

**NCI-FREDERICK  
MEDICAL SURVEILLANCE  
AND ADDITION TO PATHOGEN REGISTRATION**

Employees who may have occupational exposure<sup>1</sup> to human blood or other potentially infectious materials will be added to the hepatitis B surveillance program and offered the hepatitis B vaccine series within ten working days of initial assignment. Employees who work with live HIV will be added to the HIV surveillance program and offered periodic testing. These employees must be added to a current pathogen registration.

An employee is eligible for one or both surveillance programs if the employee meets any of the following criteria:

- 1) Works directly with the culture, production, concentration, experimentation, or manipulation of live HIV.
- 2) Works with human blood or other potentially infectious materials (OPIM)<sup>2</sup>.
- 3) Provides direct patient care (medical personnel, physicians, or nurses).
- 4) Provides first aid as part of regularly assigned duties (Protective Services Officer)

<sup>1</sup>Occupational exposure, according to the Bloodborne Pathogens Standard, 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.

<sup>2</sup>OPIM, according to the Bloodborne Pathogen Standard, means "(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood; (2) any unfixed tissue or organ from a human; 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."

**SUPERVISOR OR DIRECTOR TO COMPLETE** (Please type or print legibly.)

Complete form and forward it to Occupational Health Services when an initial assignment is made. It is important to supply all the information requested (A-G). OHS will contact the employee to enroll in the HBV and/or HIV surveillance programs. A copy of the signed form will be returned to you.

A. Name of Employee \_\_\_\_\_

B. Date to begin assignment \_\_\_\_\_

C. Laboratory Bldg./Room \_\_\_\_\_ Phone Ext. \_\_\_\_\_

D. The above employee is eligible for the one or both surveillance programs because the employee (check all appropriate criterion numbers) 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

E. Principal Investigator \_\_\_\_\_ Pathogen Reg. # \_\_\_\_\_

F. Supervisor \_\_\_\_\_

G. Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**FOR OHS AND EHS ONLY**

OHS Staff \_\_\_\_\_ Date \_\_\_\_\_

Biosafety Officer \_\_\_\_\_ Date \_\_\_\_\_