

Appendix A

Job Classifications

THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO

JOB CLASSIFICATIONS BY DEPARTMENT IN WHICH ALL EMPLOYEES HAVE

EXPOSURE TO BLOODBORNE PATHOGENS

CAMPUS RECREATION

1. Assistant Director, Intramurals
2. Assistant Director, Fitness Programs
3. Assistant Director, Outdoor Recreation
4. Assistant Director, Weight Rooms
5. Senior Supervisor
6. Fitness Instructor
7. Lifeguard
8. Intramural Administrative Assistants
9. Weight Room Supervisor
10. Climbing Wall Staff
11. Outdoor Trip Leader
12. Graduate Assistant-Fitness
13. Graduate Assistant-Outdoor Programs
14. Facility Program Assistant

DEPARTMENT OF EXERCISE AND SPORT SCIENCE

1. Lifeguard

DEPARTMENT OF HOUSING AND RESIDENCE LIFE

1. Housekeeping Supervisor I & II
2. Housekeeper I & II
3. Plumber II
4. Maintenance Technician II,III, & IV
5. Painter
6. Electrician II
7. Construction Renovation Tech I & II

CHILD CARE EDUCATION PROGRAM

1. Coordinator
2. Child Care Education Teacher

SCHOOL OF HEALTH AND HUMAN PERFORMANCE

1. Laundry Attendant
2. Building Supervisor

INTERCOLLEGIATE ATHLETICS

1. Head Athletic Trainer
2. Graduate Assistant Trainer
3. Student Assistant Trainer
4. Equipment Supervisor
5. Assistant Equipment Supervisor
6. Laundry Attendant

OFFICE OF SAFETY

1. Hazardous Waste Coordinator

PUBLIC SAFETY AND POLICE

1. Police Chief
2. Director Public Safety / Police II
3. Police Officer
4. Residence Life Security Officer
5. Academic Building Security Officer

SCHOOL OF NURSING

1. Dean of the School of Nursing
2. Associate Dean
3. Assistant Dean
4. Professor
5. Associate Professor
6. Assistant Professor
7. Visiting Assistant Professor
8. Instructor
9. Lecturer
10. Clinical Instructor
11. Clinical Assistant Professor
12. Clinical Associate Professor
13. Clinical Professor

STUDENT HEALTH SERVICE

1. Medical Director
2. Physician Extender II
3. Associate Physician
4. Nurse Supervisor I & III
5. Staff Nurse
6. Relief Staff Nurse
7. Nursing Assistant II
8. Student Nursing Assistants
9. Health Care Technician
10. Medical Laboratory Technician II

11. X-Ray Technician II
12. Housekeeping Assistant

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

JOB CLASSIFICATIONS BY DEPARTMENT IN WHICH SOME EMPLOYEES HAVE EXPOSURE TO BLOODBORNE PATHOGENS

DEPARTMENT OF EXERCISE AND SPORT SCIENCE

1. Professor
2. Associate Professor
3. Assistant Professor
4. Lecturer
5. Graduate Teaching Research Assistants

Employees performing the following tasks with potential exposure are covered by this policy:

1. Research involving human blood samples.
2. Taking of human blood samples.
3. Preparation of lab samples containing human blood.
4. Isolation and culture of human cells, cell lines or tissues

DEPARTMENT OF NUTRITION

1. Professor
2. Assistant Professor
3. Associate Professor
4. Lecturer
5. Research Technician I
6. Research Technician II
7. Graduate Assistant
8. Graduate Student
9. Undergraduate Research Assistant

Employees performing the following tasks with potential exposure are covered by this policy:

1. Research involving human blood handling.
2. Human blood sample preparation.
3. Autoclaving and other manipulations of human blood samples.
4. Isolation and culture of human cells, cell lines or tissues
5. Handling, preparation, autoclaving, and manipulation of human body fluids, including urine, feces, breastmilk.

DEPARTMENT OF BIOLOGY

1. Professor
2. Associate Professor
3. Assistant Professor
4. Lecturer
5. Postdoctoral Research Associate
6. Research Technician I & II
7. Graduate Assistant
8. Graduate Student
9. Undergraduate Research Assistant
10. Volunteer Researchers

Employees performing the following tasks with potential exposure are covered by this policy:

1. Research involving human blood handling.
2. Isolation and culture of human cells, cell lines or tissues

DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY

1. Professor
2. Assistant Professor
3. Associate Professor
4. Lecturer
5. Research Technician I
6. Research Technician II
7. Graduate Assistant
8. Graduate Student
9. Undergraduate Research Assistant

Employees performing the following tasks with potential exposure are covered by this policy:

1. Research involving human blood handling.
2. Isolation and culture of human cells, cell lines or tissues

FACILITIES OPERATIONS – Office of Waste Reduction and Recycling

1. Grounds Laborer
2. Machine Operator II

Employees performing the following tasks with potential exposure are covered by this policy:

1. Working on sanitation crew.

FACILITIES OPERATIONS – Housekeeping

1. Housekeeper
2. Supervisor III
3. General Utility Worker

Employees performing the following tasks with potential exposure are covered by this policy:

1. The cleaning of blood or other potentially infectious body fluids, this is only permitted after the employee has undergone on the job training for six months to a year and after Bloodborne Pathogens Training. (New employees will specifically be told not to touch blood or other body fluids during Bloodborne Pathogens Awareness, prior to the start of work.)

Appendix B

Forms

- I. Acknowledgement of Initial Training & Acceptance of HBV Vaccine and Healthcare Professional's Written Opinion for Hepatitis B Vaccination
- II. Hepatitis B Declination
- III. Review of Employee Exposure to Blood/Infectious Material
- IV. Training Roster
- V. Trainer's Memory Jogger

**THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
ACKNOWLEDGMENT OF INITIAL TRAINING AND ACCEPTANCE OF HBV
VACCINE**

I hereby acknowledge that I have been informed of my risk of occupational exposure to blood and other potentially infectious materials in my job.

My employer has provided me with training on these risks, how they may be minimized, and made available personal protective equipment to me at no charge.

I have reviewed a copy of the Exposure Control Plan, and have received written instructions on procedures to follow should I have an exposure incident with blood or other potentially infectious materials, and hereby agree to comply with facility policies in these and other matters.

Due to the possibility of exposure to hepatitis B, a serious disease, my employer has made available (at no cost to me), a vaccination for this disease. I agree to take this vaccine series and provide my employer with evidence of vaccination. I will follow facility policy for getting the vaccine. The above training and offering of the hepatitis B vaccine has taken place within 10 days of my initial assignment.

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

cc: Office of Safety
Departmental Personnel File

**THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
HEALTHCARE PROFESSIONAL'S OPINION
FOR HEPATITIS B VACCINATION**

Employee's Name: _____ Employee ID # : _____

NOTE: This form is to be completed prior to the administration of an employee's first Hepatitis B Vaccination.

To The Evaluating Healthcare Professional:

After you have determined whether there are contra indications to vaccination of this UNCG employee with Hepatitis B vaccine, please state in the space below

only

(A) if vaccine was indicated ____ Yes ____ No

(B) if vaccine was received ____ Yes ____ No

(All other findings are to remain confidential and are not to be included on this page.)

Please return this sheet to this employee _____
(name of employee).

Thank you for your evaluation of this employee.

(Healthcare Professional's Signature)

Healthcare Professional's Name (printed):

Date:

Copies to: Office of Safety,
Employee

**THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis-B (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 want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Employee's
comments: _____

cc: Office of Safety
Departmental Personnel File

**THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
REVIEW OF EMPLOYEE EXPOSURE TO
BLOOD/INFECTIOUS MATERIAL**

Complete and forward copies to your supervisor and the Office of Safety

Employee Name: _____ Date of Report: _____

Date/Time of Incident: _____

Location of Incident: _____

Other Personnel Present: _____

Was exposure a: _____ Needlestick _____ Cut _____ Splash _____ Other

Was the source individual or object identified? _____

Describe the circumstances leading up to and including the exposure: _____

Describe measures taken after the exposure: _____

Name of supervisor notified: _____ Date/Time: _____

List Personal Protective Equipment being worn at the time of exposure: _____

How do you feel this incident could have been prevented? _____

Signature of person completing form: _____

Printed name of person completing form: _____

Office of Safety Findings and Recommendations: _____

Signature of Office of Safety Investigator: _____ Date: _____

**THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
TRAINER'S MEMORY JOGGER**

- Provide initial and annual training to all covered employees within department
- Provide required documentation:
 1. Training Roster Form
 2. Acceptance or Declination Form
 3. Records of previous vaccinations/titre
 4. 1st vaccination provided within 10 days
 5. Health Care Professionals Written Opinion
 6. Copies of the HBV vaccination card as shots are received