

COMMUNICATION OF FUNERAL HOME HAZARDS

Bloodborne Pathogen & Hazardous Chemical Exposure Risk Notice

For employees and non-employees who need access to exposure risk areas

Funeral Home Name:

Prior to entering areas of the funeral home facility which pose a risk of exposure to either hazardous chemicals or bloodborne pathogens, the United States Department of Labor Occupational Safety and Health Administration (OSHA) requires that you be alerted to this potential exposure risk.

No person shall be allowed access to the preparation room and other exposure risk areas, at any time, without the specific authorization of the management of this firm.

Notice of Risk

Access Authorization. Authorization is intended for licensed funeral directors and registered interns employed by this firm and for other persons who have undergone Bloodborne Pathogens, Hazard Communication and Formaldehyde Standard related training, working for or on behalf of the firm, to assist in the removal, transportation, cosmetizing, dressing or casketing of deceased persons.

Employees who have not been notified of a bloodborne pathogen exposure or hazardous chemical exposure risk in their job functions are not authorized to enter the preparation room or any other area of the firm's facilities identified as having a danger of exposure to bloodborne pathogens and/or hazardous chemicals.

Persons who are not employees of this firm and who wish access to Bloodborne Pathogen and/or Hazardous Chemical exposure risk areas must contact the manager, the OSHA Compliance Officer, or a licensed funeral director to receive proper notice of potential exposure risks.

Exposure areas are locked and/or identified by signs limiting access to authorized persons only.

Personal Protective Equipment Requirement. Proper personal protective equipment must be worn when a risk of exposure to bloodborne pathogens and/or hazardous chemicals exists in the area which you are to enter. **THERE ARE NO EXCEPTIONS TO THIS REQUIREMENT.**

The OSHA Compliance Officer or licensed funeral director in charge of the work area in which the potential exposure exists will make the proper personal protective equipment available to you and instruct you in its use.

If you do not have, or have not received this equipment or do not understand how to use it properly **DO NOT ENTER THE WORK AREA IN WHICH THE POTENTIAL FOR BLOODBORNE PATHOGEN AND/OR HAZARDOUS CHEMICAL EXPOSURE RISK EXISTS.** You will be advised if no such risk exists at the time you are to enter the work area.

Emergency Response. In the event of a needle stick, hazardous chemical exposure or other serious injury, requiring assistance above and beyond general first aid, all persons should either contact 911, transport to the nearest emergency room or proceed to this funeral home's designated urgent care physician. In the event of a chemical spill, all persons not employed by this firm must immediately evacuate the exposure area of the spill and may not re-enter until the spill has been properly contained and cleaned up. In the event a hazardous chemical spill occurs when only a non-employee is present, the exposure area should be evacuated immediately and an employee of the firm notified of the spill.

Training Requirement. Employees who have been determined to have an exposure risk to bloodborne pathogens and hazardous chemicals must receive information and annual training related to the Bloodborne Pathogens Standard, Hazard Communication Standard and the Formaldehyde Standard.

Governmental Agent. A duly authorized representative of a Federal, State or Local governmental agency with proper regulatory jurisdiction may also have access to exposure risk areas. However, such persons must observe Universal Precautions and utilize personal protective equipment to reduce risk of exposure to hazardous chemicals and/or bloodborne pathogens upon entry into exposure risk areas.

Employee Bloodborne Pathogen Exposure Risk Acknowledgment

As an employee, I have checked my job category determination and I understand that it is the policy of this firm that only Category I and II exposure risk category employees who have received Bloodborne Pathogen related training are authorized to enter the preparation room or come in contact with dead human bodies as a part of their employment.

Any employee not notified of Category I or II exposure is assumed to be a Category III employee.

Bloodborne Pathogen Categories of Exposure (Category I, Category II, Category III)

Check and Sign Only One Section.

<input type="checkbox"/> Category I	<input type="checkbox"/> Category II	<input type="checkbox"/> Category III
It has been determined that all persons engaged in the removal, preparation and/or embalming of the body of a deceased human being have a Category I exposure to infectious disease by normal exposure to blood, body fluids, tissues and other potentially infectious materials of deceased persons. All employees in this category shall be required to practice Universal Precautions and wear Personal Protective Equipment when dealing with blood or body fluids from deceased humans.	It has been determined that persons engaged in the removal, transportation, dressing, casketing, or cosmetizing of a deceased human body and those persons engaged in housekeeping, laundry or waste disposal functions at this funeral firm are engaged in a Category II task which may expose them to blood, body fluids and other potentially infectious materials and accordingly shall be required to use Universal Precautions and wear Personal Protective Equipment when handling deceased humans.	It has been determined that office personnel and other employees not engaged in either Category I or Category II tasks are not exposed to blood or body fluids as described in the OSHA Bloodborne Pathogens Standard. However, in the event that these persons enter a work area where potential exposure to bloodborne pathogens exists at minimum, latex/vinyl gloves must be worn for the performance of any job function. Embalming supervisors will be responsible to assure that no other exposure exists for these persons.
Signature of Category I Employee: X	Signature of Category II Employee: X	Signature of Category III Employee: X

Employee HBV Vaccination Program and Training Requirements

All employees with Category I or Category II exposure risks must be offered the HBV vaccination within ten days of employment and/or category of risk change and be trained in the use of Universal Precautions and this firm's Work Practice Policies for the job functions to be performed which create the exposure risk.

Informational material relating to the vaccine has been made available in the Fact Sheet section of this funeral home's written OSHA Communication Plan.



<p style="text-align: center;"><input type="checkbox"/> Category I or Category II - Employee HBV Vaccination CONSENT</p> <p>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.</p> <p>I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. I understand that the vaccination will be conducted by a physician selected by this firm at a time that is mutually convenient to me and the firm.</p> <p>I hereby accept the offer to receive the Hepatitis B Vaccination, and agree to hold my employer harmless for any and all liability or causes of action that may arise as the result of my having accepted this HBV Vaccination offer.</p>	<p style="text-align: center;"><input type="checkbox"/> Category I or Category II - Employee HBV Vaccination DECLINE</p> <p>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.</p> <p>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.</p> <p>I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.</p> <p>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.</p>
Signature of Category I or II Employee Consenting: X	Signature of Category I or II Employee Declining: X

Employee Hazardous Chemical Exposure Risk Acknowledgment

In general, a formaldehyde (HCHO) exposure risk exists for licensed funeral director and registered intern employees who perform or assist in the preparation and/or embalming of dead human bodies.

A more limited risk of exposure exists for employees who assist in the moving of cartons containing hazardous chemicals, or who are engaged in the use of chemicals for housekeeping work with nonstandard household cleaners.

I have received a copy of this exposure determination and I understand that it is the policy of this firm that only those employees who have been assigned job functions which involve a hazardous chemical exposure risk and who have received Hazard Communication and Formaldehyde Standard related training, are authorized to enter the preparation room or come in contact with chemicals used or stored by this firm as a part of their employment.

I understand it is the policy of this firm to further reduce formaldehyde exposure risk by allowing access to the preparation room during embalming, only to employees with job functions that require their presence during embalming.

I recognize as an HCHO classified employee I may be selected as the representative embalmer for annual monitoring or have another person of equal or exceeding exposure serve on my behalf. If not selected I may request to be an observer during chemical monitoring.

X
Signature of HCHO Classified Employee

Confirmation of Notice

By my signature below, I acknowledge that:

1. I have read this notice and I have received a copy for my reference,
2. I have been informed of the Bloodborne Pathogen Exposure Risk Category and/or the Hazardous Chemical Exposure Risk Classification related to my job functions (or the reason I am seeking access).
3. I have been advised of the location of the List of Hazardous Chemicals or Substances, Safety Data Sheets, written Hazard Communication and Formaldehyde Program, written Bloodborne Pathogen Exposure Control Plan and related work practice policies for employees.
4. If I am an “at-risk” employee, (not merely someone seeking access) I have reviewed a copy of the OSHA Written Communication Plan as cited and agree to abide by all its policies.
5. I understand that an employer must provide exposure risk employees with the following:
 - a. Notification of risk and steps to be taken to reduce or eliminate the risk.
 - b. An employee training program to familiarize affected employees with the employer’s written Hazard Communication Program, Formaldehyde Exposure Control Plan and Bloodborne Pathogen Exposure Control Plan.
 - c. Types of chemicals used or stored in this workplace.
 - d. Methods of dealing with routine and non-routine exposure to chemicals used or stored in the workplace.
 - e. Information about the use and operation of engineering controls in the workplace designed to reduce chemical exposure.
 - f. Information about the selection and use of personal protective equipment to reduce or eliminate exposure.
6. I have had an opportunity to ask questions of the funeral firm staff regarding the exposure risks present.
7. The following are my responsibilities:
 - a. I agree to abide by the work practice policies of this firm regarding the use of Universal Precautions, personal protective equipment, and evacuation in the event of chemical spills.
 - b. I will share this information with family members, friends, associates, fellow employees, subcontractors or co-workers who seek exposure area access. I will inform them of the exposure risk and that the completion of this form is required to obtain authorization to enter exposure risk areas.
 - c. I am aware that by entering the Preparation Room or adjacent exposure risk areas of the funeral firm I may be in the presence of a dead human body which has not been prepared for viewing.
 - d. I acknowledge that it is my choice to enter such area and will hold this funeral home, its owners, affiliates and staff harmless for any and all injury whether physical or mental resulting from my exposure to a dead human body or bodies contained in the exposure risk areas to which I seek access.
8. After having received notification of the potential risk of exposure to bloodborne disease and/or chemical injury, I would like authorization to enter the Hazardous Chemical and/or Bloodborne Pathogen Exposure Risk areas of this firm, and/or understand why I have been denied such access.

X

Name of Person (First, Middle, Last)	Signature of Person	Date
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Exposure Risk Job Function <input type="checkbox"/> Licensed Funeral Director <input type="checkbox"/> Registered Intern <input type="checkbox"/> Other (State) _____	Job Function Requires Access to Risk Areas <input type="checkbox"/> During Embalming <input type="checkbox"/> Not During Embalming	Purpose of Access <input type="checkbox"/> Employment <input type="checkbox"/> Other (State) _____
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X
Signature of OCO or Other Funeral Home Authorizing Individual Date

**Return Employee original to Funeral Home Employee File.
Maintain Non-Employee(s) in Funeral Home File.**