SIU MEDICINE

Occupational Exposure Control Plan
Occupational Exposure to Bloodborne Pathogens

Policy:
SIU School of Medicine (SIU-SOM) and SIU HealthCare (SIU-HC), collectively referred to as SIU Medicine is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following occupational exposure control plan (OECP) is developed to eliminate or minimize occupational exposure in accordance with the Occupational Safety and Health Administration (OHSA) standard 29 *CFR* 1910.1030, "Bloodborne Pathogens". While it is recognized that animals may be sources of human pathogens, this OECP and applicable laws are designed to prevent infections and spread of infection due to human bloodborne pathogens. Sources of potentially infectious material include humans and closely related primates.

Scope and Application:
Occupational exposure refers to reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. SIU Medicine's OECP is made accessible to all employees by way of the HIVE.

This OECP includes:

I. Exposure Determination
II. Program Implementation
III. Methods of Compliance
    A. Universal Precautions
    B. Engineering and Work Practices
    C. Personal Protective Equipment (PPE)
    D. Housekeeping
IV. HIV and HBV Research Laboratories
    A. Standard Microbial Practices
    B. Special Practices
    C. Containment Equipment
V. Hepatitis B Vaccination and Post Exposure Evaluation and Follow-up
    A. Hepatitis B Vaccination
    B. Post Exposure
VI. Communication of Hazards to Employees
    A. Labels
    B. Signs
    C. Information and Training
VII. Recordkeeping
    A. Medical Records
    B. Training Records
    C. Availability
    D. Transfer of Records
    E. Bloodborne Pathogens/Sharps Exposure Recordkeeping
    F. Consideration and Implementation of Safer Medical Devices

I. Exposure Determination

SIU Medicine has examined the potential for employee occupational exposure without regard to the use of personal protective equipment. Some employees have occupational exposure, while others have no occupational exposure.

See Table #1 for job classifications in which all employees have occupational exposure.

See Table #2 for job classifications in which some employees have occupational exposure.

See Table #3 for job duties that may lead to occupational exposure.

II. Program Implementation

The Infection Control and Safety Committee (ICSC) is responsible for implementation, distribution, review, and maintenance of the OECP. The OECP will be reviewed at least annually, and more often when necessary to include new and/or modified procedures and work practices that may affect occupational exposure. Changes to the OECP are made based upon:

- Sensor reports
- Recommendations from the Infection Control and Safety Committee
- SIU Medicine leadership
- Employee suggestions

- Employees who are identified as having occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in this OECP.

- Department administrators will develop additional site-specific policies and procedures to supplement this general OECP as needed and will train staff on site specific policies and procedures.

- Department supervisor and/or department chairperson will provide and maintain all necessary personal protective equipment (PPE) and engineering controls (e.g. sharps containers, labels, red bags, and outer leak proof containers) as required by the Bloodborne Pathogens Standard. Each department supervisor and/or department chairperson will ensure that adequate PPE supplies in the appropriate sizes and equipment is available to employees.

- SIU Medicine Risk Prevention and Patient Safety Office/Employee Health and Human Resources will be responsible for ensuring that all actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact information: Director of Risk Prevention and Patient Safety 217-545-4768; Health Care Administrator of Risk Prevention and Patient Safety/Employee Health 217-545-8970; Director of Human Resources 217-545-5646.

Table 1: Job Classifications in Which All Employees Have Occupational Exposure

Classification Title		Classification Title
Assistant Professor		Nurse, Charge
Associate Dean		Nurse, Clinic
Associate Professor		Nurse Practitioner/Physician's Assistant
Building Operating Engineer		Nurse, Research
Building Service Foreman		Occupational Therapist
Building Service Sub-Foreman		Orthopedic Technician
Building Service Worker		Pharmacist
Community Worker		Phlebotomist I, II, III, IV
Dental Assistant I, II, III, IV		Professor
Dental Hygienist		Pulmonary Function Technician I, II, III
Dental Technician		Radiation Safety Officer
Dentist		Research Associate
Department Chair		Researcher I, II, III, IV, V
Director/Administrator		Safety/Environmental Compliance Associate
Encephalographic Technician		Social Worker
Graduate Students & Assistants		Technician I, II Histology
Healthcare Administrator I, II, III		Technician I, II Medical Laboratory
Instructor Clinical		Technician II, III, Veterinary
Laboratory Animal Care Coordinator		Technologist II, III Medical
Laboratory Animal Care Technician		Technologist, Sonographer/Ultrasound
Laboratory Animal Caretaker		Ultrasound Manager
LPN I, II		Ultrasound Sonographer
Nurse, Administrator		Ultrasound Specialist
Nurse, Certified Clinic		

Table 2: Job Classifications in Which Some Employees Have Occupational Exposure

Classification Title		Classification Title
Chief Building Operating Engineer		Medical Office Coordinator
Counselors		Mental Health Counselor II
Dietician		Photographer III, Scientific
Director of Public Safety		Police Lieutenant
Groundskeeper		Police Officer
Locksmith		Resident Instructor
Medical Office Assistant		Security Guard
Medical Office Associate		Surgical Skills Coordinator
Medical Office Specialist		

Table 3: Job Duties That May Lead to Exposure to Bloodborne Pathogens

Patient Care Activities

- Direct patient care contact, including emergency first aid.
- Assisting or performing diagnostic or therapeutic patient care procedures.
- Assisting in surgical procedures.
- Assisting in routine personal care activities.

Handling of Human Blood, Body Fluids or Tissue

- Collecting body fluid or tissue specimens.
- Transporting body fluid or tissue specimens.
- Operating laboratory equipment used in blood, blood derivative or other body fluid testing.
- Performing qualitative and quantitative tests and examinations of body fluid or tissue specimens.
- Disposal or storage of body fluid or tissue specimens.

Cleaning Patient Care or Laboratory Areas and Equipment

- Washing/cleaning laboratory glassware, apparatus, floors, workbenches, or counters.
- Cleaning and sterilizing equipment and instruments.
- Collecting soiled linen.
- Cleaning patient care areas.

Handling infectious or potentially infectious agents, animals, or research material

Handling blood or other tissues from primates

Handling potentially infectious medical wastes, including sharps

Repairing or maintaining sewer pipes or plumbing fixtures

III. Methods of Compliance

III. A. Universal Precautions

Universal Precautions is an approach to infection control that treats all human blood and other potentially infectious materials (OPIM) such as cerebrospinal fluid, synovial fluid, pleural fluid,

pericardial fluid, peritoneal fluid, semen, vaginal secretions, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood as if it were known to be infectious for HIV, Hepatitis B, Hepatitis C, or other bloodborne pathogens. Universal Precautions must be used for all items that are reasonably anticipated to be contaminated with blood, body fluids or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.

III. B. Engineering and Work Practices

Engineering and work practices shall be used to eliminate or minimize employee exposure. The specific engineering controls and work practice controls used are listed below:

1. Safety control needles, PPE, offering Hepatitis B vaccine for employees, medical surveillance on selected groups of employees whose duties require it, annual training on bloodborne pathogens, hand hygiene and other categories as needed.
2. SIU Medicine identifies the need for changes in engineering controls and work practices through OHSA reporting, Sensor reporting system, Biomed quality and repair statistics, Infection Control and Safety Committee meetings, Risk and Quality Safety Committee meetings, and Periodic Quality and Safety Evaluation (PQSE) audits.
3. New procedures and new products are regularly evaluated by tracking equipment and product failure in the Sensor reporting system, Biomed Repair tracking, Periodic Quality and Safety Evaluations (PQSE) annually or more often as indicated for each clinical department and research lab, and tracking of applicable recalls and alerts. Committees consisting of clinic managers and departmental staff for clinical and nonclinical areas offer input coordinated by the Office of Risk Prevention and Patient Safety. Refer to committee minutes of activities for documentation.
4. Director of Risk Prevention and Patient Safety, Employee Health Office, Environmental Health and Safety Office, Human Resources, and department specific management are responsible for ensuring that these recommendations are implemented.

III. B. 1. Hand Hygiene

Hand hygiene is the most important element to prevent the spread of infection. Keeping hands free of pathogens prevents disease transmission to patients and employees.

The following may be used for hand hygiene:

1. Hand washing at a sink equipped with a soap dispenser, running water, and disposable towels.
2. Bottled hand sanitizer at least 60% alcohol based – liquids and gels applied directly to the hands to kill pathogens. Use hand sanitizer when a hand washing sink is not available. Alcohol based hand sanitizers do NOT kill C-diff or Norovirus.
3. Surgical scrubbing is a thorough washing with brushes and antiseptic cleaners before surgical and other invasive medical procedures.

Wash your hands when visibly or potentially contaminated, including:

Patient Care Areas

- Before and after patient care
- Before preparing medication
- After removing gloves and other PPE
- After handling red bag waste
- After handling soiled linens
- Contact with contaminated surfaces and medical instruments
- After handling patient specimens

Non-patient Care Areas

- Before leaving laboratory
- After handling human specimens
- After handling human cell lines
- After removing gloves and other PPE
- After handling red bag waste
- After working on sewer lines
- After fixing or cleaning plumbing fixtures
- After handling normal trash
- After cleaning a restroom

Healthy hands can prevent the spread of infection. Dry, rough skin and long or artificial finger nails may harbor pathogens. Help prevent the spread of infection by:

- Using lotions and moisturizers to prevent dry skin and dermatitis from frequent hand washing.
- Use gloves when hands are in contact with cleaning supplies and harsh chemicals.
- To prevent the harboring of pathogens, healthcare workers must not wear artificial finger nails.
- Healthcare workers working in patient care areas must keep natural nail tips at or less than ¼ inch long. Nail polish must be intact. If chipped, the polish must be removed.
- Any healthcare workers with exudative or weeping dermatitis are not to preform or assist in invasive procedures or other direct patient care activities or handle equipment used in patient care.

Hand sinks may not be available in all work areas. Hand sanitizers are to be kept in areas where hand contamination is possible and a hand sink is not in the immediate area. After using a hand sanitizer, wash hands as soon as possible.

III. B. 2: Sharps Handling and Disposal

1. Needles and sharps are to be considered infectious and must be handled carefully.
2. Contaminated sharps refers to any contaminated object that can penetrate the skin including but not limited to: needles, scalpels, broken glass, broken capillary tubes, pipettes, and exposed dental wires, etc.
3. To prevent exposure, contaminated needles should never be recapped. Purposely bending, manipulating by hand, or breaking needles is prohibited.
4. If recapping is required by a specific medical or dental procedure, the one handed (scooping) method must be used to re-sheath the needle. This must only be done when no other method is available.
5. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottom, and appropriately labeled biohazard or color-coded. Sharps disposal containers are easily accessible to employees and are located as close as feasible to the immediate area where sharps are used. Additional sharps containers can be obtained by department supervisors.
6. Maintain sharps containers upright and never overfill past the fill line. Containers should be attached to the wall or other surface rather than standing alone on a countertop.
7. Sharps containers will not be opened, emptied, or cleaned manually or handled in any other manner which would expose employees to the risk of a percutaneous injury.
8. Sharps containers are to be locked shut when full and transported to a holding room or placed in an appropriate infectious waste container.
9. Mouth pipetting or suctioning of blood or OPIM is strictly prohibited.

III. B. 3: Eating, Drinking and Personal Activities

Engineering and work practice controls concerning eating, drinking, and other personal activities shall be used to minimize or eliminate exposure to bloodborne pathogens or OPIM.

The following practices are **prohibited** in all clinical work spaces and laboratories except in designated areas. This includes exam and treatment rooms, utility rooms, or other areas where bloodborne pathogens or OPIM are prepared or stored.

- Eating
- Drinking
- Storing food or drinks in any room, on shelves, countertops, or in cabinets where blood or OPIM are present
- Storing food or drinks in a refrigerator or freezer with chemicals, medication and/or vaccine inventory to minimize the risk of food contamination and to maintain the cold chain required for medication and/or vaccine storage
- Self-application of lip balm or cosmetics
- Handling of one’s own contact lenses

III. B. 4: Specimen Handling

Specimens of blood, laboratory cultures, and OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1. The container for storage or transport shall be labeled or color-coded according to section V. below and closed prior to being stored or transported to an outside lab. Universal precautions are to be utilized in the handling of all specimens. Biohazard labeling or color coding is not necessary provided containers are recognizable as containing specimens.
2. If the outside of the container is contaminated, place it in a second container that prevents leakage during handling, processing, storage, transport or shipping and is labeled according to section V. part A.
3. If the specimen could puncture the primary container, place the specimen in a secondary container that is puncture-resistant and labeled appropriately.

III. B. 5: Equipment Decontamination

1. Equipment which may have been contaminated with blood or OPIM will be examined and decontaminated prior to servicing or shipping as necessary unless it can be demonstrated that the decontamination of such equipment is not feasible.
2. In the event decontamination is not feasible an observable label will be attached noting which area remains contaminated.
3. In the case the equipment cannot be decontaminated this information will be conveyed to the servicing representative and/or the manufacturer prior to handling, servicing, or shipping so appropriate precautions can be taken.

III. C. Personal Protective Equipment (PPE)

Employees are required to use appropriate PPE when indicated.

1. When the employee, per his/her judgement, in a specific instance, declines using PPE due to the fact it would prevent the delivery of health care and public safety or would pose an increased hazard to themselves or their or co-worker(s), their immediate supervisor will be notified.
   a. When an employee makes this judgement about the use of PPE, the situation will be investigated and suggestions made to prevent such occurrences in the future.
2. PPE is provided to all employees at no cost. Training in the use of the appropriate PPE for specific tasks or procedures is provided by department managers, laboratory managers, Office of Risk Prevention and Patient Safety/Employee Health Office and the EHSO.
3. Examples of PPE provided to employees are: gloves, eyewear, masks, face shields, gowns, shoe coverings, and PAPR's.
4. PPE is located within each department. Alternatives will be readily available to those employees who have allergies to the gloves normally provided.
5. Employees must immediately report defective PPE to their supervisor.
6. Departments shall repair or replace PPE.

All employees using PPE must observe the following precautions after use of PPE:

- Wash hands immediately after removing PPE.
- Remove PPE after it becomes contaminated and/or before leaving the work area. When removing a garment, avoid contact with the contaminated area.
- Removed PPE is placed in appropriate designated area or container for storage, washing, decontamination, or disposal.

III. C. 1: Gloves

1. Gloves must be worn when it is reasonably anticipated that the employee's hands may come in contact with blood, OPIM, mucus membranes, non-intact skin, or contaminated items or surfaces.
2. Disposable gloves such as single use surgical or examination gloves shall be replaced as soon as possible when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
3. Disposable one time use gloves will not be washed or decontaminated for reuse.
4. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves if they show signs of cracking, peeling, tearing, punctures, or deterioration.

III. C. 2: Masks, Eye Protection, and Face Shields

Masks, eye protection and/or face shields may be required in addition to gloves if aerosols or splashes are likely to occur when performing procedures involving more extensive or predictable contact with blood, body secretions, and in some dental procedures as well.

1. Masks in combination with eye protection, such as goggles or safety glasses with solid side shields or chin length face shields, will be worn whenever splash, spray, splatter, droplets of blood or OPIM may be generated.
2. Masks, eye protection, and face shields will be worn when eye, nose, or mouth contamination can be reasonably anticipated.

III. C. 3: Gowns, Aprons, and Other Protective Clothing

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, smocks, or similar items will be worn in occupational exposure situations.
2. The type of protective clothing will depend on the anticipated degree of exposure.

III. C. 4: Surgical Caps/ Shoe Covers

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

III. C. 5: Resuscitation devices

Mouth pieces, resuscitation bags, or other ventilation devices are to be strategically located and available in areas where there is a potential need for resuscitation. This reduces the need for emergency mouth to mouth without protective devices.

III. D. Housekeeping

III. D. 1: Cleaning and Disinfection

1. The worksite will be maintained in a clean and sanitary condition.
2. A schedule shall be determined and implemented for the appropriate cleaning and decontamination procedure based on location within each facility. The type of surface to be cleaned, type of soil present, and task or procedures being performed in the specific area will be taken into account when choosing the disinfectant.
3. Contaminated work surfaces will be decontaminated with appropriate disinfectant immediately or as soon as possible.
4. In the event of a blood spill, clean the area with the appropriate disinfectant certified by the Environmental Protection Agency (EPA) to be effective for use against bloodborne pathogens. (Exhibit A)
5. Don gloves, wipe up the spill with paper towels, and discard in a biohazard labeled bag. Clean the affected area a second time with the appropriate disinfectant and fresh paper towels.
6. Dispose of gloves in the same biohazard bag; tie the bag securely and dispose of bag in the designated dirty utility area for pick up.
7. Bins, pails, cans, and similar receptacles intended for reuse which have a potential for becoming contaminated with blood or OPIM shall be inspected, cleaned, and disinfected immediately or as soon as possible after contamination. Disposable bins or emesis basins are used whenever possible.
8. Contaminated or potentially contaminated broken glassware will not be picked up by hand to prevent sharps injury and/or exposure. Broken glass will be picked up by mechanical means such as brush and dust pan, tongs, or forceps. Used instruments and equipment will be discarded or disinfected.

III. D. 2: Laundry

1. SIU laboratories will launder on site. SIU HC clinics use the following professional laundry services to pick up, launder, and return personal garments:
   - SIU-HC Carbondale: Tipton Linen Services
   - SIU-HC Decatur: Waites Dry Cleaning
   - SIU-HC Quincy: Denman Lines Services
   - SIU-HC Springfield: Peerless Cleaning Services
   - Clinical linens will be sent to laundry services at HSHS and Memorial Hospital.
2. Contaminated linen will be handled as little as possible with minimal agitation.

3. Wet, contaminated laundry will be placed in leak proof labeled biohazard bags for transportation.
4. Gloves will be worn when handling and/or sorting contaminated laundry. Departments shall clean, launder, and dispose of PPE at no cost to the employee.

III. D. 3: Regulated Waste

1. The OHSA standard for regulated waste containers is limited to blood and OPIM or items that are contaminated with blood or OPIM. The Bloodborne Pathogen Standard defines "regulated waste" to mean liquid or semi-liquid blood or OPIM that would release blood or OPIM in a liquid or semi-liquid state if compressed; items caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological waste containing blood or OPIM.
2. Regulated waste is placed in a red bag or a bag labeled with a biohazard symbol and disposed of in a designated biohazard receptacle. Designated receptacles are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, and labeled biohazard.
3. Prior to removal for disposal, bags are tied securely to prevent contents from spilling. Designated receptacles are closed prior to removal.
4. If the outside of the designated container is contaminated, place it in a second container that is closeable, constructed to contain all contents, and prevent leakage of fluids during handling, storage, transport or shipping, and labeled biohazard.

IV. HIV AND HBV RESEARCH LABORATORIES

It is the policy of SIU that no research shall be conducted on the Springfield Campus utilizing HIV or HBV without the specific written approval of the ICSC.

This policy applies to research laboratories engaged in the culture, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissue, or organs.

Research laboratories using HIV or HBV shall meet or exceed the following additional criteria:

IV. A. Standard Microbiological Practices

1. Regulated waste shall either be disposed of in biohazard waste bins or sterilized by a method known to effectively destroy bloodborne pathogens, such as autoclaving.

IV. B. Special Practices

1. Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.
2. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leak proof, labeled, or color coded container that is closed before being removed from the work area.

3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.
4. When OPIM or infected animals are present in the work area or contaminated module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The warning sign shall comply with the section titled “Communication of Hazards to Employees”.
5. All activities involving OPIM shall be conducted in biological safety cabinets or other physical containment devices within the containment module. No work with OPIM shall be conducted on the open bench.
6. Laboratory coats, gowns, smocks, scrubs or other appropriate protective clothing shall be used in the work areas and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.
7. Special care shall be taken to avoid skin contact with potentially infectious materials. Gloves shall be worn when handling infected animals and when hand contact with OPIM is unavoidable.
8. Before disposal, all waste from work areas and animal rooms shall either be incinerated or decontaminated by a method known to effectively destroy bloodborne pathogens, such as autoclaving.
9. Vacuum lines shall be protected with liquid disinfectant traps and high efficiency particulate filters which are maintained or replaced as necessary.
10. Hypodermic needles and syringes shall be used only for parenteral injections and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposal syringe needle units (i.e., the needle is integral to the syringe) shall be used for the injections and aspiration of potentially infectious materials. Extreme caution shall be used when handling needles and syringes. Needles shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved prior to disposal.
11. All spills shall be immediately contained and cleaned. If a spill cannot be cleaned up safely, call the Office of Police and Security (OPS) at 545-7777.
12. A spill or accident that results in an exposure incident shall be immediately reported to the employee health nurse.
13. A biosafety manual shall be prepared or adopted, reviewed, and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, required to read instructions concerning safe practices and procedures, and required to follow these practices and procedures.
14. Each laboratory shall contain a sink for hand washing and an eye wash station which is readily available within the lab.
15. An autoclave for decontamination of regulated waste shall be available.

IV. C. Containment Equipment

1. Certified biological safety cabinets (Class II, or III) or other appropriate combinations of personal protections or physical containment devices such as protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with blood and OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.
2. Biological safety cabinets shall be certified when installed, whenever they are moved, and at least annually. Biosafety cabinets must be disinfected by the laboratory personnel prior to any move, maintenance or recertification.

V. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up

V. A. General

1. Hepatitis B vaccine (HBV) will be made available post occupational exposure if indicated by post exposure lab results. Post exposure evaluation and follow up will be provided to all employees who have had an exposure to blood or OPIM.
2. Post exposure medical evaluations including Hepatitis B series and prophylaxis will be offered at no charge to the employee per standing orders and signed by SIU infectious disease provider.

V. B. Hepatitis B Vaccine

Hepatitis B vaccine is offered at no cost to all employees in all job titles at new employee orientation.

1. The Employee Health Office provides information on the safety, benefits, efficacy, and methods of administration and availability of the Hepatitis B vaccine.
2. Vaccination with the Hepatitis B series is highly recommended unless: 1) the employee has documentation that they have previously received the series, 2) the employee has documentation of positive antibody testing showing immunity, 3) medical evaluation shows that the employee is a non–responder to the vaccine or that the vaccine is contraindicated.
3. Employees requesting the Hepatitis B vaccine will be given a copy of the Centers for Disease Control (CDC) vaccine information sheet (VIS) form prior to signing vaccine consent. The signed consent document will be kept by the Employee Health Office in the employee's health file. (Exhibit B)
4. Employees that decline the Hepatitis B vaccine series will sign a declination form. The signed copy of this document will be kept by the Employee Health Office in the employee's health file. Employees that initially decline the Hepatitis B vaccine may receive the vaccine at no cost upon request. (Exhibit C)
5. The need for a Hepatitis B vaccine booster is determined per standing orders signed annually by the SIU infectious disease provider. If it is determined that a booster is needed, the vaccine will be given to the employee at no cost.
6. Employees that terminated their employment with SIU will be responsible for completing the Hepatitis B vaccine series at their own expense.

V. C. Exposure Information for Post Exposure

The Occupational Safety and Health Administration defines occupational exposure as reasonably anticipated eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

Perform tasks in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or OPIM.

Immediately following exposure, perform first aid to the exposure site. Wash with soap and water for needle sticks, cuts, puncture wounds, or cutaneous exposure, and flushing with water for at least 15 minutes for mucus membrane (eye, nose, mouth) splashes.

After first aid has been performed, contact the employee health nurse at pager number 217-492-2446 or Halo team-SIU Employee Health Nurse/Risk Team, during normal work hours, or if after hours contact the Infectious Disease Physician on call at 217-545-8000.

1. The following are designated as potentially infectious for HIV, HBV, HCV and other bloodborne pathogens:
    a) Blood
    b) Body fluid or tissue containing visible blood
    c) Semen
    d) Vaginal secretions
    e) Cerebrospinal fluid
    f) Synovial fluid
    g) Pleural fluid
    h) Peritoneal fluid
    i) Pericardial fluid
    j) Amniotic fluid
    k) Saliva in dental procedures
    l) Body fluids in situations where it is difficult or impossible to differentiate between body fluids
    m) Unfixed tissue or organ (other than intact skin) from a human (living or dead)
    n) 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

2. The following body products should also be handled using personal protective equipment. The Centers for Disease Control and Prevention have recommended these body fluids NOT BE CONSIDERED as potentially infectious for HBV, HCV, and HIV unless they contain visible blood.
    a) Feces
    b) Urine
    c) Saliva

d) Vomit
e) Nasal secretions
f) Sweat
g) Tears

Thus, if an employee has an exposure which involves any of the materials listed in "1" above, the employee must report the incident which shall be evaluated by the Employee Health Office.

NOTE: Illinois law provides for confidential HIV testing without consent of the patient when a physician has determined that a healthcare worker has received a significant exposure to a patient's blood and/or body fluids.

V. D. Post Exposure Evaluation and Follow–Up

The employee health nurse will conduct a confidential review and medical evaluation with the employee following an exposure.

1. The review and follow up will document:
    a. the source individual/source (unless the employer can establish that identification is not feasible or prohibited by state law)
    b. the route of exposure
    c. the circumstances under which the exposure occurred
2. Employee must fill out a Sensor report documenting the incident in detail, route of exposure and how incident occurred, and identify the source.
3. Arrangements will be made to have the source individual/source lab tested as soon as possible to determine HIV, HCV, and HBV status per standing orders.
4. The Employee Health Office will send orders to the lab for the source individual/source per standing orders from the SIU infectious disease provider for HIV, HVC, and HBV consent.
5. In the event that prophylactic medication is recommended for the employee it is best to start the medication as soon as possible, therefore it is best practice to have results of source patient/source labs within 2 hours of the exposure whenever possible.
6. If prophylactic medication is needed and/or the source individual/source has positive lab results for HIV, HBV, and HCV, the employee health nurse will consult with SIU Infectious Disease for follow up and/or appointment with an infectious disease provider as deemed necessary.
7. Documentation will be entered into the employee's health file that the employee is aware of source individual/source lab results and of any follow up recommended.
8. Employee will be reminded of HIPAA laws concerning privacy and sensitive health information including the identity and lab results of the source patient.
9. A copy of the source individual/source labs will be maintained in the employee's health file and the exposure report.
10. If the source individual/source is known to be positive for HIV, HCV, and/or HBV, testing does not need to be repeated. The employee will be referred to an SIU infectious disease provider for follow up.

11. Arrangements will be made for the employee to have baseline labs for HIV, HBV, and HCV per standing orders.
12. SIU employee health nurse in consultation with an infectious disease provider and/or per standing orders will determine the need for repeat post–exposure labs in the event of unknown source individual/source or abnormal source individual/source lab results.
13. If the source individual/source is seropositive for Hepatitis B, the employee will also be given a Hepatitis B Exposure Information form. (Retesting of the source individual is not required.)
14. The evaluating healthcare professional shall provide his/her opinion in the employee's confidential health record and a copy will be provided to the employee and the employee health nurse, all within 15 days after the evaluation. This written opinion shall be limited to the following information:
    a) The healthcare professional's recommendation as to whether Hepatitis B vaccination is indicated and whether the employee has received such vaccination.
    b) A statement that the employee has been informed of the results of his/her evaluation and has been told of any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment; and
    c) All other findings and diagnoses shall remain confidential and shall not be included in the written report.
15. On a quarterly basis, the employee health nurse will submit a report to the Infection Control and Safety Committee on the number and types of exposures, location, number of source individuals tested and results, prophylaxis provided, and number of positive results for HIV, HBV, and HCV testing.
16. SIU Employee Health Office or Infectious Disease Department will report seropositive results to the State Health Department as required by law.

The employee and the Employee Health Office will be required to fill out the following forms:

1. Employee Hepatitis B Vaccination Consent/Declination (Exhibit B)
2. Employee Consent for HIV/Hepatitis Antibody Test (Exhibit C)
3. Counseling Checklist for Blood and/or Body Fluid Exposure (Exhibit D)
4. Hepatitis B & C Exposure Information (Exhibit E)
5. Hepatitis B Healthcare Professional's Written Opinion (Exhibit F)
6. Exposure Source Patient/Risk Assessment (when source patient is identified) (Exhibit G)

VI. Communication of Hazards to Employees

VI. A. Labels

VI. A. 1: Required labeling

1. The bloodborne pathogen standard requires that a biohazard label be affixed to containers of regulated waste and other containers used to store, transport, or ship blood or OPIM, including freezers and refrigerators.
2. Labels must be fluorescent orange or orange-red with lettering and symbol in contrasting colors.

3. Labels must be affixed to the container using string, wire, adhesive, or other method that prevents the label from being unintentionally lost or removed.
4. Red bags or red containers may be substituted for labels.

VI. A. 2: Exemption to Labeling

1. Blood, blood components, or blood products that have been released for transfusion or other clinical use are exempt from labeling requirements.
2. Individual containers of blood or OPIM that are placed in a larger biohazard labeled container for storage, transportation, shipment, or disposal are exempt from the labeling requirements.
3. Regulated waste that has been decontaminated is not required to be labeled or color-coded.

VI. B. Signs

Post signs at the entrance to HIV and HBV Research Laboratories. The sign will include:

1. Name of infectious agent
2. Special requirements for entering the room
3. Name and telephone number of the laboratory director or other responsible person
4. These signs must be fluorescent orange or orange-red with lettering and symbol in contrasting color

VI. C. Information and Training

Employees may review the OECP at any time during their work shift on the SIU intranet or by contacting the Director of Risk Prevention and Patient Safety 217-545-4768, or Health Care Administrator of Risk Prevention and Patient Safety/Employee Health 217-545-8970. Upon request, employee may have a copy of the OECP free of charge within 15 days of the request.

Training occurs at the time of initial assignment and annually. Documentation of employee training attendance is maintained for 3 years. Information is reviewed with the employee post exposure when applicable.

VI. C. 1: Training

Employees covered by the bloodborne pathogens standard will receive training on:

1. Epidemiology, symptoms, and transmission of bloodborne pathogens.
2. The OECP and how to obtain a copy.
3. Methods used to recognize tasks and other activities that may involve potential exposure to bloodborne pathogens or OPIM.
4. Education on what constitutes an exposure incident.
5. Use and limitations of engineering controls, work practices, and PPE.
6. Education on the basis for PPE selection and use.
7. Education on location, type, use, removing and handling of contaminated PPE, and decontamination and disposal of PPE.

8. Signs, labeling, and color coding.
9. Who to contact for answers to questions that arise during training.
10. Efficacy, safety, and benefits of being vaccinated; route and timing for the Hepatitis B vaccine. Employees are informed that the Hepatitis B vaccine is available at no cost.
11. Paging the employee health nurse (pager 217-492-2446) or Halo team-SIU Employee Health Nurse/Risk Team in the event of an exposure to bloodborne pathogens or OPIM. Employee will also be educated on the following:
    a) Information on post exposure evaluation and follow up.
    b) Risk factors, signs and symptoms of HIV, Hepatitis C, and Hepatitis B.
    c) Completing exposure forms and submitting them to the Employee Health Office within 24 hours of exposure.
    d) Filling out a Sensor report for the exposure with the following information: detailed explanation, site, injury, how event occurred, name and contact information of source patient.

VI. C. 2: Additional Initial Training for Employees in HIV and HBV Laboratories

1. Employees in HIV or HBV research laboratories shall receive the following initial training in addition to the above training requirements:
    a) Employees shall demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.
2. Employees shall have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.
3. A training program shall be provided to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. SIU SM and SIU HC shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

VII. Recordkeeping

VII. A. Medical Records

1. The SIU employee health nurse shall establish and maintain an accurate record for each employee with occupational bloodborne pathogen exposure in accordance with OSHA regulations.
2. For employees with occupational bloodborne pathogen exposure, this record shall include:
    a) The name of the employee.
    b) A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
    c) A copy of the information provided to the healthcare professional.

3. For employees who have had an exposure incident, a record will be kept in the employee's file and will include:
   a) A copy of the evaluating Healthcare Professional's Written Opinion (Exhibit G); and
   b) Results of examination, medical testing, and follow-up.
4. Employee medical records are:
   a) Kept confidential; and
   b) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
5. SIU employee health nurse shall maintain these records for at least the duration of employment plus 30 years.

VII. B. Training Records

Training records shall include the following information:

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

VII. C. Availability

1. All records shall be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health (Assistant Secretary) and the Director of National Institute for Occupational Safety and Health (Director) for examination and copying.
2. Employee training records shall be provided upon request for examination and copying to employees, employee representatives, the Director, and the Assistant Secretary as required.
3. Employee medical records shall be provided upon request for examination and copying to the subject employee, anyone having written consent of the subject employee, the Director, and the Assistant Secretary as required.

VII. D. Transfer of Records

1. SIU Medicine shall comply with all requirements involving transfer of records.
2. If SIU Medicine ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, SIU shall notify the Director at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three-month period.

VII. E. Bloodborne Pathogen/Sharps Exposure Recordkeeping

Records shall be established and maintained by the employee health nurse of percutaneous injuries from contaminated sharps and mucus membrane exposures. The record shall identify the following parameters:

1) Type and brand of device involved in the incident
2) The department and work area where the exposure incident occurred

3) An explanation of how the incident occurred

All sharps injury exposures will be documented in the Sensor reporting system and Laserfische system. The injury log will include the following information:
1) Date of injury
2) Type of device used
3) Department or work area in which incident occurred
4) An explanation of how the incident occurred

This log is reviewed annually as part of the annual evaluation of the program. The logs are maintained for five years following the end of the calendar year that they cover.

Personal identifiers will be removed from the report.

VII. F. Consideration and Implementation of Safer Medical Devices

Annually document safer medical devices that were considered and/or implemented in order to eliminate or minimize exposure.

Low- and Intermediate-Level Cleaning and Disinfection 2020				
Precaution Type	**Organism**	**Product**	**Contact Time**	**Special Instructions**
Contact	Acinetobacter	Super Sani-cloth	2 minutes	
Contact	Adenovirus	Super Sani-cloth	2 minutes	
Droplet	*Blastomyces dermatitidis* (Blastomycosis)	Super Sani-cloth	2 minutes	Wear surgical mask within 3 feet of patient
Contact	Candida auris (C. auris)	Dispatch hospital cleaner disinfectant towels with bleach	3 minutes	Remove gross organic matter with soap and water prior to disinfecting; Standard precautions apply if no active symptoms are present
Enteric	Clostridium difficile (with diarrhea)	Dispatch hospital cleaner disinfectant towels with bleach	3 minutes	Remove gross organic matter with soap and water prior to disinfecting; Standard precautions apply if no active symptoms are present
Droplet	COVID-19	Super Sani-cloth, CaviWipes, or McKesson Germicidal Wipes	Follow label instructions	Wear N95 particulate respirator. Negative pressure room; Keep door closed; Post room entry forbidden for 2 hr negative pressure room and 12 hr standard room. Wear N95 respirator to enter before purge is complete.
Contact	Extended-spectrum beta-lactamase (ESBL)-producing organisms (*E-coli*)	Super Sani-cloth	2 minutes	
Contact	Herpes simplex 2	Super Sani-cloth	2 minutes	
Airborne & Contact	Herpes zoster/varicella (Chickenpox/Shingles/VZV)	Sodium hypochlorite or 70% Ethanol		HCW wear N95 particulate respirator; Gowns; Negative pressure room
Droplet	Influenza	Super Sani-cloth	2 minutes	Wear surgical mask within 3 feet of patient
Airborne & Droplet	Measles	Super Sani-cloth	1 minute	Wear N95 particulate respirator; Gowns; Negative pressure room; Keep door closed; Post room entry forbidden for 2 hr negative pressure room and 12 hr standard room. Wear N95 respirator to enter before purge is complete.
Contact	Methicillin-resistant *Staphylococcus aureus* (MRSA-open draining lesions only)	Super Sani-cloth	2 minutes	
Contact & Droplet	Mumps	Super Sani-cloth	2 minutes	Wear N95 particulate respirator; Gown, Gloves; Negative pressure room; Keep door closed; Post room entry forbidden for 2 hr negative pressure room and 12 hr standard room. Wear N95 respirator to enter before purge is complete.
Droplet	Neisseria meningitidis (suspected case)	1% Sodium hypochlorite		Wear surgical mask within 3 feet of patient
Enteric	Norovirus	1% Sodium hypochlorite		Wash hands with soap and water
Droplet	Pertussis	Super Sani-cloth	2 minutes	Wear surgical mask within 3 feet of patient
Contact	Pseudomonas	Super Sani-cloth	2 minutes	
Droplet	SARS	Super Sani-cloth	2 minutes	Wear surgical mask within 3 feet of patient
Contact	Stenotrophomonas	10% Peracetic acid or Hydrogen peroxide		
Contact	Tinea (ringworm)	1% Sodium hypochlorite		
Airborne	Tuberculosis	Super Sani-cloth	1 minute	Wear N95 particulate respirator; Negative pressure room; Keep door closed; Post room entry forbidden for 2 hr negative pressure room and 12 hr standard room. Wear N95 respirator to enter before purge is complete.
Enteric & Contact	Vanomycin-resistant Enterococcus spp. (VRE)	Super Sani-cloth	2 minutes	Remove gloves and gown before leaving room
Contact	Lice, bedbugs, scabies			Notify building maintenance to vacuum thoroughly

Standard*	Human blood, tissue or body fluids (non-infectious or suspected infectious), Hepatitis B and organisms not listed above	Super Sani-cloth	2 minutes	Remove gross organic matter with detergent prior to disinfecting
	* NOTE: Application of Standard Precautions is determined by the nature of the interaction and the extent of anticipated blood, body fluid, or pathogen exposure. For some interactions (e.g., performing venipuncture), only gloves may be needed; during other interactions (e.g., intubation, spill cleanup), use of gloves, gown, face shield or mask and goggles is necessary.			

Minimum Required Daily Cleaning

Healthcare Staff:
- Exam table top
- Procedure table
- Door handles
- Door flags
- Portable monitors
- Blood pressure cuff
- Otoscope
- Keyboard (twice daily with less than 1% sodium hypochlorite)

Building Service Workers:
- Bathrooms
- Floors
- Sinks
- Countertops
- Cabinet handles
- Door handles
- Exam table (not table top)
- Visitor/Procedure chairs
- Garbage cans

Cleaning Required After Each Patient

Healthcare Staff:
- Change table paper
- Clean & disinfect table surface contaminated with body fluids
- Clean and disinfect visitor or procedure chair if used for patient care
- Notify appropriate building service personnel to clean floor or walls impacted by blood or body fluids

Building Service Workers:
- Clean and disinfect floor or walls, if notified for assistance

Weekly Cleaning

Building Service Workers:
- Cabinets - Dust and disinfect
- Curtains - Wipe high touch areas if visibly soiled (launder twice yearly)

Procedures for Cleaning Equipment (follow manufacturer's recommendations)

Healthcare Staff:
- Endoscopes
- Cystoscopes
- Instruments

Exhibit A

SIU MEDICINE

EMPLOYEE HEPATITIS B VACCINATION CONSENT/DECLINATION

Print Name _____ Date of Birth _____

Contact Phone Number _____ Department _____

I request Hepatitis B vaccine be administered to me by Southern Illinois University School of Medicine. I am aware that because of my status as an employee I am at increased risk of infection with Hepatitis B virus.

Receiving the vaccine is entirely optional. A small percentage of persons taking the vaccine do not develop effective antibody levels against Hepatitis B virus: serological tests will be provided to confirm immunization status. A booster dose is currently not recommended.

Hepatitis B vaccine is indicated for immunization against infection caused by all known Hepatitis B viruses. It will not prevent hepatitis caused by other agents: Hepatitis A, C, non-A, non-B, or other viruses known to infect the liver. Completion of a series of three (3) injections is essential for optimal results. This involves reporting for the injection initially, and again one (1) month and six (6) month following the first injection.

Hepatitis should not be given if hypersensitivity to any component of the vaccine or serious active infection occur during the course of the vaccination series.

1. Are you acutely ill today or any active infection Yes _____ No _____
2. Do you have a documented hypersensitivity to component of the vaccine (aluminum, thimerosal, or yeast)? Yes _____ No _____

- I understand the contraindications to taking the vaccine as well as the possible side effects after administration.
- All of my questions have been answered to my satisfaction.
- I assume responsibility for accepting this vaccination and will not hold Southern Illinois University, its Board members, officers, employees, or agents liable for any adverse reactions or complications as a direct or indirect result of my consent and request to receive the vaccination.
- I will be responsible for scheduling the second and third injections.
- I have received a Hepatitis B information sheet (dated 8/15/2019).
- I know to HALO or contact SIU Employee Health Office in the event that I have any adverse event/reaction or question regarding the vaccine I received.
- I give permission to have my vaccine entered into Individualized Coherent Absolute Risk Estimators (I-Care).

Signature:_____ Date:_____

To be completed by person administering vaccine: Dose: #1 #2 #3

Manufacturer: _____ Lot #_____Exp. _____ Site _____L_____R Arm

Signature of Person Administering 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 vaccinations series at no charge to me.

If previously immunized or medically contraindication, please provide documentation

Signature:_____ Date: _____

Witness:_____ Date:_____

Print Name: _____ Title: _____

Exhibit B Updates:10/5/2021

SIU MEDICINE

EMPLOYEE CONSENT FOR
HIV/HEPATITIS ANTIBODY TEST
Exhibit C

Because I have been exposed to another individual's blood and/or body fluid, it has been recommended that I have a blood test to detect whether I have antibodies to the Human Immunodeficiency Virus (HIV or the AIDS virus) or to Hepatitis B or C. I understand that this test is performed by withdrawing a sample of my blood and then testing that blood.

I further understand that a positive blood test result for HIV does not mean that I have AIDS, but that my blood has been exposed to the AIDS virus and antibodies to that virus are present in my blood. I understand that in the event of a positive test result there are other recommended confirmatory tests that are available if I do so desire.

I have also been informed and understand that the test results, in a percentage of cases, may indicate that a person has antibodies to the virus when the person does not (a false positive result) or that the test may fail to detect that a person has antibodies to the virus when the person does in fact have these antibodies (a false negative result).

I understand that I have the right to anonymity in the test, if requested. I understand that if there is a positive test result, such result must be reported to the Department of Public Health. I further understand that no additional release of the results will be made without my written authorization and the results will be kept confidential to the extent provided by law.

I understand that I am to be tested at the time of exposure and, if any positive results, tested again at 6 weeks and 4 months *after* exposure.

I understand that I may withdraw from the testing at any point in time prior to the completion of laboratory tests, and I hereby state that my agreement to be tested is voluntary on my part and has not been obtained through any undue inducement, threat, or coercion.

Select one:

- ◯ It is with the above understanding that I hereby give my consent to the testing of my blood.
- ◯ I decline the testing of my blood.

Employee Signature:	Date:
Print/Type Name:	Employee ID:

Witness Signature:	Date:
Print/Type Name:	Employee ID:

Last updated: 10/5/2021

SIU MEDICINE

COUNSELING CHECKLIST
BLOOD AND/OR BODY FLUID EXPOSURE
Exhibit D

Counseling Checklist

1. Risk of transmission associated with exposure.
2. Facts about Hepatitis B Virus and Human Immunodeficiency Virus.
3. Symptoms to report.
4. Recommendation for prevention of transmission (no donating blood, organs, sperm; no sex/safe sex; avoid pregnancy and breast feeding for recommended time).
5. Resources available for further counseling/information.
6. Information and recommendations about Human Immunodeficiency Virus antibody testing and Hepatitis B prophylaxis and testing.
7. Obtaining test results.
8. Confidentiality.
9. Prevention of future exposures
10. The right to consult a physician of choice for further follow-up counseling or for the purpose of obtaining information pertaining to current research or treatments that could be available.

By my signature, I indicate I understand the above checklist information.

Employee Signature:	Date:
Witness Signature:	Date:

SIU MEDICINE

HEPATITIS B & C EXPOSURE INFORMATION
Exhibit E

You have been evaluated for exposure to Hepatitis B and C. Your treatment has been in accordance with the SIU Occupational Exposure Control Plan for exposure to Hepatitis B and C. Your risk of acquiring Hepatitis B and C has been minimized by this intervention.

However, if you should develop any of the following signs or symptoms within 6 months of exposure, please call the SIU-SM Employee Health Nurse (217-545-8970) or the Infections Disease Physician on call (217-545-8000).

1. Jaundice (yellowing of the skin and/or eyes)
2. Fever (greater than 101 F or 38.2 C)
3. Anorexia (loss of appetite)
4. Fatigue, malaise, or lassitude (feeling tired for an extended period)
5. Nausea or vomiting
6. Diarrhea
7. Joint pain
8. Right upper abdomen or epigastric pain
9. Myalgia (sore muscles)

Date of exposure:

Employee Signature:	Date:
Print/Type Name:	Employee ID:

Witness Signature:	Date:
Print/Type Name:	Employee ID:

SIU MEDICINE

HEPATITIS B
HEALTHCARE PROFESSIONAL'S WRITTEN OPINION
Exhibit F

Date of Exposure:	Employee Name:

This employee was evaluated by SIU-SM Infection Control personnel following an occupational exposure to human blood or other potentially infections materials. This employee has been informed of the results of the post-exposure evaluation and has been advised of any medical conditions resulting from the exposure incident that require further evaluation or treatment.

HBV Vaccination Indicated?	Yes		No		
HBV Vaccination Received?	Yes		No		Date Received:

Signature:	Date:
Print/Type Name:	Title:

SIU MEDICINE

EXPOSURE SOURCE PATIENT/RISK ASSESSMENT
Exhibit G

Source Name:	Work Phone:	Home Phone:
Address:		
Medical Record No:	Hospital:	
Date of Birth:	Primary/Attending Physician:	
Diagnosis:		

SOURCE RISK FACTORS (as documented in medical record or patient interview):

Known HIV positive	Yes		No		Unk	
Known homosexual, bisexual, prostitute, or sexual contact with same	Yes		No		Unk	
Known IV drug user or history of same	Yes		No		Unk	
Received blood transfusion 1977-1985	Yes		No		Unk	
Currently taking any medication for HIV	Yes		No		Unk	
If yes, please supply the names of the medication:						

History of Hepatitis B, past, present, or carrier	Yes		No		Unk	
History of Hepatitis C, past, present, or carrier	Yes		No		Unk	
History of hemophilia, kidney disease, dialysis, transplant	Yes		No		Unk	
Currently elevated liver enzymes	Yes		No		Unk	
Current fever, lymphadenopathy, rash, malaise, GI, or neuro symptoms	Yes		No		Unk	
Traveled outside of United States	Yes		No		Unk	
If yes, when and to which countries?						

Signature of Preparer:	Date:
Print/Type Name:	