



HO-CHUNK NATION CODE (HCC)
TITLE 6 – PERSONNEL, EMPLOYMENT AND LABOR CODE
SECTION 8 – OCCUPATIONAL SAFETY AND HEALTH PROGRAM ACT
OF 2002
SUBSECTION 2 – EXPOSURE CONTROL

ENACTED BY LEGISLATURE: MAY 20, 2002

LAST AMENDED AND RESTATED: December 6, 2022

CITE AS: 6 HCC § 8-2

1. **Authority.** See basic document (Occupational Safety and Health Program Act).
2. **Purpose.** This subsection of the Occupational Safety and Health Program Act provides safety rules and procedures to be followed by all Nation employees to limit occupational exposure to blood and other potentially infectious materials.
3. **Definitions.** See basic document (Occupational Safety and Health Program Act). In addition, the following definitions apply to this subsection.
 - a. “Blood” means human blood, human blood components, and products made from human blood.
 - b. “Blood borne Pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
 - c. “Clinical Laboratory” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
 - d. “Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
 - e. “Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
 - f. “Contaminated Sharps” means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
 - g. “CPR” means cardiopulmonary resuscitation.
 - h. “Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

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i. “Engineering Controls” means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.

j. “Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

k. “Handwashing Facilities” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

l. “HBV” means hepatitis B virus.

m. “HIV” means human immunodeficiency virus.

n. “Licensed Healthcare Professional” is a person whose legally permitted scope of practice allows him or her to independently perform the activities required in the Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

o. “Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

p. “Other Potentially Infectious Materials” means:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) 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.

q. “Parenteral” means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

r. “Personal Protective Equipment (PPE)” is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

s. “Regulated Waste” means 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; and pathological and microbiological wastes containing blood or other potentially infectious materials.

t. “Source Individual” means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

u. “Sterilize” means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

v. “Universal Precautions” is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

w. “Work Practice Controls” means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

4. Methods of Compliance.

a. General.

(1) Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Each facility or department shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure. OSHD shall identify the jobs that are at risk and the duties that create that risk.

b. Engineering and Work Practice Controls.

(1) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(2) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(3) Handwashing facilities shall be made readily accessible to all employees. When handwashing facilities are not available, employees shall be provided with either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic towelettes are used, hands shall be washed with soap and running water as soon as possible.

(4) Supervisors shall ensure that personnel wash their hands and other skin with soap and water, or flush mucous membranes with water immediately or as soon as possible following contact of such body areas with blood or other potentially infectious materials.

(5) Needles and Other Sharps.

(a) Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers for storage until disposal. These containers shall be puncture resistant, labeled or color-coded in accordance with 29 C.F.R. § 1910.1030, and leak proof on the sides and bottom.

(b) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the supervisor can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Recapping shall only be accomplished using a mechanical device or by using a “one-handed” technique.

(c) All facilities shall use the safer needles, regardless of cost.

(6) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(7) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(8) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(9) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(10) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during drug collection, handling, processing, storage, transport, or shipping. The containers shall be labeled or color-coded and closed prior to being stored, transported, or shipped.

(11) Equipment that may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the supervisor can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. A readily observable label shall be attached to the equipment stating which portions remain contaminated. The supervisor shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

c. Personal Protective Equipment (PPE).

(1) When there is occupational exposure, the Nation shall provide, at no cost to the employee, appropriate PPE such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(2) Supervisors shall ensure that the employee uses appropriate PPE unless the supervisor shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(3) The supervisor shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(4) The Nation shall clean, launder, and dispose of PPE required at no cost to the employee.

(5) The Nation shall repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee.

(6) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(7) All PPE shall be removed prior to leaving the work area. When PPE is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

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(8) Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces. The Nation shall provide an alternative glove to any employee who has an allergy to latex at no cost to the employee.

(a) Disposable (single use) gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(b) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(c) Utility gloves used for non-medical tasks may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(9) Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(10) Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

d. Housekeeping.

(1) Supervisors shall ensure that the work site is maintained in a clean and sanitary condition. Supervisors shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

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

(a) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(b) Blood Spills. All blood spills will be cleaned up by staff that have been trained in blood spill clean-up. Surfaces cleaned will be disinfected in accordance with recognized procedures.

1 Bleach Solution Preparation. Bleach solution will be 9 parts water and 1 part chlorine bleach. Solution will be stored in a plastic bottle and labeled and dated. New solution must be prepared for each use as the solution only remains effective for 24 hours.

2 Small Blood Spill or Dried Blood Spill. Small blood spills are of an amount less than the size of a half-dollar. Dried blood is any spill that has no liquid consistency. Clean-up requires the use of gloves. Procedure:

- a Cover the spill with a paper towel.
- b Soak the paper towel with the bleach solution.
- c Wipe the spill area with the bleach-soaked towel and discard in a biohazard bag.
- d Spray the surface of the spill area and with the bleach again.
- e Wipe with paper towel.
- f. Dispose paper towels in biohazard bag.

3 Large Blood Spill. Large blood spills are of an amount larger than a half-dollar and liquid in nature. The preferred method of clean-up is use of a spill kit. If a kit is not available, use the bleach solution. Clean-up required the use of gloves. Procedure:

- a Spread the absorbent material over the surface of the blood spill.
- b Allow time for the blood to be absorbed.
- c Use a broom and dustpan to pick up the absorbent material.
- d Discard in a biohazard bag.
- e Disinfect the surface area with the bleach solution.
- f Wipe with paper towels.
- g. Discard paper towels in biohazard bag

(c) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

(d) All 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 regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(e) Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

(f) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(3) Regulated Waste.

(a) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable; puncture resistant; leak-proof on sides and bottom; and labeled or color-coded. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found; maintained upright throughout use; and replaced routinely and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; placed in a secondary container if leakage is possible. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

(b) Other regulated waste shall be placed in containers which are closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be of the same type as above.

(c) Disposal of all regulated waste shall be in accordance with applicable regulations.

(4) Laundry.

(a) Contaminated laundry shall be handled as little as possible with a minimum of agitation. It shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. It shall be placed and transported in bags or containers labeled or color-coded. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.

(b) Supervisors shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.

5. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up.

a. General.

(1) The Nation shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(2) The Nation shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up including prophylaxis, are:

(a) Made available at no cost to the employee;

(b) Made available to the employees at a reasonable time and place;

(c) Performed by or under the supervision of another licensed healthcare professional; and

(d) Provided according to recommendations of the U.S. Public Health Service/CDC current at the time these evaluations and procedures take place.

(3) The Nation shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

b. Hepatitis B Vaccination.

(1) Hepatitis B vaccination shall be made available after the employee has received the training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(2) If an employee thinks they have had the series, but cannot provide proof, the Nation shall provide a titer at the Nation's cost.

(3) The Nation shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(4) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the Nation shall make available hepatitis B vaccination at that time.

(5) The trainer shall ensure that employees who decline to accept hepatitis B vaccination sign the statement that is attached at Appendix A.

(6) The Nation will not routinely test the titers of immunized employees with documentation unless an exposure incident occurs.

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(7) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available by the Nation.

c. Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the Nation shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred; identification and documentation of the source individual, unless the Nation can establish that identification is infeasible or prohibited by law; collection and testing of blood for HBV and HIV serological status; post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; counseling; and evaluation of reported illnesses.

(1) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Nation shall establish that legally required consent cannot be obtained.

(2) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(3) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(4) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

d. Information Provided to the Healthcare Professional.

(1) The Nation shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of 29 C.F.R. § 1910.1030.

(2) The supervisor shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information.

(a) A copy of 29 C.F.R. § 1910.1030.

(b) A description of the exposed employee's duties as they relate to the exposure incident.

(c) Documentation of the route(s) of exposure and circumstances under which exposure occurred.

(d) Results of the source individual's blood testing, if available.

(e) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the Nation's responsibility to maintain.

e. Healthcare Professional's Written Opinion. The Nation shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(1) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(2) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(a) That the employee has been informed of the results of the evaluation; and

(b) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

f. Medical Recordkeeping. Medical records required by this plan shall be maintained in accordance with paragraph 6 (c) (1) of this Subsection.

6. Communication of Hazards to Employees.

a. Biohazard warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels.

b. Information and Training.

(1) Supervisors shall ensure that all employees with occupational exposure participate in a training program that will be provided at no cost to the employee.

(2) Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

(3) Annual training for all employees shall be provided within one year of their previous training.

(4) Additional training shall be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(5) The training program shall contain at a minimum the following elements:

(a) An accessible copy of the regulatory text of the OSHA standard and an explanation of its contents.

(b) A general explanation of the epidemiology and symptoms of blood borne diseases.

(c) An explanation of the modes of transmission of blood borne pathogens.

(d) An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.

(e) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

(f) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE.

(g) Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.

(h) An explanation of the basis for selection of PPE.

(i) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

(j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

(k) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

(l) Information on the post-exposure evaluation and follow-up that shall be provided for the employee following an exposure incident.

(m) An explanation of the signs and labels and/or color coding required.

(n) An opportunity for interactive questions and answers.

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(6) The person conducting the training shall be knowledgeable in the subject matter. The use of a test to assess employee comprehension of subject matter is recommended for objective documentation. If the employee fails the test, remedial instruction is mandatory.

(7) Procedures for new employees are as follows:

(a) Each department, i.e., Human Resources Departments for the gaming facilities, Health Center for Health Department employees, etc., shall be responsible for conducting the training for their new employees who are covered by the Blood borne Pathogen Standard.

(b) Following the training, arrangements will be made to provide the HBV vaccination through a contracted occupational medicine clinic.

c. Recordkeeping.

(1) Medical Records.

(a) An accurate record shall be established and maintained for each employee with occupational exposure, in accordance with 29 C.F.R. § 1910.1020. These will be maintained at the Human Resources Departments for the gaming facilities and the Department of Labor, Occupational Safety & Health Division for all other employees.

(b) This record shall include the name and social security number of the employee; a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination; a copy of all results of examinations, medical testing, and follow-up procedures; the Nation's copy of the healthcare professional's written opinion; and a copy of the information provided to the healthcare professional.

(c) The employee medical records shall be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law.

(d) The records shall be maintained for at least the duration of employment plus 30 years.

(2) Training Records.

(a) Training records shall include the dates of the training sessions; the contents or a summary of the training sessions; the names and qualifications of persons conducting the training; and the names and job titles of all persons attending the training sessions.

(b) Training records shall be maintained for 3 years from the date on which training occurred.

7. Sharps Injury Log.

a. The Nation shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The Sharps Injury Log shall contain, at a minimum:

- (1) The type and brand of device involved in the incident.
- (2) The department and/or business enterprise where the exposure incident occurred.
- (3) An explanation of how the incident occurred.

b. The Sharps Injury Log shall be maintained for five (5) years following the end of the year in which they relate.

c. A sample Sharps Injury Log is located in Appendix B.

8. Administration and Enforcement. See Section 12 of the Occupational Safety and Health Program Act.

Appendices:

- A. Hepatitis B Vaccine Declination Statement
- B. Sample Sharps Injury Log

Legislative History:

12/06/01	Reviewed by Administration Committee.
01/09/02	Legislature posts for 45-day Public Review.
05/20/02	Enacted as Exposure Control (6 HCC § 8-2) by Legislative Resolution 5/20/02E.
09/29/22	Legislature posts for 45-Day Public Review.
12/06/22	Amended and Restated as Exposure Control (6 HCC § 8-2) by Legislative Resolution 12-06-22E.

**APPENDIX A (HEPATITIS B VACCINE DECLINATION STATEMENT) TO
SUBSECTION 2 (EXPOSURE CONTROL) TO SECTION 8 (OCCUPATIONAL
SAFETY AND HEALTH PROGRAM ACT) TO TITLE 6 (PERSONNEL,
EMPLOYMENT AND LABOR CODE) OF THE HO-CHUNK NATION CODE (HCC)**

HEPATITIS B VACCINE DECLINATION STATEMENT

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 THE 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.

PRINT NAME SIGNATURE

**APPENDIX B (SAMPLE SHARP INJURY LOG) TO SUBSECTION 2 (EXPOSURE CONTROL)
TO SECTION 8 (OCCUPATIONAL SAFETY AND HEALTH PROGRAM ACT) TO TITLE 6
(PERSONNEL, EMPLOYMENT AND LABOR CODE) OF THE HO-CHUNK NATION CODE
(HCC)**

SHARPS INJURY LOG

Date	Employee Name	Job Title	Department &/or Business Enterprise	Type & Brand of Device	Explanation of How the Incident Occurred