### **Hamilton College Occupational Health and Safety Procedures**

### **ATTACHMENT 1**

# Hamilton College Exposure Control Plan & Bloodborne Pathogen (BBP) Training Certification

The following individuals attended safety training on the OSHA Bloodborne Pathogen (BBP) standard and the Hamilton College Exposure Control Plan, at the date/time/location indicated below. Training topics include bloodborne pathogens, universal precautions, workplace controls, and the Hepatitis B vaccine. By the conclusion of the training, all employees with the potential for occupational exposure were made aware of their opportunity to receive a hepatitis B vaccination, provided at no cost by Hamilton College.

Date:	Time:		Location:		
Instructor Name:		Signature:			
Name		Signature	Dept./Shop		

Last Update: April 2017

### **Hamilton College Occupational Health and Safety Procedures**

# ATTACHMENT 2 OSHA Bloodborne Pathogen Hepatitis B Vaccination & Declination Form

For Completion by the Employee:								
Employee Name								
Social Security #								
Department								
Date of Hire (for new employees)								
pathogens, universal precautions offer the Hepatitis B vaccine to r  At this time, my decision regar	ding the Hepatitis B vaccination is as indic	rstand that Hamilton College will cated:						
☐ Yes, I wish to receive the vaccination. I understand and commit to the full series of 3 injections.								
Emp	Date							
	by the Provider Administering the He	patitis B Vaccine:						
Dept. or Provider								
Administering the Vaccine:								
Employee Name								
Date of 1st Shot								
Date of 2 <sup>nd</sup> Shot								
Date of 3 <sup>rd</sup> Shot								
Hepatitis B Vaccine Declination Statement  Employee Waiver of Immunization  No, I do not need to receive the vaccination because I am presently vaccinated for the HBV. (If known, please enter the date of your vaccination:  No, I do not want to receive the vaccination. I understand that I may change my mind and receive the vaccine at a later date. (You must sign the declination statement below if you choose not to have the vaccination) I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring 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. I also understand that 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 that time, at no charge to me.								
Fmn	oloyee Signature	Date						
1211112	zoj oo ozgimum o	Dutt						

11 Last Update: April 2017

### **Hamilton College Occupational Health and Safety Procedures**

### **ATTACHMENT 3**

## Hamilton College Significant Exposure Incident Report (For Bloodborne Pathogens, Sharps & Other Biohazard Incidents)

Section 1—Exposure Incident Details							
Name of Person Exposed:							
Date of Incident:	Time of Incident:						
Location:	Body Part(s) Exposed:						
Details of Exposure Incident (including		sure o	ccurre	d, s	ource of any		
fluid(s), nature of any chemical contamination, etc.):							
Name of Person Completing This Section	on:						
Section 2—Internal/On-Campus Medical Assessment							
	udent Health Center, Campus	s Saf	ety)				
Name of Person Making Assessment:							
Date and Time of Assessment:							
Was the exposure incident determined t		ᆜ	Yes	$\underline{\sqcup}$	No—1 <sup>st</sup> Aid Only		
Was the exposed person referred for an external medical evaluation? Yes No							
If yes, where were they seen, by who and when (complete information below)?							

#### **Notes:**

- This is a **confidential** form, and the information contained herein should only be released on a need-to-know basis.
- If the exposure was determined to be a "1st Aid Incident" only, this form should be submitted to the offices of Human Resources and Environmental Protection & Safety for recordkeeping and any necessary follow-up.
- If the exposure was determined to be "Significant", Human Resources (and the Student Health Center in the event a student was involved) will be responsible for interacting with medical professionals and Hamilton's insurance carrier for any necessary mitigation activities. Further, within 15 days of the medical evaluation, a written medical opinion must be provided to the injured person, in accordance with the OSHA Bloodborne Pathogen Standard. See this <a href="Link">Link</a> for more information.

Last Update: April 2017