BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM

1. Purpose

The purpose of this policy is:

- To establish an Exposure Control Plan to minimize employees' exposure to bloodborne pathogens.
- To comply with the requirements of the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard.

2. Scope

Bloodborne pathogens are disease-causing agents carried in the blood and certain body fluids of infected individuals. Employees who may be exposed to these potentially infectious materials during the course of their routine job tasks are, per OSHA, "reasonably at risk" of bloodborne pathogens that can cause diseases including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV).

The Bloodborne Pathogens Exposure Control Program applies to:

- All employees of The New School reasonably at risk of exposure to bloodborne pathogens, including job titles listed in the Exposure Determination (section #5) of the bloodborne pathogens exposure control program.

Note: Student Health Services has developed a department-specific Exposure Control Plan.

3. Definitions

3.1 Engineering controls: devices that isolate or remove the bloodborne pathogens hazard such as sharps disposal containers, self-sheathing needles, needleless systems, and sharps with engineered sharps injury protection.

3.2 Good samaritan act: first aid or cardio-pulmonary resuscitation (CPR) performed by an employee who is not a trained or designated first aid provider.

3.3 HBV: hepatitis B virus, the disease-causing agent of hepatitis B.

3.4 HIV: human immunodeficiency virus, the disease-causing agent of Acquired Immune Deficiency Syndrome (AIDS).

3.5 Other potentially infectious materials (OPIM): human body fluids; any unfixed human tissue or organ (other than intact skin); HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions.

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

3.7 Occupational exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of the employee's duties.

3.8 Regulated waste: liquid or semi-liquid blood or OPIM, items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed, items caked with dried blood or OPIM and are capable of releasing these substances during handling, contaminated sharps, and pathological or microbiological waste containing blood or OPIM.

3.9 Sharps: any object or device that can penetrate the skin such as needles, blades, broken glass, etc.

3.10 Source individual: any person whose blood or OPIM may be a source of an occupational exposure to employees.

3.11 Universal precautions: OSHA's required method of control to protect employees from exposure to all human blood and OPIM. It is the concept of bloodborne disease control that requires all human blood and certain body fluids are treated as if known to be infectious for HIV, hepatitis B virus (HBV), or other bloodborne pathogens.

3.12 Work practice controls: practices that reduce the likelihood of exposure by changing the way a task is performed.

4. Responsibilities

4.1 Responsible Individual

The highest-ranking individual serving in a management capacity within each Program, Department, School or Division (e.g., Directors (program or facilities) and School or Divisional Deans) is the Responsible Individual.

Responsible Individuals are responsible for:

- Allocating necessary funds to support compliance with the Bloodborne Pathogens Exposure Control Plan.
- Enforcing compliance with the Plan, and when necessary, taking disciplinary actions in accordance with applicable collective bargaining agreement procedures.

4.2 Supervisors are responsible for:

- Notifying the Assistant Director for Environmental Health & Safety (EHS), Facilities Management, of job titles with reasonable risk of bloodborne pathogens exposure and the procedures/tasks that put employees at risk.
- Notifying EHS of any new or modified job titles, tasks, or procedures that affect occupational exposure to bloodborne pathogens.
- Scheduling initial and annual training for employees.
- Notifying EHS of all employees who choose to take the Hepatitis B vaccine and ensuring they are available to receive the vaccine.
- Forwarding completed Hepatitis B Vaccine Waiver (Appendix A) to EHS for all employees who opt out of the vaccine.
- Ensuring appropriate personal protective equipment (such as gloves), spill supplies, regulated waste containers, and appropriate engineering controls are readily available and used properly by employees. Refer to The New School's Personal Protective Equipment (PPE) policy for details.
- Notifying EHS promptly after an exposure occurs and ensuring post-exposure procedures are followed including completion of the Incident Report with

Security Dept. and the required forms in the Bloodborne Pathogens Exposure Kit (Appendix B).

- Monitoring and enforcing compliance with the Bloodborne Pathogens Exposure Control Plan.

4.3 All employees with reasonable risk of exposure are responsible for:

- Complying with the policy: attending training, wearing PPE as needed, reporting to the licensed healthcare provider to receive the Hepatitis B vaccine or submitting the Hepatitis B Vaccine Waiver form to his/her Supervisor, and complying with all applicable sections of the Bloodborne Pathogens Exposure Control Plan.
- Immediately notifying their Supervisor of any safety issues and exposure incidents involving bloodborne pathogens.

4.4 The Assistant Director for Environmental Health and Safety (EHS), Facilities Management is responsible for:

- Identifying job titles for inclusion in the Bloodborne Pathogens Exposure Control Program.
- Implementing and monitoring compliance with the Program.
- Reviewing the policy annually and updating it as needed.
- Providing information, training, and clarification of the Program.
- Conducting an exposure determination and updating it as needed.
- Coordinating Hepatitis B vaccinations with Supervisors as needed.
- Monitoring employee exposure to bloodborne pathogens and conducting post-exposure investigations.
- Maintaining records for training, sharps injury log, hepatitis B vaccine waiver, post-exposure incident report, consent forms, and written opinion of licensed healthcare providers for post-exposures.
- Providing PPE in accordance with the PPE policy.
- Providing BBP spill kits as needed.
- Scheduling pick-ups of regulated medical waste (except for Student Health Services' facility).

4.5 Human Resources Department is responsible for:

- Reviewing letters from labor unions or healthcare providers, if any, regarding issues involving bloodborne pathogens.
- Maintaining accurate OSHA 300 logs including privacy cases involving all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material.

4.6 The Director of Medical Services, Student Health Services, is responsible for:

- Reviewing Student Health Services' Bloodborne Pathogens Exposure Control Plan with EHS annually and updating it as needed.
- Obtaining input annually from non-managerial employees responsible for direct patient care and who are potentially exposed to contaminated sharps, in the identification, evaluation, and selection of effective engineering (i.e., safer medical devices) and work practice controls.

- Documenting the consideration and implementation of safer medical devices during the annual review.
- Notifying EHS of any new or modified job titles, tasks, and procedures that affect occupational exposure to bloodborne pathogens.
- Properly managing regulated medical waste generated by Student Health Services.

4.7 The Director of Security is responsible for:

- Maintaining and forwarding copies of Incident Reports involving bloodborne pathogens exposures to Human Resources and EHS.
- Ensuring the Bloodborne Pathogens Post-Exposure Kit is available at every security post.

4.8 The Director of Facilities Management, is responsible for:

- Ensuring The New School's facilities are maintained in a clean and sanitary manner.
- Ensuring staff follows decontamination procedures after contact with blood and OPIM.
- Managing regulated waste (outside of Student Health Services' facility).
- Maintaining adequate supplies of EHS-approved disinfectants, bloodborne pathogens spill kits, and other necessary supplies.

4.9 Director of Housing is responsible for:

- Ensuring housing staff and dormitory residents are informed of and comply with best management practices for regulated medical waste.

5. Exposure Determination

5.1 The New School must identify all workers exposed to blood and OPIM without regard to PPE, review all processes and procedures with exposure potential, and re-evaluate when there are changes to the processes and procedures.

5.2 Job titles in which *all* employees have occupational exposure:

Job Title	**Department**
Porter	Facilities Management
Handyman	Facilities Management
Foreman	Facilities Management
Assistant Superintendent/Building Supervisor	Facilities Management
Superintendent/Building Supervisor	Facilities Management
Assistant Director for EHS	Facilities Management
Director for Fire/Life Safety	Design & Construction
Physicians	Student Health Services
Physician Assistants	Student Health Services
Nurse Midwives	Student Health Services
Nurse Practitioners	Student Health Services
Registered Nurses	Student Health Services
Director of Medical Services	Student Health Services

Assistant VP of Student Health & Support Services	Student Health Services
Assistant Director of Health Education Services	Student Health Services
Health Educator	Student Health Services
Medical Services Student Worker	Student Health Services
Security Officer	Security
Security Supervisor	Security
Assistant Director of Security	Security
Director of Security	Security
Group Fitness Coordinator	Student Services
Group Fitness Trainee	Student Services
Special Events Coordinator	Student Services
Marketing Coordinator	Student Services
Director of Recreation	Student Services
Outdoor Recreation Director	Student Services
Supervisor	Student Services

5.3 The following is a list of job titles in which *some* employees have occupational exposure and the tasks/procedures in which occupational exposure may occur:

Job Title/Category	**Department/School**	**Procedures/Tasks with Potential for Exposure**
Shop Manager	Parsons (shops)	Emergency response
Technician	Parsons (shops)	Emergency response
Student monitor	Parsons (shops)	Emergency response
ARC, SCE & SDS Admin. Staff	Parsons (shops)	Emergency response
Director of Student Development	Office of Student Development & Activities	Emergency response
Assistant Director of Student Development	Office of Student Development & Activities	Emergency response
Assistant Director of HEOP/OIS	Office of Student Development & Activities	Emergency response
Coordinator	Office of Student Development & Activities	Emergency response
Office support staff	Office of Student Development & Activities	Emergency response
Fashion Academic Advisor	Parsons	Emergency response
Assistant Director for Residence Life	Student Housing & Residence Life	Emergency response
Residence Hall Director	Student Housing & Residence Life	Emergency response
Head Resident	Student Housing & Residence Life	Emergency response
Medical Services Office Assistants	Student Health Services	Handling of laboratory specimen box

5.4 Supervisors must notify EHS, Facilities Management, of any job titles not listed above with reasonable risk of bloodborne pathogens exposure.

6. Methods of Exposure Control

6.1 Universal precautions

- Universal precautions must be used by employees at all times when handling blood, OPIM, or contaminated equipment or working surfaces.
- All body fluids must be considered potentially infectious materials if differentiation between body fluid types is difficult or impossible.

6.2 Engineering and work practice controls

- Engineering and work practice controls must be used to eliminate or minimize exposure to employees.
- Personal sharps containers are available from Student Health Services, Residence Hall staff, EHS, and every Security post.
- Wall-mounted sharps containers are located in designated bathrooms in each New School building. Refer to http://www.newschool.edu/ehs/waste-management/ for locations.
- Employees must wash their hands or flush their eyes with water as soon as feasible after contact with blood or OPIM.
- Employees must practice good hand hygiene by washing hands immediately after removing gloves or other PPE.
- If handwashing facilities are not readily accessible, employees must use antiseptic hand cleansers in conjunction with clean cloth/paper towel or antiseptic towelettes. Hands must then be washed with soap and water as soon as it is feasible.
- Contaminated needles or other contaminated sharps shall not be sheared, broken, or recapped or removed. If recapping is needed for a medical procedure, it must be done using a mechanical device or a one-handed technique.
- Eating, drinking, smoking, applying lip balm or cosmetics, or handling contact lenses are prohibited in areas where there is reasonable likelihood of occupational exposure.
- Food and drink shall not be kept/stored in areas where blood or OPIM are kept.

6.3 Personal Protective Equipment (PPE)

- PPE must be used if occupational exposure risk remains after implementation of engineering and work practice controls.
- Employees will be provided PPE for bloodborne pathogens at no charge.
- PPE must be used to prevent direct contact with blood and OPIM.
- Employees will be trained to use the PPE by their Supervisors in accordance with The New School's PPE policy. EHS is available to provide assistance upon request.
- At minimum, employees will be provided with disposable gloves, and other PPE (e.g., surgical mask combined with eye protection, faceshield, apron) whenever there is a risk of splash/spray/splatter/ or droplets of blood or OPIM may be generated.
- PPE must be replaced when torn, punctured, or when their ability to function as a barrier is compromised.
- Disposable clothing must be used during clean-up/decontamination of blood or OPIM and disposed of as regulated waste.

- Laundering service must be provided when reusable PPE is provided. Use of additional personal protective equipment will be in accordance with the PPE Policy.

6.4 Housekeeping

- All equipment and working surfaces contaminated with blood or OPIM must be cleaned and decontaminated promptly.
- Facilities Management staff must use NYSDEC and EPA registered tuberculocidal disinfectants for the cleaning of blood or OPIM.
- Facilities Management staff must use bloodborne pathogen bodily fluid spill kits during cleanup/decontamination of blood or OPIM depending on the degree of anticipated contamination.
- Receptacles intended for reuse potentially contaminated with blood or OPIM must be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated promptly upon visible contamination.
- Contaminated broken glassware must not be picked up directly with the hands. Mechanical means such as brush and dustpan, tongs, or forceps must be used.

7. Post-exposure Procedures

7.1 A bloodborne pathogens exposure involves any specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM.

7.2 Areas of the body exposed to bloodborne pathogens or OPIM must be immediately washed with soap and water. Eyes or mucous membranes must be flushed with copious amounts of running water.

7.3 The employee should notify his or her Supervisor immediately (i.e., during the work shift in which the exposure occurred) of the bloodborne pathogens exposure. Complete an Incident Report, available from a New School Security Officer.

7.4 The Supervisor must forward the completed Post-Exposure Incident Report and other applicable forms (Appendix B: Part A, B, C & D) to EHS, Facilities Management.

7.5 The completed Sharps Injury Log form (Appendix C) must also be completed if the exposure involves contaminated sharps.

7.6 Employees who experience a bloodborne pathogens exposure will be offered a confidential medical evaluation and treatment at no cost, and at a reasonable time and place. Note: Post-exposure procedures are also available to employees who incur a bloodborne pathogens exposure as a result of a Good Samaritan act.

7.7 Medical evaluation and treatment will be provided according to the current recommendations of the U.S. Public Health Service.

7.8 If the employee agrees to a medical evaluation, the Supervisor must refer the employee to The New School's authorized licensed medical provider (Appendix B, Part D). The post-exposure medical evaluation includes:

- Laboratory tests by an accredited lab
- Medical evaluation
- Identifying and the source individual, if feasible
- Testing the exposed employee's blood with his or her consent
- Post-exposure prophylaxis
- Counseling
- Evaluating reported illnesses

7.9 The healthcare provider will be given a copy of the Bloodborne Pathogens Standard, as well as the Employee Post-Exposure Incident Report, Evaluation of Exposure Incident, Source Individual's Consent or Refusal for HIV, HBV, HBC Infectivity Testing. The documents include:

- A description of the employee's duties as they relate to the exposure incident
- Documentation of the routes and circumstances of the exposure
- The results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee, including vaccination status.

7.10 The health care provider will provide a written medical opinion to EHS. EHS will provide a copy to the employee within 15 days of receipt of the report. The report will indicate the following as required by OSHA:

- If Hepatitis B vaccination was recommended and whether or not the exposed employee received the vaccine,
- The employee has been informed of the results of the medical evaluation and told of any medical conditions resulting from the exposure to blood which require further evaluation or treatment.

7.11 All medical records must remain confidential and require the exposed employee's specific written consent for anyone to release the records.
7.12 Medical records are provided upon request of the employee or anyone having written consent of the employee within 15 working days. Such requests should be sent to The New School's authorized medical provider.

8. Hepatitis B Vaccination

8.1 Hepatitis B vaccinations will be made available at no cost to employees with occupational exposure within 10 working days of initial assignment.

8.2 Employees have the right to decline the vaccination but may choose to receive the vaccination at a later date, upon request to his/her Supervisor.
8.3 The Supervisor must inform EHS of employees who choose to receive the Hepatitis B vaccination and ensure the employee is available to receive the vaccine. The New School must compensate employee for his/her time during all activities associated with receiving the vaccine, even during the employee's regular work-hours.
8.4 Employees who choose not to receive the Hepatitis B vaccination must complete the Hepatitis B vaccination waiver form (Appendix A).

9. Label and Signs

9.1 Warning signs and labels must be posted to communicate bloodborne pathogen hazards.
9.2 Warning signs and labels will be affixed to:

- Refrigerators or other containers used to store blood or other potentially infectious materials.
- Restricted areas

9.3 Red bags or containers bearing the biohazard warning label will be used for storing blood and other potentially infectious materials. The biohazard warning label has a red

background with black ink and includes the symbol for biohazards. See below for an example:

9.4 Red, leak-proof, puncture resistant sharps containers will be used to store needles and other sharps.

10. Regulated Waste

10.1 Regulated waste must be placed in designated red bags and sharps containers.
10.2 Red bags or sharps containers must only be filled up to 80% of their capacity as a precaution.
10.3 Disposal of regulated waste must be coordinated with Facilities Management. Student Health Services will coordinate pick-up of its regulated waste generated directly with the authorized waste contractor.
10.4 Full personal sharps containers should be returned to Student Health Services, Residence Hall staff, or EHS for disposal.
10.5 Sharps may also be discarded in wall-mounted sharps containers in designated restrooms in each New School building.

11. Information and Training

11.1 All employees with occupational exposure to bloodborne pathogens must attend training at initial assignment and annually thereafter. Supervisors must coordinate with EHS to arrange for the training.
11.2 Training includes the following information:

- An overview of the OSHA Bloodborne Pathogens standard
- A description of The New School's bloodborne pathogens exposure control plan and how to obtain a copy
- Epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- How to recognize tasks that involve blood or OPIM
- Hepatitis B vaccine
- Use and limitations of exposure control methods: engineering controls, work practices, PPE
- Post-exposure procedures and benefits

12. Record keeping

12.1 EHS will maintain training records, vaccine waiver forms, employee post-exposure incident report, evaluation of exposure incident, consent forms, Health Care

Professional's Written Opinion For Post-Exposure Evaluation, and the sharps injury log. These records will be kept in the Facilities Management office.
12.2 The New School's authorized licensed medical provider will maintain medical records for the duration of the employees' employment plus 30 years as required by OSHA.

13. Program Evaluation

13.1 EHS will evaluate The New School's Bloodborne Pathogens Exposure Control Plan annually and update it when necessary.

13.2 The Director of Medical Services, Student Health Services, will evaluate Medical Services' Bloodborne Pathogens Exposure Control Plan with EHS annually and solicit input from non-managerial employees responsible for direct patient care in the identification, evaluation, and selection of engineering controls. Student Health Services will revise their Bloodborne Pathogens Exposure Plan to reflect technological changes (e.g., safer medical devices) as needed and maintain records of the annual review.

14. Program Availability

14.1 A copy of Bloodborne Pathogens Exposure Control Plan is available in the Human Resources Institutional Policies & Procedures Manual.

Appendices

Appendix A - Hepatitis B Vaccine Waiver
Appendix B - Bloodborne Pathogens Post-Exposure Kit
Appendix C - Sharps Injury Log

References

OSHA Bloodborne Pathogens Standard (29 CRF 1910.1030)

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APPENDIX A

HEPATITIS B VACCINE WAIVER

Instructions: Check off applicable boxes indicating the reason(s) for the waiver and sign and date the corresponding lines. Submit the completed form to Environmental Health & Safety Office, Facilities Management.

I understand that, because of 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 offered the opportunity to receive the hepatitis B vaccine series at no cost. However, I decline hepatitis B vaccination at this time for the following reason(s):

□ I previously completed the hepatitis B vaccine series.

□ Hepatitis B vaccine is contraindicated for medical reasons. I have a history of a serious reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B vaccine component.

□ Antibody testing has revealed that I am immune to hepatitis B.

Name _____ Signature _____Date:_____

Or;

□ I have not received the hepatitis B vaccine but wish to decline the vaccine at this time.
I understand that by declining the hepatitis B vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.
I understand that I can decide in the future to receive the hepatitis B vaccine and that it will be provided free of charge upon my request.

Name: _____Signature: _____ Date: _____

APPENDIX B

BLOODBORNE PATHOGENS POST-EXPOSURE KIT

Instructions: The Bloodborne Pathogens Exposure Kit is comprised of several forms to be completed as listed below.

FORM	TO BE COMPLETED BY	SUBMIT COMPLETED FORM TO
Part A: Employee Post-Exposure Incident Report Part B - Source Individual's Consent or Refusal for HIV, HBV, HBC Infectivity Testing (Only if Source Individual is known)	Exposed employee & Supervisor with a New School Security Officer	EHS
Part C – Refusal of Post-Exposure Medical Evaluation Following Bloodborne Pathogen Exposure OR Part D: Medical Authorization Form	Exposed employee and Supervisor	EHS
Evaluation of Exposure Incident	EHS	N/A
Health Care Professional's Written Opinion For Post-Exposure Evaluation	Health Care Professional	EHS (Copy sent to exposed employee)

FORMS TO BE COMPLETED BY EXPOSED EMPLOYEE WITH HIS/HER SUPERVISOR

Instructions: This form is to be used only for bloodborne pathogen exposure incidents. The exposed employee and his/her Supervisor must complete and submit Parts A & B to Environmental Health & Safety, Facilities Management Department located at 71 Fifth Avenue, 9th Floor. Part C (Refusal for Post-Exposure Medical Evaluation) must also be completed only if the exposed employee refuses medical evaluation by The New School's authorized health care professional. Part D (Medical Authorization Form) must be completed and sent to EHS if the exposed employee chooses to receive a medical evaluation.

PART A - EMPLOYEE POST-EXPOSURE INCIDENT REPORT

CONFIDENTIAL

Date: _____Employee Name: _____
Title_____Employee ID #: N_____

Description of employee's duties at the time of the exposure incident:

_____

_____

_____

Description of how the incident occurred:

_____

_____

_____

_____

_____

The New School is required to offer the exposed employee a post-exposure medical evaluation. Does the exposed employee consent to a medical evaluation? (check one) ☐ YES ☐ NO

Note: If the employee declines medical evaluation, complete Part C. If the employee chooses to receive medical evaluation, complete Part D.

Source Individual's Identity is: (check one) ☐ Unknown ☐ Known*

Source Name: _____ New School ID#: N_____

**If the Source Individual is known & the exposed employee consents to a medical evaluation, please complete Part B.*

Completed by:

_____ _____
Name Title

_____ _____
Signature Date

PART B - Source Individual's Consent or Refusal For HIV, HBV, and HCV Infectivity Testing

Instructions: If the exposed employee requests a medical evaluation, this form must be completed only when the source individual is known. The completed form must be returned to Environmental Health & Safety, Facilities Management, located at 71 Fifth Avenue, 9th Floor.

Exposed Employee's Information:
Name (Please Print):_____ Job Title: _____

Employee ID #: N_____ Exposure Date: _____

Source Individual's Statement of Understanding:
I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing when an employee is exposed to the blood or bodily fluids of any individual.

I understand that a New School employee has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I understand I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up testing may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical providers directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

Consent or Refusal & Signature:

I hereby consent to (please initial):
HIV Testing (additional New York State consent form required) ___
HBV Testing ___
HCV Testing ___

I hereby *refuse* consent to (please initial):
HIV Testing ___
HBV Testing ___
HCV Testing ___

Source patient Information:

Name/Signature: _____

Employee ID #: N_____ Phone: _____

Date signed: _____

Witness Name (Print)_____Signature: _____

Date signed: _____

PART C - Refusal of Post-Exposure Medical Evaluation Following Bloodborne Pathogen Exposure

Instructions: This form is to be completed by the exposed employee only if the employee refuses post-exposure medical evaluation. The completed form must be forwarded to Environmental Health & Safety Office, Facilities Management, located at 71 Fifth Avenue, 9th floor.

Exposed Individual's Information:

Name: _____ Employee ID # :N_____

Job Title: _____Department:_____

Exposure Information:

Exposure Date: _____ Location where exposure occurred:_____

Type of personal protective equipment used (gloves, eye protection, etc.):_____

Describe how you were exposed:

_____

_____

_____

_____

Do you have any suggestions regarding prevention of future exposures?

_____

_____

_____

Statement of Understanding:

I understand I may be at risk for contracting an infectious disease such as HIV, HCV or HBV as a result of my exposure. I also understand the implications of contracting these diseases.

I have been offered a medical evaluation and follow-up medical testing free of charge by my employer to determine whether or not I have contracted an infectious disease such as HIV, HCV, or HBV. I have also been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite the information I have received, I freely decline the post-exposure evaluation and follow-up care.

Exposed Individual's Signature:_____ Date: _____

Witness's Name (Print):_____Witness's Signature_____Date:_____

PART D - MEDICAL AUTHORIZATION FORM

The New School's authorized medical provider for the bloodborne pathogens post-exposure evaluation is Bellevue Hospital. If the exposed employee chooses to receive a post-exposure medical evaluation:

- Complete The New School's Incident Report (available from any New School Security officer).
- Complete this Medical Evaluation Authorization Form and obtain your Supervisor's signature.
- Send a copy of the completed form to Environmental Health & Safety, Facilities Management located at *71 Fifth Avenue, 9th floor*.
- Report to Bellevue Hospital's Emergency Room as soon as possible. It is located at 462 First Avenue (between East 27th & E. 28th Street) NY, NY 10016.

Exposed Employee's Information:

Name: _____ Employee ID # :N_____

Job Title: _____Department:_____

Exposure Information:

Date & time of exposure: _____ _____ am / pm (Circle one)

Type of exposure: Needlestick Laceration Bite Splash Other _____

Location where exposure occurred:_____

Circumstances of Exposure:

_____

_____

_____

Supervisor's Authorization:

The above employee has been exposed to a bloodborne pathogen incident and chooses to receive a medical evaluation. I authorize this employee to receive a medical evaluation at Bellevue.

Supervisor's Name: _____

Signature:_____

Supervisor's Employee ID # :N_____

Job Title: _____

Department/Division:_____

EVALUATION OF EXPOSURE INCIDENT

Instructions: This form must be completed by EHS to evaluate the circumstances of all exposure incidents.

CONFIDENTIAL

1. Date of Incident: _____ Date Form Completed: _____
2. Time of Incident: _____ Time Form Completed: _____
3. Name of Individual Exposed: _____
4. Name of Source of Exposure: _____
5. Description of Employee's Duties During the Exposure Incident:

_____

_____

6. Description of How the Incident Occurred:

_____

_____

7. Specific Route of Exposure: (*Note: Complete Sharps Injury Log for percutaneous injuries.*)

- ☐ Needlestick with contaminated needle to _____
- ☐ Piercing of skin with contaminated sharp to _____
- ☐ Splashing/spraying of blood or other potentially infectious materials to _____
- ☐ Other (describe) _____

8. Check the workplace control(s) that were examined as a part of the investigation of the exposure incident and note comments/findings below:

Control	Comments/Findings
☐ Universal precautions	_____
☐ Engineering controls	_____
☐ Workplace controls	_____
☐ Personal protective equipment	_____
☐ Housekeeping	_____
☐ Other (specify)	_____

9. List any changes that may minimize the risk of future exposure in similar settings.

	Specific Change	Implementation Date
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

10. Vaccination Status:_____Date of vaccination_____

11. Last bloodborne pathogens training date:_____

12. Exposed employee: ☐ accepts OR ☐ refuses post-exposure medical evaluation. Note: If refused, obtain completed *Refusal of Post-Exposure Medical Evaluation Following Bloodborne Pathogen Exposure*. Complete required *NYSDOH form for Informed Consent for HIV testing* if applicable.

13. The source individual is known / unknown (circle one). Note: If source individual is known, obtain the his/her *Consent or Refusal for HIV, HBV, HCV Infectivity Testing*. Complete required *NYSDOH form for Informed Consent for HIV testing* if applicable.

Employee Comments:

_____

_____

Signature of Employee: _____ Date:_____

Comments:

_____

_____

Name of individual completing this form: _____

Title:_____Signature: _____

Date completed: _____

Copy to: Employee's Confidential Medical File ☐

Health Care Professional
Written Opinion For Post-Exposure Evaluation

Instructions: This form must to be returned to The New School (Environmental Health & Safety Office, Facilities Management, 71 Fifth Avenue 9th floor NY, NY 10003) and a copy provided to the employee within 15 days.

Employee Name:
Date of Exposure Incident:
Date of Medical Evaluation:
Health Care Facility Address:
Health Care Facility Telephone:

As required under the Bloodborne Pathogen Standard:

I have assessed _____ for an occupational exposure to human blood or other potentially infectious materials, which occurred on the above date. The employee has been informed of the results of the post-exposure evaluation and has been informed of any medical conditions resulting from the exposure incident that require further evaluation or treatment.

Based on my assessment:

- ☐ Hepatitis B vaccination is indicated.
- ☐ Hepatitis B vaccination is not indicated.

Signature of Provider:_____ Date: _____

Name & Title of Provider:_____

APPENDIX C

SHARPS INJURY LOG

Instructions: Use this log to record all percutaneous injuries from contaminated sharps. Forward a copy to Human Resources for inclusion in OSHA 300 log.

Employee's Name_____Employee ID#: N_____
Department_____Supervisor's Name_____

Date of Injury_____Time of Injury_____ AM / PM
Location Where Injury Occurred_____

Type & brand of device involved:
_____
_____

Route of exposure:

 Needle stick Laceration Bite Splash Other_____

Explanation of how the incident occurred:
_____
_____
_____
_____

_____