Farmingdale State College
State University of New York

Farmingdale State College - Environmental Health and Safety

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

2021

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1. Introduction

Farmingdale State College is committed to providing a safe work environment for the entire staff. In pursuit of this endeavor, the following Bloodborne Pathogens Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA's Bloodborne Pathogens Standard, 1910.1030 (see **Attachment 1**).

The ECP is an essential document to assist the College in implementing and ensuring compliance with the standard, thereby protecting its employees. This ECP includes employee exposure determination; the procedures for evaluating the circumstances surrounding an exposure incident; the methods for implementing the specific sections of the standard, including methods of compliance; Hepatitis B vaccination; post-exposure follow-up; training and communication of hazards to employees; and record keeping.

2. Policy Statement

Bloodborne Pathogens Policy

Farmingdale State College (the 'College') is committed to providing a safe and healthful environment for the College community. The College has therefore made attempts to recognize the hazards presented to certain community members as the nature of their principal College-related activities might expose them. These activities unavoidably leave them at risk to exposure to human blood or other body fluids that may be contaminated with pathogenic entities such as those responsible for HIV, Hepatitis B or Hepatitis C. As an employer, the College is required to protect its employees in compliance with the provisions of the Occupational Health and Safety Administration (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030).

The College has identified the following employee groups as having occupational exposure risks that cannot be readily eliminated: University Police officers; Health and Wellness Center clinical staff; Athletic Trainers; those individuals in the Physical Plant who are routinely involved in plumbing activities and/or the transportation/handling of medical waste, as well as those who work in the Heating Plant responsible for sanitary wastewater management; Custodial Services; and, faculty/staff of the College's Biological and Health Sciences Departments. The OSHA program requires the College to modify work practices, provide necessary protective equipment, to conduct appropriate training and to establish a program of offering Hepatitis B vaccines to those deemed to have a risk of occupational exposure.

Every community member is urged to consider all human blood and blood contaminated body fluids as capable of causing infection and to eliminate contact with these fluids as much as possible (standard precautions). All students and employees in occupational or educational situations who have another individual's blood or blood-contaminated bodily fluid come in contact with their eyes, mucous membranes or non-intact skin shall, without delay, report these contacts to their Unit Director, Manager, or Supervisor, or, in

the case of students, to the Health and Wellness Center for evaluation of the exposure. An exposed employee should be encouraged to contact a physician concerning the incident. In some cases, the physician may recommend an immediate prophylactic treatment such as the prompt administration of an antibiotic or a vaccine. Persons rendering first aid as Good Samaritans are urged to protect themselves by avoiding direct contact with blood whenever possible and to contact their personal/primary care physician if they are concerned about a contact incident. Reports of incidents, as well as applicable letters and memoranda, will be used to periodically reassess those groups that are or should be included in the College's formal programs.

Information concerning bloodborne pathogens, HIV, Hepatitis B or Hepatitis C is available from various community organizations, online resources and the Environmental Health and Safety Office. Environmental Health and Safety can also provide details concerning the College's compliance with OSHA's Bloodborne Pathogen Standard.

3. Program Administration

The Office of Environmental Health & Safety is responsible for the implementation of the ECP. The Environmental Health & Safety Officer will maintain and update the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.

Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infectious materials are required to comply with the procedures and work practices outlined in this ECP.

The Unit Director, Manager, or Supervisor of each affected group (as identified in the Employee Exposure Determination section, Section 5) will have the responsibility for written housekeeping protocols and will ensure that appropriate disinfectants are purchased and used, where applicable. He/she will maintain and provide or ensure the availability of all necessary personal protective equipment (PPE), engineering controls (e.g., biosafety cabinets, etc.), and supplies such as labels, sharps containers and red bags as required by the standard. The Office of Environmental Health and Safety can help facilitate the acquisition of or directly provide such PPE and supplies.

The Environmental Health & Safety Officer will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained. The Environmental Health & Safety Officer, in coordination with the affected Unit Director, Manager, or Supervisor, will be responsible for training, documentation of training, and making the written ECP available to employees, as well as OSHA and NIOSH representatives, as requested.

4. Definitions

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens (BBP): Pathogenic micro-organisms that are present in human blood or other potentially infectious materials (OPIM) and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

Contaminated: The presence of or the reasonably anticipated presence of, blood or other potentially infectious materials on an item or surface.

Exposure Incident: A specific eye, mouth, other mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

HBV: Hepatitis B Virus (HBV).

HCV: Hepatitis C Virus (HCV)

HIPPA: Health Insurance Portability and Accountability Act of 1996 is United States legislation that provides data privacy and security provisions for safeguarding medical information.

HIV: Human Immunodeficiency Virus (HIV).

Other Potentially Infectious Materials (OPIM): (1) 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 bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV-, HBV- or HCV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV or HCV.

Standard Precautions: An infection control method, which requires employees to assume that all human blood and specific human body fluids are infectious for HIV, HBV, HCV and other bloodborne pathogens, and must be treated accordingly.

5. Employee Exposure Determination

The following is a list of all job classifications at the College in which ***all*** employees ***may*** have occupational exposure:

University Police:
1. University Police Officer
2. University Police Lieutenant

Health and Wellness Center:
1. College Physician
2. Nurse
3. Nurse Practitioner
4. Physician Assistant

Athletics:
1. Athletic Trainer
2. Equipment Manager

The following is a list of job classifications in which ***some*** employees ***may*** have occupational exposure and the list of tasks and procedures in which occupational exposure may occur for these individuals.

Physical Plant:
1. Due to plumbing activities:
   (a) General Mechanic
   (b) Maintenance Assistant
   (c) Maintenance Helper
2. Due to the transportation/handling of medical waste:
   (a) Motor Vehicle Operator
   (b) Grounds Worker
3. Due to custodial duties which may bring them into contact with blood or infectious materials:
   (a) Chief Janitor
   (b) Head Janitor
   (c) Supervising Janitor
   (d) Janitor
   (e) Cleaner

Biological and Health Sciences:
1. Due to work with potentially infectious materials:
   (a) Associate Professor
   (b) Adjunct Instructor
   (c) Instructional Support Technician
   (d) Lab Manager
   (e) Other Faculty/Staff not specifically listed but who have the potential for occupational exposure to BBP or OPIM

For clarification of responsibilities throughout this plan, the Unit Directors, Managers and/or Supervisors are as follows:

University Police	University Police Chief
Health and Wellness Center	Director of Campus Health and Wellness
Athletics	Director of Athletics
Physical Plant & Custodial	Director of the Physical Plant
Biological and Health Sciences	Departmental Chair(s) and/or Dean(s)

The Unit Director, Manager or Supervisor may designate another individual to fulfill responsibilities under his/her direction.

Additional:

Good Samaritans

"Good Samaritan" acts that result in exposure to blood or other potentially infectious materials from assisting an injured individual (e.g., assisting a co-worker with a nosebleed, performing first aid, etc.) are not included in the Bloodborne Pathogen Standard. OSHA, however, encourages employers to offer post-exposure evaluation and follow-up in such cases.

Other Groups

The College may choose to involve certain student groups in programs analogous to that required by the OSHA Bloodborne Pathogens Standard. The student programs are not included in the scope of this employee oriented ECP.

6. Methods of Implementation and Control

A. Standard Precautions

All employees will use Standard Precautions. Standard Precautions is an infection control method, which requires employees to assume that all human blood and specific human body fluids are infectious for HIV, HBV, HCV, and other bloodborne pathogens and must be treated accordingly.

Therefore, the following human bodily fluids are considered potentially infectious materials:

- semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- saliva in dental procedures
- any bodily fluid visibly contaminated with blood
- all body fluids in situations where it is difficult or impossible to differentiate between body fluids
- amniotic fluid

Also considered potentially infectious are:

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV/HCV-containing cultures medium or other solutions; and,
- Blood, organs, or other tissue from experimental animals infected with HIV, HBV or HCV.

An exposure incident is defined as:

- A specific eye, mouth, other mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

It is generally understood that transmission of infections such as HIV, Hepatitis B and Hepatitis C cannot occur without an exposure incident.

B. Exposure Control Plan (ECP)

Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session and it will be reviewed in any subsequent retraining. All employees will have an opportunity to review this plan at any time during their work shifts by contacting their Unit Director, Manager, Supervisor, or through the College's Environmental Health and Safety webpage. Employees seeking copies of the ECP may contact the Environmental Health & Safety Office at (934) 420-2105. A copy of the ECP will be made available free of charge and within fifteen days of the request.

The Environmental Health & Safety Officer, in coordination with each Unit Director, Manager, or Supervisor, will also be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure potential to bloodborne pathogens.

C. Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

Examples of engineering controls and work practice controls to be used by covered employees are listed below:

- Puncture resistant sharp disposal containers
- Red bag/box combo's
- Use of a shovel and scoop or other protective measures when cleaning debris which may contain sharp materials (often included in biohazard spill kits)

- Bio safety cabinets
- Safety glasses/goggles
- Lab coats
- Gloves as determined by a hazard analysis (e.g. latex exam, sterile surgical, nitrile, neoprene, utility, etc.)

All red bag (including sharp containers) waste will be treated as regulated medical waste (RMW).

New technology will be evaluated and implemented whenever possible to further prevent accidental exposures.

Required work practice controls include:

Handwashing
Skin must be washed as soon as possible after contact with blood or other potentially infectious materials, and immediately or as soon as possible after glove removal. Washing facilities and running water are usually available; in situations where such facilities may not be available (e.g. non-fixed sites such as emergency scenes) the Unit Director, Manager or Supervisor will provide interim hand washing measures such as antiseptic towelettes or hand sanitizer. Hands should be washed with soap and water as soon as possible after use of such alternative measures.

Needle Use
The breaking, recapping, or bending of needles is prohibited.

Labeling
All biohazardous materials should be appropriately labeled. Labeling will include the biohazard symbol and/or red bags appropriately marked.

Decontamination
All potentially contaminated equipment will be disposed of as medical waste, labeled as biohazardous, or cleaned and disinfected as soon as possible after use. Equipment that may have become contaminated with blood or other potentially infectious materials must be examined for contamination, and therefore must be cleaned and disinfected, as necessary, prior to servicing or shipping.

Personal Activities
Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure is prohibited. Food and drink may not be kept in refrigerators, freezers, shelves, cabinets, counter tops or bench tops where blood or other potentially infectious materials may be present.

General Practice
All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, or generation of

droplets of these substances. All specimens of blood or other potentially infectious materials must be placed in containers that prevent leakage during collection, handling, processing, storage, transport or shipping.

The Unit Director, Manager or Supervisor is responsible for the purchase or acquisition of (e.g., by direct request to the Office of Environmental Health and Safety) correct equipment required for safe work practices as well as the implementation of specific practices within these guidelines.

D. Personal Protective Equipment (PPE)

Personal protective equipment (PPE) must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. The Unit Director, Manager or Supervisor, in coordination with the Environmental Health & Safety Officer, will provide training on the use of the appropriate personal protective equipment. Additional training will be provided, whenever necessary, such as when an employee takes a new position or new duties are added. PPE includes items such as gloves, gowns, laboratory coats, face shields, masks, eye protection, resuscitation bags and mouthpieces. PPE should be made available by the Unit Director, Manager or Supervisor with support by the Environmental Health and Safety Officer.

Please refer to the specific units'/divisions'/groups' written procedure(s) for the use of personal protective equipment (where available and as required).

In general, all employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

2. Remove protective equipment before leaving the work area and after/if the garment becomes contaminated.

3. Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

4. Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items of surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

5. Following any contact of body areas with blood or any other infectious materials, employees must wash hands and other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membrane (eyes, mouth, etc.) with water.

6. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Decontamination procedures will be developed depending on the nature of the work and as necessary. Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.

7. Do not wash or decontaminate disposable gloves for reuse or before disposal.

8. Wear appropriate face and eye protection such as: a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, splatters, droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.

9. If a garment is saturated with blood, or other potentially infectious materials, the garments must be removed immediately or as soon as feasible and properly decontaminated or discarded.

10. Repair and/or replacement of PPE will be at no cost to employees.

E. Training

All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training coordinated by the Environmental Health & Safety Office with assistance from the Unit Director, Manager, Supervisor or designee.

Employees will be informed of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training program will cover, at a minimum, the following elements:

- a copy and explanation of OSHA's Bloodborne Pathogens Standard
- epidemiology and symptoms of bloodborne pathogens diseases
- modes of transmission
- the College's Exposure Control Plan and how to obtain a copy
- methods to recognize exposure tasks and other activities that may involve exposure to blood
- use and limitations of engineering controls, work practices, and PPE types, basis for selection, use, location, removal, handling, decontamination, and disposal of PPE
- Hepatitis B vaccine safety, effectiveness, benefits, and method of administration
- emergency procedures for blood and other potentially infectious materials
- exposure incident procedures
- post-exposure evaluation and follow-up
- signs and labels
- question and answer session

A record/certificate of training will be provided (by request) for each employee upon completion of training. The Environmental Health & Safety Office will maintain employee training records.

Training should be repeated on an annual basis or more often if the need is identified by the Unit Director, Manager, Supervisor or the Environmental Health & Safety Officer.

F. Hepatitis B Vaccination

The Hepatitis B vaccination series will be made available at no cost within ten days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials, unless:

- The employee has previously received the series;
- Antibody testing reveals that the employee is immune;
- Medical reasons prevent taking the vaccination; or,
- The employee chooses not to participate.

All employees identified as having a high risk of occupational exposure to blood or other potentially infectious materials and opt not to receive a Hepatitis B vaccination must sign a waiver. Employees who decline may request and obtain the vaccination at a later date at no cost provided they still have a potential for occupational exposure. Documentation of refusal of the Hepatitis B vaccine will be kept in the Environmental Health & Safety Office as well as with the employee's Unit Director, Manager or Supervisor.

In those cases where the included individual wishes to make arrangements to privately obtain a Hepatitis B vaccination, written notification to the Environmental Health & Safety Office and the Health and Wellness Center will be required. The College will reimburse the individual ***only*** for the cost the individual incurred specific to receipt of the Hepatitis B vaccine or related/required blood/lab work. Reimbursement will require a statement from the physician that the vaccination series has been completed with the dates of administration, and original invoices from the physician. Details for reimbursement may be obtained from the Environmental Health & Safety Office.

Included as **Attachment 2** is a Hepatitis B Vaccination Request/Declination Form – this form shall be used to satisfy all of the requirements contained/identified in this section (Section F) – to both request and document a Hepatitis B Vaccination as well as to document declination of a Hepatitis B Vaccination.

Included as **Attachment 3** is the College's 'Employee Reimbursement Form' – this form should be used to request reimbursement for costs incurred if an employee uses their primary care physician to receive the Hepatitis B vaccine or for related/required blood/lab work. For assistance in completing this form, an employee may contact Accounts Payable at (934) 420-2078.

To make arrangements to receive the Hepatitis B vaccine (or for related/required blood/lab work) through the College's Bloodborne Pathogens Exposure Control Plan Program, Section I and Section II of the Hepatitis B Vaccination Request/Declination Form must be completed documenting the employee's acceptance of the Hepatitis B vaccine (series or booster) or related bloodwork, as well as their Department's approval.

Upon completion of those two sections, either the employee, the employee's Unit Director, Manager or Supervisor, or the Environmental Health and Safety Officer shall make an appointment at Stony Brook Occupational & Environmental Medicine by calling (631) 444-6250 (select option #1). The Hepatitis B Vaccination Request/Declination Form can either be faxed to (631) 444-6665 prior to the office visit or brought to the appointment by the employee. If someone other than the Environmental Health and Safety Officer initiates the appointment, the Environmental Health and Safety Officer ***must*** be notified prior to the appointment being made or immediately following.

Stony Brook Occupational & Environmental Medicine is located at:

181 N. Belle Mead Rd, Suite 2
East Setauket, New York, 11733

Hours:
Mon - Fri: 8:30 am - 4:30 pm
Telephone: (631) 444-6250 (option #1)
Fax: (631) 444-6665

Please note that for employee's who wish to determine their immune status to the Hepatitis B virus (Hep B) prior to receiving the vaccination, a Hepatitis B Surface Antibody Blood Test (Hep B Titer) is used. Immunity is determined by screening for antibodies which provide protection against infection. Employees need not make appointments have this test done at Stony Brook Occupational & Environmental Medicine, but rather can have the Titer completed at a local LabCorp by requesting and receiving a prescription through them – this prescription can be requested by calling the same number noted above. The Hepatitis B Vaccination Request/Declination Form should still be used for the Titer blood draw and, depending on the results, again when receiving the Hepatitis B Vaccination series or booster.

After either the Titer or the Hepatitis B Vaccination is administered and the Licensed Healthcare Provider completes Section IV of the Hepatitis B Vaccination Request/Declination Form, a copy of the form ***must*** be provided to the Environmental Health and Safety Officer and a record/copy kept by both the employee and the employee's Unit Director, Manager or Supervisor.

The Office of Environmental Health and Safety should be contacted with any questions on this process.

G. Post-Exposure Evaluation and Procedures for Reporting, Documenting, and Evaluating the Exposure

General Procedures:

1. The exposed individuals should immediately obtain any necessary emergency treatment. The Unit Director, Manager or Supervisor should be immediately notified of the incident.

2. The Unit Director, Manager or Supervisor (in conjunction with the employee or alone if the employee is not available) will complete a standard Report of an Accident or an Injury Form available through the Health and Wellness Center and/or University Police. These documents should be forwarded to the Environmental Health and Safety Officer before the end of the workday or at a minimum within 24 hours after exposure. Copies should be given to the exposed individual for his/her personal and/or physician's reference.

3. The Unit Director, Manager or Supervisor is also required to leave a message, briefly detailing the incident, with Environmental Health & Safety Officer (934) 420-2105 before the end of the workday or, at a minimum, within 24 hours after exposure. An email and/or voicemail message will suffice.

4. The exposed individual is encouraged to call St. Joseph Hospital at (516) 579-6000 or University Police (934) 420-2111 (for emergencies); the Health and Wellness Center at (934) 420-2009/2014 (for guidance on where to be treated/non-emergencies identifying himself or herself as an employee of the College) or another healthcare provider of their choice (e.g., Primary Care Physician), requesting an appointment for post-exposure evaluation and follow-up in keeping with the OSHA Bloodborne Pathogens Standard.

5. The patient will provide the physician with a copy of the Exposure Incident Report and other necessary information if available.

6. The physician will administer the required professional services and should provide the exposed employee, within 15 days, with a completed Employee Exposure follow-up Record.

7. The Environmental Health and Safety Officer is obligated to contact the physician of the employee's choice and provide information concerning the OSHA standard and the physician's responsibilities, upon request.

8. The health care professional's written opinion should be limited to whether the employee requires or has received the Hepatitis B 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 any medical conditions which may require further evaluation and treatment. All other diagnoses must remain confidential and not be included in any written report to the College. Access to the information provided by the Physician to the College will be governed by the OSHA regulation 29 CFR 1910.1020 and HIPPA.

Post-Exposure Evaluation and Follow-up

1. Should a non-emergency exposure incident occur, the employee should make arrangements for treatment through their primary care physician (PCP); if/when the PCP is contacted, the Environmental Health & Safety Officer must be notified of the employee’s intent to seek evaluation and treatment, if necessary.

2. An immediately available confidential medical evaluation and follow-up should be conducted by making arrangements through the employee's PCP or through Stony Brook Occupational & Environmental Medicine:

181 N. Belle Mead Rd, Suite 2
East Setauket, New York, 11733

Hours:
Mon - Fri: 8:30 am - 4:30 pm
Telephone: (631) 444-6250 (option #1)
Fax: (631) 444-6665

3. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities should be performed:

    - Document the routes of exposure and how the exposure occurred.
    - Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
    - Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, 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., HIPPA).
    - Such as long as the exposed employee consents, arrangements should be made as soon as feasible to collect his/her blood after the exposure incident so that the blood can be tested for HBV, HCV and HIV serological status.

Administration of Post-Exposure Evaluation and Follow-up

1. The Environmental Health and Safety Officer will ensure that health care professional(s) responsible for the employee's Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's Bloodborne Pathogens Standard (see **Attachment 1**).

2. The Environmental Health and Safety Officer will ensure that the health care professional evaluating an employee after an exposure incident receives the following, as requested:

    - a description of the employee's job duties relevant to the exposure incident
    - route(s) of exposure
    - circumstances of exposure

3. The employee should seek to receive a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluation the Circumstances Surrounding and Exposure Incident

1. The Environmental Health and Safety Officer will review the circumstances of all exposure incidents to determine:

    - engineering controls in use at the time
    - work practices followed
    - a description of the device being used (including type and brand)
    - protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
    - location of the incident
    - procedure being performed when the incident occurred
    - employee's training

The Environmental Health and Safety Officer will work with the exposed employee in order to record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

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

H. Labeling

The following labeling method(s) will be used at the College: biohazard labels and red bags marked appropriately. The Unit Director, Manager or Supervisor will ensure warning labels are affixed or appropriately marked red bags are used, as required. Employees are to notify the Unit Director, Manager, Supervisor, or Environmental Health and Safety Officer if they discover unlabeled regulated waste containers or RMW in containers other than those prescribed.

Fluorescent orange or orange-red warning labels shall be attached to refrigerators and freezers containing blood or other potentially infectious materials; equipment used with or contaminated with blood or other potentially infectious materials; contaminated equipment awaiting repair (portion contaminated); and other infectious materials where identifying markers are warranted.

These labels are not required when: red bags or red containers are used; containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use; and where individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment or disposal.

I. Recordkeeping

Medical records for each employee with occupational exposure shall be maintained in accordance with 29 CFR 1910.1020. The medical record shall include: the name and Social Security number of the exposed employee; a copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination; a copy of all results of examinations specific to the occupational exposure, medical testing and follow-up procedures as required by the standard; a copy of all health care professional's written opinion(s) as required by the standard.

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by the standard or as may be required by law. Employee medical records shall be maintained for at least the duration of employment plus thirty years in accordance with 29 CFR 1910.1020. Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within fifteen working days.

The Environmental Health & Safety Officer will maintain Bloodborne Pathogens Standard training records. The training record shall include: the dates of the training, the contents or a summary of the training sessions, the names and qualifications of persons conducting the training, and the names and job titles of all persons attending the training sessions.

Training records will be maintained for a minimum of three years from the date on which the training occurred. Employee training records will be provided upon request to the employee or the employee's authorized representative within fifteen working days.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle, etc.)
- department or work area where the incident occurred
- explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

ATTACHMENT 1

OSHA’s Bloodborne Pathogens Standard

APPENDIX B TO §1910.1029—INDUSTRIAL HYGIENE AND MEDICAL SURVEILLANCE GUIDELINES

I. INDUSTRIAL HYGIENE GUIDELINES

A. *Sampling* (Benzene-Soluble Fraction Total Particulate Matter).

Samples collected should be full shift (at least 7-hour) samples. Sampling should be done using a personal sampling pump with pulsation damper at a flow rate of 2 liters per minute. Samples should be collected on 0.8 micrometer pore size silver membrane filters (37 mm diameter) preceded by Gelman glass fiber type A-E filters encased in three-piece plastic (polystyrene) field monitor cassettes. The cassette face cap should be on and the plug removed. The rotameter should be checked every hour to ensure that proper flow rates are maintained.

A minimum of three full-shift samples should be collected for each job classification on each battery, at least one from each shift. If disparate results are obtained for particular job classification, sampling should be repeated. It is advisable to sample each shift on more than one day to account for environmental variables (wind, precipitation, etc.) which may affect sampling. Differences in exposures among different work shifts may indicate a need to improve work practices on a particular shift. Sampling results from different shifts for each job classification should not be averaged. Multiple samples from same shift on each battery may be used to calculate an average exposure for a particular job classification.

B. *Analysis.*

1. All extraction glassware is cleaned with dichromic acid cleaning solution, rinsed with tap water, then dionized water, acetone, and allowed to dry completely. The glassware is rinsed with nanograde benzene before use. The Teflon cups are cleaned with benzene then with acetone.

2. Pre-weigh the 2 ml Teflon cups to one hundredth of a milligram (0.01 mg) on an autobalance AD 2 Tare weight of the cups is about 50 mg.

3. Place the silver membrane filter and glass fiber filter into a 15 ml test tube.

4. Extract with 5 ml of benzene for five minutes in an ultrasonic cleaner.

5. Filter the extract in 15 ml medium glass fritted funnels.

6. Rinse test tube and filters with two 1.5 ml aliquots of benzene and filter through the fritted glass funnel.

7. Collect the extract and two rinses in a 10 ml Kontes graduated evaporative concentrator.

8. Evaporate down to 1 ml while rinsing the sides with benzene.

9. Pipet 0.5 ml into the Teflon cup and evaporate to dryness in a vacuum oven at 40 °C for 3 hours.

10. Weigh the Teflon cup and the weight gain is due to the benzene soluble residue in half the Sample.

II. MEDICAL SURVEILLANCE GUIDELINES

A. *General.* The minimum requirements for the medical examination for coke oven workers are given in paragraph (j) of the standard. The initial examination is to be provided to all coke oven workers who work at least 30 days in the regulated area. The examination includes a 14″ × 17″ posterior-anterior chest x-ray reading, pulmonary function tests (FVC and FEV 1.0), weight, urinalysis, skin examination, and a urinary cytologic examination. These tests are needed to serve as the baseline for comparing the employee's future test results. Periodic exams include all the elements of the initial exam, except that the urine cytologic test is to be performed only on those employees who are 45 years or older or who have worked for 5 or more years in the regulated area; periodic exams, with the exception of x-rays, are to be performed semiannually for this group instead of annually; for this group, x-rays will continue to be given at least annually. The examination contents are minimum requirements; additional tests such as lateral and oblique x-rays or additional pulmonary function tests may be performed if deemed necessary.

B. *Pulmonary function tests.*

Pulmonary function tests should be performed in a manner which minimizes subject and operator bias. There has been shown to be learning effects with regard to the results obtained from certain tests, such as FEV 1.0. Best results can be obtained by multiple trials for each subject. The best of three trials or the average of the last three of five trials may be used in obtaining reliable results. The type of equipment used (manufacturer, model, etc.) should be recorded with the results as reliability and accuracy varies and such information may be important in the evaluation of test results. Care should be exercised to obtain the best possible testing equipment.

[39 FR 23502, June 27, 1974, 41 FR 46784, Oct. 22, 1976, as amended at 42 FR 3304, Jan. 18, 1977; 45 FR 35283, May 23, 1980; 50 FR 37353, 37354, Sept. 13, 1985; 54 FR 24334, June 7, 1989; 61 FR 5508, Feb. 13, 1996; 63 FR 1290, Jan. 8, 1998; 63 FR 33468, June 18, 1998; 70 FR 1142, Jan. 5, 2005; 71 FR 16672, 16673, Apr. 3, 2006; 71 FR 50189, Aug. 24, 2006; 73 FR 75585, Dec. 12, 2008]

§1910.1030 Bloodborne pathogens.

(a) *Scope and Application.* This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) *Definitions.* For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

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

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

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

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

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain 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.

Decontamination means 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.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

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

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; or

(3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

Other Potentially Infectious Materials means

(1) 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;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) 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 means piercing mucous membranes or the skin barrier through

such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment 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 are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state 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.

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

Sharps with engineered sharps injury protections means a nonneedle 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.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. 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 means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

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.

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

(c) *Exposure control*—(1) *Exposure Control Plan.* (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph (c)(2),

(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

(A) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(B) Document annually consideration and implementation of appropriate commercially available and effective

safer medical devices designed to eliminate or minimize occupational exposure.

(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(vi) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) *Exposure determination.* (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) *Methods of compliance*—(1) *General.* Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) *Engineering and work practice controls.* (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) *Personal protective equipment*—(i) *Provision*. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered ''appropriate'' only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) *Use*. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurences in the future.

(iii) *Accessibility*. The employer shall ensure that appropriate personal protective equipment in the appropriate

sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) *Cleaning, Laundering, and Disposal.* The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) *Repair and Replacement.* The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) *Gloves.* Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(*1*) Periodically reevaluate this policy;

(*2*) Make gloves available to all employees who wish to use them for phlebotomy;

(*3*) Not discourage the use of gloves for phlebotomy; and

(*4*) Require that gloves be used for phlebotomy in the following circumstances:

(*i*) When the employee has cuts, scratches, or other breaks in his or her skin;

(*ii*) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(*iii*) When the employee is receiving training in phlebotomy.

(x) *Masks, Eye Protection, and Face Shields.* Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) *Gowns, Aprons, and Other Protective Body Clothing.* Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(4) *Housekeeping*—(i) *General.* Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

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

(iii) *Regulated Waste*—(A) *Contaminated Sharps Discarding and Containment.* (*1*) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(*i*) Closable;

(*ii*) Puncture resistant;

(*iii*) Leakproof on sides and bottom; and

(*iv*) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(*2*) During use, containers for contaminated sharps shall be:

(*i*) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(*ii*) Maintained upright throughout use; and

(*iii*) Replaced routinely and not be allowed to overfill.

(*3*) When moving containers of contaminated sharps from the area of use, the containers shall be:

(*i*) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(*ii*) Placed in a secondary container if leakage is possible. The second container shall be:

(*A*) Closable;

(*B*) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(*C*) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(*4*) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) *Other Regulated Waste Containment*—(*1*) Regulated waste shall be placed in containers which are:

(*i*) Closable;

(*ii*) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(*iii*) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(*iv*) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(*2*) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(*i*) Closable;

(*ii*) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(*iii*) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(*iv*) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) *Laundry*. (A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (*1*) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(*2*) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(*3*) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) *HIV and HBV Research Laboratories and Production Facilities*. (1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) *Standard microbiological practices*. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) *Special practices*. (A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) *Containment equipment.* (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available

within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) *Training Requirements.* Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) *Hepatitis B vaccination and post-exposure evaluation and follow-up*—(1) *General.* (i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) *Hepatitis B Vaccination.* (i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) 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 employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) *Post-exposure Evaluation and Follow-up.* Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) *Healthcare Professional's Written Opinion.* The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

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

(A) That the employee has been informed of the results of the evaluation; and

(B) 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.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) *Medical recordkeeping.* Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) *Communication of hazards to employees*—(1) *Labels and signs*—(i) *Labels.*

(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:

BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) *Signs.* (A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

BIOHAZARD

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(2) *Information and Training.* (i) The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) At least annually thereafter.

(iii) [Reserved]

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) 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;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees 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 employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) *Recordkeeping*—(1) *Medical Records.* (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(2) *Training Records.* (i) Training records shall include the following information:

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) *Availability.* (i) The employer shall ensure that all records required to be

maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(4) *Transfer of Records.* (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(i) *Dates*—(1) *Effective Date.* The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992.

(5) *Sharps injury log.* (i) The employer shall establish and maintain a sharps injury 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. The sharps injury log shall contain, at a minimum:

(A) The type and brand of device involved in the incident,

(B) The department or work area where the exposure incident occurred, and

(C) An explanation of how the incident occurred.

(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

APPENDIX A TO SECTION 1910.1030—HEPATITIS B VACCINE DECLINATION (MANDATORY)

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.

[56 FR 64175, Dec. 6, 1991, as amended at 57 FR 12717, Apr. 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5508, Feb. 13, 1996; 66 FR 5325, Jan. 18, 2001; 71 FR 16672, 16673, Apr. 3, 2006; 73 FR 75586, Dec. 12, 2008]

ATTACHMENT 2

Hepatitis B Vaccination Request/Declination Form

Farmingdale State College
State University of New York

Office of Environmental Health and Safety

Hepatitis B Vaccination Request/Declination Form

I. EMPLOYEE

To be filled out by employee: Fill out and submit this form to your Supervisor for approval. Take this form with you to the healthcare provider and return this form to your supervisor upon completion of vaccination series.

Name (print clearly):	Title:
Employee RAM ID:	Department:

Reason for vaccination request: ❒ Occupational exposure ❒ OSHA BBP Standard Compliance/Job duties
❒ Other (explain):

Employee's signature:	Date:

II. DEPARTMENTAL AUTHORIZATION

To be filled out by supervisor: Give this form to the employee to take to his/her healthcare provider (see Licensed Healthcare Provider section of this form). ***Departments are responsible for offering the Hepatitis B Vaccination series at no cost to the employee and to keep a record of all Hepatitis B declinations and vaccinations.***

Supervisor's name (print clearly):	Date:

Verification of reason for vaccination: ❒ Occupational exposure ❒ OSHA BBP Standard Compliance/Job duties
❒ Other (explain):

Date the employee was offered the Hepatitis B vaccination:

Comments:

Supervisor's signature of authorization:	Phone:

III. HEPATITIS B VACCINE DECLINATION

To be signed by employee only when Hepatitis B vaccination is declined. Please read carefully.

Hepatitis B Vaccine Declination Statement

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.

Employee's signature:	Date:

IV. LICENSED HEALTHCARE PROVIDER

To be filled out by healthcare provider: Retain a copy of this completed form in the employee's medical record. Return this form to employee upon completion of vaccination series. ***Employee/Supervisor to forward a completed copy to EH&S Officer, Horton Hall.***

❒ Employee Primary Care Physician	❒ Stony Brook Occupational & Environmental Medicine	❒ Affiliated Laboratory (Hepatitis B Titer *only*)

The above named employee successfully completed:

❒ Hepatitis B Vaccination Series (3 shots) ❒ Hepatitis B Booster ❒ Hepatitis B Titer

Comments:

Examining physician's name (print clearly):	Date:
Signature:	Address:

ATTACHMENT 3

Employee Reimbursement Form

FARMINGDALE STATE COLLEGE

EMPLOYEE REIMBURSEMENT FORM

Employee Name_____ Date_____

Address_____ Vendor ID # (from pay check)__N_____

_____

	Description	UNSPC Code	Amount	

I attest that the above item(s) were purchased at the best price possible for the College and documentation of such is available in the department. Please attach ORIGINAL receipts.

Account Number_____ Department_____

Employee Signature_____

Supervisor's Name_____ Signature_____