HBV research or production.

7.2 Additional Training Requirements for HIV and HBV Research Laboratories
Prior to working in these laboratories, the PI or supervisor shall ensure that:
• Personnel demonstrate proficiency in standard microbiological practices, techniques, and in the practices and operations specific to the laboratory prior to being allowed to work with HIV or HBV.
• Personnel have prior experience in the handling of human pathogens or tissue cultures prior to working with HIV or HBV.
• Training programs are provided to personnel who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The principal investigator shall ensure that personnel participate in work activities which involve infectious agents only after proficiency has been demonstrated.

8.0 HEPATITIS B VACCINATION SERIES
• The hepatitis B vaccination series is available at no cost after initial employee training to all employees identified as “high risk.” The vaccination is encouraged unless documentation exists that the employee has previously received the series, antibody testing reveals that the employee is immune, or medical evaluation shows that vaccination is contraindicated.
• Employees that decline or have already taken the hepatitis B vaccination must sign a hepatitis B Vaccination Consent/Declination form (appendix A). A copy of the form should be retained by the employee’s supervisor. Employees who decline may request and obtain the vaccination at a later date at no cost.

• Hepatitis B vaccination is mandatory for all students prior to beginning of classes, except for the schools of Graduate Studies and Public Health. If a School of Graduate Studies or Public Health student works with blood or OPIMs and is therefore classified as “High Risk”, that student will obtain the hepatitis B vaccination or complete appendix A indicating that they decline the vaccination. Provide the immunization records or a signed appendix A to Student Health.

• The hepatitis B vaccination series is administered by the School of Nursing. Employees should contact their department Business Manager or supervisor to make arrangements for the vaccination. The School of Nursing will contact the employee’s department Business Manager to arrange payment.

9.0 POST-EXPOSURE ACTIONS AND FOLLOW-UP

Upon exposure, it is critical that the individual is administered first aid and receives immediate medical treatment (see HIV Post-Exposure Prophylaxis Quickguide). Response actions are described below.

9.1 First Aid

• The following immediate actions should be taken following an exposure:
  o Administer initial first aid. The exposed person should immediately wash the needlestick or cut with soap and hot water.
  o If exposure is by splashes of infectious materials to the nose, mouth, or eyes, the affected area should be flushed extensively with water, saline or sterile irrigating solution.
  o Document the routes of exposure, the biological material of exposure, and how the incident occurred.
  o Seek medical attention as soon as possible. HIV prophylaxis is most effective if started within two hours of the exposure.

• Provide the treating physician with:
  o Route(s) of exposure.
  o Circumstances of exposure and, if possible, the results of the source individual’s blood test and relevant employee medical records, including vaccination status. See section 9.6 below.
  o For exposures to HIV or HBV cultures or experimental conditions, identify and document the strain and titer of the virus to which the employee was exposed (see appendix B, Bloodborne Pathogens Post-Exposure Checklist). Appendix B should be used to guide personnel through the post-exposure process.
The employee or student should be provided with evaluating health care professional’s written opinion within 15 days after completion of the evaluation.

9.2 Employee Exposure

- After a blood or body fluid exposure, alert the supervisor, and go directly to the closest Emergency Room department for evaluation of the event and initiation of post-exposure prophylaxis if necessary. The treating physician will provide initial counseling about the exposure and any medications prescribed. Identify yourself as an LSUHSC employee. Keep any paperwork that you receive from the Emergency Department, as your follow-up physician will want to have these for review.
- The employee is entitled to seek his/her medical care of choice under Worker's Compensation. After being treated by the healthcare provider, Emergency Room staff will contact Tasha Treuil at (504)-568-7780 to fax the paperwork for a Worker’s Compensation claim to be filed. The employee’s supervisor will fill out the applicable form.
- If you encounter any problems obtaining treatment, contact Tasha Treuil during working hours. After working hours contact University Police (504) 568-8999; the police will contact Human Resources (HR).
- Approval for after working-hours treatment is not required; the Emergency Room will provide a three day supply of medication if you require HIV prophylaxis. To fill after-hours prescriptions report to the Walgreen’s pharmacy at 900 or 4001 Canal Street. Identify yourself as a LSUHSC employee and the pharmacy will contact HR for a Worker’s Compensation coverage of medications.
- Make an appointment with your healthcare provider as soon as possible for appropriate follow-up. Tell the scheduler that you have had a blood or body fluid exposure. The provider will perform follow-up studies and further counseling.

9.3 Student Exposure

- The student should report to a nearby Blue Cross Blue Shield Louisiana emergency room. The LSU Healthcare Network Clinic at 3700 St. Charles Ave., New Orleans ((504) 412-1366) is also available.
- See Student Insurance for Needle Sticks for information on where to receive treatment and the blood monitoring schedule.
- Follow up lab studies for all students are handled through the LSU Healthcare Network Clinic.
- Students have a limited amount of insurance to cover costs of lab work that may be necessary as a result of exposure. Specific information about this insurance may be obtained directly from the Student Health Office.
• Students in their rotations that experience an exposure at an off-site location should be referred to the institutional infection control office. This is usually the institution’s employee health service.

9.4 Resident Exposure
Residents should follow the procedures of for LSUHSC employees. Go to the emergency room at the hospital of residency. Following treatment, contact Tasha Treuil at Human Resources to process Worker’s Compensation reimbursement. Claims need to be filed within 30 days. See LSUHSC Needle Stick Instructions

9.5 School of Dentistry Employee/Student Exposure
Dental School employees and students shall follow post-exposure policies and procedures outlined in reference C, LSUSD Exposure Control Plan.

9.6 Requirements in Exposures with a Source Individual
• Identify, document, and test the source individual (unless it is determined that identification is infeasible or prohibited by state or local law).
  o If it is unknown whether the source individual has HIV, HCV, or HBV, have the source patient tested. First, obtain source patient consent using the Post-Exposure Evaluation Source Consent form, appendix C. Next, 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.
  o If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
• If an employee/student experiences an exposure event involving a source patient’s blood or body fluids, 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).
  o The exposed employee/student’s blood should be collected as soon as possible after exposure incident. First, obtain consent using the Post-Exposure Evaluation Employee Consent form (appendix D). Next, the exposed employee’s blood should be tested for HBV and HIV serological status.
  o 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.
9.7 Counseling
Counseling for employees and students is available through Campus Assistance Program (504) 568-8888. Students may also contact the Student Health Mental Health Counselors. The Student Health Clinic can provide access to the Expert Review Panel on behalf of students.

9.8 Incident Reporting
Following an exposure incident, the employee’s supervisor must immediately notify University Police and complete the appropriate an Incident/Accident Reporting Form(s) as described in EHS - 400.06 Incident/Accident Reporting and Investigation Policy.

10.0 TRAINING
All LSUHSC employees and students receive bloodborne pathogen training. High risk employees complete training annually, while low risk employees complete training every five years. High risk employees will be provided with training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. The training will address:
- Explanation of the OSHA bloodborne pathogen standard.
- LSUHSC’s ECP.
- Methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- The use and limitations of engineering controls, work practices, and PPE.
- PPE types, uses, location, removal, handling, decontamination, and disposal.
- The hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated.
- Reporting incidents and procedures to follow if an exposure incident occurs.
- Post-exposure evaluation and follow-up.
- An explanation of the signs and labels and/or color coding required by the standard and used at LSUHSC.

11.0 RECORDKEEPING
EH&S shall maintain a copy of all training records on file for the current fiscal year and the previous five years.

12.0 INSPECTIONS AND PROGRAM REVIEW:
Program effectiveness will be assessed annually by EH&S.
13.0 REFERENCES:

B. OSHA Health and Safety, 29 CFR 1910.1030
C. LSUSD Exposure Control Plan

14.0 APPENDICES

A. Hepatitis B Vaccination Consent/Declination Form
B. Bloodborne Pathogen Post-Exposure Checklist
C. Post-Exposure Evaluation Source Consent Form
D. Post-Exposure Evaluation Employee Consent Form
Hepatitis B Consent/Declination

Employee Name: ___________________________  Emplid Number: ____________________
School and Department: ____________________ Date of Birth: _________________
Gender:  M  or   F

I understand that all employees who are reasonably anticipated to come into contact with human blood or other potentially infectious materials during their normal duties are at risk for acquiring hepatitis B (HBV). I acknowledge that I have been provided with a copy of the CDC Hepatitis B Vaccine Information Statement. I have read and understand the information provided to me.

Please answer the following questions:

• Do you have a known allergy to yeast or yeast products? Yes ______  No ______
• Any previous adverse reaction to any type of vaccination? Yes ______ No ______
  If yes, explain: ________________________________________________________________
• Any fever or illness in the last 48 hours? Yes ___ No ___ If yes, explain: _________________
• Are you presently taking any type of antibiotic or steroid? Yes ______ No ______
• If female, are you pregnant or nursing? Yes ______ No ______ I am Male ______

Based upon this information, I acknowledge the following (please check only one of the following boxes):

☐ I consent to the hepatitis B vaccination series through LSUHSC School of Nursing. I understand this includes three injections at prescribed intervals over a 6-month period and it is my responsibility to follow the prescribed injection schedule. I understand that there is no guarantee that I will become immune to hepatitis B (HBV) and that I might experience an adverse side effect as the result of the vaccination. Adverse side effects include but are not limited to: discomfort at the injection site, fatigue, fever, redness and swelling, shortness of breath, swelling of the throat and/or tongue, abdominal discomfort, diarrhea or constipation, and swelling of the lymph nodes. There is a possibility that any of these reactions could increase in severity with each successive vaccination. I understand that I can call 504-568-4217 if I have any questions or concerns prior to or after receiving my vaccination. I understand that after leaving the LSUHSC School of Nursing it will be my responsibility to seek medical attention if I experience any allergic reactions or severe side effects.

☐ I have already received the hepatitis B vaccination series.

☐ I have received antibody testing to confirm immunity to hepatitis B.

☐ I do not wish to receive the hepatitis B vaccine. 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 vaccination, I continue to be at risk of acquiring hepatitis B, a serious disease.

Employee Signature: ______________________________________  Date: ______________________

Vaccination

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Type of Vaccine</th>
<th>Lot Number</th>
<th>Vaccine Expiration Date (mo/yr)</th>
<th>Date given (mo/day/yr)</th>
<th>Funding Department</th>
<th>Site RA or LA</th>
<th>Vaccine Information Statement (VIS) Date</th>
<th>Vaccinator Signature and Credentials</th>
<th>Return Date for Next in Series</th>
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</thead>
<tbody>
<tr>
<td>Hep B</td>
<td>Mfr. Name</td>
<td>3/13 SP</td>
<td></td>
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</tr>
</tbody>
</table>

Appendix A
## Bloodborne Pathogen Post-Exposure Checklist

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date Completed</th>
<th>Employee’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee reports exposure</td>
<td>_____________</td>
<td>________________</td>
</tr>
<tr>
<td>Incident/Accident report form(s) completed</td>
<td>_____________</td>
<td>________________</td>
</tr>
<tr>
<td>Source individual is identified</td>
<td>_____________</td>
<td>________________</td>
</tr>
<tr>
<td><strong>NAME:</strong> __________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ADDRESS:</strong> _______________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHONE NUMBER:</strong> __________________________________________</td>
<td></td>
<td></td>
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<tr>
<td>If unknown explain why: ____________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source individual consent form completed</td>
<td>_____________</td>
<td>________________</td>
</tr>
<tr>
<td>Employee consent form completed</td>
<td>_____________</td>
<td>________________</td>
</tr>
<tr>
<td>Employee sent to healthcare provider for testing and treatment deemed appropriate by physician</td>
<td>_____________</td>
<td>________________</td>
</tr>
<tr>
<td><strong>Documentation forwarded to healthcare professional:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ Bloodborne Pathogens Standard.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ Description of exposed employee's duties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ Description of exposure incident, including routes of entry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ Result of source individual's blood testing (if applicable).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ Culture titer and strain (if applicable).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ Employee's medical records.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source individual tested for HIV, HBV, HCV</td>
<td>_____________</td>
<td>________________</td>
</tr>
<tr>
<td>Note: If consent is not obtained, contact Counsel.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee informed of test results of source</td>
<td>_____________</td>
<td>________________</td>
</tr>
<tr>
<td>individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up provided by physician</td>
<td>_____________</td>
<td>________________</td>
</tr>
</tbody>
</table>

Appendix B
LSUHSC Post-Exposure Evaluation Source Consent Form
Testing for HIV, HBV, and HCV Infectivity

This form should be reviewed and signed by the source patient and provided to the health care provider responsible for the post-exposure evaluation.

Exposed Individual's Information
Name (Please Print):________________________________
Contact Number:_______________________________
Exposure Date:________________________________

Source Patient Statement of Understanding
I understand that my consent is required by law for HIV, hepatitis B (HBV), and hepatitis C (HCV) infectivity testing if someone is exposed to my blood or bodily fluids. I understand that a student or employee member of LSUHSC has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is being requested. I understand that I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the health care provider responsible for the exposed student or employee to ensure appropriate medical evaluation and care, and to others only as required by law.

Consent or Refusal
I consent to HIV, HBV, and HCV testing ___.
I refuse consent to HIV, HBV, and HCV testing ___.

Source Individual Identification
Source patient's printed name:________________________________
Source patient's signature:________________________________
Relationship (if signed by someone other than the source patient):________________
Date signed:__________________________

Appendix C
LSUHSC Post-Exposure Evaluation Employee Consent Form  
Testing for HIV, HBV, and HCV Infectivity

This form should be reviewed and signed by the employee and provided to the health care provider responsible for the post-exposure evaluation.

Employee's Information
Name (Please Print): ________________________________
Contact Number: ________________________________
Exposure Date: __________________________________

Employee Statement of Understanding
I understand that my consent is required by law for HIV, hepatitis B (HBV), and hepatitis C (HCV) infectivity testing due to an exposure to a source individual’s blood or bodily fluids. I understand that HIV, HBV, and HCV infectivity is being requested. I understand that I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the health care provider responsible for the exposed student or employee to ensure appropriate medical evaluation and care, and to others only as required by law.

Consent or Refusal
I consent to HIV, HBV, and HCV testing ____.
I refuse consent to HIV, HBV, and HCV testing ____.

Employee Identification
Employee's printed name: ____________________________
Employee’s signature: ______________________________
Date signed: ______________________________________

Appendix D