**Bloodborne Pathogens Exposure Control Plan**

Principal Investigator \_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building/Room(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator’s or Supervisor’s Certification:

* Ensure that listed personnel have received or will receive appropriate training in safe bloodborne pathogen (BBP) practices and procedures prior to work beginning.
* Ensure that the BBP Exposure Control Plan (ECP) is developed, followed, and maintained.
* Provide PPE appropriate to the hazards identified in the ECP.
* Ensure the ECP is available to employees or regulatory representatives at all times.
* Ensure that all medical actions required in the ECP are performed and that appropriate employee medical records are maintained.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Implementation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Annual Review Date | Reviewer Signature (Principal Investigator or Biosafety Officer) |
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**Table of Contents**

|  |  |
| --- | --- |
| Title Page and Designation of Responsible Parties | 1 |
| Table of Contents | 2 |
| Statement of Purpose | 3 |
| What to Do in the Event of Accidental Occupational Exposure to Blood or Other Potentially Infectious Materials | 4 |
| Site-Specific Exposure Control Plan Template | 5 |
| Recordkeeping | 10 |
|  |  |
| **Appendix** |  |
| Hepatitis Vaccine Declination Form | A |
| WSU’s Health Care Professional’s Opinion for Hepatitis B Vaccination | B |
| WSU Health Care Professional’s Opinion for  Post-Exposure Evaluation  WSU Health Care Professional’s Opinion for  Post-Exposure Follow-up | C  D |
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**Statement of Purpose**

The purpose of this laboratory Exposure Control Plan (ECP) is to protect laboratory workers from harm due to exposure to bloodborne pathogens (BBP) by:

1. identifying hazards before work begins;
2. identifying the appropriate personal protective equipment (PPE) and equipment necessary to safely work with a hazard;
3. identifying the best method to dispose of the hazard when work ends; and
4. identifying the steps to be taken in the event of accidental exposure to a BBP.

Before working with BBP or potentially infectious materials, all laboratory workers must read the ECP and sign that they have read it. Records for employee training must be maintained with the ECP, and the ECP must be available to employees at all times.

**Before work begins, bloodborne pathogen training must be taken through Environmental Health & Safety, in addition to any training directly related to the ECP.**

**Employees Exposure Risks**

Employees may be asked to participate in tasks that can result in occupational exposure to BBP during their workday. Before an employee may participate in these tasks, they must first read and sign the site-specific exposure control plan related to that task. These plans should contain the following:

* The nature of the hazard (e.g., blood, unfixed tissue)
* The personal protective equipment (PPE) necessary for working safely with this hazard (e.g., lab coats, gloves, face masks)
* The engineering controls, if any, in place to prevent exposure (e.g., biosafety cabinets)
* The methods for disposal of contaminated materials (e.g., sharps containers, biohazardous waste bins)
* Policies for laundering contaminated clothing articles
* Policies for accidental exposure including first aid and follow up treatments

A template site-specific exposure control plan has been attached.

Employees with occupational exposure to BBP must be offered a Hepatitis B vaccination. Employees may decline this vaccination for any reason, including previous vaccination status. The Hepatitis B Vaccination form is available in appendix A; all employees with occupational exposure to BBP must fill out this form.

**What to Do in the Event of Accidental Occupational Exposure to Blood or Other Potentially Infectious Materials**

If you are exposed to blood or other potentially infectious materials during your work at WSU, please take the following steps:

1. Remain calm; if the material presents a danger to others in the area, alert them to the hazard. **If you believe the situation is an emergency, call 911 or instruct others to call 911 for you if you unable to do so yourself**. Use the university phones when calling 911 if possible. Phones provide your exact building location to emergency personnel.
2. Wash the site of exposure with plenty of soap and water. If exposure has occurred through the mucus membranes, use an eyewash station to rinse thoroughly for at least 15 minutes.
3. Attempt to locate your supervisor or request that others locate them if you are unable to do so yourself.
4. If you do not require immediate medical attention, prepare the incident report with your supervisor. You may always do so at a later date, but incident reports are best done while the event is fresh in your mind. Incident reports also help ensure that the paperwork necessary for your medical follow-ups has been properly filed.
5. Take a copy of the “WSU Health Care Professional’s Opinion for Post-exposure Follow-up” (Appendix pp. C and D) with you to the doctor. If possible, bring a sample or identifying information about the infectious materials you have been exposed to.

Follow doctor’s instructions. Remember, your appointments and any vaccinations or testing you receive due to bloodborne pathogen exposure will be at no cost to you.

**Site-Specific Exposure Control Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Principal Investigator** |  | | 1. **Department** |  | |
| 1. **Building** |  | | **4. Room(s)** |  |
| **5. Phone** |  | | | | | |
| **7. Location of ECP** |  | | | | | |
| **8. Job titles with potential occupational exposure** | | | | | | |
|  | | | | | | |
| **9a. Procedures/tasks with potential exposure** | | **9b. Personal protective equipment (PPE)**  **required for each task. Circle all required** | | | | |
|  | | Lab coat Apron  Safety glasses Goggles  Face shield Coveralls  Shoe covers Other (specify):  Gloves (specify): | | | | |
|  | | Lab coat Apron  Safety glasses Goggles  Face shield Coveralls  Shoe covers Other (specify):  Gloves (specify): | | | | |
|  | | Lab coat Apron  Safety glasses Goggles  Face shield Coveralls  Shoe covers Other (specify):  Gloves (specify): | | | | |
|  | | Lab coat Apron  Safety glasses Goggles  Face shield Coveralls  Shoe covers Other (specify):  Gloves (specify): | | | | |

**Site-Specific Exposure Control Plan**

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| --- | --- |
| **9a. Procedures/tasks with potential exposure** | **9b. Personal protective equipment (PPE) required for each task. Circle all required** |
|  | Lab coat Apron  Safety glasses Goggles  Face shield Coveralls  Shoe covers Other (specify):  Gloves (specify): |
|  | Lab coat Apron  Safety glasses Goggles  Face shield Coveralls  Shoe covers Other (specify):  Gloves (specify): |
|  | Lab coat Apron  Safety glasses Goggles  Face shield Coveralls  Shoe covers Other (specify):  Gloves (specify): |
|  | Lab coat Apron  Safety glasses Goggles  Face shield Coveralls  Shoe covers Other (specify):  Gloves (specify): |
| **10. Engineering Controls (specify when each is used)** | |
| * Biological safety cabinet * Centrifuge * Sharps container * Needleless systems * Needles with safety systems (retractable, specify) * Plastic capillary tubes * Tongs or forceps to handle broken glass * Other (specify type of control and when used) | |
| **11a. Sharps containers are inspected, maintained** | To prevent overfilling (no more than 2/3 full) |
| **11b. Sharps container disposal procedure** | Contact Lab Services (8-7621) to exchange your full sharps container for a new container |

**Site-Specific Exposure Control Plan**

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| **12. Work practice controls (in addition to universal precautions). Check all that apply** | | |
| * No eating/drinking/applying cosmetics in areas with blood or other potentially infectious material (OPIM) * No mouth pipetting * Gloves are changed whenever soiled, torn, or punctured and removed prior to exiting the work area * Training on use of engineering controls required prior to work * Blood and OPIM transported in secondary non-breakable, leakproof, sealed, labeled containers outside of work area * Hand washing after removing gloves, before leaving work area, and whenever soiled or contaminated | | * No capping, bending, or shearing of needles * Contaminated sharps are disposed of immediately into sharps container * Reusable sharps are secured when not in use (specify when and how) * Other work practice controls (specify): * Location of additional Standard Operating Procedures to minimize exposure risk: |
| **13a. How are employees and supervisors involved in identifying changes to engineering controls, work practices, and evaluating potential new products/processes? Check all that apply** | | |
| * Employee feedback (specify how and frequency) * Safety committee activities (specify how and frequency) * Exposure incident investigation * Laboratory meetings (specify) * Other (specify) | | |
| **13b. Person responsible for implementing changes identified through the processes outlined in 13a** |  | |
| **14a. Location of PPE** |  | |
| **14b. Order in which PPE is removed** |  | |
| **14c. Procedure for handling used PPE** |  | |

**Site-Specific Exposure Control Plan**

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| **15a. Laundered articles** (if applicable) | |  |
| **15b. Person responsible for laundry**  (if applicable) | |  |
| **16a. Procedure and schedule for routine cleaning and decontamination of area**  (specify surfaces, equipment, disinfectant, contact time) | | |
|  | | |
| **16b. Spill and decontamination procedure** (specify disinfectant and contact time) | | |
|  | | |
| **17. Bloodborne pathogen waste procedures** (specify how waste is packaged and disposed of) | | |
|  | | |
| **18. Person responsible for providing site-specific BBP training** |  | |
| **19. Person responsible for reviewing exposure incidents** |  | |
| **20. Emergency procedures** | | |
| 1. Wash exposed body part immediately 2. Contact supervisor 3. Seek care as soon as possible 4. Be prepared to provide information to health care providers.   Tell them you are a WSU employee.  Complete the information on the Health Care Providers Opinion for Post-Exposure Evaluation (Appendix E).  If you are unable to do this, then the supervisor will complete the information.   1. Complete online accident report: https://hrs.wsu.edu/managers/incident-report/ | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of principal investigator Date completed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of principal investigator or manager Date reviewed/updated  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of principal investigator or manager Date reviewed/updated | | |

I certify that I have read and understood the site-specific exposure control plan

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| --- | --- | --- |
| Date | Name | Signature |
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**Recordkeeping**

The ECP must contain a record of bloodborne pathogen training. WSU Spokane’s BBP training session fulfills this regulatory requirement. In addition to the records kept by EH&S, please have workers provide proof that they have received training. These records must be kept for 3 years. Keep these records after this page.

The ECP can contain sensitive medical information that must not be kept as part of the easily accessible plan. These records include:

* **Medical records**: Any employee who has had occupational exposure to BBP shall have their records on file for at least 30 years beyond the length of their employment. In accordance with WAC 296-62-052, these records shall be kept confidential but may be requested by appropriate parties such as regulatory agencies. These records are maintained by HR.
* **Sharps injury logs**: All percutaneous injuries from contaminated sharps are to be recorded in the sharps injury log. This log shall be reviewed annually and must be kept for at least 5 years following the end of the calendar year as part of the OSHA 300. Copies are to be provided upon request with any personal identifiers removed. This log must include the following:
  + Date of injury
  + Type/brand of device involved
  + Location of incident
  + Description of incident

MEMORANDUM

TO :

FROM: WSU Health Sciences Spokane Environmental Health and Safety

DATE:

SUBJECT: Hepatitis B Vaccination

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_WSU ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**World Health Organization Hepatitis B Facts**:

* Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease.
* The virus is transmitted through contact with the blood or other body fluids of an infected person - not through casual contact.
* About 2 billion people worldwide have been infected with the virus and about 350 million live with chronic infection. An estimated 600,000 persons die each year due to the acute or chronic consequences of hepatitis B.
* About 25 percent of adults who become chronically infected during childhood later die from liver cancer or cirrhosis (scarring of the liver) caused by the chronic infection.
* The hepatitis B virus is 50 to 100 times more infectious than HIV.
* Hepatitis B virus is an important occupational hazard for health workers.
* Hepatitis B is preventable with a safe and effective vaccine
* I DO NOT WISH TO RECEIVE THE HEPATITIS B VACCINATION SERIES AT THIS TIME:

I understand that due to my potential occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline the 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 potential infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccine series at no charge to me.

* I WISH TO RECEIVE THE HEPATITIS B VACCINATION SERIES (Doctor’s approval required).
  + You will receive a copy of the Hepatis B Vaccination Consent Form.
  + Take a copy of WSU’s Health Care Professional’s Opinion for Hepatitis B Vaccination with you to your vaccination appointment.

|  |  |  |  |
| --- | --- | --- | --- |
| Name (print): |  | Date of Birth: |  |
| Signature: |  | Date: |  |

**WSU’s Health Care Professional’s   
Opinion for Hepatitis B Vaccination**

**Instructions:** As required by the Occupational Exposure to Bloodborne Pathogens Standard, Chapter 296-823 WAC, the health care professional is to provide a written opinion for the vaccination. Provide a copy of this completed form to the employee within 15 days of initiation of the series. The employee will supply the employing department with a copy of form as verification of immunization status.

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hepatitis B vaccination **is** \_\_\_\_ **is not** \_\_\_\_ recommended for the employee named above.

The employee named above is scheduled to receive three (3) total hepatitis B vaccinations on the following dates:

1st \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Professional’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Professional’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Professional’s Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Professional’s Signature Date

**The employing department will return a copy of this form to HRS at the address below**. **Please label the outside of the envelope “Confidential.”**

Washington State University

HRS

PO Box 641014

Pullman, WA 99164-1014

Phone: 509-335-4521

**WSU Health Care Professional’s   
Opinion for Post-Exposure Evaluation**

**Instructions:** Employee or supervisor (if employee is unable) will complete this section of the form to provide the health care professional with exposure information.

* **Date, time, and location of exposure:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Description of employee duties during exposure:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Exposed part of the employee’s body (eye, mouth, finger, leg):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Routes of exposure (splash, sprayed, needle stick, etc.):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Name and results of source individual’s blood tests (or cell culture line) if available:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Copy of the employee’s Health Care Professional’s Written Opinion for Hepatitis Vaccination.**
* **Medical records relevant to the employee may be obtained from the employee’s medical provider:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Medical Professional’s Name Address Phone*

* **Health Care Professional’s Written Opinion for Post Exposure Evaluation form (On next page)**

**WSU Health Care Professional’s   
Opinion for Post-Exposure Follow-up**

**Instructions:** Health care professional completes this section of the form. Return this form to the address below and provide a copy to the employee, within 15 days of completion of the evaluation. Please label the outside of the envelope “Confidential.”

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

\_\_\_\_ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

\_\_\_\_ Hepatitis B vaccination **is**\_\_\_\_ **is not**\_\_\_\_ indicated.

Health Care Professional’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Professional’s Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Professional’s Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Professional’s Signature Date

***Note to health care professional:***

WAC 296-823 Occupational Exposure to Bloodborne Pathogens may be found at the following link: <http://www.lni.wa.gov/WISHA/Rules/bbpathogens/HTML/HT4.htm>

If a hard copy is preferred contact WSU EH&S at 335-3041.

Washington State University

HRS

PO Box 641014

Pullman, WA 99164-1014