

PART II PROGRAM ADMINISTRATION

The Exposure Control Plan (ECP) applies to any UAMS employee who has the potential for exposure to blood or other potentially infectious material (OPIM) as a result of his/her specific job duties. These job titles are given on the two lists found on page 2 and 3 of this document.

- (1) The Safety Coordinating Committee is responsible for the development and management of the UAMS Bloodborne Pathogens Compliance Program. It is also responsible for finding ways to improve the ECP and revising it when necessary.
- (2) The Department of Occupational Health and Safety (OHS) is responsible for the day to day management and support of the UAMS Bloodborne Pathogens Compliance Program. Program activities include the responsibility for implementing the ECP for UAMS; working with administrators and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan; collecting and maintaining a suitable reference library; knowing current legal requirements concerning bloodborne pathogens; acting as facility liaison during OSHA inspections; conducting periodic facility audits to determine compliance; developing and scheduling suitable education/training programs; maintaining appropriate training documentation; and periodically reviewing the training programs with department managers and supervisors to include appropriate new information.
- (3) Student and Employee Health Services (SEHS) are responsible for the management of the Hepatitis B Vaccination program. Program activities include maintaining appropriate vaccination documentation; performing post exposure evaluations and follow-ups; and maintaining all appropriate employee medical records. **Infection Control Policy [IP.PP.2.11](#)**
- (4) Department managers and supervisors are responsible for exposure control in their respective areas. Activities include determining specific tasks and procedures in their departments or areas which present a potential for exposure; ensuring the availability of all necessary personal protective equipment; working directly with the Department of Occupational Health and Safety, the Infection Control Department and their own employees, to ensure that proper exposure control procedures are understood and followed. Refer to the Employee Exposure to Common Pathogens (non-sharp/splash) for additional details.
- (5) All UAMS employees covered by this policy are responsible for knowing which of their tasks involve occupational exposure; attending bloodborne pathogens training sessions; planning and conducting all operations in accordance with UAMS work practice controls; and developing good personal hygiene habits.

- (6) The Exposure Control Plan will be updated by the Safety Coordinating Committee. Changes will be reviewed by the Infection Control Committee, the Quality Assurance Committee, and the Medical Board under one or more of the following circumstances: new or modified tasks and procedures are implemented affecting occupational exposure of UAMS employees; as jobs are revised such that new instances of occupational exposure are created; or as new functional positions within UAMS that may involve exposure to bloodborne pathogens are established, or at least every 3 years.

EMPLOYEE EXPOSURE DETERMINATION

Category I

Job classification in which all employees have occupational exposure to bloodborne pathogens

Advanced Practice Nurse	Eye Bank Technical Director	Physical Therapist
Ambulatory Technician IV	Fire/Life Safety Officer	Physical Therapist Worker
Assistant Head Nurse	Head & Neck Procedure Specialist	Physicians
Biohazardous Waste Coordinator	Head Nurse	Public Safety Commander
Blood Bank Donor Assistant Manager	Infection Control Controller	Public Safety Officer
Blood Bank Manager	Instrument Technician	Public Safety Supervisor
Cardiac Non-Invasive Tech	Intern	Radiation Therapists
Care Giver	Lab Animal Technician Supervisor	Residents
Central Supply Tech Shift Supervisor	Lab Assistant	RN
Central Supply Technician	Lab Support Technician	Senior Nurse Anesthetist
Certified Ophthalmic Assistant	Laboratory Aide	Social Service Representative
Certified Technician	Laboratory Manager	Social Services Director
Certified Technologist	Laboratory Supervisor	Social Services Worker
Charge Nurse	Lactation Consultant	Social Worker
Child Care Director	Laser Technician	Special Procedure Technician
Clinical Nursing Specialist	LPN	Transporter (Patient)
Clinic Director	Medical Diagnostic Analyst	Vascular Technician
Clinical Care Assistant	Medical Director/Toxicology	VC Clinical Programs
Clinical Care Technician	Medical Imaging Electronic Engineer	X-Ray Technician
Clinical Case Manager	Medical Lab Technician	
Clinical Dietician	Medical Services Administrator	
Clinical Equipment Technician	Medical Technologist	
Clinical Housekeeper	Mental Health Assistant	
Clinical Laboratory Supervisor	Mental Health Professional	
Clinical Nursing Specialist	Nurse Anesthetist	
Clinical Services Manager	Nurse Practitioner	
Clinical Technician	Nursing Assistant	
Custodial Supervisor	Nursing Unit Coordinator	
Custodial Worker	Nutritionist	
Day Care Attendant	Occupational Safety Coordinator	
Day Care Teacher	Occupational Therapist	
Dental Assistant	Occupational Therapist Coordinator	
Dietetic Technician	Occupational Therapy Worker	
Director AR Cares Children's Div	Ophthalmic Assistant	
Director Clinic Nursing	Patient Care Admin	
Director Dialysis, Transplant Service	Patient Care Supervisor	
Director Dietary Interns	Patient Care Technician	
Director Occupational Health & Safety	Patient Coordinator Supervisor	
Director Occupational Therapy	Patient Representative	
Director of Child Care	Patient Services Coordinator	
Director of Physical Therapy	Pharmacy Specialist	
Emergency Technician	Phlebotomist	
Escort	Physical Therapist Assistant	

Category II

Job classification in which some employees have occupational exposure to blood borne pathogens.

Admissions Interviewer	Executive Director Eye Bank
Assistant Director Pharmacy	Extra Help
Assistant Director Physical Plant	Family Practice Coordinator
Assistant Family Practice Coordinator	General Maintenance Repairman
Associate Director Hospital	Graduate Assistant
Associate Director Engineering & Operation	HVAC Mechanic
Associate Professor	Industrial Hygiene Officer
Capenter	Instructor
Central Escort Manager	Medical Director Student/Employee Health Services
Central Supply Supervisor	Painter
Chemical Hygiene Officer	Plasterer
Chief Pharmacist	Plumber
Clinical Laboratory Manager	Professor
Director of Patient Relations	Research Assistant
Director of Engineering & Operation	Research Associate
Director of Public Safety	Research Technician
Director of Rehabilitation Services	Safety Supervisor
Director of Social Services	Safety Training Officer
Electrician	Student Helper

METHODS OF IMPLEMENTATION AND CONTROL

The Infection Control Committee is responsible for overseeing our Standard Precautions Program and updating that policy as needed.

Occupational Health and Safety Department is responsible for reviewing and updating the Exposure Control Plan annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. If requested, we will provide an employee with a copy of the ECP within 15 days of the request.

STANDARD PRECAUTIONS

In our facility we have observed the practice of "Universal/Standard Precautions" to prevent contact with blood and other potentially infectious materials since May, 1988. As a result, we treat all human blood and body fluids as if they are known to be infectious for HBV, HCV, HIV and other bloodborne pathogens.

In circumstances where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious.

ENGINEERING CONTROLS

One of the key aspects of our ECP is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens.

The Department of Occupational Health and Safety periodically works with department managers and supervisors to review tasks and procedures performed in our facility where engineering controls can be implemented or updated. Currently employed engineering controls include:

- Hand hygiene stations are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated sharps having the following characteristics:
 - Puncture resistant.
 - Color-coded or labeled with a biohazard warning label.
 - Leak proof on the sides and bottom.
- Specimen containers which are:
 - Leak proof.
 - Puncture resistant, when necessary.
- Secondary containers which are:
 - Leak proof
 - Puncture resistant, if necessary

WORK PRACTICE CONTROLS

In addition to engineering controls, our facility uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens.

Our facility has adopted the following Work Practice Controls as part of our Bloodborne Pathogens Compliance Program:

- Employees wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. (**Infection Control Policy [IP.PP.1.7](#)**)
- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water. (**Infection Control Policy [IP.PP.1.7](#)**)
- Contaminated needles and other contaminated sharps are not bent, recapped or removed unless:
 - It can be demonstrated that there is no feasible alternative.
 - The action is required by specific medical procedure.
 - In the two situations above the recapping or removal of needle is accomplished through the use of a mechanical device or a one-hand technique.
- Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

- Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- When carrying out any procedure involving blood or other infectious material, minimize splashing, spraying or other actions that generate droplets.
- Specimens of blood or other materials are placed in designated leak proof containers, appropriately labeled, for handling and storage.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture resistant as well.)
- Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
 - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
 - Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.
- Sharps disposal containers are inspected and maintained or replaced whenever necessary to prevent overfilling.
- This facility identifies the need for changes in engineering controls and work practices through review of OSHA records, employee interviews, committee activities, etc.

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is our employees' "last line of defense" against bloodborne pathogens. Because of this, our facility provides (at no cost to our employees) the Personal Protective Equipment that they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Lab coats,
- Gowns (non-sterile),
- Gloves (non-sterile),
- Masks
- Glasses
- Goggles
- Fluid mask
- Disposable CPR Masks

Employees shall wear PPE when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, and pocket masks are available. Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to latex gloves.

All PPE will be purchased by and issued within the organizational unit requiring its use. Questions regarding distribution shall be directed to the employee's supervisor.

Department managers and supervisors are responsible for ensuring that their departments and work areas have appropriate personal protective equipment available to employees.

Our employees are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position.

To determine whether additional training is needed the employee's previous job classification and tasks are compared to those for any new job or function they undertake. Any needed training is provided by their department manager or supervisor.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, our facility adheres to the following practices:

- All personal protective equipment is replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
- Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of as contaminated waste, by placing in the appropriate container for disposal.

To make sure that this equipment is used as effectively as possible, our employees adhere to the following Practices when using their personal protective equipment:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- All personal protective equipment is removed prior to leaving a work area.
- Gloves are worn in the following circumstances:
 - Whenever employees anticipate hand contact with potentially infectious materials.
 - When performing vascular access procedures.
 - When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier."
- Do not wash or decontaminate single use gloves for re-use
- Reusable utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.

- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
- Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.
- Surgical caps/hoods and/or shoe covers/boots are used in any instances where "gross contamination" is anticipated (such as autopsies and orthopedic surgery).

HOUSEKEEPING

Maintaining our facility in a clean and sanitary condition is an important part of our Bloodborne Pathogens Compliance Program. To facilitate this, we have set up a written schedule for cleaning and decontamination of the various areas of the facility. The schedule provides the following information (this schedule can be found in the Environmental Services office).

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleaners and disinfectants to be used.
- Any special instructions that is appropriate.

Using this schedule, our Environmental Services staff employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
 - After the completion of medical procedures.
 - Immediately (or as soon as feasible) when surfaces are overtly contaminated.
 - After any spill of blood or infectious materials.
 - At the end of the work shift if the surface may have been contaminated during that shift.
- Protective coverings (such as plastic wrap, aluminum foil or absorbent paper) are removed and replaced:
 - As soon as it is feasible when overtly contaminated.
 - At the end of the work shift if they may have been contaminated during the shift.
- All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
- Contaminated reusable sharps are stored in containers that do not require "hand processing".

We are also very careful in our facility in handling regulated waste (including contaminated sharps, laundry, used bandages and other potentially infectious materials). Since 1988 the following procedures have been used with all of these types of wastes:

- They are discarded or "bagged" in containers that are:

- Closeable.
 - Puncture resistant.
 - Leak proof if the potential for fluid spill or leakage exists.
 - Red in color or labeled with the appropriate biohazard warning label.
- Containers for this regulated waste are located throughout our facility within easy access of our employees and as close as possible to the sources of the waste.
 - Waste containers are maintained upright, routinely replaced and not allowed to overfill.
 - Whenever our employees move containers or regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.
 - Stericycle is responsible for the collection, handling and disposal of all sharp containers in the main hospital. The Biohazard Team within **Operational Support Service (OSS)** is responsible for the collection, handling, and disposal of our facility's contaminated waste and for sharp containers pickup outside the main hospital.

LAUNDRY

- All UAMS laundry is handled as if contaminated and bagged in impervious bags. Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.
- Place wet contaminated laundry in leak-proof containers before transport. Use white bags for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry: disposable or utility gloves.

LABELS AND SIGNS



Fig. 1

For our employees the most obvious warning of possible exposure to bloodborne pathogens is biohazard labels. Because of this, we have implemented a comprehensive biohazard warning labeling program in our facility using labels of the type shown in Fig. 1 or when appropriate, using red "color-coded" containers. Occupational Health and Safety is responsible for setting up and maintaining this program in our facility.

The following items in our facility are labeled:

- Containers of regulated waste.

- Refrigerators/freezers containing blood or other potentially infectious materials.
- Sharps disposal containers.
- Other containers used to store, transport or ship blood and other infectious materials.
- Contaminated equipment.

On labels affixed to contaminated equipment we have also indicated which portions of the equipment are contaminated.

Biohazard signs are posted at entrances of research laboratories.

HEPATITIS B VACCINATION

Everyone in our facility recognizes that even with good adherence to all of our exposure prevention practices, exposure incidents can happen. As a result, we have implemented a Hepatitis B Vaccination Program, as well as set up procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

VACCINATION PROGRAM

To protect our employees as much as possible from the possibility of Hepatitis B infection, our facility has implemented a vaccination program. This program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens.

The vaccination program consists of a series of three inoculations over a six-month period. As part of their bloodborne pathogens training, our employees have received information regarding Hepatitis vaccination,

Student and Employee Health Services, 686-6565, is responsible for setting up and operating our vaccination program:

- To ensure that all employees are aware of our vaccination program, it is discussed in our bloodborne pathogens training. If after training, an eligible employee chooses not to receive the Hepatitis B vaccine, the attached Hepatitis B Vaccine Waiver form is signed and dated. Employees who decline may request and obtain the vaccination at a later date at no cost.
- Documentation of refusal of the vaccination is kept in SEHS.
- Vaccination will be provided by SEHS.
- Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee with 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered

POST-EXPOSURE EVALUATION AND FOLLOW-UP

An immediately available confidential medical evaluation and follow-up will be conducted by UAMS licensed health care professional. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will 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., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status

In order to make sure that our employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, our facility has set up a comprehensive post-exposure evaluation and follow-up process.

MEDICAL RECORDKEEPING

UAMS maintains comprehensive medical records on our employees. SEHS is responsible for setting up and maintaining these records.

As with all information in these areas, we recognize that it is important to keep the information in these medical records confidential. We will not disclose or report this information to anyone without our employee's written consent (except as required by law).

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Occupational Health and Safety 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 (o.r., e.r., patient room, etc.)
- Procedure being performed when the incident occurred
- Employee's training

OHS will record all percutaneous injuries from contaminated sharps in the Consolidated Injury Management System (CIMS) .

If revisions to this ECP are necessary (*Responsible person or department*) will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

HIV AND HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES

We recognize that there are special requirements for HIV and HBV research laboratories in addition to the general requirements of the ECP. These requirements do not include clinical or diagnostic labs that analyze blood, tissues and organs.

CRITERIA OF LABORATORIES

- All solid waste generated, including animal waste, by the laboratories must be placed in a leak-proof bag until decontamination by autoclave or other approved method is performed.
- All liquid waste must be appropriately treated with an approved decontamination solution before disposal.
- All laboratory doors must have the universal biohazard symbol mounted outside and, must remain closed. Access to the labs should be limited to those trained and qualified.
- All activities done with infectious agents must be performed inside biological safety cabinets. The biological safety cabinets must be tested and certified annually, or sooner if significant changes occur.
- Protective clothing must be worn inside the laboratories. Prior to exiting the area, protective clothing is to be removed and disposed of in accordance to disposal procedure.
- Vacuum lines must have a liquid disinfection trap and HEPA filters.
- Gloves must be worn when handling potentially infectious materials.
- Needles and syringes must not be bent, recapped, or removed from the syringe.
- Spills must be cleaned up by authorized personnel and each incident must be reported to the Occupational Health and Safety Department (501-686-5536).
- All laboratories must have an eye wash and access to a shower.
- All research employees initially must be trained in general biological safety, as outlined further in the ECP.
- All employees must be proficient in microbiological practices and have prior experience in handling human pathogens and tissue cultures before working with HIV or HBV, HCV or other potentially infectious material

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by Occupational Health and Safety Department

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

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

Our facility's training presentations make use of several training techniques including, but not limited to:

- Classroom type atmosphere with personal instruction.
- Videotape programs.
- Employee review sessions.
- Online training

RECORDKEEPING

Training Records Training records are completed for each employee upon completion of training. These documents will be kept within the current facility training database.

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

Student/Employee Preventative Health Services is responsible for maintenance of the required medical records. These confidential records are kept 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 Student/Employee Preventative Health Services

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 *CFR* 1904). This determination and the recording activities are done by Occupational Health and Safety Department.

Consolidated Injury Management System

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

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- 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.

Hepatitis B Vaccine Waiver

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 and 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.

SIGNATURE

DATE

Name: _____ Dept: _____

SOCIAL SECURITY NUMBER: _____

Address: _____

Phone: _____ (work) _____ (home)

WITNESS SIGNATURE

PREVIOUS HISTORY OF RECEIVING HEPATITIS VACCINE SERIES

I have received the hepatitis vaccine series in the past.

SIGNATURE _____ DATE _____