



# **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

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**2018-2019**

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**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN  
I. EMPLOYEE PLAN**

**STEVENSON UNIVERSITY \* STEVENSON, MD 21153**

**Bloodborne Pathogens Exposure Control Plan**

- 3.1 **Blood** – means human blood, human blood components, and products made from human blood.
- 3.2 **Bloodborne Pathogen** – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- 3.3 **Other Potentially Infectious Materials (OPIM)** – means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 3.4 **Contaminated** – means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 3.5 **Exposure Incident** – means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- 3.6 **Personal Protective Equipment (PPE)** – is specialized clothing or equipment worn by an employee for protection against a hazard. General street or work clothes (e.g., slacks, shorts, skirts, uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.
- 3.7 **Universal Precautions** – is an approach to infection control. Universal Precautions presumes that all human blood and certain human body fluids shall be treated as if they are infected by HIV, HBV, and other bloodborne pathogens.

#### 4.0 Responsibilities

**If for any reason, any of the individuals listed below are unable to perform their assigned duties for any portion of the time period covered by this plan, a responsible designee will be identified to fulfill those duties and all relevant parties will be notified of the change.**

- 4.1 **Security** – Respond to all exposure incidents on campus and administer First Aid. Ensure a Stevenson University Incident Report is completed and

the employee has been given a copy of the OSHA Bloodborne Pathogen Standard and a copy of this plan. Inform





- 6.1 **Overview:** This section describes the Universal Precautions, engineering controls, and PPE for employees who may come in contact with blood, blood products, or OPIM. This section also covers safe work practice controls for employees working with potentially infectious materials, hepatitis B vaccination, hazards communication, and training.
- 6.2 **Universal Precautions:** Universal Precautions will be observed at the University in order to minimize contact with blood, blood products, or OPIM. All human blood, blood products, or OPIM will be considered infectious regardless of the perceived status of the source individual.
- 6.3 **Engineering Controls:** Engineering controls and safe work practices will be used to eliminate or minimize exposure to employees at the University. Where possible exposure remains after institution of these controls, PPE shall also be used. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- 6.3.1 Commercially-prepared samples and controls, tested negative for all viral markers currently being tested, will be used in student labs whenever possible.
- 6.3.2 Chemical splash goggles will be used in any laboratory when splashing, spraying, and splattering or generation of droplets is anticipated.
- 6.3.3 Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- 6.3.4 Immediately after use, all disposable, contaminated sharps, (needles, surgical instruments, syringe with attached sharp, etc.) will be placed in leak-proof, puncture-resistant disposable containers, labeled with the biohazard label. These sharps containers are located in all biology and nursing skills laboratories on Owings Mills North and in the Wellness Center and Caves 120 on Owings Mills. They are inspected and maintained or replaced by their respective departments (Wellness Center staff, laboratory managers, and the Associate Athletic Director/Head Athletic Trainer) when 2/3 full to prevent overfilling. The contaminated sharps waste will be disposed by the University's waste contractor.
- 6.3.5 Specimens of blood/OPIM will be placed in leak-proof puncture resistant disposable sharps containers, labeled with the biohazard label.
- 6.3.6 Non-sharp, contaminated materials will be placed in marked biohazard receptacles and will either be autoclaved onsite by Laboratory Services staff prior to disposal into municipal waste or disposed by the



Turn off faucets with dry paper towels if knee or foot controls are not available.

- 6.4.4 Eye wash stations are provided throughout the science laboratories.
- 6.4.5 All procedures involving blood/OPIM will be performed in a manner as to minimize splashing, spraying, splattering and generation of droplets (i.e., centrifuge caps).
- 6.4.6 Mouth pipetting or suctioning of blood/OPIM is prohibited.
- 6.4.7 Eating, drinking, smoking, applying cosmetics, or other hand-to-mouth activities, and handling contact lenses are prohibited in areas where blood/OPIM is present.
- 6.4.8 Food and/or drink storage is prohibited in areas such as refrigerators, freezers, shelves, cabinets, countertops or bench tops, where blood/OPIM are present.
- 6.4.9 Laboratory Services staff will perform the decontamination of contaminated equipment if obvious contamination is observed or at the end of the semester with 10% bleach or EPA registered disinfectant.

Hemocytometers  
Microhematocrit centrifuge  
Spectrophotometers

- 6.4.10 If obvious contamination is observed, the Laboratory Services staff should be notified so that the equipment can be disinfected. This includes:

Centrifuges  
Spectrophotometers  
Automated instruments

- 6.4.11 Assistant VP of the Wellness Center will ensure that the proper decontamination of contaminated equipment/surfaces with a 10% bleach solution or appropriate disinfectant is performed on a daily basis.

## 6.5 **Personal Protective Equipment (PPE)**

- 6.5.1 Stevenson University has chosen PPE

accessible. Closed-toe shoes and pants that cover the entire leg and ankle are mandatory in all science laboratories.

## 6.5.2 **Gloves**

- 6.5.2.1 The University will provide gloves to employees at no cost.
- 6.5.2.2 Gloves shall be worn at all times when it is reasonably anticipated that employees may have hand contact with any infectious agent. This includes blood, blood products, mucous membranes, non-intact skin, OPIM, and contaminated surfaces or items.
- 6.5.2.3 Gloves shall be removed immediately following any penetration by blood, blood products, or OPIM.
- 6.5.2.4 Gloves that are not visibly contaminated with blood or OPIM shall be removed and disposed in the general waste stream before leaving the laboratory. Gloves should never be washed or decontaminated for re-use.
- 6.5.2.5 Gloves should be replaced as soon as possible if they are torn, penetrated, or the barrier is compromised in anyway.
- 6.5.2.6 Gloves visibly contaminated with blood or OPIM must be

### **6.5.3 Laboratory Coats**

- 6.5.3.1 The University will provide laboratory coats to employees at no cost.
- 6.5.3.2 Laboratory coats must be worn and buttoned or snapped closed at all times while working in the science laboratories.
- 6.5.3.3 When a protective garment is penetrated by blood or OPIM and the substance has reached the employees own street clothes, or undergarments, the clothing is removed immediately, or as soon as possible prior to employee leaving the work area. Contaminated laboratory coats and street clothes will be sterilized on site before they are returned to the employee.
- 6.5.3.4 All cloth laboratory coats should be professionally laundered prior to going home with an employee to prevent cross contamination.

### **6.5.4 Protective Eyewear (chemical splash goggles)**

- 6.5.4.1 Protective eyewear does not include corrective lenses.
- 6.5.4.2 The University will provide protective eyewear to employees that meets the ANSI/ISEA Z87.1-2010 consensus standard. Eyewear will be provided at no cost

while cleaning broken glassware. Contaminated glassware should be disposed into a closable, puncture resistant, leak-proof, and labeled biohazard sharps container.

6.6.1.2 Contaminated sharps must be disposed of immediately following use. They should be put into closable, puncture resistant, leak-proof, and labeled biohazard sharps container. These containers should be replaced once they are 2/3 full.

6.6.1.3 The Laboratory Services staff will steam sterilize all biohazard sharps cardboard sleeves and bags located throughout the Fine School of the Sciences laboratories. Biohazard sharps containers used for needles and/or blood vials will be collected and disposed through the University's waste contractor.

6.6.1.4 The University has scheduled pickups for biohazard waste. The pickups are scheduled as needed for Owings Mills and Owings Mills North. When biohazard containers are 2/3 full, the Laboratory Safety Manager should be notified to schedule a pickup.

## 6.6.2 **Equipment Procedures**

6.6.2.1 Equipment will be decontaminated when employees have

### 6.6.3 **General Procedures**

6.6.3.1 Tubes, vials, or other biological specimen containers cannot

6.6.3.2.8 Remove gloves and other PPE.

6.6.3.2.9 Wash hands.

## 6.7 Hepatitis B Vaccination

6.7.1 The Hepatitis B vaccine shall be offered to employees whose job duties involve occupational exposure to blood, blood products, or OPIM. The vaccination will be given at no cost to the employee and shall be administered by a licensed healthcare professional at the University or at Concentra Medical Center. The vaccination will be administered after initial employee training and within 10 days of the initial assignment.

6.7.2 Employees identified as needing the Hepatitis B vaccine will be provided training on the vaccine including safety, benefits, efficacy, methods of administration, and availability. Employees will be required to sign an "Informed Consent for Hepatitis B Vaccination Series" form found in Appendix A. The informed consent documents that the employee understands the information presented on the Hepatitis B vaccine and that they give consent to receive the series of vaccinations.

6.7.3 Vaccination is encouraged unless: documentation exists that the employee has previously received the series; antibody testing reveals that the employee is immune; or medical evaluation shows that vaccination is contra-indicated.

6.7.4 Employees who decline the Hepatitis B vaccine must sign a declination form (Appendix B), which will be held on file.

6.7.5 Employees that initially decline the vaccine may request and obtain the vaccination at a later date at no cost to the employee.

6.7.6 The full hepatitis B vaccination series will be made available to all unvaccinated first aid providers who assisted in an incident involving the presence of blood or OPIM no later than 24 hours after the incident, regardless of whether exposure has occurred.







Form” must be completed by the exposed individual and returned to the Office of Human Resources within 48 hours of the exposure incident (Appendix D).

7.2.3 All employees who incur an exposure incident will be directed to Concentra Medical Center for post-exposure evaluation and follow-up, in accordance with the OSHA standard. Locations and hours of operation for Concentra Medical Centers closest to Greenspring, Owings Mills, and Owings Mills North are found in Appendix F.

7.2.4 The University will incur the cost for post-exposure evaluation and follow-up for all employees.

7.2.5 The Director of Compensation and Benefits or Designee will follow up with employees following completion of post-exposure evaluation and treatment. Any exposed employee refusing post-exposure medical evaluation by a health care professional must complete the “Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogens Exposure Form” found in Appendix E.

**7.3 If Off-Campus Employee Exposure:**

7.3.1 If an employee is exposed to blood, blood products, or OPIM, the

**7.4 Activities Performed by the Office of Human Resources Following Employee Exposure Incident:**

7.4.1 Exposed individual will be given a copy of this Exposure Control Plan.

Engineering controls in use at the time  
Work practices followed  
A description of the device used  
PPE used at the time of the exposure incident  
Location of the incident

**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN  
II. STUDENT PLAN**

**Bloodborne Pathogens Exposure Control Plan  
Student Plan**

**1.0 Introduction**

- 1.1 Stevenson University is committed to providing a safe and healthful work environment for our students. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize exposure to bloodborne pathogens with the guidance of the OSHA Standard, 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." While students are not "employees" as defined by law, Stevenson University has and will use the OSHA standards as a guideline for protecting students from hazards in the laboratory and clinical setting.
  
- 1.2 This ECP includes:
  - 1.2.1 Determination of student exposure
  - 1.2.2 Implementation of various engineering controls
  - 1.2.3 Work practice methods of exposure control, including:
    - Universal Precautions
    - Engineering controls
    - Work practice controls
    - Personal protective equipment
    - Housekeeping
  - 1.2.4 Hepatitis B vaccination
  - 1.2.5 Post-exposure evaluation and follow-up
  - 1.2.6 Communication of hazards to students, and training
  - 1.2.7 Recordkeeping
  - 1.2.8 Procedures for evaluating circumstances surrounding an exposure incident
  
- 1.3 This ECP, in its entirety, can be accessed by all students from the Sandra R. Berman School of Health Professions and Beverly K. Fine School of the Sciences portal pages. In addition, each student with a definite risk or possible risk of exposure will review this plan as part of training requirements.

**2.0 Scope**

- 2.1 This exposure plan is mandatory for all Stevenson University students with the potential for contact with blood or other potentially infectious materials (OPIM). This plan must be reviewed and updated annually to reflect changes in tasks, procedures, and/or plan.

### 3.0 Definitions

- 3.1 **Blood** – means human blood, human blood components, and products made from human blood.
- 3.2 **Bloodborne Pathogen** – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- 3.3 **Other Potentially Infectious Materials (OPIM)** – means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 3.4 **Contaminated** – means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 3.5 **Exposure Incident** – means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of a student's duties.
- 3.6 **Personal Protective Equipment (PPE)** – is specialized clothing or equipment worn by a student for protection against a hazard. General street or work clothes (e.g., slacks, shorts, skirts, uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard are not considered to be personal protective equipment.
- 3.7 **Universal Precautions** – is an approach to infection control. Universal Precautions presumes that all human blood and certain human body fluids shall be treated as if infected by HIV, HBV, and other bloodborne pathogens.

### 4.0 Responsibilities

**If for any reason, any of the individuals listed below are unable to perform their assigned duties for any portion of the time period covered by this plan, a responsible designee will be identified to fulfill those duties and all relevant parties will be notified of the change.**

- 4.1 **Security** – Respond to all exposure incidents on campus and administer First Aid. Ensure student receives a copy of this plan.





## Forensic Science Students

- 5.3 In addition, the University performed an exposure determination of student groups in which some students may have exposure to blood or OPIM. Because not all the students in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these students to have exposure were also listed in order to understand clearly which students in these categories are considered to have exposure. The student groups and associated tasks for these categories are as follows:

<u>Student Group</u>	<u>Tasks/Procedures</u>
Biology Students	Independent Research
Chemistry Students	Independent Research
Forensic Science Students	Independent Research

- 5.4 Specific Tasks – In performing the following procedures/tasks, there is a risk that exposures to blood or OPIM can occur:
- 5.4.1 Handling contaminated sharps and other laboratory devices.
  - 5.4.2 Procedures involving the containment and management of “regulated waste” disposal.
  - 5.4.3 All procedures involving contact with mucous membranes, body fluids, and blood.

## 6.0 Implementation Schedule and Methodology

- 6.1 **Overview:** This section describes the Universal Precautions, engineering controls, and PPE for students who may come in contact with blood, blood products, or OPIM. This section also covers safe work practices for students working with potentially infectious materials, the hepatitis B vaccination, hazards communication, and training.
- 6.2 **Universal Precautions.** Universal Precautions will be observed at the University in order to minimize contact with blood, blood products, or OPIM. All human blood, blood products, or OPIM will be considered infectious regardless of the perceived status of the source individual.
- 6.3 **Engineering Controls.** Engineering controls and safe work practices will be used to eliminate or minimize exposure to students at the University. Where possible exposure remains after institution of these controls, PPE shall also be used. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- 6.3.1 Commercially-prepared samples and controls, tested negative for all viral markers currently being tested, will be used in student labs whenever possible.



6.4

Hemocytometers  
Microhematocrit centrifuge  
Spectrophotometers

6.4.10 If obvious contamination is observed, Laboratory Services staff should be notified so that the equipment can be disinfected. This includes:

Centrifuges  
Spectrophotometers  
Automated instruments

6.4.11 Science, Medical Laboratory Science, and Nursing faculty will ensure that the proper decontamination of contaminated equipment/surfaces with a 10% bleach solution or other disinfectant is performed as needed.

## 6.5 **Personal Protective Equipment (PPE)**

6.5.1 The University has chosen PPE based on anticipated potential student exposure to blood, blood products, or OPIM. PPE must be worn by all students participating in laboratory or clinical exercises involving exposure to blood, blood products, or OPIM. The syllabus for each laboratory course will dictate what PPE the student is expected to purchase. fe 22.82 628.78 Tm7(G[usu)-3(re t)/3( )JTJETQ.00000912 0 612 792 reV

6.5.2.6 Gloves visibly contaminated with blood or OPIM must be disposed in the biohazard waste containers and will be steam sterilized onsite and disposed.

**6.5.2.7 Procedure for glove removal:**

With dominant hand, make a cuff by hooking gloved fingers into the area below the outside edge of the other glove. Pull the glove inside out as you remove it and hold the glove in your gloved hand.

Tuck your ungloved fingers under the inside edge of the remaining glove. Pull that glove down over the gloved hand so that the first glove is encased in the second glove as the latter is turned inside out. Discard both gloves in the marked biohazard bag or general waste stream.

Wash your hands immediately.

6.5.2.8 Students must wash their hands prior to leaving the laboratory (Refer to 6.4.2.1 under “Procedure for Hand Washing”).

**6.5.3 Laboratory Coats**

6.5.3.1 All students must purchase the proper impermeable laboratory coats prior to performing laboratory work. Students participating in laboratory courses at the University are required to leave their laboratory coats in the designated areas within the laboratories. The laboratory coats will be disposed of at the end of each semester.

6.5.3.2 Laboratory coats must be worn and buttoned or snapped closed at all times while working in the science laboratories.

6.5.3.3 When a protective garment is penetrated by blood or OPIM and the substance has reached the student’s own street clothes, or undergarments, the clothing is removed immediately, or as

#### 6.5.4 **Protective Eyewear** (chemical splash goggles)

6.5.4.1 Protective eyewear does not include corrective eyeglasses.

6.5.4.2 All students must purchase chemical splash goggles prior to performing any laboratory work. All protective eyewear must meet the ANSI/ISEA Z87.1-2010 consensus standard.

6.5.4.3 Eye protection is required to be worn whenever splashes, sprays, splatter, or droplets of blood, blood products, or OPIM may be generated.

6.5.4.4 Eye protection must be removed prior to leaving the laboratory.

### 6.6 **Housekeeping**

Housekeeping is of the utmost importance in the prevention of student exposure to infectious surfaces or materials.

#### 6.6.1 **Sharps Procedures**

6.6.1.1 Broken glassware, which may be contaminated, should not be cleaned up by students. Please notify the instructor. Broken glass must never be picked up by hand. The glassware should be swept up using the dust pan sets available in the nursing skills and science laboratories. Gloves should be worn while cleaning broken glassware. Contaminated glassware should be disposed into a closable, puncture resistant, leak-proof, and labeled biohazard sharps container.

6.6.1.2 Contaminated sharps must be disposed of immediately following use. They should be put into closable, puncture resistant, leak-proof, and labeled biohazard sharps container. These containers should be replaced once they are 2/3 full.

6.6.1.3 Laboratory Services will steam sterilize all biohazard sharps cardboard sleeves and bags located throughout the Fine School of the Sciences laboratories. Biohazard sharps containers used for needles and/or blood vials will be collected and disposed through the University's waste contractor.







other containers used to store, transport, or ship blood, blood products, or OPIM, and contaminated equipment. Red or Orange Biohazard warning labels are also posted outside of the rooms where biohazardous waste is generated. Red bags may be substituted for labels.

- 6.8.2 Labels are red or orange in color and have the word “Biohazard” and the Biohazard symbol in a contrasting color.



## 6.9 Training

- 6.9.1 All students within the University are required to complete Bloodborne P



exposure evaluation and treatment. Any exposed student refusing post-exposure medical evaluation by a health care professional must complete the “Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogens Exposure” form found in Appendix E.

**7.3 If Off-Campus Student Exposure:**

7.3.1 Report the incident to the immediate clinical supervisor and the appropriate program contact for the course in which the exposure occurred and the student’s academic program (Medical Laboratory Science Program Coordinator, Nursing Department Chair, Biology Department Chair, Chemistry Department Chair, or Forensic Science Program Coordinator). The program contact will report the incident to the Laboratory Safety Manager and to the Dean of the Fine School of the Sciences (for Fine School of the Sciences students) or Dean of the Berman School of Nursing and Health Professions (for Nursing and Medical Laboratory Sciences students).

7.3.2 The incident must be reported to the Assistant VP of the Wellness Center for all students. The “Report of Injury” form (Appendix D) must be completed by the exposed individual and returned to the Assistant VP of the Wellness Center within 48 hours of the exposure incident.

7.3.3 All students who incur an exposure incident while working in hospitals or clinics should follow the hospit-60003 Tm0 g0 0 0 1 190.82 364.01

health care professional must complete the "Refusal of Post-













## Appendix C

### Hepatitis B Vaccination Declination Student Form

I understand that due to my potential exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been counseled that I should receive the hepatitis B vaccine or in the case of a negative titer, a booster. However, I decline hepatitis B vaccination or booster at this time.

I understand that by declining this vaccine or booster, I continue to be at risk of acquiring hepatitis B, a serious disease.

#### **Reason for Declination:**

*Please place a check in the box next to your reason for declination.*

I do not wish to be vaccinated or receive the booster at this time.

The vaccine or booster is contraindicated for medical reasons.

I have already received the hepatitis B series

#### Vaccination History

Dose 1      Date \_\_\_\_\_

Dose 2      Date \_\_\_\_\_

Dose 3      Date \_\_\_\_\_

\_\_\_\_\_  
*Student Name (please print)*

\_\_\_\_\_  
*Academic Program (Major)*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness, Wellness Center*

\_\_\_\_\_  
*Date*

**Appendix D**



**REPORT OF INJURY**

(To be completed by the injured party only)

Current Status: SU Employee \_\_\_\_\_ Student \_\_\_\_\_ Visitor \_\_\_\_\_

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

\_\_\_\_\_ Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Telephone # (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location of Incident: \_\_\_\_\_  
Name of Building Area (office, bathroom, etc.)

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM/PM

Description of incident: (Must include materials and equipment used at the time of the incident as well as the specific activity being performed when the incident occurred, including events that occurred immediately before the incident):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there an exposure to blood, blood products or other potentially infectious materials? \_\_\_\_\_

If yes, indicate the type of body fluid: \_\_\_\_\_ Was it a percutaneous wound (needle stick, etc.): \_\_\_\_\_

Describe how the

**Present Job Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_

**SU I.D.:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Last** **First**

**Name(s) of Witness(es):** \_\_\_\_\_

**Appendix E**

**Refusal of Post-Exposure Medical Evaluation  
for Bloodborne Pathogens Exposure**

**Exposed Employee/Student Information**

Name: \_\_\_\_\_

Title/SU Major: \_\_\_\_\_

Exposure Date: \_\_\_\_\_

**Statement of Understanding**

I have been trained in SU's Exposure Control Plan, and I understand my exposure to blood, blood products, or OPIM puts me at risk for the development of infectious diseases such as HIV, HBV, and HCV. I also understand the implications of contracting these diseases.

I have been counseled to receive follow-up medical testing and evaluation at Patient First Medical Centers/Concentra Medical Centers or a similar facility to determine whether or not I have contracted an infectious disease.

Despite all the information I have received, for personal reasons, I freely decline to seek post-exposure evaluation and follow-up care.

\_\_\_\_\_  
Exposed Individual's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

## **Appendix F**

### **Location and Hours of Concentra Medical Centers Employee Information**

When a Bloodborne pathogen exposure occurs either on campus or in off campus, University-related activities, the University recommends that the employees go to Concentra Medical Centers for post exposure treatment. Concentra Medical Centers will ensure that all the requirements dictated by law are followed and the appropriate documentation will be kept on file for the individual. If an employee should incur an exposure incident while working in affiliated hospitals or clinics, the individual should follow the hospital policies for post-exposure control evaluation. Following the initial post-exposure treatment, all other post-exposure follow-up visits should be performed at Concentra Medical Centers. Please be aware that the employee can go to any hospital, clinic, or primary care physician to receive treatment, but that Emergency Room staff and private physician may not prioritize a bloodborne pathogens exposure and therefore treatment may not be initiated in the optimal 0-2 hour window. In addition, private physicians may not provide necessary counseling that the law requires.

Security should fax the Stevenson University incident report to Concentra as soon as possible. Ideally, the incident report should be at Concentra prior to the patient's arrival.

The address and hours for three of the closest Concentra Medical Centers closest to campus are listed below. There are other locations also available. Please note that the Concentra in Timonium is the closest to Greenspring, Owings Mills, and Owings Mills North. If the incident occurs during Concentra Medical Centers closing hours, then the employee should seek treatment at the nearest Emergency Room.





## Appendix H

### Payment for Healthcare Services Provided by Patient First Medical Centers

As required by law, the University will incur the cost of healthcare services rendered for post-exposure treatment for all employees. This includes any students that have an employee/employer relationship with the University (work-study, graduate assistants, etc.) and who have an exposure incident while performing duties related to their University employment.

With the exception noted above, **students are responsible for their healthcare costs related to post-exposure treatment.** Patient First Medical Centers will bill insurance carriers directly for any services rendered. The student is responsible for any copayments or costs not covered by his/her health insurance carrier.

Patient First Medical Centers will never turn away a student seeking post-exposure care. No matter what the circumstance, report to Patient First Medical Centers or a similar facility to receive the post-exposure care for a bloodborne pathogens exposure. Your safety and health is of the utmost importance.