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*INDEPENDENT LIVING SERVICES, INC. &  
Creative Living, Inc.*

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Updated April 2015

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In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed for all ILS owned and managed programs of services for people with developmental disabilities.

INDEPENDENT LIVING SERVICES, INC. & CREATIVE LIVING, INC.  
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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## EXPOSURE DETERMINATION

All employees in the following job classifications are expected at some time during their employment to incur an occupational exposure to blood or other potentially infectious materials. AN OCCUPATIONAL EXPOSURE IS DEFINED AS REASONABLY ANTICIPATED SKIN, EYE, MUCOUS MEMBRANE, OR PARENTERAL CONTACT WITH VISIBLE BLOOD. At this agency the following job classifications are in this category:

| <u>Job Classification</u> | <u>Tasks/Procedures</u>                             |
|---------------------------|---|
| Nurses (RNs and LPNs)     | Provides direct health care treatment for residents |

Some employees in the following job classifications could be expected to incur at some time during their employment an occupational exposure to **BLOOD** or other potentially infectious materials. **Other Potentially Infectious Materials (OPIM) are semen, vaginal secretions, cerebrospinal fluid, amniotic fluid, saliva that contains blood, or any other body fluid where there is VISIBLE BLOOD present.** At this agency the following job classifications are in this category:

### A. More Likely to Occur

| <u>Job Classification</u>   | <u>Tasks/Procedures</u>                |
|---|--|
| Housemanagers, Personal Care Assistants, Direct Care and Treatment of Relief Managers, Community Skills Trainers, Life Skills Trainers, QMRPs, Physicians, Casemanagers, etc. | people with developmental disabilities |

### B. Less Likely to Occur

| <u>Job Classification</u>  | <u>Tasks/Procedures</u>  |
|--|--|
| Executive Director, Administrative QMRP, Administrative Support Supervisor, Controller, Administrative Assistant, Clerical Workers, Accounting Clerks, Secretary, Receptionist | Assisting an accident victim and visible blood is present; in emergency situations where these employees may work in direct care jobs as as substitutes or as extra help i.e. assisting in recreational or sports activities |

## IMPLEMENTATION SCHEDULE AND METHODOLOGY

In keeping with good safety practice, Independent Living Services, Inc. requires a schedule and method of implementation for the Bloodborne Pathogen Exposure Control Plan, as follows:

### COMPLIANCE METHODS

All employees of Independent Living Services and Creative Living will be trained on the topic of "Universal Precautions". Universal Precautions will be observed at all facilities in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

Note: All residents of Creative Living have been screened for Hepatitis B., and have been administered the vaccine as necessary. No occupational hazard exists at present for Hepatitis B from residents. New determinations will be made as new people are admitted to this facility.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at all facilities. Where occupational exposure remains after initiation of these controls, personal protective equipment shall also be utilized. At all facilities the following engineering controls will be utilized: (Items used to control exposure to bloodborne pathogens are listed, such as sharps containers, etc.)

1. Disposable Sharps Containers and Red Plastic Trash bags/White Trash bags with warning labels attached for contaminated materials.
2. Identification labels to display warnings that contaminated waste is present.
3. Protective clothing kits: gown, goggles/glasses, mask, gloves, etc.
4. Use of Virucidal and Bactericidal cleaning agents for all purposes, i.e. household cleaning, handwashing, laundry, etc. This could be a product that specifies its use as a virucide/bactericide or a 10% bleach solution.
5. Disposable Latex gloves, and reusable rubber gloves, where applicable.
6. Virucidal/Bactericidal handwashing supplies, paper towels available at all handwashing/decontamination areas, as well as, covered, step operated trash receptacles.
7. Availability of antiseptic hand washing gel for use in situations where handwashing facilities are not available and there is danger of contamination.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Schedule

All controls (1-7) listed above will be checked once a month or immediately following a contamination incident; items replaced as necessary to keep available for use; procedures will be documented, signed.

Responsibility

The House/Apartment Manager is responsible at ILS Group Homes/Apartments. The house-keeping staff at CLI will check items on a weekly basis. Waiver families will be responsible for seeing that the safety control items are available in their home.

HANDWASHING

Handwashing is one of the best practices identified in Universal Precaution training. Handwashing facilities are available to the employees who incur exposure to blood or OPIM ILS requires that these facilities be readily accessible to employees. At ILS facilities handwashing facilities are located:

Facility Name

ILS Group Homes  
ILS Apartments

Waiver Homes

Creative Living

Location

All resident bathrooms  
All resident bathrooms

Designated by the home owner and written in as part of this plan

All resident bathrooms and the nurses station

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If reusable gloves are used they must be disinfected after each contact with blood or OPIM.

If employees incur exposure to their skin or mucous membranes than those areas shall be washed or flushed with water as appropriate as soon as feasible following contact. REPORT IMMEDIATELY AS INDICATED.

If handwashing facilities are not feasible, then the employee must use the available antiseptic cleanser in conjunction with a clean cloth/paper towel or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.

A list of all protection/control supplies will be posted in the office area as well as the area where they are located. Employees will be trained in procedures.

### NEEDLES/SHARPS

In most circumstances ILS/CLI do not use procedures that include the use of needles for medical purposes. However, should the necessity occur and/or if when using needles for other purposes, should they become contaminated, they will be promptly disposed of in a sharps container. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. The only proper disposal is to place them in the sharps container.

### WORK AREA RESTRICTIONS

In Work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Any procedure that would be conducted at ILS/CLI will be done in a manner that would minimize contact with blood or other potentially infectious materials.

1. First Aid: Use gloves with all open wounds, and when examining mouth or genital area for injury, disease, or personal hygiene assistance.
2. CPR/Mouth to Mouth Resuscitation: Wear protective equipment as situation requires i.e., profuse bleeding, mouth piece for resuscitation, etc.
3. Flossing Teeth: Wear face shield or glasses and gloves if flossing is comprehensive enough that bleeding is likely.

ILS/CLI employees are not meant to provide care that can be done at a physician's office or hospital. All health care needs that go beyond general supervision, first aid and active treatment are to be referred to the proper comprehensive care provider.

### SPECIMENS

ILS/CLI employees do not collect specimens for medical purposes. In the event this procedure should be necessary, the person requiring the service will be referred to the proper health care provider.

### EQUIPMENT THAT COULD BE CONSIDERED CONTAMINATED

Equipment which has become contaminated with blood or OPIM shall be decontaminated.

The following equipment for assisting in some chronic condition of residents, personal hygiene, supervision of health care, and performing simple first aide procedures is listed as follows:

| <u>Equipment</u>             | <u>Method</u>                                |
|------------------------------|--|
| Otoscope                     | Otoscope and thermometer-plastic sheath      |
| Thermometer                  | for each use. All equipment                  |
| Sphygmometer                 | decontaminated with a virucidal agent or 10% |
| Toenail/Fingernail Clippers  | solution.                                    |
| Scissors for health care use |  |
| Wash Basin                   |  |
| Spirometer                   |  |

### PERSONAL PROTECTIVE EQUIPMENT

Independent Living Services and Creative Living policies require the use of personal protective equipment to reduce the possibility of contamination by contact with bloodborne pathogens or OPIM. The equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be available at each facility in the office/storage area (to be determined at each facility and posted.)

The equipment will be purchased through a medical supplies agency. It will be of good quality to prevent or reduce risk of exposure to blood or OPIM through contact with skin or mucous membranes.

Protective Clothing kits will be available and readily available for use by employees at each facility which include the following items: Gloves, Face Shield, Gown, Protective eyewear.

All personal protective equipment will be disposed of and the work area decontaminated immediately following an exposure. If non-disposable equipment is used or there are garments penetrated by blood it will be cleaned or laundered following proper procedures for handling of hazardous materials. All repairs and replacements will be done at no cost to employees.

All garments/fabrics which are penetrated by blood shall be removed using protective equipment upon discovery to an identified area and as soon as possible treated and cleaned or transported from the facility as needed.

Protective clothing will be available to all employees. Even though the possibility for an exposure to blood and OPIM is relatively small, at ILS/CLI the following equipment will be available, checked routinely and replaced immediately following an event.

Upon leaving the work area, contaminated personal protective clothing will be placed in bio-hazard marked plastic trash bags and put in the appropriate area/container designated for disposal of bloodborne pathogens and OPIM at each facility. This area will be identified and posted in the office are for employees. Employees will be trained.

PERSONS RESPONSIBLE FOR PROTECTIVE CLOTHING/EQUIPMENT:

GH Managers/Apartment Managers will check that Protective Clothing/Equipment is available once a month. Records will be kept of availability of the equipment.

At Creative Living, the housekeeping staff will check once a week and notify the Administrative Assistant if equipment is needed. Supplies will be stored or maintained in the Office Supply area, with gloves and eyegear also in the bathrooms used by people with disabilities.

HOW CLOTHING/EQUIPMENT IS STORED/OBTAINED:

All employees are trained where the materials are stored as designated by each facility and posted in the office area and will have free access to the equipment as needed at each residential facility.

ILS will leave the area where equipment is stored up to each family where their home is used for waiver services. However, they must identify the area to all waiver employees working in their home and make it readily available for use in case of a possible contamination event.

PROCEDURES WHICH REQUIRE PROTECTIVE CLOTHING/EQUIPMENT:

Personal Protective Clothing/Equipment  
Gloves

Procedures/Tasks  
First Aide for open wounds; any time there is visible blood; when bathing a resident; when assisting in use of sanitary pads; when staff has an open cut on hands; when assisting in flossing/brushing teeth; if hands could come in contact with semen or vaginal secretions i.e., when changing sheets, if visibly contaminated.

Disposable Gloves used at ILS/CLI will be disposed of in bio-hazard marked trash bags in the designated container immediately after use if exposure is indicated.

Utility gloves, worn for cleaning purposes, may be decontaminated using a virucidal agent or 10% bleach solution immediately after contact and re-used.

Protective Equipment

Facial Shield  
(facial masks,  
glasses or goggles  
with solid side shield)

Gown, coat, jacket,  
shoe covers

Utility Gloves

Procedures/Tasks

When assisting in flossing or brushing  
teeth that is likely to cause bleeding;  
when administering First Aide to an  
open wound or with profuse bleeding.

When administering First Aide to a  
wound that is bleeding profusely

When cleaning up work area and/or  
using corrosive cleaning agents.

CLEANING/DECONTAMINATION SCHEDULES:

The following areas have been identified in each ILS/CLI facility and will be cleaned and/or decontaminated according to this schedule:

1. Kitchen: (a)-After each use  
(b)-Immediately following any contamination  
Schedule: (a)-Three times a day and check at bedtime  
(b)-Immediately following any contamination
2. Bathrooms: (a)-Once a day in Group Homes and Creative Living will be cleaned  
(b)-Immediately following any contamination
3. Laundry Areas: (a)-Outside wiped after daily use  
(b)-if contaminated, immediately wipe all contact surfaces.
4. Bedrooms, Living, Office areas: (a)-Clean hard surface floors once a week with anti-bacterial cleaning agent or 10% bleach solution in Group Homes and Creative Living or as scheduled in Waiver Homes and ILS Apartments. Vacuum and clean carpet as needed.  
(b)-Immediately following any contamination.
5. Nurses Station: (a)-counter tops and sink cleaned with virucidal cleaning agent or 10% bleach solution as scheduled  
(b)-Immediately following any contamination.

Decontamination will be accomplished by utilizing the following materials:

1. All purpose cleaners: 10% bleach solution or Meyers 464-N cleaner/disinfectant. Note: both are virusides.
2. EPA listed Germicides: "Meyers Chemical", LR.=A-33 premeasured disinfectant for floors, Quick Pack premeasured Toilet Bowl Cleaner.
3. Handwashing materials: Germicidal Hand Soap and an antiseptic hand gel for situations where washing facilities are not readily available.

NOTE: All contaminated work surfaces will be decontaminated immediately or as soon as feasible after any spill of blood or OPIM.

When using thermometer and otoscope, plastic sheaths are used, as well as a 10% bleach solution/germicidal agent for decontamination; plastic trash bags are used to line all trash containers with specially marked bio-hazard bags to identify contaminated waste.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated as needed but at least once a month.

Person Responsible: ILS Group Homes=Managers or Designee  
ILS Apartments=Manager or Designee

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used:

1. A broom and a dust pan can be used after first putting on the heavy Utility Gloves.
2. If you must grasp the broken object you must use tongs or metal clamps so that you do not touch the glass directly and place the broken glass in the sharps container.
3. All equipment used (broom, dust pan, gloves, metal clamps or tongs) must then be decontaminated using a 10% bleach solution or a virucidal agent.
4. Wash hands after completion.

#### REGULATED WASTE DISPOSAL

All contaminated waste handled by employees will be placed in bio-hazard plastic bags i.e., sanitary pads, bandages from open wounds, gauze pads used for cleaning wounds, used disposable rubber gloves and other used protective equipment/clothing, or any item (other than sharps) where there is visible blood or OPIM present.

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the facility. Sharps containers are located in the office areas of ILS facilities or the Nurses Station at Creative Living.

#### TRANSPORT OF CONTAMINATED WASTE AND INCINERATION:

All contaminated waste in bio-hazard bags will be disposed of once a week (more frequently if needed). Sharps containers will be disposed of when they are full or as deemed necessary by the Nurse.

#### HANDLING CONTAMINATED LAUNDRY:

Laundry contaminated with blood or OPIM will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used and decontaminated as the situation demands, by laundering or sending out to a public laundry.

All employees who handle contaminated laundry will utilize personal protective equipment (gloves) to prevent contact with blood or OPIM.

Laundry at this facility will be cleaned on site unless clothing is involved that required a commercial laundry.

Laundry done at all facilities with the assistance of employees will use the following procedures:

1. If there is visible blood or evidence of OPIM, a 10% bleach solution will be used in the wash area to presoak or a virucidal detergent used in the washing machine.
2. If colored clothing is contaminated or clothing that can't be bleached, a virucidal detergent will be

used in the washing machine.

3. If clothing/fabric needs a commercial laundry, the laundry will be notified prior to transport that the contaminated items are being delivered for cleaning. The contaminated items will be placed in bio-hazard marked bags for handling.

#### HEPATITIS B VACCINE:

All employees who have been identified as having had an exposure to blood or OPIM will be offered the Hepatitis B Vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of initial assignment to employees in the classification where an exposure to blood or OPIM is "most" likely to occur unless the employee has previously had the vaccine or unless the employee wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B Vaccine will sign a WAIVER WHICH SHALL BE PLACED IN THEIR MEDICAL FILE.

Employees who initially decline the vaccine, but who later wish to have it may then have the vaccine provided at no cost.

#### Persons Responsible for Medical File Records:

ILS Employees: Human Resource Director

CLI Employees: Human Resource Director

Vaccine Availability: ILS will designee a Physician/Nurse/Pharmacist who will have the responsibility for seeing that all employees have the vaccine available if they choose to be immunized. The Human Resource Director will be responsible for notifying employees who is designated to administer the vaccine.

#### POST-EXPOSURE EVALUATION AND FOLLOW-UP:

When an employee incurs an exposure incident, it should be reported to the Human Resources by your supervisor. The proper forms must be filled out and taken to the Health Care Provider to make their recommendations. Bring a Physician's statement of treatment to the ILS/CLI Human Resources for the medical file.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual may be tested (after consent is obtained) for HIV/HBV infectivity if necessary.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee being informed of the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. Laws regarding confidentiality of information will be followed in regard to revealing the source of contamination. Employees will be trained.
4. The employee will be offered the option of having their blood collected for testing for HIV/HBV serological status. However, if the employee decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample utilized or discarded.
5. The employee will be offered post exposure prophylactics in accordance with current recommendations as ordered by the Health Care Physician. (See Note: Pages 17 and 18 for reference information.)

6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy. Person(s) responsible: Human Resource Director.

#### INTERACTION WITH HEALTH CARE PROFESSIONALS:

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B Vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinion to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation, and
3. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM. However, the written opinion by the health care professional is not to reference any personal medical information.

In accordance with Act 289 of 1991, "The HIV Shield Law", should it be deemed necessary for an employee of ILS/CLI to be tested for HIV positivity or negativity for the purposes of this policy and Act and for the safety/protection of the public and prevention of spreading the infection, that employee shall be instructed to have the test administered by the health care professional which ILS/CLI uses for instances of this nature. The results of the test shall be provided by the health care professional ordering the test as deemed necessary, to the patient and to the responsible person within ILS/CLI, in order to protect and prevent the spread of HIV and AIDS.

In accordance with Act 967 of 1991, it shall be required of employees and residents to report HIV infection and AIDS to the Arkansas Department of Health.

#### TRAINING:

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted within thirty days of the employees date of hire and will include the identified topics below concerning bloodborne pathogens and OPIM. Other related topics for training are First Aid, Universal Precautions, Chemical Right to Know, and other topics referenced by DDS Standards.

All employees will receive annual refresher training and include any new materials or updated information from OSHA.

Training for employees on the OSHA standard for Bloodborne Pathogens will include an explanation of the following:

1. The OSHA Standard for Bloodborne Pathogens
2. Epidemiology and symptomatology of bloodborne diseases
3. Modes of transmission of bloodborne pathogens
4. This Exposure Control Plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
5. Procedures which might cause exposure to blood or OPIM at this facility

6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials
7. Personal protective equipment available at this facility and who should be contacted concerning
8. Post Exposure evaluation and follow-up
9. Signs and labels used at the facility
10. Hepatitis B vaccine program at the facility.

**RECORD KEEPING:**

All records required by the OSHA standard will be maintained by the Administrative Support Supervisor or Central Office Personnel as designated.

The initial phase of training will be provided by Onlea Dickey, Director of Nursing, from written curriculum that will be on file in Human Resources for training new employees. The material will cover all topics required by OSHA mentioned previously in this text.

All employees will receive annual refresher training. The outline for the training material is located in the Human Resources Office.

NOTE: ALL EMPLOYEES REVIEW THE FOLLOWING INFORMATION

**REFERENCE INFORMATION CONCERNING HEPATITIS B VACCINE FOLLOWING A KNOWN EXPOSURE INCIDENT**

1. Following a bite/scratch or other direct exposure to blood from an individual known to have Hepatitis B Virus or is a carrier, the employee will report immediately to their supervisor.
2. The Supervisor will notify Human Resources of the incident and an office visit to a physician will be scheduled for the employee within 24 hours from the time of the incident (or if during weekend hours, a visit to the emergency room at the local hospital).
3. If the employee who has been exposed has not received the Hepatitis B vaccine series, the physician may administer a dose of Hepatitis B Immune Globulin (HBIG) which is recommended within 24 hours of exposure (the physician will determine if the HBIG is necessary).

**CONSENT TO ADMINISTER THE VACCINE MUST BE SIGNED BY THE EMPLOYEE PRIOR TO ANY AND ALL TREATMENTS. IF AN EMPLOYEE IS ALLERGIC TO YEAST, AN ALLERGIC REACTION COULD OCCUR TO THE VACCINE.**

The regular 3-shot series will be recommended to be started immediately. If the regular series is not accepted by the employee, a second HBIG is recommended one month after exposure.

4. If the employee who has been exposed has received only one of the 3-shot series, he/she will be considered as NOT immunized.
5. If the employee who has been exposed has received two of the 3-shot series, Hepatitis B Surface Antibody level testing is recommended. If not "positive" HBIG will be recommended and the immunization series completed.
6. If the employee who has been exposed, received the Hepatitis B vaccine prior to employment, and the injections were given in the arm, procedures 4 and 5 are recommended as applicable.
7. If the employee who has been exposed, received the HBV injections in the hip, the employee will be treated as if he/she had never been immunized.
8. ALL EMPLOYEES ARE REQUIRED TO BRING THE DOCUMENTATION FROM THEIR PHYSICIANS ON ANY TREATMENT TO HUMAN RESOURCES.

**CONFIDENTIAL**

SOURCE INDIVIDUAL EXPLANATION OF AND CONSENT/DECLINATION TO HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND HEPATITIS B VIRUS (HBV) TESTING FOLLOWING EMPLOYEE EXPOSURE.

Facility: \_\_\_\_\_

EXPLANATION

A member of our facility staff was accidentally exposed to your blood or body fluid. In order to comply with recommendations of the Centers for Disease Control and needlestick protocol, we are requesting your consent to test your blood for the antibody to the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV). It will not show whether or not you actually have AIDS or hepatitis (or an AIDS/HBV related illness).

Your consent will enable our facility to provide the necessary care and assist in the proper medical management of the exposed employee. It is important that you understand the following:

1. We cannot test for HIV without your consent.
2. You will not be charged for this test.
3. This signed consent form and the test results will be kept confidential and will NOT be placed in your medical record.
4. Should the test results be positive, you will be notified by your doctor for counseling and appropriate medical advice.

CONSENT/DECLINATION

I have been informed about the implications and limitations of the test for the antibody to HIV and HBV. I have been able to ask questions about the test. Those questions were answered to my satisfaction. I understand the benefits and risks of the test.

\_\_\_\_ I hereby consent to have my blood tested for the HIV/HBV antibody

\_\_\_\_ I hereby decline to have my blood tested for the HIV/HBV antibody

\_\_\_\_\_  
Resident/guardian Signature Date

\_\_\_\_\_  
Witness Date

INDEPENDENT LIVING SERVICES, INC./CREATIVE LIVING, INC.  
HEPATITIS B VIRUS VACCINE CONSENT/DECLINATION