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PURPOSE
The purpose of this policy is to protect employees, students, and visitors at Texas State University from bloodborne pathogens. Protection is particularly targeted toward employees exposed to agents or occupational situations that could cause accidental transmission of any bloodborne pathogen, particularly human immunodeficiency virus (HIV), Hepatitis B virus (HBV), Hepatitis C virus (HCV).

SCOPE
Each of us is partially responsible for our health and safety on the job. Each individual shares a responsibility for the welfare of other people in our work environment at Texas State University. The appropriate precautions/procedures to be taken are outlined in the following sections.

Departmental supervisor, account managers and primary investigators are responsible for ensuring their staff and employees comply with the provisions on this plan. Each department is also responsible for providing all necessary supplies such as PPE, cleaning supplies, etc. The Risk Management and Safety Department shall be responsible for training departmental employees and for disposing of biohazardous waste contained in biohazard bags.

LIMITATIONS
The Texas State University Exposure Control Plan (ECP) is intended to eliminate or minimize employee exposure to bloodborne pathogens while complying with all provisions of the OSHA Bloodborne Pathogens Standards. The ECP identifies the job classification of all “occupationally exposed” individuals. It is renewed annually for updates and when new tasks are added.

TERMS
In accordance with Health and Safety Code, Chapter 81 “Communicable Diseases”, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standards, 29 CFR 1910.1030, Texas State University uses this policy to prevent or minimize the exposure of its employees, students and visitors to bloodborne pathogens.

The OSHA Standard requires that Texas State University prepare an Exposure Control Plan for its campus which is designed to document procedures that minimize employee exposure to bloodborne pathogens.

The Texas Department of Health Bloodborne Pathogens Rule requires employers to perform an exposure determination for employers who have occupational exposure to blood or other potentially infectious materials
(OPIM). This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. (Refer to Appendix I for listings)

DEFINITIONS

1. Bloodborne Pathogens (BBP) – infectious materials in blood that can cause serious illness or death to humans (e.g. HIV, HBV, HCV).

2. Engineering controls – Structural or mechanical devices that isolate or remove the bloodborne pathogen hazard from the workplace (e.g., hand-washing facilities and sharps containers).

3. Exposure Control Plan (ECP) – an administrative document that outlines how exposure to bloodborne pathogens will be controlled through the use of administrative controls, engineering controls, work practice controls, and personal protective equipment.

4. Occupational Exposure – Described as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (body fluids, unfixed tissues and organs, cell lines, etc.) that results from the performance of an employee’s duties.

5. Other Potentially Infectious Materials (OPIM) – include the following:
   a. Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid (joint lubricant), pleural fluid (around lungs), pericardial fluid (around heart), peritoneal fluid (around abdomen), amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and blood
   b. Any unfixed tissue or organ (other than intact skin) from a human, living or dead
   c. 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

6. Parenteral – A piercing of mucous membranes or the skin barrier by means of a needlestick, human bite, cut, and/or abrasion.

7. Standard Precautions (Body Substance Isolation/Universal Precautions) – the premise behind universal precautions is believing that all blood and certain body fluids/materials are to be treated as if they were contaminated with HIV,
8. Work practice controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

PROCEDURE
The plan contains two parts:

A. Exposure Determination
B. Methods of Compliance

A. EXPOSURE DETERMINATION

1. Each department at Texas State University must determine if there are certain work tasks or job classifications that can result in occupational exposure to bloodborne pathogens. This exposure determination must be made without regard to the use of personal protective equipment.

2. Categories of exposure include:

   a. Job related tasks or procedures that have the potential to involve contact or mucous membrane exposure with blood or other potentially infectious materials, or the potential for spills or splashes. This can include research, teaching, and clinical activities that involve the use of human blood or other potentially infectious materials.

      • Some relevant job categories include physicians, nurses, police officers, athletic trainers, and laboratory workers

   b. Tasks that do not normally involve planned exposure to human blood, or other potentially infectious materials, but potential exposure may result from unplanned tasks, and be a condition of employment.

      • Some relevant job categories include custodial staff, plumbers, and environmental health staff

   c. Tasks that do not involve exposure to human blood, or other potentially infectious materials.

      • The list can include office staff, grounds personnel, and maintenance staff
However, occupational exposure in this category, may result from "Good Samaritan Acts", such as helping a coworker with managing a cut or nosebleed. This is not considered official duties and is not covered under this plan.

The Texas State University group of employees that have occupations that are identified as having a risk of coming in contact with a potential occupational exposure are listed in Appendix I.

B. METHODS OF COMPLIANCE

Methods of Compliance are designed to minimize exposure and to isolate or remove hazards.

1. **Universal precautions/Standard Precautions** shall be observed to prevent contact with blood or other potentially infectious body fluids. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.

2. **Engineering controls** are important in eliminating or minimizing employee exposure to bloodborne pathogens, and reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

   a. Engineering control equipment includes:
      - Sharps disposal containers
      - Autoclave
      - Biological safety cabinet (biohood)
      - Disposable resuscitation equipment
      - Disposable pipette bulbs
      - Needleless systems
      - Sharps with engineered sharps injury protection for employees

   b. Additional engineering controls used include:
      - Handwashing facilities which are readily accessible to all employees who have exposure to blood or OPIM.
      - Antiseptic towelettes or waterless disinfectant when proper handwashing facilities are not available. However, employees should wash their hands as soon as possible with soap and running water.
3. **Work Practice Controls** establish standard practices by which a task is performed.

   a. Employees and students should familiarize themselves with the nearest hand washing facility in the building that they work. If hand washing facilities are not available, an antiseptic cleaner in conjunction with clean towels or antiseptic towelettes should be provided. The hands are to be washed with soap and water as soon as feasible if these alternatives are utilized.

   b. Employees wash hands and any other potentially contaminated skin area immediately after glove removal. Employees wash hands as soon as possible with soap and water when waterless disinfectants have been used first.

   c. Whenever an employee’s skin or mucous membranes have been exposed to blood or OPIM, the affected area is washed with soap and water or flushed with water as appropriate as soon as possible.

   d. Contaminated needles and sharps are not bent, broken, recapped, removed, sheared or purposely broken. They are discarded immediately in a container that is closable, leak-proof, puncture resistant, and biohazard labeled or color-coded.

   e. Contaminated, reusable sharps are placed in a puncture-resistant, leak-proof container, properly labeled or color-coded, until they can be processed. The employee shall use the appropriate protective equipment to remove these reusable sharps for decontamination.

   f. During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found; maintained upright throughout use; are not allowed to overfill; and replaced routinely.

   g. Eating, drinking, applying cosmetics or lip balm, or handling contact lenses is prohibited in working areas where occupational exposure may occur.

   h. Mouth pipetting/suctioning is prohibited.

   i. Food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present.
j. All procedures in which blood or OPIM are present are performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these potentially infectious materials. Use a biological safety cabinet, if necessary, for these laboratory procedures.

4. **Personal Protective Equipment (PPE)**

   a. The appropriate personal protective equipment should be chosen based on the anticipated exposure. At a minimum, wear gloves, made of latex or nitrile when you have the potential to contact blood or OPIM, and when handling or touching contaminated items or surfaces. Individuals with latex sensitivities should consider using gloves made of nitrile. Disposable gloves are not to be reused. You may decontaminate heavy-duty vinyl or rubber gloves for reuse if they remain in good condition. Replace gloves which are torn, punctured, or exhibit other signs of deterioration.

   b. Wear lab coats, gowns, or aprons to protect clothing from potential contamination. If blood or OPIM penetrate a garment, remove the garment immediately or as soon as feasible. Do not attempt to rinse the garment. Place it immediately into a biohazardous waste bag.

   c. Wear appropriate face and eye protection, such as splash-proof goggles or safety glasses, and a face mask, to cover the mouth and nose, whenever work procedures or splashes pose a hazard to the eye, nose, or mouth.

   d. Remove all personal protective equipment before leaving the work area, and properly secure these materials for storage, washing, decontamination, or disposal.

5. **Other Requirements for Compliance**

   a. Housekeeping

      - Decontamination will be accomplished by utilizing the following materials:

      - 10% solution of chlorine bleach

      - Lysol or other EPA registered disinfectants

      - Decontaminate work surfaces, tools, objects, etc. with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or OPIM, and at the end of the work day when surfaces have become contaminated.
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- The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects or OPIM for at least 10 minutes before cleaning.

- Decontamination measures should also be performed on equipment that may come in contact with blood or OPIMs especially before being serviced for repairs or maintenance.

- Protective coverings (e.g., plastic wrap, aluminum foil, etc) used to cover equipment and work surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.

- Bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

- Do not pick up contaminated broken glassware with the hands, even if wearing gloves. Tongs, forceps, a brush and dust pan are to be used to pick up the glass fragments.

- Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If sharps container is not pre-labeled, biohazard labels are available the Risk Management and Safety Office at 245-3616.

- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose individuals to the risk of injury.

b. Regulated Waste Disposal

- All regulated waste must be properly labeled and disposed of in biohazardous bags or in closable, leak resistant containers labeled with a biohazard label. Containers are closed prior to removal.

- Biohazard bags and labels are available through the Risk Management and Safety Office.

- All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.
• All regulated waste is properly disposed in accordance with the “Management and Disposal of Biological Waste section of the Biosafety in Labs UPPS at Texas State University”.

• Sharps (e.g., needles, syringes, scalpels, razor blades, glass pipettes, glass blood vials, glass slides and cover slips, broken glass) and non-sharps (e.g., gloves, paper, disposable aprons, culture dishes, and devices) items contaminated with blood or OPIM are regulated waste. Properly segregate all regulated waste in either sharps containers or red biohazard bags.

HEPATITIS B VACCINATION PROGRAM

1. Hepatitis B vaccination is provided at no cost to all Texas State University employees who are determined to be at risk of occupational exposure. Employee should ask their supervisor to arrange for the vaccination at The Student Health Center (SHC).

2. The vaccination program is administered under the supervision of a licensed physician or licensed healthcare professional.

3. The Hepatitis B vaccine is offered after bloodborne pathogens training and within 10 working days of the employee’s initial assignment unless:
   a. the employee has previously received the complete Hep B vaccination series
   b. antibody testing shows immunity
   c. the vaccine is contraindicated for medical reasons

4. If the employee declines the vaccine, he or she must sign the declination statement (See Appendix II). If the employee initially declines, but later elects to receive the vaccine, and is still covered by the standard, the vaccination series will be provided at no cost.

5. If the Centers for Disease Control and Prevention (CDC) recommend a routine booster dose of hepatitis B vaccine at a future date, such booster dose(s) will be made available at no cost to the employee.

POST EXPOSURE EVALUATION AND FOLLOW-UP

1. When an employee incurs an exposure, the employee must report the incident to his/her supervisor immediately and complete a “Supervisor’s Report of Incident, Injury or Illness” as soon as possible. This form can be obtained in UPPS No. 04.04.43 as Attachment II.
2. The completed “Supervisor’s Report of Incident, Injury or Illness” form is submitted to the Human Resources Representative (Claims Coordinator) (UPPS 04.04.43).

3. It is also the employee’s responsibility to comply with section 04.02 (Injured Employee’s Responsibilities) of UPPS No. 04.04.43.

4. It is important to be aware that time is of the essence if an employee suffers an occupational exposure. Treatment is not available through the SHC. He/She should seek medical attention immediately at the following locations:

   **(During regular business hours)**
   Texas Clinic  
   900 Bugg Lane, Suite #210 (Next to Half Price Books)  
   396-3962

   **(After hours/Weekends)**
   Central Texas Medical Center (CTMC).  
   1301 Wonder World Drive  
   353-8979

5. The exposed employee will be provided with a confidential medical evaluation and follow-up in accordance with OSHA Bloodborne Pathogens Standard from either of the locations listed above. The medical evaluation shall include:

   a. Documentation of the route(s) of exposure and a description of the incident.

   b. When possible and as soon as feasible, the source individual’s blood should be tested for HBV, HCV, and HIV. Consent from the source individual, though not required by law, should be obtained when possible. If the source individual is already known to be infected then retesting is not necessary. The identification of the source individual should be destroyed once the exposed person has been notified of test results. Positive test results for both the source individual and the employee, must be reported by name to the Texas Department of Health.

   c. The employee should be offered the option of having his/her blood collected for testing of their HBV/HCV/HIV serological status. The blood sample should be preserved for 90 days to allow the employee to decide if the blood should be tested for HIV status. For the purpose of qualifying for workers’ compensation, the employee must provide evidence of a blood test performed within ten days of the exposure indicating absence of HBV, HCV, and HIV. Once a decision has been made, and written or verbal consent obtained, testing should be done as soon as feasible. Test results will be written in the employee’s medical record.
d. The employee should be offered post-exposure prophylaxis in accordance with the current recommendations from the U. S. Public Health Service. The “Updated U. S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis” September 30, 2005 CDC’s MMWR is the most current guideline [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm).

e. The employee should be given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee should be informed of any potential illnesses that could develop and to seek early medical evaluation and treatment.

f. The Employee’s physician is responsible for ensuring the Post-Exposure Evaluation and Follow-Up is appropriately completed and that the records are maintained appropriately.

g. The patient’s records regarding the incident should be maintained by the Human Resources Representative (Claims Coordinator).

h. The employee should be provided a copy of OSHA Regulation 1910.1030 “Bloodborne Pathogens”.

**INTERACTION WITH HEALTHCARE PROFESSIONALS**

1. A written opinion is obtained from the healthcare professional when a Texas State employee is sent to obtain the HBV, or when the employee is evaluated after an exposure incident. The written opinion to the employer must not reference any personal medical information. In order to adequately evaluate the employee, the healthcare professional is provided with:

a. A copy of the Texas State Exposure Control Plan.

b. A description of the exposed employee’s duties as they relate to the exposure incident.

c. Documentation of the route(s) of exposure and circumstances under which exposure occurred.

d. Results of the source individual’s blood tests, if available.

e. All medical records relevant to the treatment, including the exposed employee’s hepatitis B vaccination status.
2. The employer shall obtain and provide the employee with a copy of the medical provider’s written opinion within 15 days of completion of the evaluation. The written opinion for post-exposure evaluation and follow-up shall be limited to the following:
   
a. Whether the Hepatitis B vaccine is indicated.
   
b. Whether the employee has received the vaccine.
   
c. The evaluation following an exposure incident.
   
d. Whether the employee has been informed of the results of the evaluation.
   
e. Whether the employee has been told of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
   
f. Whether the written opinion has been provided to the employee within 15 days of completion of the evaluation.
   
g. All other findings or diagnoses shall remain confidential and shall not be included in the written report. No personal medical information should be included.

COMMUNICATION OF HAZARDS

A vital part of the bloodborne pathogen standard is communicating the hazards involved to employees. This is done with warning labels and signs.

1. Warning labels, that include the word “BIOHAZARD”, and the universal biohazard symbol, will be affixed to doors leading to areas where work is conducted with blood or OPIMs.

2. Labels are also placed on sharps containers, specimen containers, contaminated equipment; regulated waste containers, refrigerators, freezers, or centrifuges containing blood or OPIMs. Containers used for storage or for transport of blood or other potentially infectious material are also labeled.

   Labels shall:
   a. Include the universal biohazard symbol.
   b. Be fluorescent orange or orange-red or predominantly so with lettering or symbols in a contrasting color

3. Biohazard signs shall be posted at the entrance to work areas in which biohazards are used. Contact RMSO to request a sign.
RECORDKEEPING

1. In accordance with Health Insurance Portability and Accountability Act (HIPAA www.hhs.gov/gov/ocr/hipaa/), the employee’s medical record shall be kept confidential and not disclosed or reported without the employee’s written consent unless required by law.

2. Human Resources Representative (Claims Coordinator) will establish and maintain a record on the exposed employee that includes only the following information:

   a. Name and SSN of the employee.

   b. A copy of the employee’s hepatitis B vaccination status, including dates of vaccinations.

   c. A copy of all results of examination, medical testing, and follow-up procedures after an exposure incident.

   d. The employer’s copy of the healthcare professional’s written opinion.

   e. A copy of the information provided to the medical provider.

3. The employee records will be maintained for the duration of employment plus 30 years.

TRAINING

1. All Texas State University employees that have been identified as having exposure to blood or OPIMs must receive training on BBP upon employment and annually thereafter.

2. Training is conducted by a person knowledgeable in the subject matter, includes an opportunity to ask questions, and covers the following:


   b. General explanation of the epidemiology and symptoms of bloodborne diseases.

   c. Modes of transmission of bloodborne pathogens.

   d. Discussion of the exposure control plan.

   e. Discussion of tasks likely to involve exposure to BBP.

   f. Information on proper use of PPE, engineering controls and work practices.
g. Information on Hepatitis B vaccine.

h. Information on appropriate actions to take during emergencies involving blood and body fluids.

i. Discussion of the procedure to follow should an exposure occur.

j. Universal labeling system.

3. Training Records Should Include:
   a. Date of the training session
   b. Content or summary of the training session
   c. Name(s) and qualifications of the trainer
   d. Names and titles of persons attending

4. Each department that conducts BBP training shall maintain their employee training records and route to the RMSO.

5. Records are kept for at least 5 years per Texas State policy.

**SHARPS INJURY LOG**

A department that reports an exposure shall maintain a sharps injury log for the recording of injuries from contaminated sharps. The record shall be maintained so as to protect the confidentiality of the injured employee. The log includes:

1. The date and time of the exposure incident

2. The type and brand of device involved

3. A description of the exposure incident to include:
   a. Job classification or title of the exposed employee.
   b. The department or work area where the exposure incident occurred.
   c. The procedure being performed at the time.
   d. How the incident occurred.
e. The employee’s body part involved.

f. Whether the sharp had engineered sharps injury protection, and if so, whether the protective mechanism was activated and whether the injury occurred before, during, or after the activation of the protective mechanism.

4. The Sharps Injury Log should be forwarded to the Texas State University Risk Management and Safety Office.

OTHER REPORTS

1. The TDH “Contaminated Sharps Injury Reporting Form” should be either manually completed or can be completed by computer by the supervisor and mailed to the Hays County Health Department. See http://www.tdh.state.tx.us/ideas/bloodborne_pathogens/reporting/.

2. The “Bloodborne Pathogens Exposure Incident Report” should be completed by the employee and reviewed with the supervisor.

3. The “Texas State Supervisor’s Report of Incident/Injury/Illness” should be completed by the supervisor and faxed to the Human Resources Representative (Claims Coordinator) within 24 hours at 245-1942.

4. Positive HIV/AIDS results must be reported by the medical provider, rendering treatment, utilizing the TDH “Adult HIV/AIDS Confidential Case Report”. The report is mailed to the Hays County Health Department and marked confidential.

REVISION HISTORY

Initial Issue by Elsie Romano on 02/13/06
**Appendix I (EXPOSURE DETERMINATION)**

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<td>Student Athletic Trainer</td>
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<td>Assistant Strength and Condition Coach</td>
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<td>Student Worker</td>
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<td>Chemistry</td>
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<td>X-Ray Technicians</td>
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<tr>
<td>University Police Department</td>
<td>University Police Officers</td>
</tr>
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</table>
Appendix II: Hepatitis B Vaccine Declination

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 I continue to have occupational exposure to blood or other potentially infectious materials in the future, and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

__________________________________________
Printed Name

__________________________________________
Signature

__________________________________________
Witness Signature

__________________________________________
Date

__________________________________________
Date