



# Catholic Diocese of Arlington Bloodborne Pathogens Exposure Plan For

[Enter Parish or School Name]

## PURPOSE

It is the policy of (Diocesan Location) to provide a safe environment for all employees, volunteers, parishioners, and guests and strive to comply with all state and Federal regulations, as they apply to our facility. This Bloodborne Pathogen Exposure Control Plan has been established to minimize and prevent the exposure of our employees and volunteers to disease causing microorganisms transmitted through human blood, and as a means of complying with the Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030, entitled Occupational Exposure to Bloodborne Pathogens as adopted by Virginia Occupational Safety and Health Administration (VOSHA).

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work procedures and work practice outlined in this exposure control plan.

## 1. DEFINITIONS

This Exposure Control Plan uses the same terminology as identified in OSHA's Occupational Exposure to Bloodborne Pathogens. The following terms are key to this plan.

**"Blood"** means human blood, human blood components and products made from human blood.

**"Bloodborne Pathogens"** means 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).

**"Contaminated"** means the presence or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

**"Decontamination"** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**"Engineering Controls"** means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

**"Exposure incident"** means a specific eye, mouth, and other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**"HBV"** means hepatitis B virus.

**"HIV"** means human immunodeficiency virus.

**"Occupational Exposure"** means 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 duty.

**"Other Potentially Infectious Materials"** means

- i. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult to differentiate between body fluids;
- ii. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- iii. 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.

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

**"Personal Protective Equipment"** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or coats) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**"Regulated Waste"** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**"Sterilize"** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**"Universal Precautions"** also known as **"Standard Precautions"** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**"Work Practice Controls"** means controls that reduce the likelihood of exposure by altering the way a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

## 2. PROGRAM ADMINISTRATION

This exposure control plan requires certain positions to oversee and manage specific responsibilities as identified below:

- i. The Pastor shall designate an Exposure Control Officer to implement this Exposure Control Plan and will maintain, review and update said plan, at least annually and whenever necessary to include new or modified tasks and procedures to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.
- ii. The Parish will provide and maintain all necessary personal protective equipment engineering controls, labels and red bags as required by the standard and will ensure that adequate supplies of the equipment are available in the appropriate sizes.
- iii. The Exposure Control Officer will identify the staff whose job duties may expose them to blood and other potentially infectious body fluids and modify the exposure chart in Section IV.
- iv. The designated person(s) will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- v. The Business Manager, or other designated position, will be responsible for training, documentation of training and making the written exposure control plan available to employees.

### 3. EXPOSURE DETERMINATION

Certain parish positions may fall under the OSHA regulations if their tasks put the employee at risk for potential exposure. The Exposure Control Officer shall modify the list below to add any other positions thought to have a risk exposure to any body fluids on parish campus.

#### Parish Position Exposures

Job position	Exposure tasks
Custodians	Emesis and body fluid clean up, disposal of regulated waste, sharps removal, general cleaning
DRE or Staff Working with Children	Assistance to children with bleeding or other potentially infectious material injuries
Others who have job descriptions, such as kitchen staff, requiring them to provide first aid to staff	Aid adults or minors with bleeding or other potentially infectious material injuries

### 4. METHODS OF COMPLIANCE

Prevention of infectious disease depends upon the basic principles of cleanliness and hygiene. All body fluids are considered potentially infectious. It is best to avoid direct skin contact with all body fluids especially if breaks in the caregiver's skin are evident.

All body fluid exposures are reported to the immediate supervisor and the Exposure Control Officer. If there is an obvious or suspected break in the skin or if the exposure was to mucous membrane, the individual exposed should be referred for a medical evaluation.

<b>Hand Washing and other Hygiene Measures</b>	<p>Frequent hand washing is the most important technique for preventing the transmission of disease. Proper washing requires the use of soap and water and vigorous scrubbing of the hands for at least 20 seconds. In this event hands and exposed skin must be scrubbed for 10 minutes at once, or as soon as possible after contact. Employees will wash their hands with soap and water immediately;</p> <ul style="list-style-type: none"> <li>▪ Following contact with blood or other potentially infectious materials,</li> <li>▪ After removing gloves or other personal protective equipment, and</li> <li>▪ Once facilities become available following disinfection with waterless alcohol-based hand sanitizers.</li> </ul> <p>Exposure of mucous membranes requires immediate flushing with water for 15 minutes.</p>
<b>Engineering and Work Practice Controls</b>	<p>Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains, after institution of these controls, personal protective equipment shall also be used.</p>
<b>Universal precautions / Standard precautions</b>	<p>Universal precautions refer to the use of barriers or protective measures when dealing with the following:</p> <ul style="list-style-type: none"> <li>▪ Blood (lacerations, nose bleeds, abrasions, menstruation)</li> <li>▪ All body fluids, secretions and excretions except sweat, regardless of whether they contain visible blood (urine, emesis, feces)</li> <li>▪ Non-intact skin (cuts, scrapes, dermatitis)</li> <li>▪ Mucous membranes (oral and nasal secretions)</li> </ul>

<b>Personal Protection Equipment</b>	Employees shall wear personal protective equipment when doing procedures in which risk of exposure to the skin, eyes, mouth or other mucous membranes is anticipated. All personal protective equipment will be provided and disposed of by the parish at no cost to the employee. Such equipment can include but is not limited to, gloves (both disposable and utility), gowns, aprons, facemasks, eye goggles and face masks. Articles worn will depend on the expected exposure.
--------------------------------------	--

Parish employees should refrain from eating, drinking, handling contact lenses, or placing masks or other protective facial equipment in any area where there are contaminated items or risk of exposure to potential bloodborne pathogens. Employees should wash their hands before and after work as well as before and after meals, after bathroom use or whenever necessary.

### 5. OSHA COLOR CODING AND LABELS

OSHA recommends specific color codes for marking physical hazards:

- **RED** – Red should be used to alert people of a danger. Red suggests everyone should STOP and observe the condition or situation at that sign. It also indicates there is a fire-related hazard, which may include flammable materials that could ignite or explode.
- **YELLOW** – Yellow indicates hazards could cause harm, such as falling, tripping, pinch points, movable or unstable objects.
- **ORANGE** – When a risk is not as severe or likely to be an immediate danger, orange still alerts there is a possible danger.
- **BIOLOGICAL** – Given the unique risks, biohazards have a symbol and a combination of fluorescent orange or orange-red bags and labels.

Biohazardous waste labels either has the word “biohazard” or the biohazard symbol or both on the biohazardous waste container.	
Biohazardous waste bags must be either RED or clear and labeled as above.	<div style="display: flex; justify-content: space-around;"> <div data-bbox="841 1304 1036 1598">  <p style="text-align: center;">Red bio hazard bag</p> </div> <div data-bbox="1068 1304 1273 1598">  <p style="text-align: center;">Clear bio hazard bag.</p> </div> </div>

Sometimes the colors overlap across another category. In most situations, however, it is possible to have them apply properly in both situations. For example, a fire risk is red both because it is a fire hazard and because it represents a significant danger to the facility and all employees. When unsure, use the color representing the higher warning.

## 6. PROCEDURES for EXPOSURE INCIDENTS

An exposure incident is contact with blood or other potentially infectious materials that may include mucous membranes, non-intact skin or parenteral contact that results from the performance of an employee's duties.

An exposure to blood is not simple contact. It is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (piercing) contact with human blood or human body fluids containing blood that results from the performance of an employee's duty. Contact with urine, feces, vomit, perspiration, or saliva does not constitute exposure unless these fluids contain blood.

Employees who experience an exposure incident must immediately report their exposure to the Exposure Control Officer.

When an employee reports an exposure incident, they will be immediately offered post exposure confidential medical evaluation including a determination of the source individual's infectivity status, if the source individual or guardian consents to blood testing, and follow up in accordance with Virginia Occupational Safety and Health Regulation 1910.30. The cost of these post exposure medical follow-up services shall be paid by the parish.

- i. Sharp Object Handling. The primary route of exposure to bloodborne pathogens is accidental percutaneous injury caused by sharp objects. Sharp objects include, but are not limited to needles, knives, lancets, blades, scissors and any other object which might be contaminated with body fluids and have the potential to puncture skin.

Contaminated sharp objects must be maintained in a sealed puncture resistant container with the biohazard label prominently displayed. Sharp object containers must be in each janitorial area. Broken glass is handled with gloves, tongs, broom or scoop and placed in a puncture proof container whether contaminated with blood or not. Contaminated sharp object containers are disposed of according to federal and state regulations.

- ii. Caring for Personal Protective Equipment. The parish is responsible for cleaning, repairing or replacing any personal protective equipment as necessary, and must provide personal protective equipment in the appropriate size as well as providing hypoallergenic equipment as required.

Gloves will be worn when it can be reasonably anticipated that hands will come in contact with blood or other potentially infectious materials, mucous membranes and non-intact skin. Failure to use gloves as indicated may result in disciplinary action. Gloves will always be worn for (a) treatment of a bleeding injury; (b) assistance with bathroom accidents or backflow stoppage; (c) cleaning a spill of blood or other body fluid; and (d) handling contaminated materials.

Disposable latex or vinyl gloves are single use only. Replace gloves as soon as feasible when gloves become contaminated, torn or punctured. Utility gloves may be reused and decontaminated. Discard when gloves are cracked, peeling, torn or show other signs of deterioration.

- iii. Housekeeping. The workplace will be maintained in a clean and sanitary condition. Because Hepatitis B can survive on hard surfaces for up to a week, protocols for cleaning and disinfection are carefully followed. Decontamination and cleaning of all equipment and environmental and working surfaces must be completed immediately after contact with blood or other potentially infectious materials.

<b>For spills on hard surfaces</b>	Spills will be contained and decontaminated according to the type of surface. <ul style="list-style-type: none"><li>• Using gloves</li><li>• Cover spill with disposable towels/ absorbent material</li><li>• After soil is absorbed, discard towels / material in a plastic bag</li></ul>
------------------------------------	--

	<ul style="list-style-type: none"> <li>• Clean area with soap and water</li> <li>• Disinfect with a 1:10 solution of chlorine bleach</li> <li>• Allow to air dry</li> <li>• Discard/ Decontaminate gloves</li> <li>• Wash hands</li> </ul>
<b>For spills on soft surfaces</b>	<ul style="list-style-type: none"> <li>• Do not allow spill to dry on surface</li> <li>• Use gloves</li> <li>• Cover spill with disposable towels / absorbent materials</li> <li>• Sweep debris into dustpan and dispose in a plastic bag</li> <li>• Vacuum with either wet vacuum extractor or vacuum cleaner</li> <li>• Spray area with a 1: 32 white vinegar solution and blot</li> <li>• Rinse and disinfect with compatible disinfectant</li> <li>• Shampoo with bacteriostatic rug shampoo</li> <li>• Disinfect vacuum, dustpan and brush</li> <li>• Decontaminate gloves</li> <li>• Wash hands</li> </ul>

- iv. Regulated Waste. Most items in the parish are not considered regulated waste. Band-Aids, bandages, facial tissues soiled with blood or other potentially infectious materials are not considered to be regulated waste. These substances can be placed in lined trash receptacles for disposal or flushed down the toilet if appropriate.

Clearly labeled, puncture resistant, closeable containers for contaminated sharp objects may be a biohazard. Though not necessarily regulated waste, disposal of these items is in accordance with federal, state and local trash regulations. The health office maintains records of disposal

- v. Human Bites. Some victims of hepatitis B infections may harbor the virus in their saliva. In a few of these cases, enough viruses may be in the saliva to represent a transmissible dose. If such an infected individual were to bite someone and copious amounts of saliva were to be introduced into the bloodstream, transmission could possibly occur. The risk of transmission by this route is extremely small. Individuals who receive a bite that breaks the skin should treat the bite as if it were an exposure to a blood borne pathogen and follow the procedures outlined above.

## 7. POST EXPOSURE PROCEDURES

If an exposure occurs, the immediate response should be the cleansing of the affected site to reduce contact with contaminated materials. If an injury is incurred at the time of exposure, the employee shall seek first aid or call the emergency medical system (911), if necessary.

The exposed employee shall report the exposure incident to the Exposure Control Officer and to the parish pastor as soon as possible. If an exposure is determined, a post exposure report is provided for this purpose (*Appendix A*). The complete report must be signed by the exposed employee and the pastor, and then be given to the health care provider at the time of the post exposure evaluation. A copy of the report will be retained in the confidential school employee health record. A copy shall be sent within 24 hours to the Diocesan Office of Risk Management.

The exposed employee shall seek medical attention from an appropriate licensed health care provider within 24 hours if feasible and, in any event, as soon as possible after exposure. In order to ensure an effective follow-up, the licensed health care provider will require:

- A description of the exposed employee's duties as they relate to the exposure incident,
- Documentation of the route of exposure,
- The circumstances under which the exposure occurred,

- Identification and consent for blood testing of the source individual, and
- All employee health records relevant to treatment, including vaccination status.

The health care provider shall provide the pastor with a written report for post exposure evaluation and follow-up. The report is limited to the following information:

- That the employee has been informed of the results of the evaluation
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment
- Whether the hepatitis B vaccination is indicated for the employee and if the employee has received such a vaccination

The principal shall provide a copy of this written opinion to the employee within 15 days of the completion of the evaluation. Depending on the medical treatment required a First Report of Employee Injury form will also be needed (<https://www.arlingtondiocese.org/risk-management/physical-injury/>).

### **Investigation of the Incident**

Following the receipt of the post exposure report, the pastor and the Exposure Control Officer shall investigate the circumstances that led to the exposure and whether a recurrence can be prevented.

## **8. HEPATITIS B VACCINATION POLICY**

All employees who have been identified as having exposure to bloodborne pathogens will be offered the hepatitis B vaccination series at no cost to them. All laboratory tests will be conducted by an accredited laboratory, at no cost to the employee. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.

All medical evaluations and procedures including the hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee within 10 days of initial assignment. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U. S. Public Health Service. Any exposed employee who chooses to take the Hepatitis B vaccination will be required to sign two forms: Consent for Release of Medical Information (*Appendix B*) and Informed Consent for Hepatitis B Vaccination (*Appendix C*). Typical Hepatitis B vaccination is a series of three injections, scheduled at 0, 1<sup>st</sup> and 6<sup>th</sup> month intervals. A four-dose schedule may be preferred for post exposure prophylaxis. At this time, a routine booster dose is not recommended, but, if the U. S. Public Health Service, at some future date, recommends a booster, it will also be made available to exposed employees at no cost.

The vaccination is given in the upper deltoid. The most common reaction is pain at the injection site. The vaccine contains no components that have been shown to pose a risk to the fetus, therefore it can be given safely to pregnant women; conversely HBV infection poses a significant threat to the fetus.

The vaccination will be made available to employees after they have attended training on bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure. The vaccination series will not be made available to employees who have previously received the complete hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated.

Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement (*Appendix D*). Any exposed employee regardless of declination may request and obtain vaccination at a later date, at no cost. Copies of the employee's vaccination series are maintained in their confidential health record (*Appendix E*).

## 9. EMPLOYEE TRAINING

The Exposure Control Officer is responsible to provide employee training to all parish employees at the time of initial employment and annually thereafter. Training is offered during the normal work schedule and is tailored to the educational and language level of each employee. Additional training is provided when tasks or procedures affect the employee's occupational exposure.

- i. Content. Employees need to know the following:
  - a. An explanation of the Occupational Exposure to Bloodborne Pathogens Standard 1910.30,
  - b. Explanation of the modes of transmission of bloodborne pathogens,
  - c. Explanation of the parish's Exposure Control Plan and where to find the current plan,
  - d. Explanation of tasks that may involve exposure to potentially infectious materials,
  - e. Explanation of use and limitations of work practice, engineering controls and personal protective equipment,
  - f. Information about the proper use, location, removal and disposal of personal protective equipment,
  - g. Information on the Hepatitis B vaccine,
  - h. Guidance on actions to take and persons to contact in an emergency involving blood or other potentially infectious materials,
  - i. Explanation of the procedure to follow if an exposure incident occurs,
  - j. Information on the required post exposure evaluation and follow up, and
  - k. Explanation of OSHA color-coding for hazard warning and biohazard labeling.

## 10. RECORDKEEPING

All training must be documented, and records of training attendees maintained for 3 years (*Appendix F*). Training records must include the following: dates of training; name and qualification of trainer; summary of training content; and name and job title of attendees. Additional records must be maintained as required by the Occupational Exposure to Bloodborne Pathogens Standard.

- i. Exposure Incident and Sharp Objects. All Exposure Incident Reports must be maintained for 30 years. Also, if the exposure involved a sharp object, then additional information must be attached to the Exposure Incident Report. This information is:
  - a. The type and brand of device involved,
  - b. The work area where it occurred, and
  - c. An explanation of how the incident occurred.
- ii. Medical Records. In accordance with 29 CFR 1910.1020 the parish shall establish and maintain an accurate record for each employee exposure to a hazardous pathogen in the workplace. This confidential record shall be kept separate from the general personnel file and maintained for the duration of employment or 30 years. The record shall include:
  - a. Name and social security number of employee,
  - b. Copy of employees Hepatitis B vaccination status (*Appendix E*),
  - c. Copy of any/ all results of post exposure examinations and follow up procedures,
  - d. Copy of healthcare provider opinion following exposure, and
  - e. Copies of all documentation provided to the health care provider.





## Appendix A Catholic Diocese of Arlington EXPOSURE INCIDENT REPORT

<b>EMPLOYER INFORMATION</b>			
Diocesan Location Name			
Address	City	State	ZIP
Pastor/Exposure Control Officer			
<b>INCIDENT INFORMATION</b>			
Name of Exposed Employee		Social Security Number	
Source Individual (if known)			
Date of Incident		Time of Incident	
Description of Incident			
Description of Basic Care Provided			
Was consultation with healthcare provider sought?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Name and Title of Provider			
<b>EXPOSURE DETERMINATION AND RECOMMENDATIONS</b>			

Individual completing the report:

\_\_\_\_\_  
NAME/TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Maintain this confidential document for the duration of employment plus 30 years.**



**Appendix B  
Catholic Diocese of Arlington  
CONSENT FOR RELEASE OF MEDICAL INFORMATION**

**EMPLOYEE INFORMATION**

I hereby authorize the release of all confidential medical information related to my post-exposure examination, evaluation, and/or treatment beginning (date) \_\_\_\_\_ to the Pastor/Exposure Control Office of my employer, \_\_\_\_\_.

The authorization expires (date) \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

**EMPLOYER INFORMATION**

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

Address: \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

**EMPLOYEE HEALTHCARE PROVIDER**

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

Address: \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

Dates of Service: \_\_\_\_\_

**Maintain this confidential document for the duration of employment plus 30 years.**



**Appendix C**  
**Catholic Diocese of Arlington**  
**INFORMED CONSENT FOR HEPATITIS B VACCINATION**

**TO BE COMPLETED BY EMPLOYEE**

I, \_\_\_\_\_, have chosen to receive the Hepatitis B vaccination, due to my possible occupational exposure to blood or other potentially infectious materials that may place me at risk for Hepatitis B virus (HBV) infection.

I understand I may have the vaccinations completed by my licensed health care provider or local health department.

I understand my employer, \_\_\_\_\_ will incur all costs of the vaccination series.

I understand the injections are given over a period of several months before it is effective in preventing this disease, and that barring unforeseen circumstances or medical contraindications, I will complete the series.

I have been informed of occasional side effects resulting from HBV immunization which include, but are not limited to, pain, itching, bruising at the injection site, sweating, weakness, chills, blushing and tingling, as well as other side effects, warnings and contraindications noted in The Physician's Desk Reference and manufacturer's information sheets. I understand that I cannot receive this vaccine if I am allergic to yeast.

I believe that I have adequate knowledge upon which to base an informed consent to the vaccination. I acknowledge that no guarantees have been made to me concerning the results of the proposed vaccination. I hereby release my employer from any and all liabilities and legal responsibilities as a consequence of my decision to receive this vaccine.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Maintain this confidential document for the duration of employment plus 30 years.**



**Appendix D**  
**Catholic Diocese of Arlington**  
**INFORMED REFUSAL FOR HEPATITIS B VACCINATION**

**TO BE COMPLETED BY EMPLOYEE**

I, \_\_\_\_\_, am employed by  
EMPLOYEE NAME

\_\_\_\_\_ as a \_\_\_\_\_  
EMPLOYER JOB TITLE

I understand that due to my risk of occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. My employer has provided training to me regarding Bloodborne Pathogens and the Hepatitis B vaccine.

I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge. I understand the effectiveness of the vaccine, the risks of contracting Hepatitis B in the school setting and the importance of taking active steps to reduce the risk.

However, despite my employer’s urging, I have elected not to be vaccinated against Hepatitis B at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
 Employee Signature

Witness

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State / ZIP

\_\_\_\_\_  
 Date

**Maintain this confidential document for the duration of employment plus 30 years.**



## Appendix E Catholic Diocese of Arlington HEPATITIS B VACCINATION RECORD

EMPLOYEE INFORMATION				
Name	Social Security Number			
Employment Date	Bloodborne Pathogens Training Date			
HEPATITIS B VACCINATION INFORMATION				
Consent form for HBV Vaccination received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	
Declination form for HBV Vaccination received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	
VACCINATION RECORD				
Dose #1	Date	Verification attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dose #2	Date	Verification attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dose #3	Date	Verification attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DOCUMENTATION OF PREVIOUS VACCINATION				
Dose #1	Date	Verification attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dose #2	Date	Verification attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dose #3	Date	Verification attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	Date	Verification attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RESULTS OF ANTIBODY TESTING				
Results				
Date Completed:		Verification attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DOCUMENTATION OF MEDICAL CONTRADICTION				
Date Completed:		Verification attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Maintain this confidential record for the duration of employment plus 30 years.**



**Appendix F**  
**Catholic Diocese of Arlington**  
**BLOODBORNE PATHOGENS AND UNIVERSAL PRECAUTIONS**  
**TRAINING LOG**

Location of Training \_\_\_\_\_  
Date of Training \_\_\_\_\_  
Name of Trainer \_\_\_\_\_  
Summary of Content \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTENDEES**

<u>Name</u>	<u>Job Title</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Maintain this record for 3 years.**