APPENDIX A

UNIVERSAL PRECAUTIONS

Universal precautions were developed by the Centers for Disease Control (CDC) to limit the transmission of HIV. The concept stresses that **ALL PATIENTS SHOULD BE ASSUMED TO BE INFECTIOUS FOR HIV AND OTHER BLOOD-BORNE PATHOGENS**. Universal precautions should be followed when personnel are exposed to blood, amniotic fluid, pericardial fluid, peritoneal fluid, synovial fluid, cerebrospinal fluid, semen, vaginal secretions, feces, urine, vomitus, sputum, saliva and any other body fluid visibly contaminated with blood.

Exposure means any contact with blood or body fluids (listed above) through percutaneous inoculation (needle stick injury or cut from contaminated material), contact with an open wound, non-intact skin or mucous membrane while on the job.

These are the guidelines of universal precautions.

1. Wash hands between patients. (Waterless hand cleaner is available in each work area where water for hand washing is not present.)

2. Wear gloves when coming into contact with blood or body fluids of any patient.

3. Wash hands immediately after removing gloves. (Waterless hand cleaner is available in the work area.)

4. Wash hands if they become contaminated with blood or other body fluids.

5. Do not recap, bend, cut or break needles, but place them into a puncture-proof container. Containers shall be labeled with a BIOHAZARD tag or symbol. Replace the container when it reaches the maximum fill level. (Containers are in each work area for this purpose.)

6. Wear gowns if soiling of your clothes with blood or body fluids is likely. Water-impermeable aprons are available when heavy soiling is anticipated.

7. Use other protective barriers (e.g., masks, goggles, glasses, bag valve masks, etc.) appropriate for the procedure being performed and the type of exposure anticipated.

8. Put damp or dry linen in regular linen bags. All potentially contaminated linen shall be double bagged in a plastic bags marked with the BIOHAZARD tag or symbol. Used linen should be bagged immediately in the area where it is generated. Handle soiled linen as little as possible. Then put the plastic bags into a regular linen bag and send it to the laundry.

9. Trash is to be bagged and discarded. Discard liquid waste at the hospital.

10. Report any exposure (i.e., needle stick, splash of fluid into mucous membrane, etc.) to your supervisor.

11. Personal protective equipment and resuscitation equipment will be available in all work areas where there use is anticipated.

APPENDIX B

WAIVER FOR HEPATITIS B VACCINE

I understand that due to my occupational exposure to blood and 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. In the future, if I continue to have occupational exposure to blood and other potentially infectious materials and I decide to be vaccinated with hepatitis-B vaccine, I can receive the vaccination series at no charge to me.[1]

Signature of Employee	Date
Signature of Witness	Date

Note: Review Appendix I, Important Information about Hepatitis B and Hepatitis B Vaccine with the employee.

[1]Bloodborne Pathogens 29 CFR 1910.1030 Appendix "A" with Amendments as of September 1, 1994.

APPENDIX C

REPORT OF EXPOSURE

Employee: _____

Departmet: _____

Date of Exposure: _____ Time of Exposure: _____ AM/PM

Type of exposure: Via what route? (blood, body fluid or secretion)

_____

_____

Describe how the incident occurred. (include activity taking place)

_____

_____

Conditions of exposure: (location, confined space)

_____

_____

_____

Name of the source patient: _____

Address and telephone number of the patient: _____

_____

Receiving hospital of the source patient: _____

Preliminary instructions to the employee: _____

_____

Follow up protocol followed: _____

Names of other potentially exposed people involved in this incident:

Name: _____ Home Phone #: _____ Agency: _____

Name: _____ Home Phone #: _____ Agency: _____

Name: _____ Home Phone #: _____ Agency: _____

Name: _____ Home Phone #: _____ Agency: _____

APPENDIX E

WAIVER TO SUBMIT TO FOLLOW-UP PROCEDURES AFTER POSSIBLE EXPOSURE TO INFECTIOUS DISEASE

I, _____ , have had explained to me the need for follow-up testing to evaluate my exposure

to _____ I understand that the testing is medically indicated.

I have had a chance to ask questions which were answered to my satisfaction and I believe that I understand the risks of my possible exposure and the benefits of follow-up testing.

I understand that no adverse action can be taken on the ground that I refused testing and follow-up since the procedures are designed for my benefit.

I understand that Workers' Compensation **may deny** claims for which initial testing and follow-up were refused.

I choose not to receive any testing or follow-up.

_____

Signature of Employee Date

_____

Signature of Employee Date

Type of exposure: _____

Date of exposure: _____

APPENDIX F

INFORMED CONSENT TO PERFORM TESTS AND TO RECORD TEST RESULTS

Name of Employee _____

Date: _____

Tests to be performed: _____

_____

_____

_____

_____

I, _____ have had explained to me the procedures for performing the above tests. I understand the need for these tests. I have had a chance to ask questions which were answered to my satisfaction.

I understand that the test result(s) will be part of my personnel medical record. I understand that my test results and my medical record are strictly confidential and will be shared only with health care providers, personnel managers and administration directly involved in my care and follow-up.

I understand the benefits and risks of the test(s). I agree to have the test(s) done and the results recorded in my record.

_____

Signature of Employee Date

_____

Signature of Employee Date