



MARINE BIOLOGICAL LABORATORY

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

SEPTEMBER 2018

APPROVAL:



DAVID MARK WELCH DIRECTOR, DIVISION OF RESEARCH

OCT 4, 2018

DATE



ERIC H. JENSEN ENVIRONMENTAL HEALTH & SAFETY MANAGER

OCT 4, 2018

DATE

TABLE OF CONTENTS

1	POLICY.....	3
2	PURPOSE AND SCOPE.....	3
3	ROLES AND RESPONSIBILITIES.....	3
4	EXPOSURE DETERMINATION.....	5
5	METHODS OF EXPOSURE CONTROL.....	5
6	PERSONAL PROTECTIVE EQUIPMENT.....	9
7	HAZARD COMMUNICATION	10
8	BLOODBORNE PATHOGENS TRAINING	11
9	VACCINATION AND POST-EXPOSURE EVALUATION.....	12
10	RECORDKEEPING.....	14
11	DEFINITIONS	14
12	RESOURCES	16
	APPENDIX A: EMPLOYEE EXPOSURE DETERMINATION.....	17
	HEPATITIS B VACCINE ACCEPTANCE/DECLINATION FORM	18

1 POLICY

The Federal government issued the OSHA Bloodborne Pathogens Standard (29 CFR 1030) in 1991. The goal of the Standard is to protect employees from occupational exposure to bloodborne pathogens, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). All MBL employees shall practice Universal Precautions to eliminate or minimize occupational exposure to human blood and other potentially infectious materials (OPIM).

2 PURPOSE AND SCOPE

The purpose of the Exposure Control Plan (ECP) is to eliminate or minimize occupational exposure to blood and OPIM. The ECP applies to all MBL faculty, laboratory staff, and Facilities & Services personnel whose job tasks or duties may involve potential exposure to human blood or OPIM.

3 ROLES AND RESPONSIBILITIES

3.1 Environmental Health & Safety Manager

The Environmental Health & Safety Manager (EHS) is responsible for providing oversight and coordinating the implementation of the ECP throughout MBL. Responsibilities include:

- Reviewing and updating the ECP, at least annually.
- Developing procedures, policies and guidance needed to support the implementation of the ECP.
- Developing, conducting and maintaining records of Bloodborne Pathogens Training.
- Recommending engineering controls, work practice controls, and proper personal protective equipment (PPE).
- Assisting PIs/Supervisors with hazard assessment for job tasks or duties involving handling of blood and OPIM.
- Conducting inspections to ensure that labs and work areas are following appropriate exposure control practices.
- Participate in investigation of occupational exposure incidents involving blood and OPIM.

- Managing disposal of biohazardous waste, including sharps.

3.2 Principal Investigators/Supervisors

Principal Investigators (PIs)/Supervisors are responsible for ensuring all employees with potential occupational exposure to bloodborne pathogens comply with the requirements of this ECP.

- Ensuring a copy of this ECP is readily accessible to employees.
- Developing site-specific standard operating procedures (SOPs).
- Selecting and implementing appropriate engineering controls to eliminate or minimize exposure to bloodborne pathogens.
- Ensuring employees have participated in Bloodborne Pathogens training.
- Providing laboratory specific safety training to employees upon initial work assignment.
- Participating in incident investigation for all occupational exposures to blood or OPIM in their department.

3.3 Employees

- Complying with the procedures outlined in this ECP.
- Completing required annual bloodborne pathogens Training.
- Identifying job tasks that have potential occupational exposure to bloodborne pathogens.
- Wearing PPE and using engineering controls and safe work practices while performing their duties.
- Reporting all occupational exposure incidents to blood or OPIM to the PI/Supervisor.
- Seeking immediate medical treatment following exposure incident.

3.4 Departments, Centers or Divisions

Department Managers and Center/Division Directors are responsible for ensuring that proper exposure controls are implemented and followed in the work areas.

- Providing all occupationally exposed employees with access to this ECP.
- Ensuring that all occupationally exposed employees complete the required Bloodborne Pathogen training.
- Providing appropriate PPE to ensure compliance with this ECP.

3.5 MBL Human Resources Department

- Provides information upon hire to applicable personnel on the Bloodborne Pathogen Exposure Control Plan and requirement to complete the provided Hepatitis B Vaccine Acceptance/Declination Form.
- Maintaining medical records of each employee with occupational exposure to blood and OPIM.
- Maintaining a Sharps Injury Logs for employees.

4 EXPOSURE DETERMINATION

The PI/Supervisor must identify procedures and materials in the laboratory or work area that have the possibility of exposing employees to bloodborne pathogens. The exposure determination will be made without regard to the use of PPE. A list of job classifications in which some employees may have occupational exposure to blood or OPIM while performing certain tasks or duties is shown in APPENDIX A.

The PI/Supervisor is responsible for reviewing their employee's potential occupational exposure risk to bloodborne pathogens or OPIM based on their detailed knowledge of the employee's duties.

Course Directors/Faculty, Students and Visiting Scientists may have a risk of exposure to bloodborne pathogens or OPIM while participating in academic or research programs at the MBL. The MBL's Division of Research and Division of Education are not required to cover the cost for these individuals to receive Hepatitis B vaccine series. The MBL recommends that these individuals should either obtain the Hepatitis B vaccine privately or coordinate vaccination through their home institution.

5 METHODS OF EXPOSURE CONTROL

The PI/Supervisor is responsible for ensuring the effectiveness of and compliance with the following controls and practices.

5.1 Universal Precautions

Universal precautions shall be observed in all situations where there is potential for contact with blood or OPIM. Under circumstances where body fluids are difficult or impossible to differentiate (e.g., dark areas), all such fluids shall be considered potentially infectious.

5.2 Engineering Controls

One of the fundamental principles of the MBL's ECP is the use of engineering controls to minimize or eliminate exposures to bloodborne pathogens. Engineering controls include the following:

- Biosafety cabinets (BSC) to protect workers from possible inhalation of aerosols of biohazardous agents. BSCs must be certified when installed, annually or whenever moved.
- MBL policy is that recapping of needles is not appropriate. Used needles are to be placed in sharps disposal containers without recapping. In certain instances in which recapping is unavoidable, devices such as self-sheathing needles are the preferred method. Other auxiliary devices such as resheathing instruments or forceps may also be used, as may the properly performed one-hand scoop technique.
- Sharps disposal containers located at the point of use to prevent injury or exposure during transportation of contaminated sharps.
- Secondary leak-proof containers used during transportation to help prevent spills if the primary container breaks.
- Needleless systems or Sharps with Engineered Sharps Injury Protection (SESIPs) are recommended.
- Sealed rotor heads and centrifuge cups shall be used to avoid accidental spills.

The engineering controls will be inspected and maintained regularly. New engineering controls will be evaluated and implemented as they become available.

5.3 Hand-Washing Facilities

Hand-washing facilities shall be provided and readily accessible to all employees with occupational exposure to blood or OPIM. Hand washing facilities are located in laboratories and other work areas.

Employees must wash their hands immediately with soap and water, or as soon as feasible, after removal of gloves or other PPE. Employees must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or soon as feasible following contact with blood or other potentially infectious materials.

Where provision of hand washing facilities is not practical, the PI/Supervisor will provide an appropriate antiseptic hand cleanser and clean paper towels. If antiseptic hand cleansers are used, employees shall wash their hands with soap and running water as soon as possible.

5.4 Work Practice Controls

Work practice controls are modifications of work procedures to minimize or eliminate the chance of occupational exposure to blood or OPIM. The following work practice controls shall be implemented at the MBL:

5.4.1 Work Area Restrictions

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are strictly prohibited in work areas where there is a reasonable likelihood of exposure to blood or OPIM,
- Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are stored or may be present.
- Mouth pipetting or suctioning of blood or OPIM is prohibited.
- All procedures will be conducted in a manner that will minimize splashing, spraying, splattering and generation of aerosols of blood or OPIM.

5.4.2 Cleaning

The facility shall be maintained in a clean and sanitary condition according to MBL Facilities & Services (Environmental Services Department) cleaning schedule. The PI/Supervisor shall ensure that the laboratory or work area is maintained in a clean and sanitary condition.

5.4.3 Decontamination of Work Areas

All laboratory surfaces shall be cleaned using a U.S. Environmental Protection Agency approved germicidal disinfectant. The disinfectant solution shall be applied in accordance with the manufacturer's recommendations. A 10% solution of bleach (add 1 part of bleach to 9 parts of water) made fresh daily is recommended for decontamination of work surfaces. The PI/Supervisor is responsible for establishing decontamination procedures.

Laboratory personnel must clean and decontaminate all equipment and surfaces with contact with blood or OPIM after the completion of procedures or at the end of a work shift. Any area which becomes overtly contaminated or after any large spill of blood or infectious materials should be cleaned and decontaminated immediately.

5.4.4 Specimen Handling and Transport

Specimens of blood or OPIM shall be placed in a primary container that prevents leakage (capped test tube, centrifuge tube, etc.) during collection, handling, and storage. If the specimens are transported through hallways, the primary containers must be placed in a secondary container (bucket, non-breakable tube or container, cooler, etc.) which would contain the contents if the primary container if it were to leak or break.

5.4.5 Shipping of Biological Samples

In compliance with the Department of Transportation (DOT) regulations, personnel involved with shipping of biohazardous agents or potential bloodborne pathogens **must have** documented training prior to shipping. Contact the MBL Safety Department for assistance with shipment of blood, OPIM or any other biohazardous materials (x7424 or safety@mbi.edu).

5.5 Decontamination of Equipment

Equipment (centrifuges, biosafety cabinets, incubators, mechanical pipetting devices, etc.) which have become contaminated with blood or OPIM shall be examined and decontaminated prior to servicing or shipping off-site, unless decontamination is not feasible.

Equipment that cannot be decontaminated prior to servicing shall be labeled with a universal biohazard sign. The label will indicate which portions of the equipment are contaminated. The PI/Supervisor shall contact the shipper or service provider to obtain their labeling requirements prior to shipping or servicing of contaminated equipment.

5.6 Biological Waste Disposal

Biological waste must be decontaminated using chemical disinfection or steam sterilization (autoclaving) prior to disposal.

Solid biohazardous waste should be collected into an autoclave bag and processed by autoclaving. The MBL Safety Department can provide training for autoclave operation. Liquid waste containing biological materials should be treated for at least 30 minutes with either 10% bleach or other approved disinfectant before disposal in the sink. More detailed procedures for the disposal of biological waste are described in the MBL Biosafety Manual or the MBL Autoclave Standard Operating Procedures.

For any infectious biohazardous waste that cannot be decontaminated on-site by autoclaving or disinfection, please contact the MBL Safety Department (x7424; safety@mbledu) for specific handling/disposal.

5.7 Sharps disposal

Needles, scalpels, lancets, slides, coverslips, glass pipettes, capillary tubes, or broken glass contaminated with blood or OPIM must be collected in red sharps containers provided by the MBL Safety Department. Specific procedures for sharps disposal are outlined in the MBL Biosafety Manual.

6 PERSONAL PROTECTIVE EQUIPMENT

The PI/Supervisor must ensure required PPE is provided at no cost to all employees who are at risk of occupational exposure to blood or OPIM. Employees must wear gloves, laboratory coat, and safety glasses whenever handling blood or OPIM. Employees must also wear any additional PPE (face shield, etc.) that is needed to prevent blood or OPIM from contaminating their skin, eyes, mouth, or other mucous membranes under normal conditions.

All PPE shall be removed before leaving the work area. PPE shall not be worn in public hallways, elevators, break rooms, office areas, conference rooms or other public access areas.

Each department shall be responsible for cleaning or laundering of reusable PPE such as laboratory coats or uniforms. Contaminated PPE shall not be taken home for laundering.

6.1 Gloves

Employees shall wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood, OPIM or contaminated laboratory items and surfaces. Disposable gloves must be replaced frequently and immediately when they become contaminated or damaged. Contaminated disposable gloves must be disposed as biological waste. Gloves must be removed before touching common equipment (e.g., phone, computer, door handles etc.) to prevent contamination.

Utility gloves such as heavy-duty vinyl or rubber gloves may be decontaminated for reuse if they remain in good condition. They should be discarded if they become

cracked, torn, punctured, are peeling, or are otherwise no longer providing a protective barrier to contamination.

6.2 Eye Protection

Protective eye wear such as safety glasses must be worn in any location where it is reasonably anticipated that blood or OPIM may make contact with the mucous membranes of the eye. Face shields or goggles may be required if there is a potential for splashes, sprays, or aerosols of blood or OPIM.

6.3 Laboratory Coats and Protective Clothing

Laboratory coats or gowns must be worn while handling blood or OPIM. Protective clothing must be removed before leaving the laboratory. Open-toed shoes and shoes which do not completely cover the feet are not permitted in areas where blood or OPIM are to be handled. Disposable laboratory coats which are contaminated with potentially infectious material must be placed into biohazardous waste bin after use. Employees are not allowed to take home any PPE, including reusable laboratory coats, for laundering or cleaning.

7 HAZARD COMMUNICATION

7.1 Laboratory Safety Placard

A Laboratory Safety Placard shall be posted at all entrances to research and teaching laboratories using biohazardous materials. The sign must indicate the specific hazards, name of PI/Course Director, and emergency contact information. The Laboratory Safety Placard is available from the MBL Safety Department (x7424 or safety@mbi.edu).

7.2 Biohazard Signs and Labels

A biohazard warning sign incorporating the universal biohazard symbol shall be posted on the access door to laboratory and other work areas in which biohazardous materials are used. All blood and OPIM must be stored in containers labeled with a biohazard symbol. Equipment (e.g. refrigerators, freezers, incubators, centrifuges, etc.) where blood or OPIM are stored or handled must also be labeled with the biohazard symbol. Biohazard labels are available from the MBL Safety Department (x7424 or safety@mbi.edu).



7.3 Spill Response to Blood or OPIM

For any spill involving human blood, body fluids contaminated with blood, or OPIM, follow the steps below:

- Wear proper PPE (laboratory coat, nitrile gloves, eye protection).
- Keep unauthorized personnel away from the spill area.
- Allow for aerosols to settle.
- Absorb blood with paper towels or absorbent pads and place in a biohazard bag.
- Collect any sharps with forceps and place in a sharps container.
- Spray the spill area with a 10% bleach solution (add 1 part of concentrated bleach solution to 9 parts of water).
- After **30 minutes of contact time**, wipe the spill area down with disinfectant-soaked paper towels or absorbent pads.
- Discard all disposable materials used to clean the spill area and any contaminated PPE into a biohazard bag. Contact MBL Safety Department (x7424 or safety@mbl.edu) for pickup of collected waste.
- Wash hands and any exposed skin area with disinfectant or antiseptic soap and water.
- For large blood spills, call MBL Campus Security (x7911) to notify Safety Department of emergency assistance need.

8 BLOODBORNE PATHOGENS TRAINING

All employees with the potential for occupational exposure to blood or OPIM shall be trained during regular working hours prior to initial assignment to a task involving the potential for occupational exposure and annually thereafter. The PI/Supervisor is

responsible for ensuring that all affected employees participate in the Bloodborne Pathogens Training.

The training will be conducted by MBL Safety Department and will cover the following topics:

- OSHA Bloodborne Pathogens Standard.
- Epidemiology and symptoms of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- MBL's written Exposure Control Plan and explanation of the program.
- Procedures which might cause exposure to bloodborne pathogens.
- Methods used to control exposure to bloodborne pathogens.
- Personal protective equipment (PPE).
- Explanation of biohazard signs and labels used.
- Hepatitis B vaccination program.
- Emergency procedures involving blood or OPIM.
- Exposure incident reporting documentation.
- Post-exposure evaluation and follow-up.
- An opportunity to ask questions.

Annual training will be conducted within one year of the employee's previous training.

9 VACCINATION AND POST-EXPOSURE EVALUATION

9.1 Hepatitis B Vaccine

A safe and effective vaccine is available for protection from Hepatitis B. The MBL strongly encourages employees to be vaccinated, but accepting vaccination is not a condition of employment. Immunization requires three injections of vaccine over a six-month period. This vaccine is available at no cost to all employees who are potentially exposed to blood or OPIM.

The PI/Supervisor will ensure that all employees with potential for occupational exposure to bloodborne pathogens are offered the Hepatitis B Virus (HBV) vaccination in a timely manner. The HBV vaccination will be offered to personnel as a prophylactic treatment or made available post-exposure.

The vaccine will be administered to the employee by a licensed physician or under supervision of another licensed health care professional.

Upon hire or position change which include tasks with potential occupational exposure risk, the employee will be provided the "Hepatitis B Vaccine

Acceptance/Declination Form” whether they choose to accept or decline the vaccination offer. Employees who decline vaccination may request and obtain the vaccination at a later date at no cost.

9.2 Post-Exposure Evaluation and Follow-Up

An occupational exposure incident is defined as a specific mucous membrane, broken skin, or puncture contact with blood or OPIM that results from the performance of an employee’s duties.

1. For any percutaneous injury, wash the affected area thoroughly with soap and water for at least 15 minutes.
2. For eye or mucous membrane exposure, flush the affected area continuously with water for at least 15 minutes.
3. Cover the area with a sterile bandage or gauze.
4. Report to the Falmouth Hospital Emergency Room for immediate treatment.

Following exposure treatment:

1. Notify your PI/Supervisor and the MBL Safety Department (x7424 or safety@mbledu) about incident.
2. Complete an Accident/Injury Report Form. Document the routes of exposure, how the exposure occurred and source of exposure material on form. Submit form to MBL Human Resources Office within 48 hours of the incident.

9.3 Investigation of Circumstances Surrounding Exposure Incident

The PI/Supervisor and the MBL Safety Department will review the circumstances of the exposure incident to determine:

- Engineering controls and work practices in use at the time of the incident.
- A description of any devices in use.
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).
- Location of the incident.
- Procedures being performed when the incident occurred.
- Employee training record.
- Actions taken as a result of the incident (e.g., employee decontamination; clean up; notification to PI/Supervisor).
- If any additional reporting is required.

Corrective actions will be implemented and follow up conducted to evaluate whether action items were sufficient.

10 RECORDKEEPING

10.1 Training Records

Training records shall be maintained for at least three years by the MBL Safety Department. Training records shall include:

- Dates of the training session.
- Contents or a summary of the training session.
- Names of person(s) conducting the training.
- Names of all persons attending the training session.

10.2 Medical Records

All medical records shall be kept confidential and maintained for the duration of employment plus 30 years. Records will contain the following:

- Hepatitis B vaccination status and dates.
- A summary of results of examinations, medical testing, and follow-up procedures.
- Copies of Hepatitis B Vaccine Acceptance/Declination Form.

10.3 Sharps Injury Log

All percutaneous injuries from contaminated sharps shall be recorded in a Sharps Injury Log by MBL. All recorded incidences must include at least:

- Date of the injury.
- Type and brand of the device involved (syringe, scalpel, etc.).
- Department or work area when the incident occurred.
- Explanation of how the incident occurred.

The Sharps Injury Log must be kept and maintained for at least 5 years following the end of the calendar year covered.

11 DEFINITIONS

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), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Decontamination: 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: Controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties.

Occupational Exposure: 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 duties.

Other Potentially Infectious Materials (OPIM) are:

- (a) The following *human* body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- (b) Any *unfixed tissue (including primary cells and tissue culture cells lines) or organ* (other than intact skin) from a human (living or dead).
- (c) Any of the following, if known or reasonably likely to contain or be infected with bloodborne pathogens (including but not limited to HIV, HBV or HCV): Cells, tissue, or organ cultures from humans or experimental animals (cell cultures); Blood, organs, or other tissues from experimental animals (primary cells); and Culture medium or other solutions.

Sharps: Any glass, metal, or plastic instrument or item that can cut or has the potential to cut, puncture, scratch, or abrade skin, whether it is contaminated or not. This includes but is not limited to hypodermic needles, syringes (with or without the attached needle), Pasteur pipettes, serological pipettes, scalpel blades, blood vials, needles with attached tubing, and culture dishes (regardless of presence of infectious agents). Also included are other types of broken or unbroken glassware that were in contact with infectious agents, such as used slides and cover slips.

Sterilize: The use of physical or chemical procedures to destroy all microbial life, including highly resistant bacterial endospores.

Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

12 RESOURCES

1. Occupational Safety and Health Administration (OSHA) **Bloodborne Pathogens Standard** (29 CFR 1910.1030).
<https://www.osha.gov/SLTC/bloodbornepathogens/standards.html>
2. Centers for Disease Control and Prevention (CDC)/National Institutes of Health (NIH). ***Biosafety in Microbiological and Biomedical Laboratories (BMBL)***, 5th Edition, 2009.
<https://www.cdc.gov/biosafety/publications/bmb15/bmb1.pdf>.
3. Commonwealth of Massachusetts Regulations (105 CMR 480.000). “***Minimum Requirements for the Management of Medical or Biological Waste***” (State Sanitary Code Chapter VIII).
<http://www.mass.gov/eohhs/docs/dph/regs/105cmr480.pdf>



MARINE BIOLOGICAL LABORATORY

APPENDIX A: EMPLOYEE EXPOSURE DETERMINATION

Center/Division or Department	Job Title	Specific Tasks with Occupational Exposure Risk
Resident Research		
Animal Care Facility Bay Paul Center Central Microscopy Facility Division of Education Ecosystems Center Eugene Bell Center Marine Resource Center NXR Center	Animal Care Coordinator Assistant Scientist Associate Scientist Attending Veterinarian Distinguished Scientist Hibbitt Fellow; MBL Fellow Laboratory Assistant Laboratory Technician Postdoctoral Fellow Research Assistant Research Associate Research Awardee Senior Research Assistant Senior Scientist	Research involving human blood or OPIM.
Facilities & Services		
Environmental Health & Safety (EHS)	EHS Manager EHS Assistant Laboratory Research Safety Manager	Routine duties in environments where blood or OPIM may be present.
Plant Operations & Maintenance (POM)	Electrician; HVAC Technician Maintenance Manager Maintenance Mechanic Operations Supervisor Painter; Plumber Seawater Technician	Routine duties where blood or OPIM may be present
Environmental Services	Environmental Services Staff EVS1 Environmental Services Staff EVS2	Cleaning sinks, toilets, bathroom fixtures. Cleanup of blood spills or other OPIM.
Shipping & Receiving	Supervisor; Mail Clerk Summer Intern	Handling potentially infectious biological material shipments
Campus Security	Security Manager; Security Officer	Emergency response; First aid
Grounds & Transportation	Grounds Worker	Picking up contaminated sharps from MBL grounds.
MBL Children's and Family Programs	Camp Supervisor/Attendant	Handling/disposal of human waste (blood/vomit/feces)



MARINE BIOLOGICAL LABORATORY

HEPATITIS B VACCINE ACCEPTANCE/DECLINATION FORM

Read the following statement below and check one of the options.

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 the Hepatitis B vaccine. I understand that if I decline this vaccine, I continue to be at risk of acquiring Hepatitis B. However, if in the future I want to be vaccinated, I can receive the Hepatitis B vaccine. The vaccination series is at no charge to MBL employees through Blue Cross/Blue Shield with any copay to be reimbursed by MBL.

I DECLINE TO HAVE THE HEPATITIS B VACCINATION AT THIS TIME.

I have read and understood the above statement.

I have previously received the Hepatitis B vaccination series.

Approximate dates: _____

I **ACCEPT** the offer to be vaccinated and agree to complete the vaccination series. I will schedule an appointment with my primary care physician. I understand that receiving the Hepatitis B vaccine imposes certain risks upon me as detailed in the Bloodborne Pathogens training. I voluntarily consent to such risks and agree to hold the MBL harmless from any and all claims and causes of action for any injury, loss or damage resulting from such vaccination.

Employee Signature: _____ **Date:** _____

Employee Name: _____ **MBL ID#:** _____

Department: _____ **Manager:** _____