BLOODBORNE PATHOGENS PROGRAM
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1.0 OVERVIEW

The Brigham Young University Bloodborne Pathogen Program includes the following seven elements:

Each applicable department will assign one person to oversee the department’s Bloodborne Pathogen Program.

Each applicable department will carefully review job titles and job functions within the department. The list of jobs and associated tasks within the department involving reasonably anticipated exposure to bloodborne pathogens will be written and maintained. The exposure determination must be made without considering the use of personal protective equipment.

Each department with potentially exposed employees will write an Exposure Control Plan. Tasks identified in the exposure determination will be individually listed. This plan will delineate the mitigation measures adopted to minimize risk of exposure for each listed task. The plan will be reviewed at least annually. A model plan is included as Appendix B.

All employees in covered job titles will be offered the hepatitis B vaccine at no cost to the employee. The employee may decline the vaccine by signing a declination form.

Departments will provide appropriate engineering controls such as biological safety cabinets, sharps containers, and low risk needles. In addition personal protective equipment such as gloves, laboratory coats and face masks will be provided and maintained by the department (at no cost to the employee).

As soon as possible (within 2 hours) following an exposure event, the exposed employee will be given a medical consultation by a qualified medical professional. This consultation will cover the risk of infection, recommended post exposure prophylaxis, and any other medically indicated response.

All employees with reasonably anticipated exposure to blood borne pathogens will be trained before being assigned tasks with potential exposures. Annual training updates will be given. Training must include a qualified trainer who can answer employee questions (a video or computer program is not sufficient). Risk Management and Safety will offer blood borne pathogen classes at the request of the department.

2.0 POLICY

Brigham Young University departments and employees with reasonably anticipated occupational exposures to human blood or other potentially infectious materials, will
comply with the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) as delineated within this program.

### 3.0 REQUIREMENTS

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### 4.0 PURPOSE

This program is designed and intended to help University employees eliminate or minimize their potential exposure to bloodborne pathogens or mitigate through appropriate the risk of bloodborne infections. It meets the legal requirement to comply with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

### 5.0 SCOPE

This program applies to all Brigham Young University employees who have reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of their job duties. Students, who are not employees, having reasonably anticipated exposure to human blood or other potentially contaminated material will also be covered under this program.

### 6.0 PROCEDURES

6.1 Department Responsible Person.
- Each department with covered employees will appoint a Responsible Person to oversee program development and implementation. In an academic department the default Responsible Person is the department chair.

6.2 Exposure Control Plan (ECP).
- All departments having employees that fall within the scope of this program must ensure that they complete their exposure control plan (See Appendix B for a model exposure control plan). Appropriate procedures and protective equipment must be developed for each type of job where employees have reasonably anticipated occupational exposure to blood or other potentially infectious material.

6.3 Exposure Potential Assessment.
Departments must determine if their employees have reasonably anticipated occupational exposure to blood or other potentially infectious materials (OPIM). If yes, then the department must document this determination by including the job task performed by these workers in the ECP. Upon request, the biosafety officer (Tel: 2-5779) will assist the Responsible Person in making the exposure determination.

6.4 Exposure Incidents Response and Investigation.

- Following each occupational exposure, exposed individuals are to report the incident as soon as possible to their supervisor, and seek a consultation from a qualified physician or licensed health care provider. During normal working hours this will typically be provided by the BYU Health Center. After normal working hours the medical consultation will be provided through the Utah Valley Regional Medical Center Emergency Room. Student nurses will report the incident to the nursing supervisor and to the nursing college. Student nurses will typically have a medical consultation at the medical facility in which they are working. Supervisors must report exposure incidents using either the Supervisor’s Incident Report for employee exposures or the General-Injury Report for Departments for students who are not employed by the University (found on Risk Management Web site under Insurance/forms). Risk Management and Safety will use completed Incident Investigation Reports to investigate exposures and, if necessary, recommend changes in work practices and controls.

- **Immediate Response to an Exposure Incident**
  - Clean the wound, wash or flush the contaminated area thoroughly.
  - Contact Urgent Care at the Student Health Center at the following number when calling from a campus phone: 2-5128 from 8 AM to 6 PM. During the night or weekends, go directly to the Utah Valley Regional Medical Center for evaluation and post exposure follow-up. Post exposure medical evaluation must be completed soon after the incident (within two hours). Any delay may reduce or eliminate the efficacy of post-exposure treatment.
  - Student nurses contact nursing supervisor and nursing college.
  - The following information must be provided to the designated responsible person (see department exposure control plan):
    1. The route(s) of exposure and how the exposure occurred; and
    2. The identity of the source individual, unless the employer can establish that identification of the source individual is not feasible or prohibited by law.
    3. For research workers, the concentration, strain and any antiviral resistance patterns.

- **Investigation of Exposure Incidents**
  When investigating an exposure incident, determine:
  - What engineering controls were in use at the time of the exposure;
  - The work practices being followed at the time of the exposure;
o The type of devices being used at the time of exposure (document a description of the devices);
o What protective equipment or clothing was being used at the time of exposure;
o The location of the incident (O.R., E.R., patient room, etc.);
o The procedures being performed when the incident occurred; and
o Investigate the extent of the exposed employees training, and the training of those contributing to the exposure incident.

- **Needle stick Injuries**
The following information must be collected and submitted to Risk Management and Safety for each parenteral injury caused by a contaminated sharp:
o The type and brand of device involved in the incident;
o The department or work area where the exposure incident occurred; and
o An explanation of how the incident occurred.

- Exposure incidents are evaluated by Risk Management & Safety to determine if the case meets OSHA’s recordkeeping requirements.
- The cost for post exposure consultations and post exposure treatment is the financial responsibility of the department supervising the exposed individual.

### 6.5 Hepatitis B Vaccinations.
- Hepatitis B vaccinations must be offered to all University employees who have occupational exposure to blood or other potentially infectious material (OPIM). The vaccine will be made available at no cost to the employee and at a convenient time and place. The cost of the vaccine is the responsibility of the department supervising the employee.
- The hepatitis B vaccination series is made available within 10 days of initial assignment to employees identified as having occupational exposure. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.
- Individuals who do not want the hepatitis B vaccination must sign a copy of the declination statement located in Appendix D of this program. All signed declination statements must be kept in the employee’s department file(s).
- If an employee, still performing duties that fall within the scope of this plan, initially declines the hepatitis B vaccination, but then decides to accept the vaccination; the department must make the vaccination available at the time of the latest decision.
- If the U.S. Public Health Service recommends a routine booster dose(s) of hepatitis B vaccine at a future date, such booster dose(s) must be made available to employees.
- For people identified as having a ‘high-risk’ of exposure to blood or other potentially infectious material as part of their routine duties, the HBV vaccine will be evaluated by testing the blood of the vaccinated person for HBV protective antibody titer within two months of completion of the vaccine series. The need for post-vaccination evaluation is determined by the responsible person and documented in the ECP.

6.6 General Rules.
- “Universal Precautions” - All blood and other potentially infectious materials must be treated as if they are infectious.
- Broken glassware is to be collected and disposed of using mechanical means, such as a dustpan and broom. Do not handle broken glassware with your hands.
- Always use the PPE, engineering controls and the safe work practices outlined in the ECP when performing a job task that falls within the scope of this program.
- Food, drinks, or cosmetics shall not be consumed, stored, or used in areas where blood or OPIM could be present.
- Mouth pipeting or suctioning is prohibited.

6.7 Sharps.
- Handle potentially infectious sharps such as needles and razor blades only as stipulated in the ECP.
- Sharps are to be disposed of in a properly labeled, puncture resistant, & spill resistant container immediately or as soon as is practicable following use.
- Sharps must not be bent or broken.
- Needles are not to be recapped.
- Do not place fingers or hands into a sharps container.

6.8 Personal Protective Equipment (PPE).
- Each department provides PPE, for protection against bloodborne pathogens, to employees at no cost to the employee. The location of all necessary PPE needed to perform a task must be listed in the ECP.
- Use of PPE will be in accordance with the following requirements as outlined in the ECP:
  o Wash hands immediately or as soon as feasible after removing gloves.
  o Remove PPE before leaving a contaminated work area.
  o Used PPE must be disposed of as outlined by the responsible person in the ECP.
  o Wear appropriate gloves when there is reasonably anticipated hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if the gloves ability to function as a barrier is compromised.
o Utility gloves may be decontaminated for reuse if glove integrity is not compromised. Discard utility gloves if they are cracked, peeling, torn, punctured or otherwise deteriorated.

o Decontaminate gloves that will be reused, prior to removal.

o Never wash or decontaminate disposable gloves for reuse.

o Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

o Remove any garment contaminated by blood or OPIM in a manner that avoids, or minimizes, contact with the outer surface.

6.9 Housekeeping.

- Cleanup of spills involving blood or other potentially infectious material is the responsibility of the department in which the spill occurs. The Custodial Department has designated trained people who can assist with this responsibility.

- A regular schedule for cleaning and disinfecting potentially contaminated facilities will be established.

- Counters, other work surfaces and floors which could be contaminated must be maintained free of unnecessary tools or equipment, magazines, paper, and other clutter.

- Broken Glassware which may be contaminated must be picked up using mechanical means, such as a brush and dustpan, forceps, or pliers.

- Walls, tables, chairs, workbenches, and other work surfaces potentially contaminated with blood must be maintained as free as possible from all visible contamination. Contaminated surfaces are to be cleaned with a biocide listed by the EPA as effective against both HIV and HBV.

- Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper are to be removed and replaced as soon as feasible following contamination. Example: The protective paper covering exam tables must be changed following each use.

- Autoclaves used for the decontamination of regulated waste must be tested using a spore strip or equivalent means within one week of the date that a regulated material is autoclaved. In addition, an autoclave log must be maintained showing the date, autoclave temperatures, duration of cycle, and name of the individual responsible for operating the autoclave used to sterilize a load of regulated waste.

6.10 Containers.

- All biohazard containers must prevent leakage during collection, handling, processing, storage, or transport. In addition, “sharps” containers must be puncture resistant.

- Biohazard containers used for storage, transport, or shipping must be labeled with the biohazard symbol and lined with a red biohazard bag. The container is to be closed and sealed prior to being stored, transported, or shipped.
• If outside contamination of the primary container occurs, the primary container is to be placed within a secondary container to prevent leakage during handling, processing, storage, transport, or shipping. The secondary container must be labeled with the BIOHAZARD symbol to indicate containment of potentially infectious materials.

• Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling. Pickup of infectious waste is requested on line at the Risk Management homepage under service requests. For questions on infectious waste disposal contact Environmental Management at 2-6548 or contact the biosafety officer at 2-5779.

• All trash receptacles, sharp containers, bags, and vessels (including secondary containment vessels) used to hold or transport contaminated materials must be labeled with the biohazard sign and read BIOHAZARD.

• Container biohazard labels must be predominantly fluorescent orange or orange-red with lettering and symbols in a contrasting color (typically black). Red bags or containers may be substituted for the above label.

• Labels must be affixed to containers, bags, or vessels using adhesive backed labels, or have the biohazard symbol and wording imprinted onto their surface.

• The labeling methods that have been selected for this department are detailed in the ECP.

• Employees are to notify the responsible person (listed in the ECP) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment etc. that is not properly labeled.

• Sharps container disposal is done in accordance with the instructions provided by the responsible person in the ECP. Sharps containers are to be maintained upright throughout use, and replaced when 2/3 full.

• Other regulated waste is placed in appropriately color coded or labeled bags and placed in a lined biowaste container as designated in the ECP.

• 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.

- Regulated Medical Waste containers must be emptied regularly, to prevent
them from being overfilled.

6.11 Cleaning, Laundering, & Disposal of Potentially Infectious Laundry and Other
Reusable Items.

- OPIM laundry must be handled as little as possible with a minimum of
agitation. Always wear protective gloves when handling laundry
contaminated with potentially infectious material.
- Laundry contaminated with blood or other potentially infectious material must
be placed in a dissolvable plastic bag, which is then placed in a red bag and
then taken to Textile Cleaning Services and laundered.
- At the laundry facility, people handling red bag materials will wear gloves and
place the dissolvable bags directly into the washing machines. Biohazard
laundry bags shall be transported by designated persons, trained and
authorized to transport such items.
- Removal of Bedding: Bedding is to be removed carefully. While removing
bedding, employees should watch for needles, razor blades, and other sharps.
If a needle (or other sharp) is found within the bedding then the employee
should have the room occupant remove and dispose of the sharp (if possible).
If the room occupant is not available, use pliers or some other engineering
control to remove the sharp. The sharp must then be placed into a sharps
container. Employees are not to handle “sharps” with their hands.

6.12 Autoclaves.

- Autoclaves used for the decontamination of regulated waste must be tested
using a spore strip or equivalent means within one week of the date that a
regulated material is autoclaved. In addition, an autoclave log must be
maintained showing the date, autoclave temperatures, duration of cycle, and
name of the individual responsible for operating the autoclave used to sterilize
a load of regulated waste.

7.0 RESPONSIBILITIES

This program is intended to eliminate or minimize reasonably anticipated employee
exposure to pathogens that may be found within blood or other potentially infectious
body fluids, while performing work for Brigham Young University (BYU). To
incorporate this program, the following parties have the following responsibilities:

7.1 Departments
• Provide and/or maintain the appropriate engineering controls, personal protective equipment, and cleaning supplies for employees falling within the scope of this program;
• Identify the need for changes in engineering controls and work practices by reviewing accidents, near misses, and interviewing those employees involved;
• Make available Hepatitis B vaccinations to employees having reasonably anticipated exposure to blood or other potentially infectious material (OPIM);
• Give employees the opportunity to comment on the effectiveness of engineering controls. Comments should be directed to the responsible person; and
• Cleanup of spills involving blood or other potentially infectious material in facilities controlled by the department.

7.2 Department Chair
• The Department Chair is by default the Responsible Person for the Department. The Department Chair may designate another person to assume the duties and functions of the Responsible Person.
• The Department Chair notifies the Responsible Person of any research, class activity or other department sanctioned activity that involves the use of human blood or OPIM.

7.3 Responsible Person
• Completes exposure determinations as outlined in section 6.3 of this program.
• Reviews and update the exposure control plan (ECP) at least annually and whenever necessary to include new or modified tasks and procedures (Appendix C has been provided to help with the review process).
• Provides blood borne pathogens training in accordance with this plan.
• Ensures the proper use of containers as outlined in section 6.10.
• Evaluates procedures or new products, in the light of changes in technology that eliminate or reduce exposure to bloodborne pathogens by comparing new products, designed by manufacturers to prevent bloodborne exposures, with those that are currently being used.
• Implements post exposure measures outlined in section 6.4.
• Provides exposed individuals with a copy of the evaluating health care professional’s written opinion within 15 days after completion of the post-exposure evaluation.
• Following an exposure incident, and investigation of the incident, make appropriate revisions to the ECP.
• Maintains the most current training records for those individuals in the department who fall within the scope of this program; and
• Notifies the Institutional Biosafety Officer (2-5779) that the department has covered students or employees and has developed an ECP.

7.4 Supervisors
• Direct employees who have been exposed to blood or other potentially infectious material (OPIM) to the proper health care provider as outlined in section 6.4 of this program, and let the responsible person know of the exposure incident.
• Ensure that those employees falling within the scope of this program receive the proper training, as outlined in section 8.0 of this program, by coordinating this training through the Responsible Person.
• Prior to initial job assignment, see that employees included in this program are provided the opportunity to receive the Hepatitis B vaccination series (see section 6.5 for details).

7.5 Employees
- Follow the guidelines, rules, and provisions found in this program, and use the appropriate personal protective equipment and procedures outlined on the ECP.

7.6 Risk Management & Safety
- Assist supervisors in developing the department ECP.
- Investigate exposure incidents involving University employees and students as outlined in section 6.4 of this program.
- Risk Management & Safety shall ensure that the health care professional evaluating an exposed employee has a copy of OSHA’s Bloodborne Pathogens standard, 29 CFR 1910.1030. For student nurses this will be provided through the College of Nursing.
- Provide responsible person training.
- Provide general blood borne pathogen training.

8.0 TRAINING

All employees falling within the scope of this program are to be trained upon initial job assignment and at least annually thereafter. Training must also be provided, when an existing job task is altered, or when an employee is required to perform a new job task that warrants such training.

The responsible person will provide training to the employees in their department, who have reasonably anticipated exposure to blood or OPIM. Employees are not required to participate in a prescreening program, as a prerequisite for receiving hepatitis B vaccinations.

8.1 Employee annual training must include at least the following elements:
- A qualified instructor.
• An explanation of the epidemiology and symptoms of bloodborne diseases.
• An explanation of the modes of transmission.
• Where to locate the Exposure Control Plan (ECP) and a description of the ECP.
• An explanation of the methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
• The use and limitations of the engineering and administrative (safe work practices) controls, and personal protective equipment that are to be used to eliminate or minimize exposures.
• An explanation as to why the different types of PPE are needed.
• How to select, locate, use, remove, handle, decontaminate, and properly dispose of PPE.
• Information regarding the Hepatitis B vaccination (its usefulness, efficacy, safety, administration, benefits, and availability).
• The steps employees will need to take in the event of an emergency, or bloodborne pathogen exposure incident.
• How to recognize bloodborne pathogen warning signs and labels, and the color-coding required by the standard and used by the department.
• Specific engineering controls, work practices, precautions, and personal protective equipment required for each job task to be performed.

8.2 Training records are to be completed for each employee upon completion of training. Training records will be kept for at least three years by the trained individuals department. The training records must include:
• The date, when training occurred;
• The contents or a summary of the training session;
• The names and qualifications of persons conducting the training; and
• The names, and job titles, of the individuals who received the training.

8.3 An employee may obtain his/her training record by contacting the responsible person. The record will be provided to the employee or their authorized representative within 15 days of the initial request.

9.0 MONITORING

9.1 The Institutional Biosafety Officer will review ECP’s once per year.

9.2 Departments
The Department Responsible Person will review the ECP, exposure incidents and general compliance with the University Bloodborne Pathogen Program at least once per year.
9.3 Supervisors
Maintain complete training records for each employee. Training records will be kept for at least three years by the department. The record will be provided to the employee or their authorized representative within 15 days of the initial request.

9.4 Medical Records
Medical records are maintained by the Student Health Center in accordance with 29 CFR 1910.1020. Medical records are protected by law and should not be maintained by individual departments. Requests for medical records should be directed to the Student Health Center.
APPENDIX A
Definitions

Bloodborne Pathogens (BBP) – 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).

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

Engineering Control – A physical device designed or built to reduce the risk of exposure. Engineering controls do not include personal protective equipment such as gloves or goggles. Examples of engineering controls include biological safety cabinets and self-retracting needles.

Exposure Control Plan – A plan designed to minimize employee exposure to blood and other potentially infectious materials. This plan includes:
- An exposure determination (in this program, the listing for the job task);
- The sections found in this program; and
- Methods to investigate exposure incidents.

Exposure Incident – A specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from performing work for the University.

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

Other Potentially Infectious Material (OPIM) – 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. Tissues can be considered OPIM also. Any unfixed tissue or organ (other than intact skin) from a human (living or dead) is considered OPIM: and 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. The following materials are not considered other potentially infectious material unless visibly contaminated with blood: vomit, fecal material, saliva (except in dental procedures), sweat, and urine.

Regulated Waste – 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.

Sharps – Needles, scalpels, or other sharp objects that can penetrate the skin.

Universal Precautions – All human blood & other potentially infectious material (OPIM) are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.

Work Practice Controls – Specific procedures intended to reduce the risk of exposure. These include such practices as covering a pool of blood with an absorbent material to reduce the risk of splashing and discarding sharps.
directly into an appropriate container immediately after use to minimize needlestick injuries.
Appendix B

**Model Exposure Control Plan**

(In the following document all bold underlined wording should be deleted and replaced with names or titles for the specific department. This is only a model document, while an Exposure Control Plan is required for each department with potential exposure, the department is free to create its own Exposure Control Plan using the format and wording deemed appropriate by the department. While a department plan may use their own format, the content of the ECP as outlined in the Bloodborne Pathogen Standard is mandatory.)

**MODEL EXPOSURE CONTROL PLAN**

**POLICY**

The Brigham Young University (Department) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist the University in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

* Determination of employee exposure
* Implementation of various methods of exposure control, including:
  
  Universal precautions  
  Engineering and work practice controls  
  Personal protective equipment  
  Housekeeping  
* Hepatitis B vaccination  
* Post-exposure evaluation and follow-up  
* Communication of hazards to employees and training  
* Record keeping  
* Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

1. **PROGRAM ADMINISTRATION**

(Name of responsible person) is (are) responsible for the implementation of the ECP. (Name of responsible person) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number:

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

(Name of responsible person or department) will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. (Name of responsible person or department) will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number:
(Name of responsible person) will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number:

(Name of responsible person) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. This includes initial training, annual refresher training and specific training necessary if new tasks are assigned requiring such training. Contact location/phone number:

2. EMPLOYEE EXPOSURE DETERMINATION

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

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<th>JOB TITLE</th>
<th>DEPARTMENT/LOCATION</th>
<th>TASK/PROCEDURE</th>
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<tr>
<td>(example) Phlebotomist</td>
<td>Phlebotomy</td>
<td>Drawing blood</td>
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The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

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<th>JOB TITLE</th>
<th>DEPARTMENT/LOCATION</th>
<th>TASK/PROCEDURE</th>
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<tr>
<td>(Example: Housekeeper)</td>
<td>Environmental Services</td>
<td>Handling Regulated Waste</td>
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3. METHODS OF IMPLEMENTATION AND CONTROL

3.a Universal Precautions

All employees will utilize universal precautions. This means that all blood or other potentially contaminated material will be handled as if it were contaminated with a blood borne pathogen.

3.b Training On Exposure Control Plan

Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting (Name of responsible person or department). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

(Name of responsible person) is responsible for reviewing and updating the ECP annually or more frequently 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.

3.c Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below: (list engineering controls and work practices)
Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (list frequency) or whenever necessary to prevent overfilling.

This department identifies the need for changes in engineering control and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, etc.)

We evaluate procedures or new products, in the light of changes in technology that eliminate or reduce exposure to blood-borne pathogens, by (Describe the process)

The following staff are involved in this process: (Describe how employees will be involved)

(Name of responsible person) will ensure effective implementation of these recommendations.

3.d Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by (Name of responsible person) in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows: (Ex., gloves, eye protection, etc.)

PPE is located (List location/s) and may be obtained through (Name of responsible person or department. Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.)

All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
2. Remove PPE after it becomes contaminated, and before leaving the work area.
3. Used PPE may be disposed of in (List appropriate containers for storage, laundering, decontamination, or disposal)
4. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
5. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
6. Never wash or decontaminate disposable gloves for reuse
7. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
8. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: (may refer to specific agency procedure by title or number and last date of review)

(For example, how and where to decontaminate face shields, eye protection, resuscitation equipment)

3.e Housekeeping
Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Sharps containers are discarded into a biowaste container in room (location).

Other regulated waste is placed in a red bag or in a bag with the Biohazard symbol and placed in a lined biowaste container in room (location). Alternatively regulated waste may be autoclaved, placed in an opaque bag or box, labeled as autoclaved and discarded into the regular trash.

Autoclaves used for the decontamination of regulated waste must be tested using a spore strip or equivalent means within one week of the date that a regulated material is autoclaved. In addition an autoclave log must be maintained showing the date, autoclave temperatures, and duration of cycle and name of the individual responsible for operating the autoclave used to sterilize a load of regulated waste.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at (location).

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware, which may be contaminated, is picked up using mechanical means, such as a brush and dustpan.

3.f Laundry

Laundry contaminated with blood or other potentially contaminated material should be placed in a dissolvable plastic bag then placed in a red bag. This should then be taken to Textile Cleaning Services and laundered.

At the laundry facility, people handling red bag materials will wear gloves and place the dissolvable bags directly into the washing machines.

3.g Labels

The following labeling method(s) is used in this facility:

<table>
<thead>
<tr>
<th>EQUIPMENT TO BE LABELED</th>
<th>LABEL TYPE (size, color, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>____________________________</td>
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<tr>
<td>______________________</td>
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</tr>
</tbody>
</table>

(Name of responsible person) will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify (Name of responsible person) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

3.h Task Procedures

Example 1- Suggested procedures for the ECP section on spill cleanup.

1. Secure the area (limit foot traffic) and inform others in the area about the contamination.
2. Obtain all of the equipment and cleaning supplies necessary for the cleanup, prior to performing the cleanup. *Note:* List disinfectant by name and dilution. Disinfectants need to be capable of destroying Hepatitis B virus.
3. Use gloves and if appropriate, lab coat and goggles. Goggles and outer coverings are required if there is a risk of splashing the blood or OPIM.
4. Remove any sharps and/or broken glass by using engineering controls such as pliers or tongs, and place the sharps and/or contaminated broken glass into a sharps container.
5. If the blood or OPIM could spatter then absorb the excess blood or OPIM with paper towels or kitty litter prior to disinfecting the contaminated area.
6. Apply a disinfectant to the contaminated surface(s), and allow contact time as designated by the disinfectant manufacturer. (typically 5 to 10 minutes).
7. Following proper disinfection, use a sponge, paper towels, or mop to wipe the treated surface clean, and dispose of the contaminated material(s) in a proper biohazard bag.
8. Use a 10% bleach solution or a disinfectant capable of destroying Hepatitis B virus to clean your protective gloves, but do not remove the gloves yet.
9. Using the 10% bleach solution or disinfectant, clean the reusable items of PPE as you remove them.
10. While wearing the gloves, remove and properly dispose of the other disposable PPE.
11. Decontaminate the protective gloves again, remove them and dispose of them properly.
12. Properly seal the waste container(s) and bag(s), and dispose of them through Environmental Management.

Example 2: The following steps are suggested when cleaning carpet, but should be altered (as necessary) when they are re-written in the ECP to address the work being performed:

1. If blood or OPIM has penetrated the carpet (not just surface contamination) then the carpet / carpet pad may need to be replaced.
2. Secure the area and inform others in the area about the contamination.
3. Obtain all of the equipment and cleaning supplies necessary for the cleanup, prior to performing the cleanup. Note: List specific disinfectant to be used and the dilution of the disinfectant. Disinfectants, including rug shampoos, need to be capable of destroying Hepatitis B virus.
4. Typically gloves will be the only PPE necessary for cleaning carpets.
5. Remove any sharps and/or broken glass by using engineering controls such as pliers or tongs, and place the sharps and/or contaminated broken glass into a sharps container.
6. If the blood or OPIM could spatter then absorb the excess blood or OPIM with paper towels or kitty litter prior to disinfecting the contaminated area.
7. Apply a disinfectant to the contaminated surface(s), and allow contact time as indicated by the disinfectant manufacturer. Note: The disinfectant must be powerful enough to destroy the Hepatitis B virus. The EPA requires testing to certify disinfectants for specific pathogens. The disinfectant should clearly state that it has been tested or is suitable for Hepatitis B virus and the Human Immunodeficiency Virus.
8. Use a freshly prepared 10% bleach solution (0.5% hypochlorite is the diluted concentration) or a disinfectant capable of destroying Hepatitis B virus to clean your protective gloves, but do not remove the gloves yet. Note: dilute hypochlorite solutions will undergo chemical degradation that reduces the effective hypochlorite concentration over time. Once the bleach is diluted, it should be used within 24 hours.
9. Using the 10% bleach solution or disinfectant, clean the reusable items of PPE as you remove them.
10. While wearing the gloves, remove and properly dispose of the other disposable PPE.
11. Decontaminate the protective gloves again, remove them and dispose of them as regulated waste.

4. HEPATITIS B VACCINATION

(Name of responsible person) will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. Employees are not required to participate in a prescreening program, as a prerequisite for receiving hepatitis B vaccination.
The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at (List location or person responsible for this recordkeeping).

If an employee initially declines hepatitis B vaccination (and signs the required form) but at a later date, while still covered under the standard, decides to accept the vaccination, (the department name) shall make available the hepatitis B vaccination at that time.

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 to employees.

Vaccination will be provided by (List Health care Professional who is responsible for this part of the plan) at (location).

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

For people identified as having a high risk of exposure to blood or other potentially contaminated material as part of their routing duties, the HBV vaccine will be evaluated by testing the blood of the vaccinated person for HBV protective antibody titer within two months of completion of the vaccine series. The need for this post-vaccination evaluation will be determined by (insert name or title of the qualified medical professional making this determination).

5. POST-EXPOSURE EVALUATION AND FOLLOW-UP

5.a Immediate response to an exposure incident

It is important that the medical evaluation occurs and if necessary the initiation of post exposure prophylaxis be started as soon as possible after the exposure incident. Typically treatment should be started within two hours of the exposure incident.

1. Clean the wound, wash or flush the contaminated area.

2. Contact Urgent Care at the Student Health Center at the following number: 2-5128 from 8:00 am to 6:00 pm. During the night or weekends, go directly to the Utah Valley Regional Medical Center for evaluation and post exposure follow-up.

3. (name of responsible person) will obtain the following information.

   a. Document the routes of exposure and how the exposure occurred.
   b. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
   c. 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.
d. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

e. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

f. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

g. Note: The employer will furnish post-exposure prophylaxis, for hepatitis B, and/or HIV when medically indicated as recommended by the U.S. Public Health Service, counseling; and evaluation of the reported illnesses.

5.b Administration of Post-Exposure Evaluation and Follow-Up

Risk Management and Safety ensures that the health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's Bloodborne Pathogens Standard. The following person will inform Risk Management that a bloodborne exposure has occurred (name of the responsible person).

(Name of responsible person) ensures that the health care professional evaluating an employee after an exposure incident receives the following:

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

(Name of responsible person) provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

5.c Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The (responsible person) 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
* protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
* location of the incident (O.R., E.R., patient room, etc.)
* procedure being performed when the incident occurred
* employee's training

If it is determined that revisions need to be made, (Name of responsible person) will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

6. EMPLOYEE TRAINING

All employees who have occupational exposure to blood borne pathogens receive training conducted by (Name of responsible person or department Attach a brief description of their qualifications.)
All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

a. a copy and explanation of the standard
b. an explanation of our ECP and how to obtain a copy
c. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
d. an explanation of the use and limitations of engineering controls, work practices, and PPE
e. an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
f. an explanation of the basis for PPE selection
g. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
h. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
i. 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
j. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
k. an explanation of the signs and labels and/or color coding required by the standard and used at this facility
l. an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at (Location).

8 RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at (Name of responsible person or location of records).

The training records include:

1. the dates of the training sessions
2. the contents or a summary of the training sessions
3. the names and qualifications of persons conducting the training
4. the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to (Name of responsible person).

8.a Medical Records
Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

(Name of Responsible person) is responsible for maintenance of the required medical records. These confidential records are kept at (List location) for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to (Name of responsible person or department and address).

8.b Needlestick Records.
The following information is collected and submitted to Risk Management for each percutaneous injury from a contaminated sharp on a standard Supervisors Report.

(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.

8.c OSHA Record keeping

An exposure incident is evaluated to determine if the case meets OSHA's Record Keeping Requirements (29 CFR 1904). Risk Management and Safety makes this determination and completes the recording activities.

9 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.

Signed: (Employee Name)
Date:
Appendix C
Bloodborne Pathogens Program Evaluation Checklist

Evaluation by:
Date:

<table>
<thead>
<tr>
<th>Section 1 – Training</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Training is offered to all employees with potential exposure to BBP (annual)</td>
<td>Yes</td>
</tr>
<tr>
<td>2. The trainer is qualified</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Trainer is available to answer questions</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Training records are maintained</td>
<td></td>
</tr>
<tr>
<td><em>(The following topics are covered in training)</em></td>
<td></td>
</tr>
<tr>
<td>5. Epidemiology and symptoms of bloodborne disease</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Explanation of modes of transmission of BBP</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Explanation of the Exposure Control Plan</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Identification of tasks that may involve exposure to BBP</td>
<td>Yes</td>
</tr>
<tr>
<td>9. An explanation of the use, value, and limitations of PPE, engineering controls, and work practices used at the facility.</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Information on HBV vaccination</td>
<td>Yes</td>
</tr>
<tr>
<td>11. What to do if an exposure occurs, contacts, etc.</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Post exposure follow-up</td>
<td>Yes</td>
</tr>
<tr>
<td>13. Signs, labels, and color codes</td>
<td>Yes</td>
</tr>
<tr>
<td>14. An explanation of the BBP standard</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Section 2 ECP</th>
<th></th>
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<tbody>
<tr>
<td>1. Exposure determination is complete for all jobs in the department</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Records indicating annual review of ECP are available</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Procedure for evaluation of exposure incidents are included</td>
<td>Yes</td>
</tr>
<tr>
<td>4. The ECP is available to employees</td>
<td>Yes</td>
</tr>
<tr>
<td>5. The ECP includes a list of tasks that could result in exposures</td>
<td>Yes</td>
</tr>
<tr>
<td>6. SOPs for high risk tasks are included or referenced</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 3 Methods of Compliance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Documentation of annual review of engineering controls with employee input is available.</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Appropriate PPE is identified and made available by the department</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Personal protective equipment is maintained and cleaned by the department</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Hand washing facilities are available</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Sharps are not bent, recapped or removed</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Appropriate sharps containers are available</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in the work area with likely exposure to BBP</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Waste containers (regulated waste) are color coded or labeled</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Contaminated equipment is labeled or decontaminated</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Appropriate disinfectants are used (EPA approved or bleach)</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Regular cleaning and disinfection schedules for potentially contaminated areas are clearly defined and written, including responsible party (example: following patient exam the disposable bench cover is replaced by the orderly, lab benches are disinfected before lunch and at the end of the day by the microbiologist)</td>
<td>Yes</td>
</tr>
<tr>
<td>12. HBV vaccination is offered to all potentially exposed employees</td>
<td>Yes</td>
</tr>
<tr>
<td>13. A Responsible Person has been appointed and understands the associated duties</td>
<td>Yes</td>
</tr>
</tbody>
</table>
APPENDIX D
Declination Statement For Hepatitis B Vaccination

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.

Name of Employee (Please Print)____________________________________________

Date____________________________

Signature of Employee ____________________________________________________