Appendix C

Muhlenberg College
Department of Campus Safety

Emergency Response Manual
TABLE OF CONTENTS

1. FIRE AND/OR EXPLOSION
2. CRIME IN PROGRESS/CIVIL DISTURBANCE
3. INJURY OR ILLNESS
4. BOMB THREAT
5. CHEMICAL OR RADIATION SPILL
6. EARTHQUAKE OR OTHER NATURAL DISASTER
FIRE AND/OR EXPLOSION

1. In the event of a fire or an explosion:

   A. Sound any available fire alarm.

   B. If the fire is large, evacuate the building via the nearest fire exit.

   C. Immediately call Campus Safety at extension 3110 or 3112. Give your name, location, and the extent of the problem. Remain calm when relaying the information to the dispatcher.

   D. If the fire is small, attempt to extinguish it with a fire extinguisher. Then contact Campus Safety.

   E. If there is an explosion, evacuate the building immediately, pull the fire alarm while exiting through the nearest and safest exit. Call Campus Safety from another safe location.

2. Additional comments:

   A. Do not panic, remain calm.

   B. Do not run or use excited motions.

   C. Do not use elevators, use the stairs instead. Elevators will not work in the event of fire or explosion.

   D. Know in advance the locations of at least two fire exit routes.

   E. Be alert for signs of smoke and/or fire.

   F. Know the locations of fire extinguishers and how to use them.

   G. Prevent fires through good housekeeping habits.

** Upon evacuation, building occupants should gather in the following areas:

If the building is on the north side of Chew Street, (College Center, Seegers Union, Academic Buildings, etc.) gather on the Front Lawn. Trexler Library occupants as well as Center for the Arts occupants should gather on the lawn to the east of the Library.
CRIME IN PROGRESS

1. Do not attempt to apprehend or interfere with the assailant except for self protection.

2. Remain calm, stay in a safe location, telephone Campus Safety at 3110 or 3112. Give your name, location, and department. Advise the dispatcher of the situation, if you are in a safe location, remain there, lock the door. Remain in this location until contacted by Campus Safety.

3. If it is safe to do so, attempt to get a description of the assailant. Note the approximate height, weight, sex, ethnic origin, age, clothing, and if you know the persons name. It is also important to note the assailants last known location, direction of travel, and if the person has or says that he/she has a weapon. Also indicate if any threats have been made.

4. Attempt to identify the vehicle if present. Note the license number, make and model of the vehicle as well as the color and any other characteristics such as bumper stickers or vehicle damage. Gathering information takes only a few seconds and it is extremely helpful to the investigating officers.

CIVIL DISTURBANCE

1. In the event of a civil disturbance, continue with your routine. If the disturbance is outside, stay away from doors and windows. Unless threatened with physical harm, do not leave your work location. Check with your supervisor or senior administrative officer for further instruction.

2. Do not interfere with those creating the disturbance or with law enforcement authorities on the scene.

3. Contact Campus Safety to advise of the situation.
INJURY OR ILLNESS

1. Ensure that the location of the injured persons is safe before attempting to assist the individual. If the scene is not safe, contact Campus Safety and remain at a safe distance.

2. Do not move an injured or ill person unless it appears to be a life threatening situation.

3. Call, or if possible, have another call Campus Safety at 3110 or 3112. Provide the dispatcher with as much information as possible regarding the nature of the injury or illness. State if the victim is conscious or unconscious, location of the victim, approximate age and sex, and any known medical problems. The Campus Safety Department will contact the appropriate emergency services. Campus Safety will also make the necessary contacts to health professionals and/or college administrators.

4. Return to the victim. Administer first aid or CPR if you are knowledgeable and have had training in this area. Keep the victim as comfortable as possible. Try to keep others from crowding the victim.

5. Remain with the victim until Campus Safety arrives. Relay to the responding officer any treatment that you have given.

6. List the persons in your building that are trained in first aid and CPR should they be needed. Also note the closest first aid kit if one is available.

1. _____________________________________________
2. _____________________________________________
3. _____________________________________________
4. _____________________________________________
5. _____________________________________________

** Remember to always use universal precautions. All first aid kits should contain some type of protective wear. **
BOMB THREAT

1. Whenever a bomb threat is received over the phone, remain calm and write down the following information:
   
   A. The exact words of the caller.
   B. Location of the bomb.
   C. When the bomb is supposed to go off.
   D. Type of bomb and who placed it, if stated.

2. Write down a description of the callers voice:
   
   A. Male or female, child or adult?
   B. Background noise?
   C. Particular accent or inflection in the callers' voice.
   D. Your mental picture of the caller.

3. Notify the Campus Safety Department by phoning 3110 or 3112 from a different phone from which the threat was received on. The Allentown Police Department may be able to gain information from the phone if it has not been used since the threat was called in.

4. Evacuate the building if you perceive the situation as life threatening, do not panic or run. If you do not perceive the situation as life threatening, wait until Campus Safety arrives. Campus Safety will normally, if an entire building is to be evacuated, enter each classroom, lab, or work area and advise them of the situation and ask them to evacuate in an orderly fashion.

5. Assemble outside your building as assigned by your work supervisor or the Campus Safety Officers. North side of Chew Street buildings should gather on the front lawn. Occupants of the buildings south of Chew Street should gather on the lawn to the east of the Library.
** Responsibility of faculty or staff members in classrooms or labs:
   A. If directed by Campus Safety, ask students to pick up all of their belongings and leave in an orderly fashion.
   B. Make a survey of the room before leaving it to detect any piece of equipment, article or object which is not ordinarily in the room. Make certain not to touch the unknown object.
   C. Do not use any radio or cellular telephone equipment during the evacuation.
   D. Advise Campus Safety of this information after leaving the building.
CHEMICAL OR RADIATION SPILL

1. Call the Campus Safety Department at 3110 or 3112. Give the following information:

   A. Type of incident (chemical spill, radiation, hazard, etc.).
   B. Type of chemical, if known.
   C. Whether or not students are injured.
   D. Extent of injuries.
   E. Location of the incident.
   F. Name and title of caller (student, technician, professor, etc.).

2. **Pull the alarm and evacuate the building.**

3. Should the spill occur outside your building:

   A. Notify the Campus Safety Department of the incident and type of chemical if known.
      If known, inform as to how the spill occurred.
   B. Remain in your building unless ordered by Campus Safety to evacuate.
   C. Close all windows and turn off all outside air intake vents or fans.
   D. Leave your building only when told to do so. Travel away from the spill and in an upwind
direction, if possible.

** Upon evacuation, building occupants should gather in the following areas:

   Buildings north of Chew Street gather on the front lawn. Building south of Chew Street should
gather on the lawn east of Trexler Library.
1. If you are in a building, move away from windows and try to position yourself in a doorway or under a desk or table.

2. When the tremors cease, or they are very slight, evacuate the building in an orderly fashion.

3. Use stairways - not elevators - during the evacuation.

4. If possible, Campus Safety personnel will assist in the evacuation of the building. They will advise occupants to evacuate to an open area.

5. Avoid positioning yourself under or next to objects that may topple, such as utility poles, trees, etc.

6. Reassemble in a location as directed by your supervisor or by a Campus Safety Officer. Take attendance to assure that all personnel are accounted for outside of your facility.

7. Should you require evacuation assistance, please telephone the Campus Safety Department at 3110 or 3112.

** Upon evacuation, building occupants should gather in the following areas:

If the building is on the north side of Chew Street, occupants should gather on the front lawn. If your building is on the south side of Chew Street, occupants should gather on the east lawn of Trexler Library.
Appendix D

Personal Protective Equipment Policy
29 CFR Part 1910  Subpart I
29 CFR Part 1910 Subpart I
Personal Protective Equipment

29 CFR 1910.132  General Requirements

OSHA has mandated that protective equipment, including personal protective equipment (PPE) for eyes, face, head and extremities, protective clothing, respiratory devices, and protective shields and devices must be provided by an employer and used and maintained in sanitary and reliable condition wherever it is necessary by reason of process or environmental hazards, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation, or physical contact.

When employees provide their own protective equipment, the employer is still responsible to assure its adequacy. All PPE shall be of safe design and construction for the work to be performed.

29 CFR 1910.133  Eye and Face Protection

In accordance with OSHA's guidelines, the college must provide the required protective eye and face equipment where there is a reasonable probability of injury that can be prevented by such equipment. Likewise, employees are required by this legislation to use such protectors. These protectors must be provided and used wherever machines or operations present the hazard of flying objects, glare, liquids, injurious radiation or a combination of these hazards.

Protectors must meet the following minimum requirements:

1. They must provide adequate protection against the particular hazard for which they were designed.
2. They shall be reasonably comfortable when worn under the designated conditions.
3. They shall fit snugly without unduly interfering with the movement of the wearer.
4. They shall be easily cleaned.
5. They must be kept clean and in good repair.

If an employee's vision requires the use of corrective lenses in spectacles and they are required by the provisions of this standard to wear eye protection, they must then wear goggles or spectacles of one of the following types:

1. Spectacles whose lenses provide the necessary optical correction and adequate protection for work to be performed.
2. Goggles that can be worn over corrective spectacles without disturbing the adjustment of the spectacles.
3. Goggles that incorporate corrective lenses mounted behind the protective lenses.

Such protective eyewear must be distinctly marked with the identification of the manufacturer. Employees who will be using such eyewear must be advised of and required to strictly observe any limitations or precautions that are indicated by the manufacturer.
Of particular importance in the interpretation of this standard is its requirement that the design, construction, testing and use of devices for eye and face protection must be in accordance with the American National Standard (ANSI) for Occupational and Educational Eye and Face Protection, Z87.1-1989.

The standard indicates that where acid or chemical handling presents a splash hazard or the potential for exposure to irritating mists, one must wear either cover goggles with no ventilation or indirect ventilation, or cup goggles with indirect ventilation. Where the hazard is severe, a face shield shall be added.

Prudent practice defines splash hazard as the potential for contact with corrosive materials. Corrosivity by EPA definition is a pH between 2.5 and 12 or according to OSHA, a chemical that causes visible destruction or irreversible alterations in living tissue by chemical action at the contact site. Chemicals which are readily absorbed through the skin, are defined as contact hazards, or specified as severe irritants can not be discounted purely on the basis that they are not corrosive and shall for the purpose of college policy be included as splash hazards.

Prudent practice also indicates the necessity for goggles when vacuum work or high pressure work is being carried out, when glassware is being used in high temperature operations, and when cryogenic liquids are in use or being transferred.

Employees and students are to wear ANSI approved splash goggles in teaching and research labs when any of the aforementioned hazards are present. ANSI approved safety glasses may be worn at the instructor’s discretion when none of these splash or mechanical hazards are involved. If no chemical manipulations are being performed in the lab and all chemicals are shelved or in the hoods, eyewear may be removed.

Faculty have the option of using ANSI approved safety glasses when working in their respective research areas, but this is a personal choice, in no way supported or recommended by the college. Personally supplied PPE should be evaluated to ensure that it meets established guidelines. Goggles are still required when operations present a commonly acknowledged splash hazard.

**29 CFR 1910.134 Respiratory Protection**

In section (a)(1) of the standard it states that in the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be provided by the employer and used in accordance with training and the requirements of the employer's respiratory protection program.

Minimum requirements for such a program are:

1. Written standard operating procedures governing the selection and use of respirators.
2. Respirators shall be selected on the basis of hazards to which a worker is exposed.
3. The user shall be instructed and trained in the proper use of respirators and their limitations.
4. Respirators shall be regularly cleaned and disinfected.
5. Respirators must be stores in convenient, clean, and sanitary locations.
6. Routine inspection, cleaning, and repair of respirators including a minimum of once-a-month maintenance of emergency respirators.
7. Appropriate surveillance of work area conditions and degree of employee exposure and stress shall be maintained.

8. Regular inspection and evaluation of program to determine its continued effectiveness.

9. Persons performing tasks where a respirator may be required must be evaluated by a local physician to determine whether they are physically able to perform required operations while using such equipment and fitted for the designated respirator.

Because of the requirements of this standard, no operations shall be undertaken where existing engineering controls will not prevent an occupational exposure. Prior approval from the department head and hygiene officer will be required before any chemicals may be used which present such respiratory exposure hazards. At such time as approval is given, the employee requesting this sanction will be physically evaluated by a physician, an appropriate respirator will be purchased and fitted, and a formal respiratory protection program will be instituted including the required training and maintenance procedures.
Appendix E

Muhlenberg College

Occupational Exposure
To Bloodborne Pathogens
Exposure Control Plan
Muhlenberg College

Occupational Exposure to Bloodborne Pathogens

EXPOSURE CONTROL PLAN

I. POLICY

Muhlenberg College shall establish a program to protect all personnel who, in the course of their work could reasonable be expected to come into contact with blood, body fluids, or other potentially infectious material. Each work area within the organization shall assure that their personnel are in compliance with the provisions of the college’s Occupational Exposure to Bloodborne Pathogens Exposure Control Plan as specified.

II. SCOPE

Employees and other members of the Muhlenberg College Community who have a potential to exposure of Bloodborne Pathogens as a result of performing assigned tasks.

III. DEFINITIONS

Bloodborne Pathogens - Pathogenic microorganisms present in human blood which can cause disease in humans. These pathogens include, but are not limited to the Hepatitis B Virus, (HBV), the Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS).

Engineering Controls - a method of control which isolates or allows the removal of bloodborne pathogens hazard from the workplace. Examples include sharp disposal systems, self sheathing needles, etc.

Personnel - Includes but is not limited to employees, students, faculty, and others engaged in any activities at the college where the potential for a blood/body fluid exposure exists.

Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes i.e. uniforms, pants, skirts, blouses not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste - Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of
releasing these materials during handling; contaminated sharps; pathological and microbiological wastes containing blood or other potential infectious materials.

**Work Practice Controls.** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed, i.e. recapping a needle.

### IV. PURPOSE

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out in a fashion that safe work practices are promoted. The promotion of these practices will minimize the incidence of illness and injury experienced by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030. The purpose of the Bloodborne Pathogens Standard is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

In compliance with this standard, the administrative staff at Muhlenberg College has designed and implemented this Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is to protect our employees from the health hazards associated with bloodborne pathogens and provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

### V. RESPONSIBILITY

The categories responsible for the effective implementation of the Exposure Control Plan include the Chairperson, Safety Committee, Department Managers and Supervisors, Educational/Training personnel and employees.

### VI. REFERENCES


### VII. AVAILABILITY OF THE EXPOSURE PLAN TO EMPLOYEES

The Muhlenberg College *Occupational Exposure to Bloodborne Pathogens Exposure Plan* is available to our employees at any time. Employees are advised of this availability during their education/training sessions. Copies of the plan are kept in the following offices:

- Health Center
• Campus Safety
• Plant Operations
• Human Resources
• Athletics
• Chemical Hygiene Officer
• Office of the Chairperson, Safety Committee
• Office of the Director, Campus Safety

VIII. REVIEW AND UPDATE OF THE PLAN

The college reserves the right to unilaterally revise, modify, review, rescind, or alter the terms and conditions of the policy within the constraints of the law, providing reasonable notice. The plan will be reviewed at least annually in the month of May, or whenever new or modified tasks and procedures are implemented which affect occupational exposure of our employees.

IX. PROCEDURE

A. Exposure Control Plan

1. Establish a written Exposure Control Plan in accordance with The Occupational Safety and Health Administration’s Bloodborne, Pathogen Standard 29 CFR1910.1030. Identify personnel with “reasonably anticipated” exposure to blood and/or body fluids. Specify how affected personnel are protected and trained.

2. Review and update the plan at least annually, and when any new or modified task might impact personnel exposure.

3. Insure a copy of the plan is accessible to personnel and OSHA Representative upon request for examination and copying.

B. Engineering and Work Practice Controls

1. Use engineering and work practice controls to eliminate or minimize personnel exposure.

2. Use personal protective equipment and safe work practices whenever occupational exposure potential remains after devices with engineering controls have been implemented.

C. Handwashing Facilities

1. Provide handwashing facilities where feasible. When handwashing facilities are not feasible, provide one of the following:
• an appropriate antiseptic hand cleanser and clean cloth or paper towels
• antiseptic towelettes until it is possible to wash hands with soap and running water

2. Wash hands immediately, or as soon as possible following removal of gloves or other protective equipment.

3. If mucous membranes have come into contact with blood, flush those areas with water immediately or as soon as possible.

4. In the event of an exposure, contact the Health Center for further direction. If the Health Center is closed, contact Campus Safety for the On-Call Person or for direction for treatment and follow-up.

D. Contaminated Needles and other Contaminated Sharps

1. Do not recap used needles under any circumstances

2. Shearing or breaking of contaminated needles is prohibited

3. Place contaminated reusable sharps in puncture resistant, labeled or color-coded containers.

4. Assure containers are leakproof

5. Assure sharps are not stored or processed in a way requiring personnel to reach by hand into the containers where sharps have been placed.

E. Personal Protective Equipment (PPE)

1. Provide PPE to applicable personnel at no cost when there is a potential for occupational exposure.

2. Appropriate equipment includes by may not be limited to:

• gloves
• gowns
• laboratory coats
• face shields
• masks
• eye protection
• mouthpieces
• resuscitation bags
• pocket masks
• ventilation devices

3. Consider PPE appropriate only if it meets the requirements specified in OSHA’s Bloodborne Pathogen Standard.

4. Assure appropriate use of PPE, unless one of the following is demonstrated:

• the affected person temporarily and briefly declined to use PPE based on the seriousness of the individual’s condition and the personnel’s professional judgment.

• the equipment’s ‘use in specific situations would have prevented the delivery of health care or public safety services.

• would have posed an increased hazard to the safety of the co-worker.

5. Eating, Drinking, Smoking, Applying Cosmetics or Lip Balm and Handling of Contact Lenses

a. eating, drinking, smoking, applications of cosmetics/lip balm, and the handling of contact lenses is prohibited in areas where there is reasonable likelihood of occupational exposure.

b. assure food and drink is not stored in refrigerators, freezers, shelves, cabinets, countertops, or benchtops where blood or other potentially infectious materials are present.

c. label refrigerators where storage of food and beverage is intended **FOOD ONLY**.

d. perform all procedures involving blood or other potentially infectious materials in a manner minimizing splashing, spraying, spattering, and generation of droplets.

e. mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
F. Specimens of Blood or other Potentially Infectious Materials

1. Place specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

2. If outside contamination of the primary container occurs, place the primary container within a secondary container which prevents leakage and is labeled or color coded.

3. If the specimen could puncture the primary container, place the primary container in a puncture resistant secondary container, with the above characteristics.

G. Cleaning, Laundering and Disposal of PPE

1. The cleaning, laundering and proper disposal of PPE is done at no cost to the employee.

2. Remove immediately equipment or garments penetrated by blood or other potentially infectious materials, or as soon as feasible.

3. Personnel clothing should be decontaminated and washed within a proper fashion.

4. Muhlenberg College will replace/repair PPE as needed to maintain its effectiveness at no cost to the employee.

5. Gloves will be worn when it can be reasonably anticipated that the employee may have had contact with blood, or other potentially infectious materials, mucus membrane and non-intact skin. Disposable (single use) gloves will be replaced as soon as practical when contaminated, torn or punctured. Disposable gloves are never washed or decontaminated for re-use. Latex free materials will be provided to individuals who are latex sensitive or allergic.

H. General Housekeeping Principles

1. Muhlenberg College shall ensure that the worksite is maintained in a clean and sanitary condition by following a schedule and method of decontamination based upon the
location in the facility, type of soil present, and the procedure being performed in the area.

2. All equipment and environmental surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

   a. contaminated work surfaces shall be decontaminated with household bleach (Sodium Hypochlorite) in a dilution of 1:10 and 1:100 with water or other appropriate solution. The decontamination shall occur after completion of the procedure, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious material.

   b. protective coverings used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when contaminated.

   c. bins, pails, 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 daily basis and cleansed as soon as feasible upon visible contamination.

   d. broken glassware which is considered contaminated shall not be handled directly with the individual’s hands. Contaminated glassware shall be cleaned up with mechanical means, i.e. brush and dust pan, tongs, forceps, etc.

I. Regulated Waste

   a. Contaminated sharps shall be discarded immediately in closeable, leakproof, puncture resistant containers. The containers will be easily accessible to personnel in clinical areas where phlebotomy and other related procedures are performed. The red colored containers or identifiers will be maintained in an upright position and are replaced before becoming filled. The containers are sealed prior to transport to the storage area. Red bag waste is placed in a designated freezer within the
Health Center where it is packed and prepared for pick-up by a governmentally approved waste management company.

b. Other regulated waste shall be placed in red bags that are closable and leakproof. The infectious waste will be collected from the labeled trash receptacles by the housekeeping staff and placed in the designated freezer. A member of the housekeeping staff and/or Health Center staff will place the bags in a fiberboard container on a regular basis for pick-up in accordance with governmental regulations. Pick up is on an as needed basis not exceeding a 90 day collection of frozen waste.

J. Hepatitis B Vaccination, Post Exposure Evaluation and Follow-Up

1. General

a. Muhlenberg College will provide the Hepatitis B Vaccine series to employees who are considered at high risk for the exposure of blood and body fluids. Included are employees in the College Health Center, Campus Safety and Security Officers, Housekeepers, and the Athletic Training Staff who have occupational exposure to blood borne pathogens. The college will consider the provision of the administration to individuals in other departments as deemed necessary. Post exposure evaluation will be provided to employees who have a documented exposure incident.

b. The college will ensure that all medical evaluations and procedures including the Hepatitis B vaccine and post-exposure evaluation(s) including follow-up care include:

- no cost provision for employee
- made available at a reasonable time and place
- performed by or under the supervision of a licensed physician or registered nurse
- provided in accordance to the recommendations of the U.S. Public Health Service current at the time of the event
• laboratory studies will be conducted at no cost to the employee

2. Hepatitis B Vaccination

a. The Hepatitis B Vaccination will be made available to at risk employees upon completion of the education program. If an employee has previously received the completed Hepatitis B vaccination series, antibody testing has revealed immunity or the vaccine is contraindicated for medical reasons, the employee will be made exempt.

b. Participation in a pre-screening program is not a prerequisite for receiving the vaccination.

c. If the employee initially declines the vaccination however decides at a later date to accept it, the doses will be administered.

d. Employees who decline the vaccination must sign a statement documenting the refusal.

3. Post Exposure Evaluation and Follow-up

a. Following a report of an exposure, Muhlenberg College will make available to the employee a confidential medical evaluation and follow-up through workman’s compensation. This will be coordinated with the Director of Health Services or his/her designate. The following will be completed by the workman’s compensation physician:

1. documentation of the route(s) of exposure and circumstances surrounding the exposure

2. identification and documentation of the source individual unless it can be established that identification is insusible or prohibited by state or local law.

a. The source individual’s blood will be tested as soon as feasible and after consent is obtained. If consent is not obtained, Muhlenberg College will establish that legally required consent cannot be obtained. When the source individual’s consent is not
required by law. the source individual’s blood, if available will be tested and results documented.

b. If the source individual is already known to be infected with HBV or HIV testing of the source individual need not be repeated.

c. Results of the source individual’s testing will be made available to the exposed employee. The employee will be informed of applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.

d. Blood collection will be completed by the agency/institution chosen by Muhlenberg College. The exposed employee’s blood will be collected as soon as possible and tested after consent is obtained.

X. DOCUMENTATION

The employee’s medical record will be the source document relative to the evaluation provided to the employee post exposure. Copies are made available to the employee at their request, relative to the results of the studies, etc. The employee will also be advised of any medical condition resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment. All findings and/or diagnosis will remain confidential and will be maintained in the medical record. This medical record will be maintained by the workman’s compensation physician who evaluated and treated the employee for the exposure.

Education Records are created at the time of each Educational Program. The records indicate the Date of the Presentation, Employee Name, and Injections Spaces if elected by the employee. The goals and objectives of each educational section are attached to each in-service attendance sheet. The presenter including his/her job classification and titles are
listed. The records of attendance are located in the Office of the Director, Health Services.

The **Availability of Records** is ensured by the staff at Muhlenberg and will be made available on request to the appropriate governmentally approved individuals in compliance with regulations. Employee medical records will be provided upon request for examination to an individual having written consent of the employee.

Revised – 5/10/05
HEALTH SERVICES

Statement of Informed Risk - Hepatitis B Vaccine

I, the undersigned, hereby consent to immunization with the Hepatitis B Vaccine. I acknowledge that I have been advised of the following:

1. The nature and purpose of receiving the vaccine.

2. The possible reactions involved, which could include: joint aches or pain, fever, nausea or neurological symptoms, including Guillian Barre Syndrome. This information was also mentioned during the inservice on Hepatitis B Vaccine.

3. The importance of completing the total immunization program, which includes three (3) injections:

   1st Dose -- At elected date;
   2nd Dose -- (1) month later;
   3rd Dose -- (6) months after first date

I hereby assume all the risks associated with the administration of this injection and agree to release and hold harmless Muhlenberg College, its officers, agents, licensed health center staff and employees from any and all liability associated with the receipt of this vaccine.

Date ___________ Employee Signature __________________________

Date ___________ Witness ________________________________

Record of Hepatitis B Vaccine Administration:

<table>
<thead>
<tr>
<th>DATE</th>
<th>ADMINISTERED BY</th>
<th>LOT #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Dose</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>2nd Dose</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>3rd Dose</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>
HEPATITIS B VACCINE DECLINATION

THIS FORM IS TO BE SIGNED BY ANY EMPLOYEE WHO DECLINES TO ACCEPT HEPATITIS B VACCINE

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 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. 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 no charge to me.

(Signature of Employee)

Witness

Date __________________________
CONSENT FOR
HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TESTING

HIV ANTIBODY TESTS

HIV antibody tests (Tests) are used to determine whether a person has ever been infected by HIV, the virus which causes Acquired Immune Deficiency Syndrome (AIDS). The Tests are designed to detect antibodies to HIV in a person infected with HIV. An antibody is a substance which the body makes to fight off an infection.

The Tests are most often single screening tests. Two additional screening tests are performed if the result of the first is positive. A confirmatory test is conducted if the first and one of the two second screening tests are positive.

PURPOSE OF ANTIBODY TESTS

The Tests serve two purposes. One is to determine whether the person has been infected with HIV in order for that person to make appropriate decisions regarding future behavior. The second is to help the person and his/her doctor take measures to prevent the symptoms which may result from an HIV infection.

MEANING OF A POSITIVE TEST

A positive Test means that your specimen contained antibodies to HIV on a confirmatory test that was conducted after two of three screening tests were found to contain antibodies to HIV. It also means that it is almost certain that you are a carrier of the AIDS virus. Additionally, it means that you can pass the virus to others by intimate sexual contact, by sharing needles and through donating blood and organs. Pregnant women can pass the virus to their unborn children during pregnancy, during delivery or breast feeding.

MEANING OF A NEGATIVE TEST

A negative Test means that, at this time, no antibody to HIV was found in your specimen based on the results of the initial screening test, cumulative screening tests, or a confirmatory test.

LIMITATIONS OF THE TEST

There can be individuals who have Test results which are called "false positive." For some reason the Test indicates that HIV antibodies are present in a specimen when, in fact, they are not. There can also be false negative results which can have two possible meanings; the person has been infected with the HIV but that person's body has not yet made antibodies to the virus, or HIV antibodies are present in the person's specimen but for some reason the Test failed to detect it.

CONSENT

I have read or someone has read to me the information on this form about HIV and the HIV antibody tests. I have received an explanation about the tests, including their purposes, uses, limitations and meaning of their results. I have been given or offered information about ways to prevent infecting myself and others with HIV. I have had a chance to ask questions, and those questions have been answered to my satisfaction. I request that a specimen be taken from me and tested for HIV antibodies. I have been told how I will receive my test results, and I agree to receive my results in that manner.

I understand that if I am tested using my real name, the fact that I have been tested and the test results, together with any information that identifies or can be used to identify me, are confidential and, except as otherwise permitted by law, will not be given to anyone without my signed permission.

I understand that if I am tested and do not use my real name, the person who is taking the specimen from me will not be able to reach me, and that, therefore, it is very important that I return to this test site for my test results and results counseling.