



# Cortland County Community Action Program, Inc.

# **EXPOSURE CONTROL PLAN**

**EXPOSURE CONTROL PLAN**

Program/Site Name: Cortland County Community Action Program, Inc.  
(To be completed for each program or site)

Address: 32 N. Main Street, Cortland, NY 13045

The purpose of this Exposure Control Plan (ECP) is to:

- Eliminate or minimize employee occupational exposure to diseases transmitted through contact with blood or certain body fluids.
- Comply with OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

This plan was prepared by Kirsten Parker on April 2012  
ECP Administrator Date

Last reviewed by Kirsten Parker and Mary Corser on March 23, 2017  
ECP

Administrator Next annual review is due March 2018  
Date

Completion of this Exposure Control Plan indicates it is the policy of the employer to comply with OSHA and other agencies' regulations on blood borne pathogens, which include:

## BLOODBORNE PATHOGENS

CAPCO is committed to providing a safe and healthy environment for all staff. In pursuit of this endeavor, the following **Exposure Control Plan has been developed to eliminate and/or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogen Standard, Title 29, code of Federal Regulations.**

Documentation of the process for implementing this plan include(s):

- Exposure Determination
- Method of Compliance: General Standards
- Hepatitis B Vaccination: Provisions
- Post Exposure Evaluation & Follow-Up
- Information Training
- Record Keeping

For the purpose of this document, and in accordance with Title 29, Code of Federal Regulations, the term "**Bloodborne Pathogens**" will be defined as: pathogenic microorganisms which are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

For the purpose of this document, and in accordance with Title 29, Code of Federal Regulations, the term "**Exposure Incident**" will be defined as: a specific eye, mouth, or mucus membrane, non-intact skin or parental contact with blood or other potentially infectious materials which results from the performance of an employee's duties.

### METHOD OF COMPLIANCE EXPOSURE DETERMINATION

Occupational exposure is defined by OSHA as "...reasonable anticipated skin, eye, mucous, membrane, or parental contact with blood or other potentially infectious material which may result from the performance of an employee's job."

All staff may have occasional occupational exposure, however, in compliance with Section 1910.1030: "Exposure Determination", will have defined occupational exposure within the agency categorized as:

1. Employee who are in a job classification which has high occupational exposure as listed below:
  - Health Staff
  - WIC Nutrition Staff
  - Health Aides in the Consumer Directed Care Program
2. Employee who are in a job classification which has some, or occasional occupational:
  - Education/Classroom Staff
  - Transportation Staff
  - Head Start Nutrition Staff
  - Family Advocates/Home Visitors
  - Janitorial Staff
  - WIC Clerical Staff
  - Energy Services Crew Workers

3. Employees who are in a job description which has low occupational exposure as listed below:
  - Parent Involvement Staff
  - Administrative Staff
  - Agency office workers.

OSHA encourages employers to offer post-exposure evaluation and follow-up to all staff within twenty-four (24) hours after possible exposure. Good Samaritan Acts, which results in exposure to blood or other potentially infectious materials, while assisting a fellow employee is not included in the Bloodborne Standard. OSHA, however, encouraged employers to offer Post- Exposure Evaluation in such cases.

## **METHOD OF COMPLIANCE GENERAL MANDATED STANDARDS**

### **Universal Precautions:**

All employees will utilize "Universal Precautions" which is an infection control method which requires employers to assume all human blood and specified human body fluids are infectious and must be treated accordingly. Training is implemented on a yearly basis, and "as needed" for new employees. See Addendum 2: "Universal Precautions Policy".

### **Work Practice Controls:**

See Hygiene Procedures.

### **Laundry Procedures:**

All laundry will be classified as contaminated. Employees who handle such material shall utilize protective equipment to prevent contact with blood or other potentially infectious materials.

### **Housekeeping:**

The agency shall ensure all work sites are maintained in a clean and sanitary condition. All equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious material.

1. Contaminated work surfaces shall be decontaminated immediately with an appropriate disinfectant after completion of procedures: For example, diaper changing, after any spill of blood, or contamination by any other potentially infectious materials. Any contaminated work surfaces must be decontaminated at the end of the work day.
2. Protective coverings, such as tissue paper, plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replace when they become contaminated.
3. All bins, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials, shall be inspected and decontaminated on a regularly scheduled basis. Any article upon contamination must be cleaned and decontaminated immediately.
4. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as brush and dust, pan, tongs, or forceps.

## **METHOD OF COMPLIANCE HEPATITIS B VACCINATION PROVISION**

The Hepatitis B vaccination and/or vaccination series will be made available to all employees who have occupational exposure, as well as post-exposure evaluation and follow-up to all employees who have had an exposure incident. These vaccines will be made available under the following conditions:

There will be cost to the employee.

Availability will be made at a reasonable time and place for the employee.

Services will be performed by, or under the supervision of a licensed physician or other license health care professional.

Vaccines will be provided according to recommendations of the US Public Health Service.

**NOTE:** It has been determined the vaccine is 95% effective. The vaccine is a three (3) part vaccine. Thus, each of the three (3) doses will be offered. The recipient of the vaccine will be made aware if they do not complete all three (3) doses, they will not be fully immunized.

### **VACCINE PROVISION PRE-EXPOSURE - "HIGH OCCUPATIONAL RISK"**

The Hepatitis vaccine shall be made available to all "high occupational risk" employees as determined by "Exposure Determination" (page 3) within thirty (30) days after hire, unless the new employee has received such immunization previously. The employer shall not make prescreening a prerequisite for receiving the vaccine.

The "high occupational risk" employee may decline the vaccine, but reserves the right to request the vaccine at any later date at no cost to said employee.

A written statement either agreeing to receive or decline the vaccine will be kept in the employee's file. With any change of status, a new consent/declination form shall be completed by the employee.

**NOTE:** See "Recordkeeping" for further information.

### **Vaccine Provision-"Occasional or Low Risk"**

All employees identified as having been exposed to blood or other potentially infections material will be offered the Hepatitis B vaccine at no cost to said employee. The vaccine will be offered after consent has been obtained, or within twenty-four (24) hours of exposure.

### **Vaccine Administration/Availability: Cortland County Health Department (CCHD)**

The Cortland County Health Department has agreed to be the designated agency responsible for administering the vaccine. All appointments or required information will be scheduled through this agency.

### **Declination Statement**

Any employee who declines the vaccination is required to sign a "Declination Statement" as provided by the OSHA Standard. Any employee who has declined the vaccine, but who later wishes to receive the vaccine, may do so at no cost to the employee. However, at this time, a new consent form must be signed and secured in the employee's file.

**Booster** The vaccine program will be expanded to include a "routine" booster dose if the United States Public Health Services decides to recommend the same in the future.

**METHOD OF COMPLIANCE  
POST-EXPOSURE EVALUATION AND FOLLOW-UP REPORTING**

**High, Occupational, or Low Occupational Risk Employees:**

Post-Exposure Evaluation and Follow-Up are specified procedures which are available (at no cost) to all employees who have had an exposure incident, and any laboratory tests which must be conducted.

**Exposure Incident Control Procedure:**

Should an exposure incident occur, the proper authority should be contacted immediately. In the event that person is not available, the next person assigned the responsibilities in her/his absence should be contacted.

Head Start has appointed the following people, in rank order, for such purposes:

Primary: Mary Corser, Head Start Health Services Coordinator  
Alternate: Helen Seyfried, Head Start Health Services Assistant

WIC has appointed the following people, in rank order for such purposes:

Primary: Kirsten Parker, Family Development Director  
Alternate: Mary Corser, Head Start Health Services Coordinator

CDPAP has appointed the following:

Eden Harrington-Hall, Assistant Director

Energy Services has appointed the following:

Denise Peroulakis, Director

In addition, the Human Resources Director must be contacted as soon as possible.

**NOTE: Only one (1) contact in addition to the Human Resources Director needs to be made if an incident occurs and rank order is a priority for notification**

1. A Cortland County Community Action Program, Inc., Accident Report must be completed immediately (form must be filled out and reviewed within 24 hours) and forwarded to the correct contact listed above. This form **must** contact the following information:
  - The exposed person's name
  - The exposed person signature.
  - Route of exposure (see below).
  - Circumstances leading up to the exposure incident.
  - If possible, the identification and status of the "source" person.
  - Time, date and location (building/room/class) of exposure incident.

**Routes of Exposure Defined:**

- Exposure due to open area on recipient's skin.
- Exposure due to splashes in the recipient's eyes.
- Exposure due to bites which break the recipient's skin.
- Exposure when a known infectious person's blood comes into contact with a recipient's blood.

**METHOD OF COMPLIANCE  
POST-EXPOSURE EVALUATION AND FOLLOW-UP (CONTINUED)**

After notifying the Infection Control Nurse (or other designated person), and completing the "Exposure Incident Report", the agency will immediately make available to the exposed employee a confidential medical evaluation and follow-up performed by a licensed physician or other licensed healthcare professional the following elements:

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

**Source of Exposure**

Identification and documentation will be made of source individual, unless the employer can establish identification is infeasible or prohibited by state or local law.

NOTE: The source individual's blood shall be tested as soon as possible after consent has been obtained and within 24 hour period so prophylactic treatment can begin. If HBV or HIV status has been determined prior to exposure, then testing of source individual is unnecessary.

If consent is not obtained, the agency shall attempt to establish legally required consent.

When consent is not necessary, the source individual's blood will be tested and the results documented unless the source person is already known to be infected with HBV or HIV, thus, making testing Unnecessary.

Results of the source individual's tests or currently documented status will be made available to the exposed employee. The exposed employee must be made aware of the laws and regulations concerning disclosure of the identity and infectious status of the source person.

**Exposed Employee**

The exposed employee's blood shall be collected as soon as possible and tested when **written consent is provided and/or obtained.**

The exposed employee will have the option of having their blood tests for HBV/HIV status. After the initial evaluation, the employee will be referred to the Cortland County Health Department for HIV testing (if desired) and counseling, or they may be referred to their own personal medical doctor. Testing will also be provided for HBV status, if the employee desires.

If the employee consents to baseline blood collection, but does not consent at the time for HIV status testing, the blood sample shall be preserved for at least ninety (90) days, and if within ninety (90) days the employee decided to have the baseline sample tested, such testing will be done as soon as possible.

When medically indicated, preventative (prophylaxis) or protective treatment will consist of counseling and an evaluation of the reported illness will be provided by the employer for the exposed employee at no cost to the employee.

**Information Provided to the Health Professional**

CAPCO Head Start shall ensure the Health Care Professional responsible for the employee's Hepatitis B vaccination is provided:

- A copy of OSHA Bloodborne Pathogen Standard, Title 29, Code of Federal Regulations.
- A copy of the description of the exposed employee's duties as they related to the exposure incident.
- Documentation of the route(s) of exposure and circumstance under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the responsibility of CAPCO Head Start to maintain.

### **The Health Care Professional's Written Opinion**

CAPCO will obtain and provide to the employee a copy of the Health Care Professional's written opinion within fifteen (15) days of the completion of the evaluation.

The Healthcare Professional's written opinion for Hepatitis B vaccination shall be limited to whether or not the vaccination is indicated for the exposed employee.

The Healthcare Professional's written opinion for post-exposure evaluation and follow-up shall be limited to:

- The exposed employee has been informed of the results of the evaluation.
- The exposed employee has been told about any medical conditions resulting from said exposure to blood or other potentially infectious materials which require further evaluation or treatment.

"...other potentially infectious materials which require further evaluation or treatment."

Defined:

1. "The following human body fluids: Semen, vaginal secretions, cerebrospinal fluid, peritoneal fluid which is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids."
2. "Any unfixed tissue or organ (other than intact skin) from a human (living or dead)."
3. "HIV-containing cell or tissue cultures, organ cultures and HIV-or solution; and blood, organs, or other tissues from experimental animals infected with HIV or HBV."

### **METHODS OF COMPLIANCE TRAINING INFORMATION**

**Training Requirements:** All agency staff will receive training as part of their "Employee Orientation". Training will allow for question and answer periods and be conducted in the following manner:

Training for employees will include the following explanation(s):

- The OSHA Standards.
- Epidemiology and symptomology of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.



- The CAPCO Exposure Plan.
- Procedures which will be used to control exposure to blood or other potentially infectious materials.
- Control methods which will be used to control exposure to blood or other potentially infectious materials.
- Personal protective equipment available and "Universal Precautions."
- Hepatitis B vaccine program.

Note: See "Recordkeeping" for further training specifics.

## **M E T H O D   O F   C O M P L I A N C E R E C O R D K E E P I N G**

### Recordkeeping Requirements:

- Training will be conducted with the use of video, written and other materials.
- All employees will receive "refresher" training at least annually after initial training.
- It is the responsibility of the program director or designee to initiate and/or implement this training and to ensure all staff in need of training be notified and receive such trainings.
- It is the responsibility of the program director or designee to maintain medical and training records in compliance with OSHA requirements and the US Department of Labor. An employee medical record will be maintained for each employee with occupational exposure for the duration of employment plus thirty (30) years.
- The employee's medical record must, and will, be kept confidential and include the employee's name and social security number, their hepatitis B vaccination status (including dates), results of any exam, medical testing, and follow-up procedures. Also, a copy of the healthcare professional's written opinion and a copy of information submitted to the healthcare professional will be maintained in the employee's confidential medical record.
- Medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to the Director in accordance with 29CFR 19010.2.
- A training record will be maintained for three (3) years and will include:
  1. Training dates.
  2. Contents of training received.
  3. The trainer's name and qualifications.
  4. Names and job titles of all who attend each training session.

Training records shall be provided upon request for examination and copying employees, to employee representatives, and to the Director in accordance with 29 CFR 1910.2. The emergency/reporting procedure for blood and other potentially infectious material will be posted in all Head Start sites. (See also: Post-Exposure Evaluation and Follow- Up).

## **H Y G I E N E   P O L I C Y   P R O C E D U R E S**

It is the policy of CAPCO in accordance with the Center for Disease Control guidelines which these procedures should be followed at all times.

A program will be conducted to educate employees and families in the transmission of diseases, awareness of the chain of infection, and the roles each individual plays in the prevention of disease.

### **Hygiene in the Agency:**

The physical environment must be conducive to good hygiene practices. Therefore, there must be access to toilet facilities, adequate and readily accessible supplies of soap, disinfectant, protective disposable gloves (latex), hot water and plumbing in good repair; and proper receptacles for the disposal of contaminated materials, refuse, and waste. All staff including maintenance personnel and food handlers are expected to practice this policy. These standards shall apply to all sites, centers and classrooms to limit the transmission of disease.

### **Procedures for Handling Body Fluids:**

The organisms of concern may include those causing Hepatitis, Common Cold, Mononucleosis, Gastrointestinal Disease, Tuberculosis, Chicken Pox, Mumps, Measles, and AIDS.

#### **Guidelines:**

- A. Contact with Blood/Body Fluids
  - 1. Body fluids of **all** people should be considered to contain potentially infectious agents.
  - 2. Body fluids are considered to be blood, semen, urine, feces, vomit, drainage from scrapes and cuts, and respiratory secretions (nasal discharge, saliva, and tears).
  - 3. Individuals may be at various stages of infection and may have no symptoms of illness. As a result, effective and safe hygiene measures must be practiced.
  
- B. Avoid Contact with Body Fluids
  - 1. Disposable latex gloves will be available to all employees.
    - a. Gloves should be worn when there is direct contact with body fluids (i.e. nosebleeds, handling clothes soiled by incontinence, cleaning small spills by hand, or changing diapers and underwear).
  - 2. All open sores or lesions should be covered at all times.
  
- C. Care of Non-Disposable Items
  - 1. Wear gloves.
  - 2. If pre-soaking is required to remove blood or feces, use gloves to rinse or soak the items in cold water prior to bagging. Clothing should be sent home for washing a double plastic bag with appropriate instructions.
  - 3. Personal, toiletry items should not be shared. This includes towels, wash clothes, toothbrushes or any other items which might be contaminated.

D. Care of Disposal Items

Contaminated disposable items such as tissues, paper towels or diapers should be handled with disposable gloves. Use disposable diapers and wipes, as necessary. All items should be placed in double plastic bags and placed in a receptacle with a covered lid.

E. Removal of Spilled Body Fluids from the Environment (use gloves)

Remove spilled or discharged body fluids, such as vomit, with an absorbent paper towel, and discard in a plastic bag. The cleaning equipment should be rinsed with a disinfectant. Maintenance will clean and disinfect floors.

F. Hand Washing Procedures

Hand washing is the single most important hygiene practice. While it is important to wash hands regularly, it is **absolutely essential** to wash them:

1. Before drinking and eating.
2. Before preparing, serving or handling food.
3. Before and after providing first aid.
4. After coming into contact with blood or other body fluids.
5. After handling objects (diapers, menstrual pads, clothes or equipment) which might be soiled with blood, saliva, or other body fluids.
6. After going to the bathroom or helping another person in toileting.
7. Before and after feeding or assisting in the feeding of another.
8. Before and after performing hematological testing at the WIC sites.
9. Upon arrival at the worksite and before leaving the worksite.

**Procedure for hand washing:**

1. Wash hands.
2. Apply soap thoroughly; get under nails and between fingers.
3. With a rotating, frictional motion, rub the hands together while you count to 20. Wash at least 2 or 3 inches above the wrist.
4. To wash fingers and the spaces between them, interlace the fingers and rub up and down.
5. Rinse well.
6. Dry thoroughly; use a paper towel to turn faucet off.

G. Disinfectants are used for the following:

1. Hard surfaces and care of equipment such as desks, tables, counter tops, plastic toys and cots.
  - a. After removing the soil, the disinfectant is applied. Surfaces should air dry. Ten parts water to one (1) part bleach may be a disinfectant used for this. A spray type bottle will be used for disinfecting. This solution should be prepared daily.
  - b. Disposable cleaning equipment and water should be placed in a toilet or plastic bag, as appropriate.
  - c. Non-disposable cleaning equipment (dustpans and buckets).
    1. Thoroughly rinse in disinfectant.
    2. Promptly dispose of disinfectant.
    3. Remove gloves and discard them in appropriate receptacles, (covered pails with lids).

4. Wash hands after removing gloves.

**NOTE: Disinfectant prepared daily.**

2. Disinfectant of Rugs (Janitor or Hired Contractor will complete).
  - a. Apply a sanitary absorbent agent. Let it dry and vacuum. Then apply rug shampoo (a germicidal detergent) with a brush and vacuum again. Rinse broom and dustpan in a disinfectant. To be done by janitor or hired contractor, if rugs are soiled with any body fluids.
3. Disinfection of Plastic Toys (Education Staff).
  - a. All plastic toys should be cleaned weekly and disinfected on a daily basis.
  - b. Plastic toys which may have come in contact with feces, blood, or emesis must be cleaned and/or soaked in a disinfectant solution immediately.
4. Laundry instructions for soiled clothing in centers which have washing machines.
  - a. Clothing soiled by body fluids should be washed separately from other items. Otherwise, wash and dry as usual. If the material can be bleached, add one-half cup of household bleach to the wash cycle.

**Summary of Proper Procedures:**

1. Avoid contact with body fluids.
2. Wear disposable latex gloves when dealing with blood or body fluids.
3. Clean up bodily fluids with paper towels.
4. Place soiled materials in a proper receptacle covered with top (garbage can).
5. Remove gloves carefully and place in a proper receptacle.
6. Wash hands thoroughly with soap and water after removing gloves.

**Hygiene Care Supplies (available throughout each center):**

1. Disposable gloves.
2. Disposable paper towels.
3. Wipes.
4. Plastic bags.
5. Garbage can with cover is the receptacle to be used in the classroom. A small covered pail like garbage can with cover is to be used in a bathroom.

**HIV**

Human Immunodeficiency Virus, the virus which causes Acquired Immunodeficiency Syndrome (AIDS) is transmitted through sexual contact and exposure to infected blood. HIV has been contracted from blood, semen, vaginal secretions, saliva, tears, breast milk, and cerebrospinal fluid. However, epidemiologic has implicated only blood, semen, vaginal secretions and possibly, breast milk in transmission.

A person with HIV may carry the virus for several years before developing any symptoms. Symptoms may include:

1. Flu like symptoms, fever, aches, diarrhea, extreme fatigue.
2. Pneumonia.

3. Muscle weakness, pain in fingers and toes.
4. Fungal infection, especially, in the mouth.
5. Weight loss.

AIDS education shall be made available to all Head Start employees at least every two years. This program is provided to give information.

**Head Start Policy:**

Mandatory testing of employees, volunteers or children entering the program is not recommended or required.

**Enrollment of HIV Children:**

To assure participation of all children, objective enrollment practices should be observed. Eligible children are enrolled regardless of race, sex, religious beliefs, origin, or health status. Parents must give authorization, in writing, about their child's health on a **need to know basis**.

**NOTE:** If parents state they do not wish to share information about their child's health, the enrollment process shall continue, respecting the parents' right to privacy.

**Authorization for Disclosure Consent**

Action Plan: (Public Law Article 27-F):

Signed permission form.

Signed disclosure consent is needed if parent wishes information to be disclosed.

**Special Disclosure Situation:**

Medical professionals treating an employee or child may discuss HIV information with each other or their supervisor, but only in order to provide necessary care for the infected person.

A physician may inform a person who is legally authorized to consent to health care of an individual when the physician believes it is medically necessary in order to give treatment to the individual.

**Disclosure Policy:**

It shall be the policy to keep all information regarding a participating family or employee's health completely confidential. No family or employee known to have AIDS shall be suspended from the program until such time as the infected person's doctor recommends removal from the program, or the Director makes a determination which the infected person's health need cannot be met or the infected person poses a health risk to employees, volunteers, or children.

**Authorization for Release of Confidential HIV Related Information:**

A signed consent by the infected person or guardian (in case of a child) must be signed according to New York State Law. See attached form. No information will be released without consents properly signed.

**Notification of Infectious Disease in Head Start Program:**

All information related to the well-being of an AIDS infected person shall be maintained in a file by the Health Services Coordinator.

The Health Services Coordinator shall maintain a list of infectious diseases which place HIV positive persons at risk which pose a health threat to all Head Start staff and program participants.

When and if any such infectious diseases are present in the classroom, all families and staff shall be notified of such so each person can make an informed decision regarding school attendance.

**CAPCO ACCIDENT REPORT FORM**

**(AVAILABLE IN GENERAL PUBLIC FOLDER ON CAPCO SERVER  
IN SAFETY INFORMATION FOLDER)**

**HEPATITIS B VACCINE PERMISSION FORM**

Program/Site: \_\_\_\_\_

EmployeeName: \_\_\_\_\_

Employee SS#: \_\_\_\_\_

Employee Title: \_\_\_\_\_

I understand 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.

I have consulted with my physician/health care provider and I agree to be vaccinated with the Hepatitis B vaccine.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Service's Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**HEPATITIS B VACCINE DECLINATION FORM**

**\*\* Confidential \*\***

Written permission from the employee required for access.

Program/Site: \_\_\_\_\_

EmployeeName: \_\_\_\_\_

Employee SS#: \_\_\_\_\_

EmployeeTitle: \_\_\_\_\_

I understand 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 the Hepatitis B vaccination at this time. I understand 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 the Hepatitis B vaccine, I can receive the vaccination serious at no charge to me.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL HIV RELATED  
INFORMATION - CASE MANAGEMENT PROGRAMS**

Confidential HIV related information is any information indicating a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate a person has been potentially exposed to HIV.

Under New York State Law, except for certain people, confidential HIV related information can only be given to a person you allow to have it by signing a release. You can ask for a list of people who can be given confidential HIV related information without a release form.

If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign the form, and you can change your mind at any time.

If you experience discrimination of HIV related information, you may contact the New York Division of Human Rights at (212) 870-8624 or 1-800-750-AIDS, or the New York City Commission of Human Rights at (212) 306-7696. These agencies are responsible for protecting your rights.

**PLEASE DO NOT FILL IN SHADED SECTIONS**

<b>Name &amp; Address of Facility/Provider Obtaining Release</b> <b>See Reverse</b>
<b>Name of Person Whose HIV Related Information Will Be Released:</b>
<b>Name of Person Signing this Form (if other than above):</b>
<b>Relationship to Person Whose HIV Information Will be Released:</b>
<b>Name &amp; Address of Person Who Will Be Given HIV Related Information:</b>
<b>Reason for Release of HIV Related Information:</b>
<b>Time During Which Release Is Authorized:</b>
<b>From:</b>
<b>To:</b>

**\*\* Human Immunodeficiency Virus which causes AIDS**

**AUTHORIZATION TO RELEASE CONFIDENTIAL HIV RELATED  
INFORMATION - CASE MANAGEMENT PROGRAMS**

I authorize \_\_\_\_\_  
Provider Name & Address

to release the records of the person names, including HIV related information, to the agencies listed below. I also authorize the agencies listed below to release such records back to the name provider and to share necessary HIV related information among and between themselves for the purpose of providing assistance



in receiving needed services. I understand these records, including the HIV related information, cannot be shared by these agencies with persons or organizations not names or identified on this release and I can withdraw my consent to this release agreement at any time.

Agency Name:	Agency Name:
Address:	Address:
Staff Member Name: (If known)	Staff Member Name: (If known)
Staff Member Title: (If known)	Staff Member Title: (If known)

Agency Name:	Agency Name:
Address:	Address:
Staff Member Name: (If known)	Staff Member Name: (If known)
Staff Member Title: (If known)	Staff Member Title: (If known)

Agency Name:	Agency Name:
Address:	Address:
Staff Member Name: (If known)	Staff Member Name: (If known)
Staff Member Title: (If known)	Staff Member Title: (If known)

My questions about this form have been answered. I know I do not have to allow release of HIV related information and I can change my mind at any time.

---

Signature

Date