

**Appendix C**

**Academic Affairs Division Bloodborne Pathogen Program Annual Review**

| <b>Section I: Evaluation</b>  |     |    |                          |
|---|-----|----|--------------------------|
| Evaluation of Process/Procedure   | Yes | No | Additional Info/Comments |
| 1. Was this evaluation conducted to review the circumstances surrounding a potential exposure incident?   |     |    |                          |
| 2. Was this evaluation conducted to review and update as necessary the Bloodborne Pathogen Program?   |     |    |                          |
| 3. Were there changes in any employee's tasks and procedures since last year's review?  |     |    |                          |
| 4. Have there been any updates issued from the CDC that have a direct effect on Bloodborne Pathogens?   |     |    |                          |
| 5. Has the annual consideration for any commercially available and effective safer medical device designed to eliminate or minimize occupational exposure been conducted using the sharp safe form?   |     |    |                          |
| 6. Has the input for the identification, evaluation and selection of effective engineering and work practice controls obtained from solicited non-managerial employee responsible for the direct patient care, who are potentially exposed to injuries from contaminated sharps?  |     |    |                          |
| 7. Did the employee temporarily and briefly decline to use Personal Protective Equipment when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use could have prevented the delivery of health care or safety services, or would have posed an increased hazard to the safety of the worker? |     |    |                          |
| <b>Section II: Corrective Actions</b>   |     |    |                          |
| If you answered yes to questions 1, 3, 4, 5, and 7 in Section I, briefly describe the corrective action plan.   |     |    |                          |
|   |     |    |                          |
| <b>Section III: Solicited Non-Managerial Effective Engineering and Work Practices</b>   |     |    |                          |
| Briefly describe the input received.  |     |    |                          |
|   |     |    |                          |
| <b>Section IV: Evaluation Conduction</b>  |     |    |                          |
| Identify who conducted the evaluation. Keep this document with the Department's Bloodborne Pathogen Program for 3+ years.   |     |    |                          |
| <b>Names Involved with the Evaluation:</b>  |     |    |                          |
| <b>Date of the Evaluation:</b>  |     |    |                          |