

<b>Policy Name:</b> <b>Bloodborne Pathogen (Potentially Infectious Material) Program Manual</b>		
<b>Effective Date:</b>	<b>Revision Date:</b> 11/1/2016	<b>Department/Area/Division:</b> AD-EHS
<b>Department/ Area Policy #:</b>	<b>Departmental Contact:</b> Hal Barrett	

**Attachment A  
Bloodborne Pathogen  
Risk Appraisal Survey  
(Exposure Determination)**

*To be completed by Administrative Units or Departments within The University of Alabama and returned to EHS.*

**Risk Appraisal Survey**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the Supervisor Completing this Survey: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Employee/Student Exposure to Bloodborne Pathogens  
Risk Appraisal Survey**

The purpose of this survey is to identify job classifications and courses in which all employees or students assigned to that classification, course, or sponsored activity within your Administrative Unit or Department **are** at risk for occupational or academic exposure to bloodborne pathogens. In addition, this survey will be used to identify **specific employees or students** within your Administrative Unit or Department who are at risk for occupational or academic exposure to bloodborne pathogens.

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of any employee's duties whether on or off campus.

**Academic Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the student's participation in academic or sponsored activities.

**Other Potentially Infectious Materials** means

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid

<b>Policy Name:</b> Bloodborne Pathogen (Potentially Infectious Material) Program Manual		
<b>Effective Date:</b>	<b>Revision Date:</b> 11/1/2016	<b>Department/Area/Division:</b> AD-EHS
<b>Department/Area Policy #:</b>	<b>Departmental Contact:</b> Hal Barrett	

that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- HIV – containing cell or tissue cultures, organ cultures, and HIV or HBV – containing culture medium or other solutions: and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

List the job classifications in your Administrative Unit or Department where **all** employees will have reasonably anticipated exposure to human blood or other potentially infectious materials:

<i>Job Title</i>	<i>Department/Location</i>

(Attach additional pages if necessary)

List the job classifications and work activities in your Administrative Unit or Department in which **some** of the employees will have reasonably anticipated exposure to human blood and other potentially infectious materials:

<i>Job Title</i>	<i>Department/Location</i>	<i>Task/Procedure</i>

(Attach additional pages if necessary)

<b>Policy Name:</b> Bloodborne Pathogen (Potentially Infectious Material) Program Manual		
<b>Effective Date:</b>	<b>Revision Date:</b> 11/1/2016	<b>Department/Area/Division:</b> AD-EHS
<b>Department/ Area Policy #:</b>	<b>Departmental Contact:</b> Hal Barrett	

List the names of all employees in your Administrative Unit or Department who are at risk for occupational exposure to bloodborne pathogens.

<i>Name</i>	<i>Job Title</i>	<i>Procedures Placing Employee at Risk</i>	<i>Location of Employee</i>

(Attach additional pages if necessary)

**Students at Risk for Academic Exposure**

List the name, number, responsible individual for each course or university-sponsored activity in your administrative unit or department where there may be academic exposure to bloodborne pathogens.

<i>Name and Course No. or Description of University Sponsored Activity in which Academic Exposure Might Occur</i>	<i>Individual Responsible for Course or Activity</i>	<i>Procedures Placing Student at Risk</i>

(Attach additional pages if necessary)

**Return to EHS at 410 Campus Drive East, Tuscaloosa, AL 35487-0178**