

COLGATE UNIVERSITY

Bloodborne Pathogens Exposure Control Plan



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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

STATEMENT OF POLICY

Colgate University is committed to the minimization and prevention of employee occupational exposure to blood or other potentially infectious materials by strict implementation of universal precautions as defined by the Center for Disease Control (CDC) and by providing suitable personal protective equipment (PPE), training, and hepatitis B immunization to affected employees. This plan describes the procedures necessary to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard ([29 CFR 1910.1030](#)).

SCOPE

This policy applies to all Colgate University employees whose occupational exposure to blood or other potentially infectious materials in the performance of their regular duties may be reasonably anticipated.

INTRODUCTION

Bloodborne pathogens are infectious microorganisms in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). To prevent illness, chronic infection, and even death, OSHA developed the Bloodborne Pathogens Standard to protect workers from exposure to blood and other potentially infectious materials (OPIM).

Any exposure to a bloodborne pathogen puts an employee at risk of contracting an infectious diseases. To protect workers and to comply with OSHA's Bloodborne Pathogens Standard, the university has established this Bloodborne Pathogens Exposure Control Plan, the purpose of which is to identify job positions, tasks, and procedures where exposure to bloodborne pathogens may occur and to implement controls that will reduce the risk of infection. This plan also includes provisions for affected employees to receive hepatitis B vaccinations, training, and if necessary confidential medical evaluations.

This plan will be reviewed and updated at least annually by the Director of Environmental Health and Safety. Copies of the plan are available at the Environmental Health and Safety office or can be accessed on the Colgate University website at www.colgate.edu/EHS.

DEFINITIONS

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

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

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

Other Potentially Infectious Materials (OPIM):

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid (*joint cavity fluid*), pleural fluid (*chest cavity fluid*), pericardial fluid (*heart cavity fluid*), peritoneal fluid (*abdominal cavity fluid*), amniotic fluid (*fetal sac fluid*), saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) HIV-containing cell or tissue cultures, organ cultures and HIV- or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

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

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

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.

Universal Precautions: All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

EXPOSURE DETERMINATION

The Director of Environmental Health and Safety, in consultation with the Department of Human Resources as necessary, will evaluate the duties, tasks, and procedures of all employees in each job classification to determine who may have occupational exposure to bloodborne pathogens as part of their job duties. Exposure determinations will be reviewed and updated at least annually by the Director of Environmental Health and Safety.

Job classifications in which all employees have the potential for occupational exposure:

- Athletic Coach
- Athletic Facilities Assistant
- Athletic Trainer
- Campus Safety Officer
- Custodian
- Environmental Health and Safety
- Groundskeeper
- Laundry & Gym Attendant
- Lifeguard
- Nurse Practitioner
- Physician
- Registered Nurse
- Registered Physician's Assistant

Job classifications in which some employees have the potential for occupational exposure:

- Carpenter
- Electrician
- Locksmith
- Mason
- Millwright
- Natural Science Faculty and Staff
- Plumber
- Painter

HEPATITIS B VACCINATIONS

The hepatitis B vaccination will be made available to each employee who has occupational exposure after the employee has received bloodborne pathogen exposure control training and within ten working days of initial assignment.

Each employee who has occupational exposure is required to sign a Hepatitis B Vaccination Declination / Consent Form, indicating their declination or consent for the vaccination, upon the completion of their initial bloodborne pathogen exposure control training. Employee Hepatitis B Vaccination Declination / Consent Forms will be retained by Environmental Health and Safety. Employees indicating written consent for the hepatitis B vaccination will receive the three shot vaccination series, at no cost to the employee, by appointment at Student Health Services.

Employees who initially decline the hepatitis B vaccination may at any later date accept the hepatitis B vaccination by informing Environmental Health and Safety and signing a consent form.

UNIVERSAL PRECAUTIONS

All employees must observe universal precautions when performing any task which may result in occupational exposure to blood or other potentially infectious materials. Universal precautions treat all human blood and certain body fluids as if they were infected with bloodborne pathogens.

Universal precautions apply to blood, semen, vaginal secretions, cerebrospinal fluids, synovial fluids, 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 where it is difficult to differentiate between body fluids. Universal precautions also apply to exposure to unfixed tissues or organs other than intact skin from living or dead humans.

ENGINEERING CONTROLS

Engineering controls are devices that isolate or remove the bloodborne pathogens hazard from the worker. Engineering controls shall be used in preference to other control methods to eliminate or minimize exposure to blood or OPIM. Departments will evaluate the effectiveness of existing controls and review the feasibility of instituting more advanced engineering controls that eliminate or reduce exposure to bloodborne pathogens.

The following engineering controls will be in place in areas of occupational exposure:

- Readily accessible handwashing facilities.
- Antiseptic towelettes or antiseptic hand cleanser and towels in areas where it is not feasible to have handwashing facilities.
- Sharps disposal containers.
- Appropriate containers for storage, transport, or shipment of blood or other potentially infectious materials, regulated waste, and contaminated laundry.

Engineering controls will be examined by the Director of Environmental Health and Safety and the Director of Student Health Services to ensure their effectiveness.

Commercially available, safer medical devices designed to eliminate or reduce occupational exposure will be evaluated by the Director of Environmental Health and Safety and the Director of Student Health Services and implemented if appropriate. Examples include self-sheathing needles, sharps with engineered sharps injury protections and needleless systems. Documentation of this evaluation will be kept by Environmental Health and Safety.

In the evaluation and selection of safer medical devices, input will be solicited from non-managerial employees who are responsible for direct patient care and potentially exposed to contaminated sharps.

PERSONAL PROTECTIVE EQUIPMENT

PPE including, but not limited to, gloves, face masks, and eye protection shall be available and worn by all persons who can reasonably anticipate exposure to blood and other infectious materials during the course of their duties.

- Such PPE is provided, cleaned, and / or replaced as required by the employee's department, at no cost to the employee.
- Employees are required to use appropriate PPE whenever contact with blood or other potentially infectious material is anticipated.
- PPE is considered to be appropriate only if it prevents blood and / or other potentially infectious materials from coming into contact with skin / mucous membranes.

NEEDLESTICK PREVENTION

Devices that are capable of reducing or eliminating the potential for needlestick and other sharp instrument injuries are now available. Examples of such technology include needleless delivery systems, self-sheathing needles and catheters, retractable hypodermic needles, and needle guards and shields. It is vitally important that the use of these devices becomes a standard practice in clinical and research laboratories. They should be used wherever and whenever possible. Those employees who use these devices the most (ie. registered nurses and nurse practitioners) will be consulted for input in the type of needlestick prevention equipment purchased.

POST EXPOSURE EVALUATION AND FOLLOW-UP

All exposures to blood or other potentially infectious materials are to be reported to Student Health Services, Environmental Health and Safety, and Human Resources. Following the report of an exposure incident, a confidential medical evaluation, treatment, and follow-up shall be made available within 24 hours. Such services shall be provided at no cost to the employee.

Colgate University Student Health Services is responsible for:

- Determining the required follow-up or treatment to be taken based on the exposure, applicable CDC guidelines, and Student Health Services policies.
- Documenting all exposures and medical actions taken.
- Retaining bloodborne pathogen exposure related correspondence with an exposed employee's attending healthcare provider(s). These records are maintained in accordance with applicable regulations.

Environmental Health and Safety is responsible for evaluating the circumstances surrounding an exposure incident and shall recommend appropriate safety equipment and/or changes in procedure to prevent further exposures.

The Human Resources Department is responsible for ensuring the incident is recorded on the

OSHA Form 300 Work Related Injury Log. Human Resources will also process medical and / or workers compensation claims related to the incident if necessary.

For employees working off-campus, exposures to blood or other potentially infectious material should be evaluated as soon as possible by the nearest health care facility (i.e., local hospital or medical clinic). This evaluation and subsequent medical follow-up should be done as soon as possible after the exposure occurs. This medical evaluation and follow-up shall be provided at no cost to the employee.

Medical Evaluation

Following the report of an exposure incident, Student Health Services shall ensure a confidential medical evaluation and follow-up are made immediately available to an exposed employee, which shall include the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure occurred.
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by 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 HBV, HCV, and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- 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 within the confines of state and federal law.
- Collection and testing of the exposed individual's blood for HBV and HIV 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 should occur prior to collection of the blood.
- Evaluation of reported illnesses.

Information provided to the Healthcare Provider

Colgate University shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided with a copy of OSHA's Bloodborne Pathogens Standard and with the following information:

- A letter of introduction and request for services (Appendix D).
- 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.
- Information regarding the source individual and their blood test results, if available.
- University-maintained medical records relevant to the appropriate treatment of the employee including vaccination status.

Healthcare Professional's Written Opinion

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. A form is provided to facilitate reporting requirements (Appendix D).

The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for the employee and if the employee has received such vaccination. The healthcare professional's written opinion for 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.
- 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 diagnoses shall remain confidential and shall not be included in the written report.

COMMUNICATION OF HAZARDS

The universal biohazard symbol shall be used across campus to indicate the presence of blood or other potentially infectious materials and shall be affixed to containers of infectious waste, refrigerators and freezers containing these materials, containers used to transport these materials, contaminated equipment, and at the entrances of areas where these materials are used or stored.



Information and Training

All employees who may have occupational exposure to bloodborne pathogens shall be trained on the hazards of working with blood and other potentially infectious materials and the methods used to minimize the risk of exposure. It shall be the responsibility of each department to ensure that their at-risk employees attend the training.

Initial training shall be provided to all employees who may have occupational exposure to bloodborne pathogens or OPIM. Retraining is provided annually or, in the event of employee transfer, training on new tasks or procedures shall be provided at the time of such reassignment.

The training shall include, but shall not be limited to the following:

- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of this plan and the means by which an employee can obtain a copy of the plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of the methods used to prevent or reduce occupational exposure, including appropriate work practices and PPE.
- Information on the types, proper use, location, removal, handling, maintenance (including decontamination), and disposal of PPE.
- Information on the basis for selection of PPE.
- Information on the Hepatitis B vaccination program as described in this document.
- Information on the appropriate actions to be taken and persons to contact in an emergency involving blood or other potentially infectious materials.
- 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.
- An explanation of the pertinent signs and warning labels.
- An opportunity for questions and answers.

Training records shall be maintained by Environmental Health and Safety, as appropriate. Such records shall be retained for a minimum of three years, in accordance with OSHA standards.

ANNUAL REVIEW

The Colgate University Bloodborne Pathogens Exposure Control Plan will be reviewed at a minimum on an annual basis by the Director of Environmental Health and Safety and also updated as necessary to reflect changes in university policies and procedures, as well as any changes indicated or mandated by law.

APPENDIX A

COLGATE UNIVERSITY

Bloodborne Pathogens Exposure Control Plan

HEPATITIS B 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 hepatitis B vaccine by Colgate University, at no charge to myself. However, I decline hepatitis B vaccination at this time because I either previously had the vaccination or do not wish to get it at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring hepatitis B, a serious disease. I understand that if, in the future, I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name (print): _____

Signature: _____ Date: _____

HEPATITIS B VACCINE INFORMATION AND CONSENT:

The hepatitis B vaccine protects against hepatitis B virus (HBV) infection, a contagious disease that damages the liver. Two brands of recombinant hepatitis B vaccine are available: Recombivax HB (Merck & Co) and Engerix-B (GlaxoSmithKline). These are non-infectious subunit viral vaccines derived from hepatitis B surface antigen (HBsAg) cloned into yeast cells. Each vaccine dose contains 10-20 mcg of HBsAg on 0.5 mg aluminum (as aluminum hydroxide), sodium chloride / phosphate buffers, and yeast protein. These vaccines have been extensively tested for safety and efficacy in large scale clinical trials with human subjects. Administration to pregnant or nursing women is likely safe but decisions to vaccinate should be made with the consultation of a physician.

The Hepatitis B vaccination consists of a series of three intramuscular injections. The second injection should be given one month after the first and the third injection six months after the initial dose. More than 90% of those who receive the three injections will develop immunity to the hepatitis B virus. At this point it is unclear how long the immunity lasts, so booster shots may be required in the future. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Individuals may opt to submit documentation of previous vaccine administration, or documentation of previous disease, or have blood testing to confirm immunity, rather than receiving the vaccine series.

Contraindications: Hypersensitivity or allergy to yeast or other vaccine components.

Warnings: Tip caps and vial stoppers contain natural rubber latex.

Adverse Reactions: No serious adverse reactions have been reported in clinical trials. Up to 10% of vaccine recipients may have mild reactions such as injection site soreness / redness / swelling, fever, fatigue, headache, or dizziness.

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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 received information about hepatitis B and the hepatitis B vaccine. I have had a chance to ask questions and they have been answered to my satisfaction. I believe I understand the benefits and risks of the hepatitis B vaccine and request that it be administered to me or I shall submit documentation of previous immunity. I shall reaffirm my request to receive the vaccine, by signature, before each of the injections in the multi-dose series of vaccinations. There will be no charge to myself for the vaccinations or for blood testing to confirm previous immunity. If I am no longer an employee of Colgate University before the completion of the vaccination series, I may complete the series at my own cost, payable to Colgate University.

Signature: _____ Date: _____

Last Name (*print*): _____ First: _____ M: _____

Home Address: _____

Home Phone #: _____

Job Title: _____

Allergies: _____

HEPATITIS B VACCINE ADMINISTRATION:

Dose #1: Date: _____ Recipient Signature: _____

Manufacturer: _____ Lot #: _____ Exp. Date: _____

Dosage and Method: _____ Site of Injection: Left or Right Arm (circle)

Vaccine Administrator and Title: _____

Dose #2: Date: _____ Recipient Signature: _____

Manufacturer: _____ Lot #: _____ Exp. Date: _____

Dosage and Method: _____ Site of Injection: Left or Right Arm (circle)

Vaccine Administrator and Title: _____

Dose #3: Date: _____ Recipient Signature: _____

Manufacturer: _____ Lot #: _____ Exp. Date: _____

Dosage and Method: _____ Site of Injection: Left or Right Arm (circle)

Vaccine Administrator and Title: _____

Booster: Date: _____ Recipient Signature: _____

Manufacturer: _____ Lot #: _____ Exp. Date: _____

Dosage and Method: _____ Site of Injection: Left or Right Arm (circle)

Vaccine Administrator and Title: _____

APPENDIX B

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 2, 3, or 4 shots over 1 to 6 months.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.



3

Some people should not get this vaccine

Tell the person who is giving the vaccine:

- **If the person getting the vaccine has any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.

- **If the person getting the vaccine is not feeling well.**

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4

Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis B vaccine do not have any problems with it.

Minor problems following hepatitis B vaccine include:

- soreness where the shot was given
- temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

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What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

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How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
Hepatitis B Vaccine



Office use only

APPENDIX C

Source Patient Consent Form

An employee of Colgate University has been exposed to your blood or body fluids. Please assist us in deciding what treatment should be offered to the staff member by having your blood taken and tested for human immunodeficiency virus (HIV/AIDS), hepatitis B (HBV), and hepatitis C (HCV). The medical management of the affected staff member will be based on the results of your blood tests so permission is also sought to tell the affected staff member what the results are.

To assist in your decision please read the following information, clarify any issues with your Primary Care Physician and signify your agreement to have blood taken and tests performed by signing the consent form.

Issues for consideration:

- HIV, HBV, and HCV are all infections that may be passed from person to person through contact with blood and certain other body fluids. HIV is the cause of AIDS and both HBV and HCV can cause serious liver disease.
- The test results will be given to my Primary Care Physician, Student Health Services, and the exposed employee, exposed on _____. Results will also become a part of the exposed employee's confidential employee health record. Employees of Colgate University are required to sign confidentiality statements in relation to this type of information.
- This test and the results will not be a part of my medical record or the university's information system, nor will my insurance company be billed or made aware of tests or results.
- As with any test, false-positive and false-negative results may occur. I will be informed of the test results by my Primary Care Physician.
- The Student Health Services staff witness below has discussed this informed consent with me, has given me the opportunity to ask questions, and has explained it to my satisfaction. Additional information regarding HIV and hepatitis testing, specimen results, and patient counseling is available from the New York State Department of Health.

I, _____, hereby consent to my blood being tested for antibodies to HIV (human immunodeficiency virus), hepatitis B, and hepatitis C.

I have been counseled about the possible social, medical, legal, and economic consequences of a positive result and understand that a positive result may make notification and contact tracing necessary.

If I am the source of a blood or body fluid exposure I also give consent for the result of this HIV test and other associated tests to be disclosed confidentially to the injured person.

Signature.....Date

Witness.....
(Print Name)

Signature.....Date

(Witness)

APPENDIX D

COLGATE UNIVERSITY

Bloodborne Pathogen Post Exposure Letter

To Whom It May Concern:

_____ is an employee of Colgate University and has been involved in an accident that may have put this individual at risk for bloodborne pathogen exposure. Please evaluate this individual to determine risk of HIV/HBV exposure and to provide appropriate care and follow up, such as Hepatitis B or HIV prophylaxis.

In accordance with 29 CFR Part 1910.1030(f)(5), please forward the Healthcare Professional's Written Opinion within 15 days of the completion of evaluation to:

Colgate University Student Health Services
13 Oak Drive
Hamilton, NY 13346

As indicated in the federal standard, the Healthcare Professional's Written Opinion will contain only the following information:

1. 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.
2. That the employee has been informed of the results of the evaluation.
3. 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.
4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

To facilitate the reporting requirement, a form has been provided to fill in the Healthcare Professional's Written Opinion information.

All bills may be forwarded to:

Colgate University Human Resources
13 Oak Drive
Hamilton, NY 13346

Thank you for your assistance with this matter.

Respectfully,

Daniel B. Gough
Associate Vice President
Campus Safety, Environmental Health, and Emergency Management

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Bloodborne Pathogen Post Exposure Form

Employee Name: _____ Date of Incident: _____

Healthcare Professional / Medical Facility contact information:

Was individual assessed as having a bloodborne pathogen exposure risk? Yes No

Was Hepatitis B vaccination indicated for the employee? Yes No

Was Hepatitis B Immune Globulin given? Yes No

Was Hepatitis B vaccine series started? Yes No

Was the employee informed of the results of the evaluation? Yes No

Was the employee told about any medical conditions resulting from exposure
to blood or other potentially infectious materials which require further evaluation
or treatment? Yes No

Healthcare Professional Signature: _____

Date of Evaluation: _____

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