EXPOSURE CONTROL PLAN
REQUIRED BY OSHA'S BLOODBORNE PATHOGENS RULING
FOR PHYSICIANS' OFFICES

I. PROGRAM ADMINISTRATION:

- The Director of Clinical Operations and the immediate Administrative staff are responsible for implementation of the ECP. The Director of Clinical Operations and the immediate Administrative staff will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Dr. Vinita Henry (314-516-6532), Angelique Forsha (314-516-4986) &/or Angela Emring (314-516-5137)
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- The Director of Clinical Operations and the immediate Administrative staff will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Clinic Business & Communications Coordinator will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: Angelique Forsha (314-516-4986)
- The Director of Clinical Operations and the immediate Administrative staff will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: Dr. Vinita Henry (314-516-6532), Angelique Forsha (314-516-4986) &/or Angela Emring (314-516-5137)
- The Director of Clinical Operations and the Clinic Manager will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: Dr. Vinita Henry (314-516-6532) & Angela Emring (314-516-5137)

II. EXPOSURE DETERMINATION:

A) PROCEDURES AND TASKS WHERE EMPLOYEES COULD HAVE REASONABLY ANTICIPATED SKIN, EYE, MOUTH, MUCOUS MEMBRANE, NON-INTACT SKIN, OR PARENTERAL CONTACT WITH BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS (including, but not limited to):

- Dressing changes
- Handling contaminated sharps
- Mouth to mouth resuscitation
- Handling specimens of body fluids
- Assisting with minor procedures where sharps are involved
- Picking up trash or linens contaminated with body fluids
- Blood sugar monitoring or other fingerstick procedures

B) JOB CLASSIFICATIONS WITH POTENTIAL FOR EXPOSURE (ALL EMPLOYEES IN THESE CLASSIFICATIONS HAVE POTENTIAL FOR EXPOSURE):

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>DEPARTMENT/LOCATION</th>
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<tbody>
<tr>
<td>Attending Optometrist</td>
<td>Clinic</td>
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<tr>
<td>Attending Ophthalmologist</td>
<td>Clinic</td>
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<tr>
<td>Student Intern</td>
<td>Clinic</td>
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<tr>
<td>Nursing Intern</td>
<td>Clinic</td>
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</table>

C) JOB CLASSIFICATIONS WITH POTENTIAL FOR EXPOSURE (SOME EMPLOYEES IN THESE CLASSIFICATIONS HAVE POTENTIAL FOR EXPOSURE):

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>DEPARTMENT/LOCATION</th>
<th>TASK/PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>Environmental Health &amp; Safety Dept.</td>
<td>Handling Regulated Waste</td>
</tr>
<tr>
<td>Staff</td>
<td>Center for Eye Care Clinics</td>
<td>Handling Engineering Controls</td>
</tr>
</tbody>
</table>

III. METHODS OF IMPLEMENTATION AND CONTROL:

A) UNIVERSAL BLOOD AND BODY FLUIDS PRECAUTIONS:

Universal precautions are observed in this office by all employees. This means that all patients' blood and other potentially infectious materials (defined below) are handled as if they are contaminated with and can transmit HIV and/or HBV. Barriers must always be used when handling blood or potentially infectious materials or if exposure may be reasonably anticipated.

**Definition: Potentially infectious materials:**

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

Also, any unfixed tissue or organ (other than intact skin) from a human (living or dead).
And, HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions.

B) EXPOSURE CONTROL PLAN

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Director of Clinical Operations. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. In addition, the document is provided online.

The Director of Clinical Operations and the immediate Administrative staff are responsible for reviewing and updating the ECP 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.

C) ENGINEERING CONTROLS AND WORK PRACTICE CONTROLS:

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. This refers to items designed to isolate or remove bloodborne pathogens from the workplace, and to practices that reduce the likelihood of exposure. If the potential for exposure remains after these controls have been instituted, personal protective equipment (special clothing or equipment worn by employees for protection against a hazard, i.e., gloves, masks, gowns, goggles, etc.) shall also be used.

Sharps disposal containers are inspected and maintained or replaced by the Clinic Business & Communications Coordinator. Sharps containers must be disposed of promptly when they are full, to avoid injuries associated with overfilled units. This facility identifies the need for changes in engineering controls and work practices through review of OSHA standards, employee interviews and consultation with the University Environmental Health and Safety Department.

Handwashing facilities are readily accessible to employees, and hands are washed immediately or as soon as possible after removal of gloves or other personal protective equipment (PPE).

Hands and any other skin must be washed with soap and water, and mucous membranes must be flushed with water, immediately after contact with blood or potentially infectious materials.

Contaminated needles and other sharps shall not be bent, recapped, or removed, unless no alternative is feasible. If no alternative is feasible, needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Placement of contaminated sharps:
Used sharps must be placed in closable, puncture resistant, fluorescent, orange-red containers, which are lettered in a contrasting color and bear the OSHA Biohazard symbol, immediately or as soon as possible after use. The containers must also be leak-proof on the sides and bottom, and must not require employees to reach into the container by hand.

During use, sharps containers shall be located as close as is feasible to the point of use, or where sharps may be found. They must be kept upright during use.

When disposing of full sharps containers, they must be closed as soon as possible after removal, and if leakage is possible, placed in a closable secondary container which is constructed to contain all contents and prevent leakage during handling, storage, and transport.

**Restricted Practices:**

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

Food and drink are not kept in areas where blood or other potentially infectious materials are present.

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

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

**Specimen Containers:**

Specimens of blood and other potentially infectious materials are placed in Biohazard containers which prevent leakage and are closed before storage, transport, or shipping.

If the outside of the specimen container becomes contaminated, the container must be placed in a secondary container which prevents leakage, and fulfills the same requirements as the first container.

If the specimen could puncture the primary container, the primary container must be placed within a secondary container which is puncture-resistant, in addition to having the requirements listed above.

**Contaminated Equipment:**
Equipment which may become contaminated with blood or other potentially infectious materials must be examined for contamination prior to servicing or shipping and decontaminated as necessary.

If decontamination is not possible, a prominent label (fluorescent red-orange, with the Biohazard symbol) must be attached to the equipment and must state which parts of the equipment remain contaminated. All employees, the servicing representative, and/or manufacturer shall be informed of the contamination of the equipment prior to handling, servicing, or shipping.

D) PERSONAL PROTECTIVE EQUIPMENT (PPE):

When exposure may occur, gloves, gowns, lab coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, etc., are provided to employees at no cost. Training in the use of the appropriate PPE for specific tasks or procedures is provided by Director of Clinical Operations.

PPE is readily accessible and all employees are required to use it. PPE is located in the Faculty Consultation Rooms and may be obtained through the Clinic Business and Communications Coordinator. Cleaning, laundering, repair, replacement, and disposal of PPE is the responsibility of the university and will be done at no cost to the employees.

PPE must not allow blood or other potentially infectious materials to pass through to or reach the employees' work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration of time which it will be used. All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area
- Used PPE may be disposed of in red biohazard bag located in the Faculty Consultation Rooms.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
- Never wash or decontaminate disposable gloves for reuse
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface
All PPE must be removed prior to leaving the work area, and placed in the designated area for storage, washing, decontamination, or disposal. The procedure for handling used PPE is as follows: Remove all disposable PPE and place in a red BioHazard bag. Close the bag and place under the sink in the preceptor’s room. Alert the Director of Clinical Operations so removal can be scheduled.

Gloves:

Gloves are worn for anticipated hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, for vascular access procedures, and touching contaminated surfaces. Disposable gloves must be replaced as soon as practical when contaminated, torn, punctured, or rendered nonfunctional, and may not be washed or reused. Utility gloves may be decontaminated and reused only if their integrity is not compromised by decontamination.

Masks:

Masks with eye protection (i.e., goggles, eyeshields, etc) shall be worn whenever splashes, sprays, splatters, or droplets of blood or other potentially infectious materials may be generated.

Protective Gowns:

Protective gowns are provided for situations where clothing might be splashed or soiled with blood or other potentially infectious materials.

D) HOUSEKEEPING:

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

The procedure for handling sharps disposal containers is:

Notify the University Environmental Health and Safety Department and complete a “UNIVERSITY OF MISSOURI-ST. LOUIS CHEMICAL PICKUP REQUEST” (See attached). Once completed, fax the form to 516-6309 to schedule pickup. For additional information or spill response call 516-6363 or 516-6362. In case of emergency, call 516-5155 (Police).

The office is cleaned each evening by the maintenance staff hired by the university to perform this duty.

Any work surface or equipment contaminated with blood or other potentially infectious material is cleaned with 1:9 bleach, (a purchased decontaminant is also available in every exam room):

- by the intern immediately or as soon as possible after contamination; or
at the end of the workday if possible contamination has occurred.

How to clean up blood or body fluid spills:

- don gloves;
- using paper towels, blot up the majority of the fluid and dispose of towels in a red plastic biohazard bag;
- spray the contaminated area with a solution of 9 parts water/1 part bleach (must be mixed fresh daily), and allow to sit for a minute or use decontaminant available in the exam room;
- wipe up the area with new paper towels, dispose of towels in the red bag, remove gloves and place in the bag;
- close the bag securely; and
- wash your hands.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in each Faculty Consultation Room on the first and second floor.

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

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

Commodes are cleaned with disinfectant.

Walls are wiped down with disinfectant if visibly soiled.

Chin and Forehead rests are disinfected between patients.

E) INFECTIOUS WASTE:

The following items are considered to be infectious waste:

- sharps (needles, skin staples, broken glass, razors, scalpels, etc.);
- lab specimens (of any body fluid or tissue) if discarded;
- glass tubes or other glass;
- discarded vaccines or other biological agents;
- blood, blood products, body fluids; and
- any equipment or objects contaminated with blood or body fluids that are to be disposed
Infectious Waste containers are not reusable, are constructed of heavy duty biohazard bags, and are disposed of by the University. These containers are closed prior to pickup, designed to prevent leakage of fluids during handling, storage, transport, and shipping, and have the biohazard symbol prominently displayed on the outside. If the outside of the bag becomes contaminated, it is placed in a secondary container which fulfills the same requirements.

Broken glass is not picked up with the hands, but must be cleaned up using mechanical means (i.e., a brush and dustpan, forceps, etc.).

Blood or blood products may be carefully poured down a drain connected to a sanitary sewer.

F) LAUNDRY:

Contaminated laundry is handled as little as possible and with minimum agitation. It is placed in red biohazard bags in the rooms where it was used and is not sorted or rinsed on the premises. PPE must be worn when handling and/or sorting contaminated laundry, such as disposable gloves. For reasonably anticipated exposures, employees are instructed to wear personal protective clothing.

G) LABELS:

The following labeling methods are used in this facility:

<table>
<thead>
<tr>
<th>EQUIPMENT TO BE LABELED</th>
<th>LABEL TYPE (SIZE, COLOR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contaminated Laundry</td>
<td>Red bag, biohazard label</td>
</tr>
<tr>
<td>Contaminated sharps</td>
<td>Red sharps container, biohazard label</td>
</tr>
</tbody>
</table>

Clinic Business and Communications Coordinator is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Clinic Business and Communications Coordinator if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

IV. HEPATITIS B VACCINATION AND TUBERCULOSIS SCREENING:

A) All employees with potential for occupational exposure are offered the Hepatitis B vaccine series at no cost to the employee. All employees who suffer exposure to blood or other potentially infectious materials are given free post-exposure evaluation and follow-up as soon as possible (within two working days) by the physician on duty. All post-exposure lab tests are done by an accredited lab.

B) Hepatitis B vaccine is offered to all employees with potential for exposure within 10 days of initial employment, after they receive training. Exceptions would be if the employee has
previously received the complete series of vaccinations for Hepatitis B, has antibody testing that proves immunity to Hepatitis B, or the vaccine is contraindicated for medical reasons.

If employees initially decline the vaccine but decide to take it at a later date, they shall be vaccinated then at no cost to the employee. If U.S.P.H. recommends routine boosters in the future, they will be provided free to employees.

C) As our faculty and students could be exposed to tuberculosis, an annual 2 step PPD screening TB is recommended. In lieu of the annual test, a negative chest X-ray is acceptable. The 2 step PPD screening will be offered to all faculty by the College of Optometry at no cost.

D) Student Interns provide a copy of immunization to Student Services prior to clinical assignment.

V. POST-EXPOSURE EVALUATION AND FOLLOWUP:

Should an exposure incident occur, contact the Director of Clinical Operations at the following number 314-516-6532. After an employee reports an exposure and following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), a physician will provide confidential medical evaluation and follow up, including:

- documentation of the route of exposure and circumstances under which the exposure occurred; and

- identification and documentation of the source patient

The source patient's blood shall be tested for HBsAg and HIV as soon as possible, unless the source patient is known to be HB or HIV positive. Consent must be obtained for HIV testing. (See "Recommendations for Obtaining Consent for HIV Testing" and "Informed Consent for Testing for HIV Antibody and for Limited Release of Test Results" forms, attached.)

The results of the source patient's tests will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identification and status of the source patient. Confidentiality of all results is mandatory.

The exposed employee's blood will be tested as soon as possible after exposure occurs and consent for testing is obtained. If the employee consents to baseline blood collection but does not give consent at that time for HIV testing, the sample shall be preserved for at least 90 days. If the employee elects to have the baseline sample tested within 90 days of exposure, it will be done as soon as possible after consent.

POST-EXPOSURE PROPHYLAXIS:

Recommendations for post-exposure prophylaxis:
See "Hepatitis B Prophylaxis Following Percutaneous or Permucosal Exposure", attached.

VI. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP:

Anyone administering the Hepatitis B vaccination to healthcare workers or evaluating an employee after an exposure incident shall be given a copy of the Bloodborne Pathogens regulations. The person evaluating an exposure incident will also be provided:

- 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 patient's blood testing; and
- all medical records relevant to the appropriate treatment of the employee; including vaccination status, which are the employer's responsibility to maintain

The employee will be provided with a copy of the evaluating health care professional’s written opinion within 15 days after completion of the evaluation.

The physician who evaluates the exposed employee will render his/her opinion regarding:

- the employee's need for Hepatitis B vaccination (i.e., whether HB vaccination is indicated for the employee, and if the employee has received such vaccination); and
- any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment

A copy of this written opinion which indicates that the employee has been informed of these will be given to the employee, and a copy kept in the employee's file in the office.

All other findings and results will be kept confidential and shall not be included in the written report.

VII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT:

The Director of Clinical Operations 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 (patient exam room, etc)
- Procedure being performed when the incident occurred
- Employee’s training

The **Director of Clinical Operations** will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

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

**VIII. EMPLOYEE TRAINING:**

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by myLearn Employee training webinar. A public health course is required for all Student Interns in addition to myLearn training.

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 explanations 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 to the employee
- 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

Training materials for this facility are available through *myLearn* on the UMSL website.

**IX. RECORDKEEPING:**
**Training Records:**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years with the **Credentialing and Compliance Officer**.

Training records include:

- The dates of the training sessions
- The names and job titles of all persons attending the training sessions

The requirements for these records are fulfilled by the Training Outline and inservice rosters, and must be kept for 3 years from the date on which the training occurred.

Employee training records are provided upon request to the employee or the employee’s authorized representative within 15 working days. Such requests should be addressed to **Credentialing and Compliance Officer**. See the OSHA Bloodborne Pathogens regulation for specifics regarding who shall have access to all records.

**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.”

The **Credentialing and Compliance Officer** is responsible for maintenance of the required medical records. These confidential records are kept in room 113 for at least the duration of employment and will be transferred to the Human Resources department after separation to be retained for 30 years.

- The employers shall establish and maintain confidential records on each employee with occupational exposure which shall not be disclosed or reported without the employee's express written consent to any person outside the workplace except as required by law, and shall include:
  - the employee's name and social security number;
  - a copy of the employee's Hepatitis B vaccination status with dates of vaccinations and any medical records relevant to the employee's ability to receive vaccinations;
  - a copy of all results of examinations, medical testing, and follow-up procedures;
  - the employer's copy of the examining physician's written opinion (see above); and
  - a copy of the Blood/Body Fluid Exposure Report Form (attached).

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 **The Credentialing and Compliance Officer**.

**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 The Director of Clinical Operations for all clinic related incidents.

Sharps Injury Log:

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

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- 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.

Declination Form: Appendix A of the standard is a form that must be signed by any employee electing not to receive the hepatitis B vaccine.

Part 2 Hazard Communication Standard- No hazardous chemicals are used in the clinic

The following model Hazard Communication Program is based on the requirements of the OSHA Hazard Communications Standard, 29 CFR 1910.1200. The intent of this model is to provide an easy-to-use format to tailor to the specific requirements of your establishment.

Hazard Communication Program

1. Company Policy
To ensure that information about the dangers of all hazardous chemicals used by UMSL College of Optometry is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in our company where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this company will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available at http://www.umsl.edu/~environment/Chemical%20Disposal-Hazardous%20Waste/index.html for review by any interested employee.

Gerald Goodwin is the program director with University Environmental Health and Safety, with
overall responsibility for the company program, including reviewing and updating this plan as necessary.

2. Container Labeling
The Clinic Business & Communications Coordinator will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address.

The Clinic Business & Communications Coordinator in each section will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, see Angelique Forsha, 314-516-4986, Room 112.

The Clinic Business & Communications Coordinator will review the company labeling procedures every 12 months and will update labels as required.

3. Material Safety Data Sheets (MSDSs)
The Clinic Business & Communications Coordinator is responsible for establishing and monitoring the company MSDS program. He/she will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an MSDS is not received at the time of initial shipment:

The Clinic Business & Communications Coordinator will contact the vendor to obtain an MSDS.

Copies of MSDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in Room 111.

MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, contact The Director of Clinical Operations.

MSDSs will be readily available to employees in each work area using the following format:

A hard copy will be hung in close proximity to the storage area of each material.

When revised MSDSs are received, the following procedures will be followed to replace old MSDSs:

The old MSDS will be disposed of and the new MSDS will be posted.

4. Employee Training and Information
The Director of Clinical Operations is responsible for the Hazard Communication Program and will ensure that all program elements are carried out.
Should the clinic ever have to employ the use of hazardous chemicals, everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to determine the presence of or release of hazardous chemicals
- Location of the MSDS file and written Hazard Communication program

Prior to introducing a new chemical hazard into any section of this company, each employee in that section will be given information and training as outlined above for the new chemical hazard.

5. Hazardous Non-routine Tasks-This is not applicable to this organization.
Periodically, employees are required to perform non-routine tasks that are hazardous. Examples of non-routine tasks are: confined space entry, tank cleaning, and painting reactor vessels. Prior to starting work on such projects, each affected employee will be given information by (Name of responsible person and/or position) about the hazardous chemicals he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the employee should use, and steps the company is taking to reduce the hazards, including ventilation, respirators, the presence of another employee (buddy systems), and emergency procedures.

Examples of non-routine tasks performed by employees of this company are: n/a

6. Informing Other Employers/Contractors
It is the responsibility of The Director of Clinical Operations to provide other employers and contractors with information about hazardous chemicals that their employees may be exposed to on a job site and suggested precautions for employees. It is the responsibility of The Director of Clinical Operations to obtain information about hazardous chemicals used by other employers to which employees of this company may be exposed.

Other employers and contractors will be provided with MSDSs for hazardous chemicals generated by this company's operations in the following manner:

No hazardous chemicals are used in the clinic

In addition to providing a copy of an MSDS to other employers, other employers will be informed of
necessary precautionary measures to protect employees exposed to operations performed by this company.

Also, other employers will be informed of the hazard labels used by the company. If symbolic or numerical labeling systems are used, the other employees will be provided with information to understand the labels used for hazardous chemicals for which their employees may have exposure.

7. List of Hazardous Chemicals
A list of all known hazardous chemicals used by our employees is attached to this plan. This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the MSDSs, located in room 111.

When new chemicals are received, this list is updated (including date the chemicals were introduced) within 30 days. To ensure any new chemical is added in a timely manner, the following procedures shall be followed:

*No hazardous chemicals are used in the clinic*

The hazardous chemical inventory is compiled and maintained by the Clinic Business & Communications Coordinator, 314-516-4986.

8. Chemicals in Unlabeled Pipes
Work activities are sometimes performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee shall contact The Director of Clinical Operations for information regarding:

- The chemical in the pipes
- Potential hazards
- Required safety precautions.

*No unlabeled pipes used for transfer in the clinic*

9. Program Availability
A copy of this program will be made available, upon request, to employees and their representatives.

**ATTACHMENTS**

GUIDELINES FOR HIV CONSENT AND COUNSELING

ANTIBODY TEST RESULTS AND WHAT THEY MEAN
GUIDELINES FOR HIV CONSENT AND COUNSELING

I. Consent.

A. For HIV testing, separate consent is deemed necessary, the following recommendations should be observed.

1. Responsibility for obtaining consent rests with the patient’s physician.
   a. Responsibility for obtaining consent rests with the patient’s attending physician. In case of a needlestick or mucous membrane splash, the qualified charge nurse may, after receiving a telephone physician order, counsel the patient and obtain written consent.

2. Consent from unconscious/incompetent patients.
   a. If the patient is unconscious, incompetent, or otherwise incapable of giving consent, written consent must be obtained from the patient’s next of kin, except in emergencies.

3. Phone consent.
   a. Telephone consent may be obtained from the next of kin if there are two (2) witnesses.

II. Counseling.

A. Before obtaining consent:

1. Give the patient a consent packet with:
   a. A copy of the booklet, "What You Should Know About AIDS."
   b. Consent Form -- to be read and discussed with the patient; answer all questions and request feedback from the patient.
   c. Telephone number for additional information (AIDS Hotline 1-800-342-AIDS).

2. Complete the consent form in its entirety.

B. After the test results are received:

1. Results are to be released to patients and employees by physicians or to employees by the Infection Control Coordinator only. No positive Elisa results should be shared with patient until confirmed by Western blot.
   a. If results are positive: give the patient the information in the red packet containing:
      1. AIDS Hotline (1-800-342-AIDS).
2. "CDC Recommendations (Instructions to the person who has a positive antibody test)," see attached.

3. "Antibody Test Results and What They Mean (A Positive Result)," see attached.

4. The patient should be advised to have a complete physical and TB Skin Test immediately, and be counseled on proper nutrition and a healthy lifestyle.

b. If the results are negative: give the patient the information in the green packet containing:

1. "Antibody Test Results and What They Mean (A Negative Result), see attached."

2. AIDS Hotline (1-800-342-AIDS).

**A POSITIVE RESULT**

**IF YOU TEST POSITIVE, IT DOES MEAN:**

1. You have been infected with the AIDS virus, and your body has produced antibodies.

2. Your blood sample has been tested more than once and the tests show that it has antibodies to the AIDS virus.

3. Researchers have shown that most people with AIDS antibodies have active virus in their bodies. Assume you are contagious and that you can pass the virus on to others.

**A POSITIVE RESULT DOES NOT MEAN:**

1. That you are immune to AIDS.

2. That you necessarily have AIDS or AIDS-related condition (ARC). But you can reduce your chances of getting AIDS by avoiding further contact with the virus and living a healthy lifestyle.

**THEREFORE, A POSITIVE RESULT MEANS THAT YOU SHOULD:**

1. Protect yourself from any further infection.

2. Protect others from the virus by following AIDS precautions in sex, drug use, and general hygiene.

3. See a physician for a complete evaluation and advice on health maintenance.
4. Avoid drugs and heavy alcohol use, eat well, get plenty of rest, and avoid stress.

5. Do not donate blood, plasma, sperm, body organs, or other tissue.

DEFINITIONS:

1. Antibody - a substance the body makes when it is infected.

2. Immunity - resistance to infection.

3. Virus - an agent which can cause infection.

4. HIV - Human Immunodeficiency Virus - the virus which causes AIDS.
A PERSON WHO HAS A POSITIVE ANTIBODY TEST SHOULD BE PROVIDED THE FOLLOWING INFORMATION AND ADVICE:

1. The prognosis for an individual infected with HIV over the long term is not known. However, data available from studies conducted among homosexual men indicate that most people will remain infected.

2. Although asymptomatic, infected people may transmit HIV to others. Regular medical evaluation and follow-up is advised, especially for those who develop signs or symptoms suggestive of AIDS.

3. Do not donate blood, plasma, body organs, other tissue, or sperm.

4. There is a risk of infecting others by sexual intercourse, sharing needles, and possibly via saliva through oral-genital contact or intimate kissing. Whether condoms are effective in preventing infection is not known, but consistent use may reduce transmission.

5. Do not share toothbrushes, razors, or other implements that could become contaminated with blood.

6. Women with positive antibody tests, or women whose sexual partners are seropositive, are themselves at increased risk of acquiring AIDS. If they become pregnant, their offspring are also at increased risk. HIV may be transmitted to infants in breast milk.

7. After accidents resulting in bleeding, contaminated surfaces should be cleaned with household bleach (sodium hypochlorite) freshly diluted 1:10 in water.

8. Devices that have punctured the skin, such as hypodermic and acupuncture needles, should be steam sterilized by autoclave before being reused or safely discarded. Whenever possible, disposable needles and equipment should be used.

9. When seeking medical or dental care, inform caregivers of your positive antibody status so that precautions can be taken to prevent transmission.

10. Blood-collecting centers should offer the antibody test to contacts of antibody rejected blood donors (e.g., sexual partners, people with whom needles have been shared, infants born to positive mothers).
A NEGATIVE RESULT

IF YOU TEST NEGATIVE, IT DOES MEAN:

1. No antibodies to the AIDS virus have been found in your blood at the time of the test.

THREE POSSIBLE EXPLANATIONS FOR A NEGATIVE TEST RESULT:

1. You have not been infected with the AIDS virus.

2. You have had contact with the virus, but have not become infected and therefore have not produced antibodies. However, repeated exposure to the AIDS virus will increase your chances of becoming infected.

3. You have been infected with the virus, but have not yet produced antibodies. Research indicates that most people will produce antibodies within two to eight weeks after infection. Some people will not produce antibodies for at least six months. A very small number of people never will produce antibodies.

IF YOU TEST NEGATIVE, IT DOES NOT MEAN:

1. That you have nothing to worry about. The AIDS epidemic has not yet peaked.

2. That you are immune to the virus.

3. That you have not been infected with the virus. You may have been infected and not yet produced antibodies.
# Hepatitis B Prophylaxis

## Following PerCutaneous or PerMucosal Exposure

<table>
<thead>
<tr>
<th>Exposed Person</th>
<th>Source: HBSAG-Positive</th>
<th>Source: HBSAG-Negative</th>
<th>Source: Not Tested or Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unvaccinated</strong></td>
<td><strong>Treatment:</strong> HBIGx1 (1) and initiate HB vaccine (2)</td>
<td><strong>Treatment:</strong> Initiate HB vaccine (2)</td>
<td><strong>Treatment:</strong> Initiate HB vaccine (2)</td>
</tr>
<tr>
<td><strong>Previously vaccinated:</strong></td>
<td><strong>Treatment:</strong> Test exposed for anti-HBs:</td>
<td><strong>Treatment:</strong> No treatment</td>
<td><strong>Treatment:</strong> No treatment</td>
</tr>
<tr>
<td>--Known responder</td>
<td>--If adequate, no treatment (3)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>--If inadequate, HB vaccine booster dose</td>
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</tr>
<tr>
<td></td>
<td>HBIGx2 or HBIGx1 and one dose HB vaccine</td>
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<td></td>
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<tr>
<td>--Known nonresponder</td>
<td></td>
<td>No treatment</td>
<td>If known high-risk source, may treat as if source were HBsAg-positive</td>
</tr>
<tr>
<td><strong>Response unknown</strong></td>
<td><strong>Treatment:</strong> Test exposed for anti-HBs:</td>
<td><strong>Treatment:</strong> No treatment</td>
<td><strong>Treatment:</strong> Test exposed for anti-HBs:</td>
</tr>
<tr>
<td></td>
<td>--If inadequate, HBIGx1 plus HB vaccine booster dose</td>
<td></td>
<td>--If inadequate, HB vaccine booster dose</td>
</tr>
<tr>
<td></td>
<td>--If adequate, no treatment (3)</td>
<td></td>
<td>--If adequate, no treatment (3)</td>
</tr>
</tbody>
</table>

(1) HBIG dose 0.06 ml/kg IM.

(2) HB vaccine dose: see following table on Vaccine.

(3) Adequate anti-HBs: greater than or equal to 10 SRU.
## Hepatitis B Vaccine Table

The table below provides recommended doses of currently licensed formulations of hepatitis B vaccine, by age group and vaccine type.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Single-antigen vaccine</th>
<th>Combination vaccine</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Recombivax HB</td>
<td>Engerix-B</td>
</tr>
<tr>
<td>Infants (&lt;1 yr)</td>
<td>5 0.5</td>
<td>10 0.5</td>
</tr>
<tr>
<td>Children (1–10 yrs)</td>
<td>5 0.5</td>
<td>10 0.5</td>
</tr>
<tr>
<td>Adolescents 11–15 yrs</td>
<td>10†† 1.0</td>
<td>NA</td>
</tr>
<tr>
<td>Adolescents 11–19 yrs</td>
<td>5 0.5</td>
<td>10 0.5</td>
</tr>
<tr>
<td>Adults (≥20 yrs)</td>
<td>10 1.0</td>
<td>20 1.0</td>
</tr>
<tr>
<td>Hemodialysis patients and other immunocompromised persons &lt;20 yrs §§</td>
<td>5 0.5</td>
<td>10 0.5</td>
</tr>
<tr>
<td>≥20 yrs</td>
<td>40††† 1.0</td>
<td>40*** 2.0</td>
</tr>
</tbody>
</table>

* Combined hepatitis B–*Haemophilus influenzae* type b conjugate vaccine. This vaccine cannot be administered at birth, before age 6 weeks, or after age 71 months.
† Combined hepatitis B, diphtheria, tetanus, acellular pertussis adsorbed, inactivated poliovirus vaccine. This vaccine cannot be administered at birth, before age 6 weeks, or at age >7 years.
§ Combined Hepatitis A and hepatitis B vaccine. This vaccine is recommended for persons aged ≥18 years who are at increased risk for both hepatitis B virus and Hepatitis A virus infections.
¶ Recombinant hepatitis B surface antigen protein dose.
** Not applicable.
†† Adult formulation administered on a 2-dose schedule.
 §§ Higher doses might be more immunogenic, but no specific recommendations have been made.
††† Dialysis formulation administered on a 3-dose schedule at 0, 1, and 6 months.
*** Two 1.0-mL doses administered at one site, on a 4-dose schedule at 0, 1, 2, and 6 months.
Hepatitis B vaccination

- Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection:
  - sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection drug users; and men who have sex with men;
  - health care personnel and public safety workers who are potentially exposed to blood or other infectious body fluids;
  - persons with diabetes who are younger than age 60 years as soon as feasible after diagnosis; persons with diabetes who are age 60 years or older at the discretion of the treating clinician based on the likelihood of acquiring HBV infection, including the risk posed by an increased need for assisted blood glucose monitoring in long-term care facilities, the likelihood of experiencing chronic sequelae if infected with HBV, and the likelihood of immune response to vaccination;
  - persons with end-stage renal disease, including patients receiving hemodialysis, persons with HIV infection, and persons with chronic liver disease;
  - household contacts and sex partners of hepatitis B surface antigen–positive persons, clients and staff members of institutions for persons with developmental disabilities, and international travelers to countries with high or intermediate prevalence of chronic HBV infection; and
  - all adults in the following settings: STD treatment facilities, HIV testing and treatment facilities, facilities providing drug abuse treatment and prevention services, health care settings targeting services to injection drug users or men who have sex with men, correctional facilities, end-stage renal disease programs and facilities for chronic hemodialysis patients, and institutions and nonresidential day care facilities for persons with developmental disabilities.
- Administer missing doses to complete a 3-dose series of hepatitis B vaccine to those persons not vaccinated or not completely vaccinated. The second dose should be administered 1 month after the first dose; the third dose should be given at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, give 3 doses at 0, 1, and 6 months; alternatively, a 4-dose Twinrix schedule, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12 may be used.
- Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 mcg/mL (Recombivax HB) administered on a 3-dose schedule at 0, 1, and 6 months or 2 doses of 20 mcg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.
BLOOD/BODY FLUID EXPOSURE REPORT FORM

This form is to be completed by the employee reporting an incident or exposure involving blood or other potentially infectious materials, including, but not limited to:

1. All accidental needle punctures, unless the needle is clean

2. Cuts or scratches involving equipment soiled with a patient's blood or other potentially infectious materials

3. Splashes of blood or other potentially infectious materials into the eyes, onto mucous membranes, or onto freshly broken skin areas (less than 24 hours old)

4. Skin broken from a human bite

EMPLOYEE NAME

DATE & TIME OF INCIDENT

LOCATION OF INCIDENT

EMPLOYEE'S SS#

EMPLOYEE'S PHONE #

DESCRIBE WHAT HAPPENED, CAUSING THE INCIDENT: ________________________________

COULD THIS HAVE BEEN PREVENTED? IF SO, HOW?

WERE UNIVERSAL PRECAUTIONS BEING OBSERVED AT THE TIME OF THE INCIDENT?

NAME OF PATIENT WHOSE BLOOD OR SECRETIONS ARE INVOLVED

RECORD #_ROOM #

DATE_ATTENDING OPTOMETRIST

DIAGNOSIS OF PATIENT

DATE THIS FORM WAS COMPLETED

EMPLOYEE'S SIGNATURE

DATE OF SOURCE PATIENT'S HIV AND/OR HBsAg TESTING

RESULTS-HIV_HBsAg

DATE OF EXPOSED EMPLOYEE'S HB VACCINATIONS

EXPOSED EMPLOYEE'S ANTI-HBS STATUS (IF KNOWN)

It is my opinion that this exposed employee does does not require HB vaccination at this time, for the following reason(s)

Signature of physician evaluating this incident________________________Date________________________
WHAT YOU SHOULD KNOW

AFTER AN EXPOSURE TO

BLOOD OR OTHER BODY FLUIDS

1. It is best to be cautious. Assume that you have been infected with HIV and act accordingly, until lab tests prove otherwise.

2. IF YOU KNOW WHO THE SOURCE PATIENT IS, GET THEM TESTED FOR HIV AND HEPATITIS AS SOON AS POSSIBLE!! This is important. If the patient goes home before having his blood drawn once, you will have to have your blood drawn four times, over a period of 6 months, and for that length of time, you will not know whether you have been infected.

3. If the source patient is HIV positive, your chances of becoming infected from this exposure are less than 1%. From a Hepatitis B positive source, the chances are 25-30%.

4. If you should develop a fever 12 weeks after the exposure, it could be related to the incident, and you should inform your doctor.

5. Inform your physician of any behavioral risk factors (i.e., IV drug use, homosexuality, multiple sex partners) that could cause you to already have a positive HIV test. THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL.

6. Until all tests return negative, do not donate blood, plasma, body organs, or other tissue.

7. Let your physician, dentist and any other health professional that may be placed at risk know that you may have been exposed to HIV/Hepatitis B, so they may do their best to avoid transmission while caring for you.

8. There is a risk of infecting others by sexual intercourse, sharing needles, and oral-genital contact. Latex condoms are recommended for preventing transmission.

9. NEVER share toothbrushes, razors, or other implements that could become contaminated with blood.

10. HIV-positive women and women with HIV-positive sex partners are at risk of acquiring AIDS. If they become pregnant, their offspring are also at increased risk. Breast milk may transmit the virus to an infant.

11. After accidents resulting in bleeding, contaminated surfaces should be cleaned up with a freshly mixed solution of 1 part household bleach to 9 parts water.

12. Devices that have punctured skin, such as hypodermic, acupuncture, and tattoo needles, should be steam sterilized by autoclave before reuse or safely discarded. Whenever possible, disposable needles and equipment should be used.
PREVENTION OF TRANSMISSION OF BLOODBORNE PATHOGENS

(AIDS AND HEPATITIS B)

1) Symptoms of AIDS are related to lack of immunity. Generally, people with AIDS are more susceptible to infections and certain types of cancer. It is important to realize that there are no symptoms of HIV! You can have the AIDS virus in your blood for up to eleven years or more, and never know it.

This is the reason that UNIVERSAL BLOOD AND BODY FLUIDS PRECAUTIONS are mandated by law. Because you don't know who is infected with HIV, you have to assume that everyone can be HIV-positive, and protect yourself accordingly.

2) Symptoms of Hepatitis B include jaundice, nausea, joint pain, malaise, and anorexia.

3) Modes of transmission of HIV and HBV -

   a) Parenteral (through-the-skin):
      - stick from a contaminated needle
      - transfusion of contaminated blood
      - splash of contaminated blood or body fluids into your eyes, nose, or mouth
      - touching contaminated blood or body fluids with your non-intact skin or mucous membranes

   b) Perinatal:
      - from a mother to a fetus in utero
      - from a mother to an infant in breast milk

   c) Sexual:
      - from an infected partner through unprotected sex

4) Activities that may cause exposure to HIV/HBV:

   - recapping needles
   - overfilling needle containers
   - not wearing gloves to handle blood or body fluids
   - CPR without a pocket mask
-YOU think of some!

5) Personal Protective equipment available:
- gloves
- gowns
- masks
- goggles

YOU are responsible for anticipating exposures! Think of what you will be doing, and dress for the occasion!

6) Ways to prevent exposure:
- do not recap needles
- observe Universal Precautions
- do not overfill needle containers
- do not pass sharp instruments by hand
- wear gloves to touch a patient's nonintact skin or mucous membranes, or to clean up blood or body fluids
- wear an impervious gown if you anticipate a splash or spray of blood

7) HBV vaccine:
- safety - side effects: nausea, sore arm, fatigue
- effectiveness - 90-96% of people vaccinated develop protective titer levels
- benefits - HB can kill you or cause chronic disease, with all the symptoms listed above

8) What to do after an exposure: Report it, and be tested

9) Explanation of signs, labels, and color coding
RECOMMENDATIONS FOR OBTAINING CONSENT
FOR HIV TESTING

RESPONSIBILITY:

It is primarily the responsibility of the office physicians to obtain consent for HIV testing from patients. Pre- and Post-test counseling must be given to all patients. If the office nurse has been trained in pre and post test counseling, she may also perform the counseling and obtain consent, if so instructed by a physician.

WHEN TO OBTAIN CONSENT:

A) As soon as possible after an occupational exposure of any office staff member to any patients' blood or other potentially infectious materials

B) Upon a patient's request

C) For diagnostic purposes

COUNSELING:

1) Give the patient a consent packet containing:
   - A copy of the booklet "What You Should Know About AIDS"
   - The AIDS "Hotline" telephone number; 1-800-342-AIDS
   - A consent form for HIV Antibody Testing

2) Read and discuss with the patient all aspects of the consent form. Allow the patient to ask questions. Answer them honestly and request feedback from the patient.

3) Complete the consent form entirely, and have the patient sign and date the form.

4) When test results are received:

REMEMBER: DO NOT GIVE OUT POSITIVE OR INDETERMINATE EIA RESULTS!

IF EIA RESULTS ARE POSITIVE, YOU MUST WAIT FOR WESTERN BLOT CONFIRMATION TO RELEASE RESULTS TO THE PATIENT!

If EIA results are negative -

- tell the patient that his results are negative

- give the patient a copy of "Antibody Test Results and What they Mean" (A negative result) and answer any questions

If EIA and Western Blot are positive -
- tell the patient that his results and a confirmatory test are positive
- give the patient a copy of "Antibody Test Results and What they Mean" (A positive result)
- give the patient a copy of CDC recommendations for persons with positive HIV antibody tests
- instruct the patient that he should have a TB skin test immediately, and a complete medical examination
- discuss good nutrition, adequate rest, and good hygiene etc. with the patient
UNIVERSITY OF MISSOURI-ST. LOUIS
CHEMICAL PICKUP REQUEST
And Hazardous Waste Container Filling Log

Date Accumulation of Material Began: _____/_____/_____

Container Supervised by: ____________________________________________

Lab No./Location of Materials: _________ Tel. No. ________________

Please fill out completely.
FOR PICKUP, Sign the certification below, Fax to 516-6309, or E-mail to StruckS@UMSL.edu. For additional information or spill response call 516-6363 or 516-6362. In case of emergency, call 516-5155 (Police).

<table>
<thead>
<tr>
<th>MATERIAL DESCRIPTION BE SPECIFIC! i.e. “Halogenated Solvents” is NOT acceptable!</th>
<th>QUANTITY OF MATERIAL (Kg, L, or % vol. or wgt.)</th>
<th>USED OR NEW? (U or N)</th>
<th>NO. &amp; SIZE OF CONTAINERS, OTHER COMMENTS.</th>
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Generator Certification: The materials listed above are accurately and completely described, and if they contain any amount of Arsenic, Barium, Cadmium, Lead, Mercury, Selenium, or Silver, then I have specified this.
Generator: ________________________ Date ____/____/_____ Page ___ of ___
PRINT NAME __________ SIGNATURE __________
(Environmental Health and Safety Form EHS-F1 Revision # 1, Revised 2/7)
VACCINATION OR TESTING

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name)______________________________ Date:________________

TUBERCULOSIS DECLINATION

I, (print) __________________________________, understand that due to my occupational exposure to potentially infectious materials, I may be at risk for Tuberculosis. I can receive the TB test and/or x-ray, at no cost to me.

I decline the TB test and/or x-ray at this time. If in the future I continue to have occupational exposure to potentially infectious materials, and I want to receive the TB test and/or x-ray, I can receive it at no charge to me.

Signature of Employee: ________________________________ Date:________________
HEPATITIS B VACCINE ATTESTATION

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 attest that although I cannot provide the dates of my vaccination, I have received 3 doses of the hepatitis B vaccine. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be re-vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name)______________________________ Date: ________________