

Bloodborne Pathogen Exposure Control Plan for Child Care Providers

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In Washington State, the Washington Industrial Safety and Health Act (WISHA) assigns the Department of Labor and Industries (L&I) primary responsibility for worker health and safety. The purpose of WISHA is to ensure that employers of Washington provide a safe and healthful workplace for their employees.

This Model Exposure Control Plan (ECP) has been developed to meet the requirements outlined in [WAC 296-823](#), Occupational Exposure to Bloodborne Pathogens. In compliance with DCYF's training requirements outlined in [WAC 110-300-0106](#), early learning providers who directly care for children must complete the prevention of exposure to blood and body fluids training that meets L & I requirements. Employers of early learning providers must prepare a written exposure control plan pursuant to [WAC 296-823-11010](#).

This plan outlines the protective measures to eliminate or minimize employee exposure to bloodborne pathogens. Employees who have occupational exposure to blood or other potentially infectious material must follow the procedures and work practices in this plan. Child care providers, teachers, or managers may come in contact with blood as part of their work with young children. Employees can review this plan at any time during their work shifts.

This model policy was developed jointly by Snohomish Health District Child Care Health Outreach program and Public Health – Seattle King County Child Care Health Program.



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Explanation of Terms

Bloodborne Pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. There are many different bloodborne pathogens; *Hepatitis B (HBV)*, *Hepatitis C (HVC)*, and the *Human Immunodeficiency Virus (HIV)* are some of the more commonly known diseases specifically addressed by the WISHA regulations ([WAC 296-823-099](#)).

Hepatitis means "inflammation of the liver," and, as the names imply, hepatitis B (HBV) and hepatitis C are viruses that infect the liver. While there are several different types of hepatitis, hepatitis B and C can be transmitted through "blood to blood" contact. Hepatitis initially causes inflammation of the liver, but it can lead to more serious conditions such as cirrhosis and liver cancer.

The human immunodeficiency virus, or HIV, is a virus that attacks the immune system and can lead to the development of acquired immune deficiency syndrome (AIDS). Once a person has been infected with HIV, it may be many years before AIDS actually develops. HIV attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. AIDS is a fatal disease, and while treatment for it is improving, there is no known cure.

Cleaning is the physical removal of visible dirt, oils, feces, blood, etc. A simple soap and water solution is considered to be an adequate cleaner.

Disinfection is the elimination of most germs that may be present.

Exposed is an individual who has contact with the blood or other body fluids of another person.

Exposure Incident refers to an event where blood or potentially infectious bodily fluid may have come in contact with non-intact skin (dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.), mucus membranes (eye, nose or mouth) or entered the body through a traumatic incident such as a bite or cut with a contaminated object. In select instances, gross exposure of intact skin to these materials may also be considered an exposure.

Other Potentially Infectious Material (OPIM) refers to all human body fluids that can spread bloodborne pathogens. The term includes blood, semen, vaginal secretions, human tissue, or any bodily fluid that is visibly contaminated with blood or is likely to contain blood.

Source is an individual whose blood or other potentially infectious body fluids are involved in the exposure of another person.

Universal Precautions is an infection control approach that protects individuals from exposure to bloodborne pathogens. This strategy presumes all blood and other potentially infectious materials (OPIM) are infectious, regardless of the perceived status of the source individual. In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens, *you treat it as if it is*. The person who carries the disease may not be aware they are infected. Germs that spread through the blood and body fluids can come from any person at any time.

When following Universal Precautions, workers practice proper and frequent handwashing, use barriers such as gloves, disinfect the contaminated area, and properly dispose of contaminated materials.



Overview

Purpose: Pursuant to [WAC 296-823](#) employers are required to develop and implement a plan to protect employees from exposure to bloodborne pathogens.

Philosophy: Occupational exposure to and acquisition of bloodborne pathogens is preventable. This policy outlines the prevention strategies for exposure to these pathogens among child care employees and describes steps for responding to an exposure incident when it occurs. All covered employees should have access to and be familiar with the contents of this policy.

This template assumes that employees will not have regular exposure to blood or OPIM. If you have staff that administer insulin or perform other duties that may result in regular exposure, please contact a child care health consultant for assistance in completing your policy.

Exposure Control Plan: Bloodborne Pathogens Exposure Control Plan (ECP) training must be provided to all employees who might be exposed to blood or other potentially infectious material (OPIM) while on the job ([WAC 296-823-120](#)). The requirements and content to be covered is outlined in the "Training" section of this plan.

Employees who reasonably anticipate coming in contact with, blood or OPIM, as defined in [WAC 296-823](#), are required to comply with the procedures and work practices outlined in this plan.

All employees who are potentially exposed to blood or OPIM are encouraged to provide input for consideration to this Exposure Control Plan. ([WAC 296-823-11010](#))

Click here to enter text. is responsible for ensuring the following ([WAC 296-823-11010](#)):

- This ECP is reviewed and updated annually and whenever necessary to reflect any new or modified tasks and procedures that affect occupational exposure.
- The Employee Exposure Determination List is reviewed and updated annually and whenever necessary to reflect new or revised employee positions/job titles or modified tasks that may be associated with occupational exposure. ([OSHA](#))
- A copy of the ECP is accessible and available to all employees at the workplace, when exposed employees are present (i.e. if the plan is stored only on the computer, all exposed employees must be trained to operate the computer).
- A copy of the ECP is provided to the employee, WISHA, child care licensor, and health specialist within 15 days upon request.
- Ongoing controls are in place to eliminate or minimize occupational exposure to blood or OPIM ([WAC 296-823-140](#)) including: available biomedical waste containers, labels and biohazard bags; ensuring other needed supplies, such as labeled sharps containers are available and managed following Center for Disease Control and Prevention (CDC) recommendations; ensuring appropriate disinfecting solutions are available and labeled properly; and ensuring all personal protective equipment (PPE) are available in the appropriate sizes and types ([WAC 296-823-150](#)).
- In case of an exposure, all required medical actions are provided and appropriate employee medical records are maintained. ([WAC 296-823-17005](#))



Employee Exposure Determination

The persons occupying the positions listed below have job responsibilities that might put that individual in contact with blood or other potentially infectious materials. Included are a list of tasks and procedures in which occupational exposure may occur. This includes persons trained in first aid and whose job requires rendering first aid as a part of their job duties. (This section meets the requirements of [WAC 296-823-11005](#)).

Job Title: Director

Task/Procedure: Provide First Aid

Job Title: Supervisor

Task/Procedure: Provide First Aid

Job Title: Teacher

Task/Procedure: Provide First Aid

Job Title: Assistant Teacher

Task/Procedure: Provide First Aid

Job Title: Bus Driver

Task/Procedure: Provide First Aid



Methods of Control

Universal Precautions is an infection control approach that protects individuals from exposure to bloodborne pathogens. This strategy presumes all blood and other potentially infectious materials (OPIM) are infectious for HIV, hepatitis B virus, hepatitis C virus, and other bloodborne pathogens, regardless of the perceived status of the source individual. All employees are expected to use Universal Precautions when exposure to OPIM is anticipated. In addition, we use the following methods to control employee exposure:

Personal protective equipment (PPE)

PPE will be supplied at no cost to the employee ([WAC 296-823-15005](#)). Appropriate PPE must be used by employees when performing duties that might lead to exposure to blood or other potentially infectious materials. There will be an adequate supply of single-use, non-porous, non-latex gloves ([WAC 296-823-15010](#)), plastic disposable bags, and mouthpieces for resuscitation (CPR) ([WAC 296-823-15025](#)). These PPE items are located in classrooms, in classroom backpacks, in the kitchen in and at the front desk in drawer.

All personal protective equipment (PPE) shall be removed immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal ([WAC 296-823-15030](#)). All PPE will be cleaned, laundered, repaired, and disposed of appropriately at no cost to the employee ([WAC 296-823-15030](#)).

Sharps and sharps containers

Any sharps found or used on the premises are not recapped ([WAC 296-823-14010](#)) and are immediately disposed of in a sharps container by an employee ([WAC 296-823-14015](#)).

Sharps containers, when needed, will be supplied and maintained by the parents/guardians of the child requiring them and they will be located and handled by employees in a manner consistent with [WAC 296-823-14015](#). The sharps containers need to be closable, leak-proof resistant, and replaced routinely and not allowed to get overfilled. These containers must be easily accessible and as close as feasible to the immediate area where sharps are used ([WAC 296-823-14060](#)). They must be out of reach of children at all times.

Glove use

Gloves are required for all employees when performing tasks where exposure to blood or other potentially infectious materials is reasonably anticipated to occur or when they handle or touch contaminated items or surfaces. After contact with body fluids, gloves or personal protection equipment shall be removed and hands washed as soon as possible ([WAC 296-283-14030](#), [CFOC 3.2.3.4](#)).

Gloves are encouraged, but not required, for diaper changes.

Gloves must be properly discarded and replaced if torn, punctured, contaminated, or otherwise damaged. Only reusable household rubber gloves, if they do not show signs of cracking, peeling, tearing, puncturing, or other deterioration may be decontaminated and reused ([WAC 296-823-15010](#)).



Hand hygiene

Handwashing facilities are readily accessible to employees ([WAC 296-283-14030](#)). Handwashing is the single most important means of preventing the spread of infection. Steps for proper and effective handwashing are: ([WAC 110-300-0200](#))

- Get hands wet with warm water and apply liquid soap to hands.
- Lather hands thoroughly. It is the friction from rubbing hands together that removes potentially infectious organisms from the skin. A 15-second vigorous hand washing will adequately remove most pathogens.
- Rinse hands well under running water.
- Dry hands with a paper towel.
- Use the paper towel to turn off the water faucet.

When hand washing facilities are not available, hands shall be cleansed with an antiseptic 60-95% alcohol solution (isopropanol or ethanol) cleanser and washed with soap and water as soon as possible. ([WAC 110-300-0200](#)), ([WAC 296-823-14030](#))

Eye washing

Many child care environments have an eye wash available, as required by Labor and Industries and meeting the criteria identified in [WAC 296-800-15030](#), because they prepare bleach solutions or other chemical solutions that may come in contact with eyes and cause harm. This facility does have an eye washing station. If so, it is located in the adult bathroom

Eye washing can help prevent blood-borne infections if an exposure occurs. If blood splashes into the eyes, they should be flushed thoroughly as soon as possible following contact with blood or OPIM ([WAC 296-823-14030](#)).

Personal Activities

Certain personal activities are strictly prohibited in areas where there is a potential for exposure to blood or other infectious materials.

No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in areas where blood may be present. No food or drink shall be placed in areas where blood or other infectious material may be present (such as on countertops or on diaper changing tables). ([WAC 296-823-14035](#))

Breast Milk

- Gloves, gowns, and masks are not required for feeding breast milk.
- Gloves, gowns, and masks are not required for cleaning up spills of breast milk ([CFOC 3.2.3.4](#))

Cleaning and Disinfecting Procedures

All staff are to wear gloves while cleaning spills of potentially infectious materials. The area must be made inaccessible to children and should be cleaned and disinfected immediately. Employees shall wash their hands after completing the task. If clothing becomes soiled by body fluids they should be removed and bagged in a manner that minimizes contact, and fresh clothes should be put on after washing the soiled skin and hands of everyone involved. Written procedures and schedules for cleaning and decontamination can be found in the center's health care policy.



Blood and OPIM on Smooth Surface

- Keep children away from the contaminated area until the area has been cleaned and disinfected.
- Wear protective gloves and additional PPE, such as such as eye protection, apron, etc., as needed.
- Use paper towels to blot up as much of the spill as possible.
- Disinfect the surface with an appropriate [EPA approved disinfectant](#) or a solution of 1 part bleach to 9 parts water (for 5.25 - 8.25% bleach) ([WISHA](#)).
- Pour, do not spray, the disinfectant around and on the spill, saturating the area and being careful not to splash ([WAC 296-823-14020](#)).
- Allow 10 minutes of contact time for bleach or follow manufacturer's directions.
- Double bag all soiled paper towels, gloves, first aid materials, and other contaminated disposable items in leak-proof, sealable, plastic bags.
- Wash hands.
- Dispose of contaminated items in the regular trash pick-up. Keep the trash covered and away from children and pets.
- Wash hands.

Blood and OPIM on Carpets and Rugs

- Keep children away from the contaminated area until the area has been cleaned and disinfected.
- Wear protective gloves, eye protection, and other personal protective equipment as needed.
- Use paper towels to blot up as much of the spill as possible.
- Spot clean with a detergent-disinfectant ([CFOC 3.2.3.4](#)).
- Additional steam cleaning may be necessary to avoid discoloring the surface. When steam-cleaning carpets, sanitizing is accomplished with an industrial sanitizer, according to the manufacturer's instructions, until there is no visible soil. Allow to air-dry.
- Alternatively, a sanitizing absorbent powder can be applied to the carpet. Allow it to air-dry and then vacuum up the powder. Remove vacuum bag.
- Double bag all soiled paper towels, vacuum bags, first aid materials, and other contaminated disposable items in leak-proof, sealable, plastic bags.
- Wash hands.
- Dispose of contaminated items in the regular trash pick-up. Keep the trash covered and away from children and pets.
- Wash hands.

Laundry

- Contaminated laundry will be handled as little as possible, with minimal agitation. ([OSHA](#); [WAC 296-823-14065](#))
- Wear appropriate personal protective equipment, including gloves.
- Employees are to place wet, contaminated laundry in a leak-proof, labeled or color-coded container before transporting anywhere ([WAC 296-823-14065](#)). Bloodstained laundry that will be sent home with a child will be double bagged and securely tied or sealed.
- If clothing becomes soiled with body fluids, protective gloves must be worn and the garments should be removed immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.



- For in-house laundry stained with blood, wash in hot water of 140°F or above or use a sanitizing solution according to manufacturer instructions. Dry in a hot dryer. ([CFOC 5.4.4.2](#))

Mops and Other Equipment used to clean up body fluids

- Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan, or tongs. ([WAC 296-823-14055](#))
- Clean brooms, mops, dustpans, and other used equipment with a disinfectant according to manufacturer instructions.
- Hang items to air-dry in an area that is inaccessible to children.
- If reusable household rubber gloves were worn to complete the spill cleanup, keep them on and clean and rinse them with soap and water, then treat them as a contaminated surface with the bleach solution as above. Remove, air-dry, and store these gloves away from food or food surfaces. ([CFOC 3.2.3.4](#)).
- “Spill kits”, intended for managing large spills, are optional and may include:

single-use, non-latex gloves	scoop/scrapper and absorbent product
rubber household utility gloves	CPR barrier
aprons	disinfectant
eye protection and mask (or face shield)	disposable towels
disposable shoe covers	red biohazard bags or labels

Spill kits are located under the desk in the front desk office and in the disaster supply shed.





Exposure Incident Procedures

All exposure incidents, whether a near-miss or a true exposure, shall be investigated and documented. All staff should do the following after initial first-aid is given:

1. Intact skin

If PPE (i.e. gloves) are used and blood or OPIM are not touched, no exposure is thought to have occurred. **Complete Step A, then F and G.**

Intact skin is considered an effective barrier against bloodborne pathogens. If blood or OPIM was touched with intact skin, the contaminated intact skin should be immediately washed with soap and water and dried with paper towels. Generally, this circumstance is considered a “near-miss,” where no exposure is thought to have occurred and **Steps A, F, and G should be completed.** However, the supervisor can make a determination as to whether or not the incident constitutes a true exposure incident and follow **Steps A through G below.**

2. Contact with mucous membranes or broken skin

If blood or OPIM comes in contact with mucous membranes (eyes, nose, or mouth), flush the area with clean water, saline, or a sterile irrigant. **Complete Steps A through G.**

If gloves are *not* used and a true exposure incident occurred (blood or OPIM gets inside the body by means such as blood touching broken skin, such as skin with dermatitis, hangnails, cuts, abrasions, chapping, open rashes, acne or a puncture wound by a sharp object that has blood on it), immediately wash the affected area with soap and water and dry with paper towels. **Complete Steps A through G.**

A. Report and complete an Employee Exposure Report: The employee must report to the director or supervisor and complete an Employee Exposure Report, such as the sample form included on page 16 of this ECP. ([WAC 296-823-11010](#)). This report should be filed immediately, but must be filed no later than 24 hours after the incident.

B. Immediate confidential medical evaluation and follow-up will be provided, at no cost to the exposed employee, by employee’s medical provider, a licensed healthcare professional. ([WAC 296-823-16005](#)):

- Employer or director must make sure that the evaluation and follow-up includes at least these elements ([WAC 296-823-16005](#)):
 - Documentation of the exposure situation including route of exposure and a description of how the exposure occurred;
 - Identification and documentation of the source individual as allowed by law;
 - Collection and testing of employee’s blood to detect the presence of bloodborne pathogens ([WAC 296-823-16020](#)) as soon as possible (all laboratory tests should be conducted by a laboratory licensed by the state of Clinical Laboratory Improvement Amendments Act (CLIA)); and
 - Any required post-exposure preventive treatment, counseling, and evaluation of reported illnesses.
- Appropriate medical services must be available to employees during work hours.



- Employer should receive documentation that the consultations occurred and that the above criteria were met, but the employee's health information should be kept confidential.

C. Source testing ([WAC 296-823-16010](#))

Testing of the source individual's blood for bloodborne pathogens will be done by Employee's medical provider.

If the source individual does not give consent, **document** that consent could not be obtained. The employee may petition the local health officer to require HIV testing.

D. Information to medical provider ([WAC 296-823-16025](#))

- Director or supervisor will ensure that the medical provider is given the following information:
 - A description of the employee's job duties relevant to the exposure incident;
 - Route and circumstances of the exposure;
 - If possible, the results of the source antibody testing;
 - Relevant employee medical records, including hepatitis B vaccination status, relevant to the appropriate treatment of the employee; and
 - Copy of regulation ([WAC 296-823-160](#)).

E. Information from the medical provider ([WAC 296-823-16030](#))

- Unless provided directly to the employee by their own personal health care professional and shared with the employer, the child care facility will request that the medical provider provide a written opinion limited to the following information:
 - A statement that the employee has been informed of the results of medical evaluation and whether or not there is any medical condition that may require further evaluation and treatment. (All other findings or diagnosis shall remain confidential and shall not be included in the written report.)

F. Documentation and evaluation of incident

- Director or supervisor will document and review the circumstances of all exposure incidents to determine:
 - Description of the event, including the date and time;
 - The names of all first aid providers who rendered assistance;
 - What work practices were being followed;
 - What cleaning and disinfecting practices were being followed;
 - Personal protective equipment (PPE) used at the time of exposure incident; and
 - Location of incident.

If an employee is injured via sharp or needle, additional reporting requirements are outlined in [WAC 296-823-17010](#) and should be followed.

G. Review of Exposure Control Plan

- If, after an exposure, it is determined that revisions need to be made to this Exposure Control Plan, Director or supervisor will ensure that appropriate changes are made.



Training

This facility provides training for all employees who have occupational exposure to bloodborne pathogens prior to starting employment, annually, and when there are changes in tasks or procedures that affect occupational exposure. This training covers at a minimum, the following elements ([WAC 296-823-12005](#)):

- Information about the Bloodborne Pathogen Exposure Control Plan and where it can be reviewed. This document is accessible to all employees at any time in accordance with [WAC 296-823-11010](#).
- Explanation about [WAC 296-823](#), Occupational Exposure to Bloodborne Pathogens, and where it can be found. This document must be accessible to all employees.
- Explanation and symptoms of bloodborne pathogens.
- Modes of transmission of bloodborne pathogens.
- An explanation of the methods used to identify tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Use and limitations of methods of controls, work practices, and Personal Protective Equipment (PPE).
- The basis for PPE selection and an explanation of the types, use, location, applying and removal, handling, decontamination, and disposal.
- Information on the hepatitis B vaccine including efficacy, safety, methods of administration, benefit, and offered at no charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Explanation of the signs and labels and color-coding system for bloodborne pathogens.
- Questions and answer session with the trainer.



Hepatitis B Vaccine

Employees **who may have regular exposure to blood or OPIM** (i.e. caring for a child requiring finger sticks for diabetes, etc.) are offered, free of charge, the pre-exposure hepatitis B vaccine series within 10 days of employment.

For these employees, the employer must obtain and provide the employee a copy of the health care professional's written opinion for hepatitis B vaccination post-exposure within 15 days of the employee's medical evaluation. This written opinion is limited to whether a hepatitis B vaccination is indicated and if the employee has received this vaccination. This employer must make sure that all other findings or diagnoses remain confidential and are **not** included in the written report. ([WAC 296-823-13010](#))

The employee may decline this vaccination series, and must do so in writing using the Hepatitis B Vaccine Declination Statement located on page 16 of this exposure control plan. They may request and obtain the vaccination at a later date at no cost.

Employees **without regular exposure**, but with the potential for exposure (such as those who may provide first aid), will not be offered the vaccine upon employment. If an unvaccinated employee assigned to provide first aid renders assistance in a situation involving the presence of blood or OPIM (i.e., after administering first aid, diapering a bloody stool, etc.), the post-exposure hepatitis B vaccination series will be available to the employee within 24 hours of the incident and will be *free of charge*. ([WAC 296-823-13005](#))



Recordkeeping

Training

Training records are required to be maintained for 3 years and should include ([WAC 296-823-12015](#)):

- Date of training
- Content or summary of the training
- The name and qualification of the trainer
- The names and job titles of all persons attending the session

If requested, employees and/or employee representatives must be allowed to review and copy these training records.

Director / Employer will make sure training records are documented and maintained for all staff who might be exposed to blood or OPIM while on the job.

Medical Records

Confidential medical records are maintained for each employee with occupational exposure in accordance with [WAC 296-802](#), Employee Medical and Exposure Records.

The medical records must include all of the following that apply ([WAC 823-296-17005](#)):

- Name and social security number of the employee;
- Copy of the employee's hepatitis B vaccination status, including the dates of all Hep B vaccinations;
- Any medical records related to the employee's ability to receive vaccinations;
- HBV declination statement, if applicable.
- A copy of all results of exams, medical testing, and follow-up procedures related to post-exposure evaluations.
- Employer's copy of the health care professional's written opinion.
- A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident.

Keep these records for as long as the employee works for the child care employer plus 30 years, unless the employee works for less than one year and the employer provides the records to the employee when they leave.

All medical records should be kept confidential and not disclosed or reported to any person without the employee's written consent, except as required by law.

A supervisor will make sure appropriate employee health and WISHA records are maintained as required.



Employee Exposure Report for Insert name of child care here

This form is designed to meet the requirements of WAC 296-823-11010 (b).

Employee name:		Date:
Exposure type: <input type="checkbox"/> Blood <input type="checkbox"/> Visibly bloody fluids <input type="checkbox"/> Other body fluids (describe): <input type="checkbox"/> Non-exposure/"Near-miss"***	Route: <input type="checkbox"/> Percutaneous injury (e.g., a needlestick or cut with a sharp object) <input type="checkbox"/> Mucous membrane (contact with mouth, eyes, nose, etc.) <input type="checkbox"/> Non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) <input type="checkbox"/> Bite (resulting in blood exposure to either person involved)	
Job duties being performed at time of exposure:		

Description of circumstances leading to exposure event:

Description of the specific part(s) of your body exposed:

While on the job, you have the right to receive a hepatitis B vaccine series at no cost to you following exposure to blood or other potentially infectious materials. Do you wish to receive this?
 Yes No

Employee signature:	Date:
Director's signature:	Date:

Please note that if you decline, you must complete the Post Exposure Hepatitis B Vaccine Declination Statement. You may reconsider your decision in the future and receive the vaccine series at no charge.

*** For "near-miss" incidents, please document information below for evaluative purposes:	
Location of incident:	
What cleaning and disinfecting practices were being followed when incident occurred?	
Personal protective equipment (PPE) used at the time of exposure incident:	



Hepatitis B Vaccine Declination Statement

(for use with employees who may have regular exposure to bloodborne pathogens)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. ([WAC 296-823-13005](#))

I have already received the hepatitis B vaccination series.

Print employee's name:	Employee's signature:	Date:
Center name:		
Director's signature:		Date:

