



# Bloodborne Pathogen Exposure Control Policy

## **Bloodborne Pathogens Exposure Control Plan Glossary**

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

**Bloodborne Pathogens:** Pathogenic microorganisms that when present in human blood have the potential to 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).

**Bite:** A human bite sustained by one individual from another.

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

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

**Engineering Controls:** 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 pathogen hazard from the work place.

**Epidemiology:** A branch of medical science that deals with the incidence, distribution, and control of disease in a population; the sum of the factors controlling the presence or absence of a disease or pathogen.

**Exposure Incident:** A specific contact (e.g., eye, nose, mouth, other human membrane, non-intact skin or parenteral contact) with blood or other potentially infectious materials that may result from the performance of an employee's duties.

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

**HIV (Human Immunodeficiency Virus):** The HTLV-III retrovirus associated with acquired immune deficiency syndrome (AIDS) and the AIDS-related complex.

**Hypoallergenic:** Specialized material having a low capacity to induce hypersensitivity.

**Immune:** A condition of being able to resist a particular disease through preventing the development of a pathogenic microorganism or by counteracting the effects of its product

**Mucous Membrane:** A membrane rich in mucous glands which lines body passages and cavities which communicate directly or indirectly with the exterior and functions in the protection, support, nutrient absorption, and secretion of mucus, enzymes, and salts.

**Needleless System:** Safety engineered devices that administer medications and fluids or withdrawal blood through intravenous access designed to connect without the use of a needle.

**Non-intact Skin:** Areas of the skin that have been open to the environment.

**Occupational Exposure:** Contact with blood, visible bloody fluid, and other body fluids and body tissues to which standard precautions apply and during the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM):**

- The following human fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Any unfixed tissue or organ (other than intact skin) from human (living or dead); and
- HIV-containing or other bloodborne pathogen-containing cell or tissue cultures, organ cultures and HIV-containing or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV, HBV or other bloodborne pathogens.

**Percutaneous Injury:** An exposure event occurring when a potentially contaminated needle or other sharp object penetrates the skin.

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

**Pipetting:** The act of drawing fluid by suction using a small piece of apparatus which typically consists of a narrow tube into which fluid is drawn as for dispensing or measuring and retained by closing the upper end.

**Physician or other Professional Licensed Healthcare Professional (PLHCP):** Is an individual whose legally permitted scope of practice (i.e. license, registration, or certification allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services).

**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:** Objects that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

- *Hollow-bore needle:* Needle (e.g. hypodermic needle, phlebotomy needle) with a lumen through which liquid material (e.g. medication, fluid, blood) can flow.
- *Solid sharp:* a sharp object (e.g. suture needle, scalpel) that does not have a lumen.

**Sharps with Engineered Sharps Injury Protections (SESIP):** Non-needle sharp or a needle sharp with a built in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Transmission:** The act, process, or instance of sending or conveying from one person or place to another.

**Universal Precautions:** An approach to infection control. Under this approach, all human blood and certain human body fluids are treated as if known to be infected with HIV, HBV and other bloodborne pathogens.

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**Please note that this program has a glossary. The glossary contains the definitions for various terms used in the program. These terms are in bold print the first time they appear in the body of the program.**

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## **Policy**

Northern Maine Community College is committed to providing a safe and healthful work environment to our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." All employees shall practice universal precautions to eliminate or minimize employee exposure to blood and other potentially infectious materials.

## **Program Administration**

The NMCC Safety Committee is responsible for maintaining, reviewing, and updating the policy.

## **Employee Exposure Determination**

A list of employee job classifications which have the potential for occupational exposure to blood or other potentially infectious materials was reviewed. Each job classification was assigned an exposure level and various job tasks were rated as listed below. This exposure determination was made without regard to the use of personal protective equipment. (*see Employee Exposure Potential Analysis*)

<b>Exposure Level</b>
Level I - High Risk
Level II - Medium Risk
Level III - Minimal Risk

## **Methods of Compliance**

### *Universal Precautions Controls*

Universal precautions shall be observed in all situations where there is potential for contact with blood or other potentially infectious materials. Under circumstances where body fluids are difficult or impossible to differentiate, all such fluids shall be considered potentially infectious.

**Engineering controls** are used to eliminate or minimize employee exposure by isolating or removing bloodborne pathogens from the workplace. To ensure their effectiveness, all engineering controls shall be examined and maintained or replaced on a scheduled basis by each department.

Engineering controls include, but are not limited to, the following:

- Re-sheathable needles that encase the needle immediately after use to prevent needlestick injuries and exposures;
- **“Sharps”** disposal containers located at the point of use to prevent injury or exposure during transportation of **contaminated sharps**;
- Secondary leak proof containers used during transportation to help prevent spills if the primary container breaks;
- **Needleless systems**; and
- **Sharps with engineered sharps injury protections (SESIP)**.

**Handwashing facilities** shall be present and readily accessible to employees. When not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. When hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

**Eye wash facilities** in the form of a ready source of running water to flush eyes or mouth after exposure shall be present as eye wash stations in areas where exposure to blood or body fluids is anticipated.

#### *Work Practice Controls*

Work practice controls involve altering the manner in which the job is being performed. Correct work procedures include, but are not limited to, the following:

- Proper handling and disposal of needles and sharps, used bandages and gauze, linens, and all other emergency items that come in contact with blood or other potentially infectious materials;
- Recapping, removing, bending, shearing or breaking needles is prohibited (*Note: If needle recapping is absolutely necessary such as with incremental doses of medication or the injection of radioactive materials, a one-handed method or mechanical device approved for this purpose shall be used.*);
- Wearing gloves whenever handling tissues or body fluids;
- Regular handwashing is recommended even when personal protective equipment such as gloves are removed;
- Wash hands immediately or as soon as possible after removing gloves or other PPE;
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure;
- 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;
- Hair ties or nets should be worn in appropriate areas;
- Employees should wear closed-toed shoes when handling needles or other sharps;

- 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;
- Wash hands and any other skin with soap and water immediately or as soon as feasible following contact with blood or other potentially infectious materials;
- Mouth **pipetting**/suctioning of blood or other potentially infectious materials is prohibited;
- Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping;
- If a specimen could puncture the primary container, the primary container shall be placed within a secondary container, which is puncture-resistant, labeled or color-coded;
- If outside contamination of the primary container occurs, the primary container shall be placed within a second container that prevents leakage during handling, processing, storage, transport, or shipping, and is labeled or color-coded; and
- Equipment that has been contaminated with blood or other potentially infectious materials shall be decontaminated before being serviced or shipped unless it can be shown that decontamination of the equipment is not feasible. Equipment, or portions thereof that are not decontaminated, require that a protective film be wrapped around the equipment and a warning label be affixed.

### *Housekeeping*

The worksite shall be maintained in a clean and sanitary condition. A written schedule for cleaning and a method of **decontamination**, based on the location, type of surface, type of soil present and procedures being performed in each area shall be present.

All equipment and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

The process of decontamination shall be conducted as follows:

- After completion of procedures;
- When surfaces are overtly contaminated;
- After the 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.

The common disinfectant used is a sodium hypochlorite (common household bleach) and water solution consisting of one part of bleach to ten (1:10) parts of water – (12.8 oz. of bleach per 1-gallon water)

Protective coverings such as plastic wrap or aluminum foil shall be removed and replaced at the end of the work shift if they may have become contaminated during the shift or whenever they become visibly contaminated.

Any bins, pails, cans, or other similar receptacles intended for re-use will be inspected and decontaminated before re-use.

Broken glassware shall be handled with the aid of a mechanical device (e.g., brush and dustpan, tongs, or forceps). The mechanical device shall be decontaminated if possible or discarded.

### *Personal Protective Equipment (PPE)*

**Personal protective equipment** shall be used in all occupational exposure situations where there is the potential for the employee to come in contact with potentially infectious materials.

Personal protective equipment shall 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.

General rules on personal protective equipment are as follows:

- Employees shall be trained how to use personal protective equipment properly;
- Personal protective equipment shall be appropriate for the task;
- Personal protective clothing and equipment shall be suitable meaning the level of protection must fit the expected exposure (e.g., gloves would be sufficient for a laboratory technician who is drawing blood while a pathologist conducting an autopsy would need considerably more protective clothing);
- The college shall provide, repair or replace personal protective equipment as needed to maintain its effectiveness at no cost to the employee;
- All personal protective equipment shall be available in the appropriate sizes and readily accessible at the worksite or issued to the employees; and
- If a garment(s) is penetrated by blood or other potentially infectious material, the garment shall be removed and replaced immediately or as soon as feasible.

### *Gloves*

Gloves shall be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, **non-intact** skin and when handling or touching contaminated items or surfaces.

Gloves shall be made of water impervious materials such as latex, nitrile or rubber.

**Hypoallergenic** gloves, glove liners, powderless gloves, and other similar alternatives shall be readily accessible to employees who are allergic to gloves normally provided.



Cuts and open sores shall be bandaged before donning gloves since gloves can be punctured by sharps.

When using disposable gloves (single use), replace them as soon as practical or when they become visibly contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use.

Utility gloves shall be discarded if they are cracked, peeling, torn, punctured, or if they exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse if integrity is not compromised.

### *Eye Protection*

When performing procedures that are likely to generate splashes, spray, spatter, or droplets of blood or OPIM, protective eyewear such as goggles, glasses or face shields shall be worn to protect the eyes.

Face shields can be used to protect from splashes to the nose and mouth in addition to the eyes.

### *Gowns/Laboratory Coats*

Gowns, aprons, lab coats, clinic jackets, or other protective body clothing shall be worn when performing procedures likely to generate splashes or splatters of blood or OPIM and in all occupational exposure situations. Gowns/laboratory coats are used to protect clothing from being contaminated by fluids and soaking through to the skin.

### *Mouthpieces/Resuscitation Bags*

Respiratory devices and pocket mouthpieces are types of personal protective equipment designed to isolate contact from the victim's saliva during resuscitation.

### *Surgical Caps/Shoe Covers*

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

### *Proper Disposal of Personal Protective Equipment*

Personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriate designated area or container for storage, washing, decontamination or disposal.

All soiled laundry and personal protective equipment shall be placed in labeled or color-coded leak-proof bags or containers without sorting or rinsing.

Cleaning, laundering, repair, replacement or disposal of personal protective equipment shall

be provided at no cost to the employee.

Each department is responsible for securing contracted services for regular washing of laboratory coats and gowns if reusable coats and/or gowns are used.

### **Regulated Waste Management**

All **regulated waste** shall be placed in closable, leak proof containers constructed to contain all contents during handling, storing, transporting or shipping and shall be labeled properly.

If outside contamination of the regulated waste container occurs, it shall be placed in a secondary container that is labeled, closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

Potentially infectious waste shall be processed in accordance with the Potentially Infectious Waste Program.

### **Contaminated Sharps Disposal**

Sharps shall be disposed of in designated containers immediately or as soon as possible after use. The containers shall be labeled or color-coded, leak and puncture proof, closable and easily accessible to the user. They shall be located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries) and in such an area as to prevent tampering by unauthorized individuals. A standard 42-inch mounting height as measured from the floor shall be followed.

***Sharps containers shall be maintained upright throughout use and not allowed to over-fill.***

Sharps containers shall be disposed of after they become three-fourths full by making arrangements and following the facility disposal guidelines. Contact a Custodial Worker for the pick-up and disposal of potentially infectious waste materials.

During replacement or removal from the work area, the sharps containers shall be closed to prevent the spillage or protrusion of contents during handling, storage, transport or shipping.

The sharps containers shall be placed into a secondary container if leakage is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, red in color and labeled with the biohazard symbol or the words "Infectious Waste".

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of an accidental injury.

## **Hepatitis B Vaccination**

Employees who have the potential for occupational exposure shall be provided, at no cost, the hepatitis B vaccine and vaccination series.

The hepatitis B vaccination shall be available to employees within ten working days of initial assignment and after they have received training on the following:

- Efficacy of the vaccine;
- Safety of the vaccine;
- Method of administration;
- Benefits associated with vaccination; and
- Acknowledgement of free vaccine and vaccination.

A hepatitis B prescreening program shall not be a prerequisite for receiving the vaccination.

An employee who initially declines the hepatitis B vaccination shall be allowed to receive the vaccination at a later date if the employee decides to seek the vaccination series. Employees who decline to accept the vaccination shall be required to sign the declination statement listed in Hepatitis B Vaccine Acceptance or Declination form.

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

## **Post Exposure Evaluation Follow-up**

All **exposure incidents** with blood or OPIM shall be reported in accordance with the incident reporting procedures.

Immediately following an exposure incident, a confidential medical evaluation and follow-up shall be provided at no cost to the employee. This medical evaluation shall include at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by the state or local law;
  - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine hepatitis B virus (HBV) and human immunodeficiency virus (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.
  - 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.

- 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.
- Collection and testing of blood for HBV and HIV serological status;
  - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
  - 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.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- Counseling; and
- Evaluation of reported illnesses.

### **Information Provided to the External Healthcare Professional**

The college internal **PLHCP** shall provide the external healthcare professional responsible for the employee's hepatitis B vaccination a copy of the regulation.

The college internal **PLHCP** shall ensure that the external healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of the regulation;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

### **Written Opinion**

The college internal **PLHCP** shall obtain and provide to the exposed employee a copy of the external healthcare professional's written opinion, within 15 days of the completion of the evaluation.

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.

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

- That the employee has been informed of the results of the evaluation; and

- 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.

All other findings or diagnosis shall remain confidential and shall not be included in the written report. Medical records shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law.

## **Labels and Signs**

Warning labels including the biohazard symbol shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM and other containers used to store, transport or ship blood or other potentially infectious materials. A warning label or sign shall be posted at the entrance to work areas where blood or other potentially infectious materials are stored.

These labels shall be fluorescent orange or orange-red or predominantly so with lettering or symbols in a contrasting color.

Containers or bags used for blood or other potentially infectious materials shall be red in color and labeled with the Biohazard Symbol or the words "Infectious Waste".

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.

Red bags or red containers may be substituted for labels.

## **Training and Information**

### *Employee Training*

All employees with the potential for occupational exposure to blood or OPIM shall be trained during working hours prior to initial assignment to a task involving the potential for occupational exposure and annually thereafter. This training shall utilize the "Bloodborne Pathogens" training program. All presenters shall be knowledgeable in the subject material as it relates to the workplace and provide an opportunity for questions and answers during the training. This comprehensive training program includes the following:

- A copy of the Bloodborne Pathogen regulation;
- **Epidemiology** and symptoms of bloodborne diseases;
- Modes of **transmission** of bloodborne pathogens;
- A copy of the written Exposure Control Plan and explanation of the program;
- Methods for recognizing tasks and other activities which may involve exposure to blood or other potentially infectious materials;
- Methods of utilizing existing engineering controls, work practices and personal

- protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment, including basis for selection;
- Information on the hepatitis B vaccine including the efficacy of the vaccine, safety of the vaccine, method of administration, benefits associated with vaccination, and acknowledgement of the option to decline or accept the free vaccination series;
- Emergency procedures and notifications involving blood or other potentially infectious materials;
- Incident reporting documentation and follow-up procedures;
- Post-exposure and follow-up evaluation subsequent to an exposure incident; and
- Explanation of signs and labels and/or color-coding system required.

All employees attending training shall be required to demonstrate adequate knowledge retention as shown through a learning measurement exercise. Employees not demonstrating adequate knowledge retention shall be retrained until adequate retention is obtained.

### *Training Records*

Training records shall be maintained by the college (Human Resources Director) for three years subsequent to the initial training period. Training records shall include:

- Dates of the training sessions;
- Contents or summary of the training sessions;
- Names and qualifications of persons conducting the training;
- Names and job titles of all persons attending the training sessions.

### **Evaluation of Exposure Incident**

The NMCC Safety Committee will review the circumstances of all exposure incidences to determine: engineering controls in use at the time; work practices followed; type(s) of devices being used; PPE in use at the time; location of incident; and, any needed follow-up.

### **Recordkeeping**

#### *Medical Records*

As appropriate, accurate health records shall be maintained by the college's Human Resource, Payroll Coordinator for each employee with occupational exposure. This record shall include the following:

- Name and social security number;
- Hepatitis B vaccination status and dates;
- Copies and results of examinations, medical testing and follow-up procedures; and
- Copies of the Hepatitis B Vaccine Acceptance or Declination form.

All health records shall be kept confidential in accordance with HIPPA (Health Insurance Portability and Accountability Act) regulations and not disclosed or reported without the employee's express written consent to any person within or outside the workplace. Duplicates of this information may also be kept by the employee and on file in the NMCC Health Center.

All records shall be maintained for the duration of employment and 30 years thereafter.

### *Sharps Injury Log*

A sharps injury log shall be maintained for the recording of injuries from contaminated sharps. The information shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

- The type and brand of device involved in the incident;
- The department or work area where the exposure incident occurred; and
- An explanation of how the incident occurred.

### **Exposure Control Plan Review**

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 reflect new or revised employee positions with occupational exposure. The designated group that will conduct the annual review and update of the exposure control plan will be the college Safety Committee. The review and update shall also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
- Annually document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure; and
- Solicit input from non-managerial employees 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.

## Hepatitis B Vaccine Acceptance or Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself.

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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_ I do **not** want the hepatitis B vaccination series at this time. I have read and understand the above statement.

\_\_\_\_\_ I **do** want the hepatitis B vaccination series.

\_\_\_\_\_ I have previously received the hepatitis B vaccination series on \_\_\_\_\_.

I understand that receiving the hepatitis B vaccine imposes certain risks upon me as detailed in the Bloodborne Pathogens training seminar. I voluntarily consent to such risks and agree to hold Northern Maine Community College harmless from any and all claims and causes of action for any injury, loss or damage resulting from such vaccination.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Date



# Northern Maine Community College Bloodborne Pathogen Exposure Control Plan

## Employee Exposure Potential Analysis

Level 1	Level 2	Level 3
<b>High risk</b> - Works in the wastewater or sewage, works in healthcare capacity, works in specialized research, exposed to blood and other agents in large volume, frequently, or for long periods of time, frequent use of sharps, and blood.	<b>Medium risk</b> - Casual contact with patients or support services, (e.g. handles laboratory samples, transports patients, works in research, occasionally uses sharps). Is required to perform clean-up services for blood and other body fluids.	<b>Minimal risk</b> - little to no contact with contaminated items (e.g. manager, clerk, messenger). Risk is primarily related to the accidental spill of blood or other body fluids. No use or contact with sharps.

Job Title	Exposure Level		
	Level	Level	Level
	1	2	3
<b>ACADEMIC AFFAIRS</b>			
Academic Dean			X
Adjunct Faculty (allied health)		X	
Adjunct Faculty (non-allied health)			X
Administrative Secretary			X
Administrative Specialist			X
ASC Coordinator			X
Asst. Dean of Learning Resources			X
Faculty (allied health)	X		
Faculty (non-allied health)			X
<b>ADMISSIONS</b>			
Admissions Specialist			X
Assistant Director			X
Director			X
On-Course for College Coordinator			X
<b>BUSINESS OFFICE</b>			
Accountant (receivables/payables)			X
Accountant (business office/foundation)			X
Business Manager			X
Director of Finance			X
Human Resource & Payroll Coordinator			X
Purchasing Accountant			X

<b>Job Title</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<b>CONTINUING EDUCATION</b>			
Asst. Dean of Continuing Education			X
Business & Industry Coordinator			X
CDL Coordinator			X
Continuing Education Coordinator			X
Contracted Instructors (allied health)		X	
Contracted Instructors (non-allied health)			X
<b>COUNSELING OFFICE</b>			
Administrative Specialist			X
Director of Counseling			X
Student Navigator			X
Student Support and/or Counselor			X
<b>DEVELOPMENT &amp; COLLEGE RELATIONS</b>			
Administrative Specialist			X
Assist. Director			X
Dean of Development			X
Testing Center & Events Coordinator			X
<b>FINANCIAL AID</b>			
Assistant Director			X
Director			X
<b>PRESIDENT</b>			
			X
<b>RESIDENTIAL LIFE</b>			
Director of Housing & Residential Life		X	
Resident Assistant		X	
Resident Director		X	
<b>SECURITY</b>			
Manager		X	
Security Officer		X	
<b>STUDENT SERVICES</b>			
Administrative Specialist			X
Dean of Students		X	



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