

TASK ANALYSIS FOR OCCUPATIONAL HEALTH AND SAFETY EXPOSURE

SERVICE	SECTION
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- ____Biological: Blood, Human Blood Products or Components, Human Tissue, or Human Body Fluids (Semen, Vaginal Secretions, CSF, Synovial Fluid, Pleural Fluid, Peritoneal Fluid, Pericardial Fluid, Amniotic Fluid, Blood-Tinged Saliva), Concentrated HIV or HBV Viruses.

- P C B**

- The employee's duties can reasonably be expected (predicted) to result in contact with one or more of the aforementioned substances or agents.

- | | |
|----|-----|
| No | Yes |
|----|-----|

If yes, specify ___Gloves ___Gowns ___Masks ___Face Shield
___Goggles ___Respirator ___Other, specify _____

4. **Does the employee routinely:** (*check all tasks/activities that apply*)

- ☐ Administer IV/IM medications using a syringe and needle.
- ☐ Insert or maintain intravascular devices.
- ☐ Perform or assist in the manipulation, cutting, or removal of blood/tissue samples.
- ☐ Operate blood/tissue testing apparatus.
- ☐ Process clinical specimens by transfer or removal of material from the collection container.
- ☐ Handle instruments or tissues during invasive surgical, dental or medical procedures.
- ☐ Process (sort, scrub or wash) surgical or dental instruments and other medical devices.
- ☐ Empty drainage/suction collection containers.
- ☐ Repair surgical, dental or medical instruments.
- ☐ Collect or transfer medical waste.
- ☐ Collect or sort soiled linen.
- ☐ Subdue or assist in the control of persons with violent, combative, assaultive and/or psychotic behavior.
- ☐ Provide direct patient care in an isolation (negative pressure) room.

5. Please describe additional tasks performed during the normal work routine, not listed above, which involve exposure to or a potential for spills or splashes of biological substances.

(VA Supervisor Signature)

(Date)

Reviewed by a medical staff member of the Employee Health Clinic

(Print or type name of Reviewer)

(Signature of Reviewer)

(Date)