

Exposure Control Plan for Blood Borne Pathogens

*The official manual for U.S.D. #208
with information concerning regulations and the handling of blood borne pathogens.*



*WaKeeney U.S.D. #208
Trego County, Kansas
Approved by BOE December 8, 2015*

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INTRODUCTION

In March 1992, Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard, 29 CFR 1910.1030 took effect. Revisions were published January 18, 2001 to the "Federal Register's Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule. - 66:5317-5325. The standard was designed to reduce occupational exposure to blood and other potentially infectious materials (OPIM), resulting in the prevention of more than 200 deaths and 9,000 bloodborne infections every year. While the standard was primarily aimed at hospitals, funeral homes, nursing homes, clinics, law enforcement agencies, emergency responders, and HIV/HBV research laboratories, it also applies to anyone who can "reasonably expect to come in contact with blood or other potentially infectious materials" as part of their job is covered by the standard.

In Kansas, the Kansas Department of Labor, Division of Industrial Safety and Health administer the program requirements for compliance with the OSHA Bloodborne Pathogen Standard. The Exposure Control Plan requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to blood occurs--without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to OSHA. Employers must review and update it at least annually--more often if necessary to accommodate workplace changes.

EXPOSURE CONTROL PLAN COMMITTEE

The committee is composed of the following individuals or their designated representative:

- Dr. George Griffith, Superintendent
- Mandie Kinderknecht, School Nurse
- James Burk, TCHS Science Teacher
- Jenna Shepherd, TCHS Science
- Tammi Wynn, TGS Science
- Jeff Hafliger, TCHS Head Custodian

Appointment of such a designee should take into consideration the need for continuity on the committee.

The Exposure Control Plan Committee responsibilities are to:

- Develop the plan and obtain approval of all policies and procedures from the board of education.
- Review and revise the Exposure Control Plan at least annually.
- Update the plan as needed – when new OSHA regulations need to be added to the plan.
- Assist supervisors in auditing their employees for compliance with the plan.
- Review evaluations of sharps injury protective devices, and exposure incidents for the development of engineering controls and work practices needed to reduce incidents

U.S.D. #208 SAFETY OFFICER (SO)

The SO's responsibilities are to:

- Act in the capacity of the safety compliance officer ensuring the implementation of the Exposure Control Plan

- Will support the review of the plan for annual and intermittent revisions as indicated through changes in personnel, program duties and responsibilities, or Kansas occupational health and safety requirements.
- Serve as the subject matter expert to assure compliance with occupational requirements.

EXPOSURE DETERMINATION

PURPOSE & SCOPE

Purpose: Limit *occupational exposure* to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens that could lead to disease or death.

Scope: Cover all employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials (OPIM). OPIMs include body fluids such as semen, vaginal secretions, respiratory discharge, tears, vomitus, urine, feces, saliva in dental procedures, etc. Incidental "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure and, therefore, such acts are not subject to the provisions of the Exposure Control Plan. For purposes of this plan, employees of the district, by job classifications have been divided into two categories:

Category I All employees in the following job classifications at U.S.D. #208 have occupational exposure:

- | | |
|-----------------------------|-----------------|
| Coaches of a Contact Sports | School Nurse |
| Maintenance | Secretaries |
| Nursing Delegates | Teacher's Aides |
| Paraprofessionals | Teacher |
| Principals | Cooks |
| Bus Drivers | |

Category II Some employees in the following job classifications in U.S.D. #208 may have an occasional occupational exposure:

- | | |
|----------------------|----------------|
| Central Office Staff | Superintendent |
|----------------------|----------------|

The following is a list of tasks and procedures or groups of closely related tasks and procedures in the school district in which occupational exposure occurs or is likely to occur, and by which employees in which job classifications such tasks are performed.

Task or Procedure	Job Classification
Cleaning and bandaging scrapes, cuts, or abrasions, attending bloody noses, etc.	Teachers, Teachers' Aides, School Nurse, Coaches, Secretaries
Cleaning vomitus, and/or other OPIMs	Custodians

Handling Eating Utensils and/or other OPIMs	Cooks
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UNIVERSAL PRECAUTIONS

All Category I and II employees at U.S.D. #208 will observe universal precautions to prevent contact with blood or other potentially infectious materials. “*Universal Precautions*” is a term that relates to adopting a specific perspective toward other peoples’ blood or body fluids. These precautions are utilized to protect “at risk” employees from the unknown organisms that may be present in the blood and body fluids of individuals to whom they are exposed.

This perspective is directed by the following assumptions and behaviors:

- Assume that ALL blood is positive for HIV, HBV, and HCV.
- Assume that ALL other human fluids/tissues are also positive.
- When it is difficult to differentiate, treat ALL fluids as potentially infectious.
- Assume that ALL individuals are carrying these disease organisms.
- Avoid skin contact with blood and other potentially infectious materials.
- Avoid eye, nose, and mouth contact with blood and other potentially infectious materials.
- Avoid punctures/sticks with contaminated sharp objects.

The following materials are considered to be potentially infectious materials:

Blood and blood Products	Semen
Vaginal secretions	Pleural fluid
Pericardial fluid	Peritoneal fluid
Synovial Fluid	Amniotic Fluid
Any body fluid that contains blood (e.g., stool/emesis streaked with blood)	Any unfixed organ or tissue (other than intact skin) from a human (living or dead).
HIV containing cell or tissue cultures, organ cultures	HIV, or HBV, or HCV containing culture medium or other solutions
Saliva*	Breast milk**

* Saliva is considered infectious by OSHA only in dental settings; however, the department recognizes the risk of transmission of hepatitis B, herpes simplex, and other pathogens in saliva and considers saliva as potentially infectious.

** Breast milk does contain small amounts of HBV and HIV and has been documented to transmit disease. The department considers breast milk as potentially infectious even though the risk is small and OSHA does not recognize it as a potentially infectious fluid.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. However, because of other harmful organisms that may be present, precautions should still be taken when dealing with these materials.

IMPLEMENTATION SCHEDULE AND METHODOLOGY

<p><i>Methods of Compliance</i></p>	<p><i>Universal Precautions</i> is an approach to infection control. According to the concept of <i>Universal Precautions</i>, all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV). <i>Universal Precautions</i> shall be observed in U.S.D. #208 to prevent contact with blood and OPIMs.</p>												
<p><i>Engineering and Work Practice Controls</i></p>	<p>Engineering and work practice controls will be used to eliminate or minimize all employee exposure. Where exposure potential remains, personal protective equipment shall also be used. Engineering and work practice controls will be used to eliminate or minimize all employee exposure. Where exposure potential remains, personal protective equipment shall also be used.</p>												
<p><i>Engineering Controls</i></p>	<p>Engineering controls are controls, which isolate or remove the blood borne pathogen hazard from the work place. The following engineering controls will be used in the district:</p> <ol style="list-style-type: none"> 1. The district will maintain appropriate containers for the disposal of needles or sharps in nurse's office or near nurse's treatment Cabinets. 2. The district will maintain appropriate receptacles for the deposit of contaminated clothing, protective clothing, or other articles soiled with blood or OPIMs. 3. The district will maintain face masks for use in resuscitation procedures in the nurse's treatment cabinets. <p>Engineering controls will be examined, maintained or replaced on a regularly scheduled basis.</p> <table border="1" data-bbox="570 1381 1365 1522"> <thead> <tr> <th style="text-align: center;">Control</th> <th style="text-align: center;">Inspected by</th> <th style="text-align: center;">Timeline</th> </tr> </thead> <tbody> <tr> <td>Sharps Container</td> <td>School Nurse</td> <td>Monthly</td> </tr> <tr> <td>Receptacles</td> <td>Janitors</td> <td>Daily</td> </tr> <tr> <td>Face Masks</td> <td>School Nurse</td> <td>Yearly</td> </tr> </tbody> </table>	Control	Inspected by	Timeline	Sharps Container	School Nurse	Monthly	Receptacles	Janitors	Daily	Face Masks	School Nurse	Yearly
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<p><i>Work Practice Controls</i></p>	<p>Work practice controls are those controls that reduce the likelihood of an exposure by altering the manner in which the task is performed.</p> <p>The following work practice controls apply in U.S.D. #208:</p> <ol style="list-style-type: none"> 1. Contaminated needles will not be bent, recapped or removed and will be disposed of in appropriately labeled containers. 2. Eating, drinking, smoking, applying cosmetics, applying lip balm and handling contact lenses is prohibited in the areas 												

	<p>where there is a reasonable likelihood of occupational exposure.</p> <ol style="list-style-type: none"> 3. Food and drink cannot be kept in the area of the treatment cabinets or hazardous waste receptacles in school health offices. 4. Procedures involving blood or OPIMs will be performed in a manner to minimize splashing, spraying or spattering. 5. Mouth suctioning of blood or OPIMs is prohibited. 6. Specimens of blood or OPIMs should not be brought to or taken in the school. If specimens of blood or OPIMs are present in the school, they should be in leak proof containers, appropriately labeled, and closed prior to storing or transporting. 7. Equipment, which may become contaminated with blood or OPIMs, shall be decontaminated or appropriately labeled, as soon as is feasible after the contamination occurs. Affected employees, and if necessary, outside servicing agents, will be informed of the contamination of the equipment prior to any handling, servicing or shipping of the equipment.
<p><i>Hand Washing Facilities</i></p>	<p>Hand washing facilities are provided for all students and employees of the district. Because washing one's hands with soap and running water is one of the most effective ways to prevent the spread of disease through blood or OPIMs, employees shall wash their hands with soap and water whenever exposure occurs.</p> <p>Although hand washing may be advisable in other situations, employees must thoroughly wash their hands, or any other exposed or contaminated skin with soap and water in these situations:</p> <ol style="list-style-type: none"> 1. Immediately after the removal of gloves or other personal protective equipment. 2. Following contact of hands or other skin with blood or OPIMs. <p>In some situations, such as on athletic activities or field trips, hand-washing facilities may not be available. In this case, the person in charge of the event shall ensure that antiseptic towelettes are available for use. Antiseptic towelettes, which may be used for this purpose, are stored in the nurse's treatment cabinet and may be obtained through the school nurse or secretary.</p> <p>Whenever an employee uses an antiseptic towelette, the employee shall thoroughly wash his or her hands with soap and water as soon as it is feasible to get to a hand washing facility.</p>

Personal Protective Equipment

It shall be the responsibility of each building administrator or director to ensure that appropriate personal protective equipment is available and readily accessible for each employee's use at no cost to the employee. The administrator or director shall also ensure that all employees use personal protective equipment when there is occupational exposure. In the event that an employee, exercising his or her personal judgment, fails to use protective equipment, the circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent future occurrences.

It shall be the responsibility of any employee who uses personal protective equipment to place the equipment in the appropriately designated receptacle for storage, washing, decontamination or disposal after its use. These receptacles are located in the health rooms or near the nurse's treatment cabinets. The school district shall be responsible for storing, cleaning, laundering, decontaminating, repairing, replacing or disposing of such equipment.

All personal protective equipment which is penetrated by blood or OPIMs should be removed as soon as is feasible and placed in the appropriate receptacle.

Personal protective equipment is stored in the nurse's room or in the classroom where it will be utilized. The equipment may be received through the school nurse, or classroom teacher. The following personal protective equipment is available in the district for use by its employees:

Disposable Single-use gloves

Gloves shall be worn by any employee when it is reasonably anticipated that there will be hand contact with blood, OPIMs, mucous membranes or non-intact skin. Gloves shall also be worn when handling or touching contaminated items or surfaces.

These gloves should be placed in the hazardous waste receptacle immediately after use. Hand washing after removing the gloves is required.

Masks, eye protection and face shields

This type of protective equipment shall be worn whenever splashes spray, splatter or droplets of blood or OPIMs may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Gowns, lab coats, aprons and other protective body clothing

This type of protective clothing shall be worn in occupational exposure situations. The type of protective clothing necessary will depend on the degree of exposure, and shall be left to the employee's judgment.

<p><i>Housekeeping</i></p>	<p>It shall be the responsibility of the building administrator or director to see that each work site and building under his/her supervision is maintained in a clean and sanitary condition.</p> <p>All equipment and environmental working surfaces shall be cleaned and decontaminated with an appropriate disinfectant as soon as feasible after contact with blood or OPIMs.</p> <p>Protective coverings used to cover equipment and environmental surfaces shall be removed and decontaminated or replaced as soon as feasible when they become overly contaminated.</p> <p>All bins, pails, cans, and waste paper baskets shall be inspected, cleaned and decontaminated on a regularly scheduled basis, or as soon as feasible upon visible contamination.</p> <p>Broken glassware shall not be picked up by hand, but by using a broom and dustpan, tongs, vacuum cleaner or other mechanical means.</p> <p>See Attachment IV for the cleaning schedule and method of decontamination implemented in the district.</p> <p>All contaminated and regulated waste will be disposed of in compliance with state and federal regulation.</p>
<p><i>Laundry</i></p>	<p>The school district will use <i>Universal Precautions</i> with all soiled or contaminated laundry. Any contaminated items, which can be laundered, will be bagged at the site of the contamination and handled as little as possible. If the items are wet, leak proof bags or containers shall be used. Such items shall not be sorted or rinsed at the site of the contamination. The bags shall be deposited in the appropriately labeled receptacle in the building.</p> <p>Any employee who comes in contact with contaminated laundry items shall wear gloves and other personal protective equipment as deemed necessary or appropriate.</p>
<p><i>Kitchen</i></p>	<p>Gloves should be worn when serving food, handling food, cleaning, doing dishes, and any other time an employee could potentially come in contact with OPIMs.</p>

HEPATITIS B VACCINATION

All Category I and II employees (Appendix B) in the department will be offered the hepatitis B vaccine at no cost to the employee. The employee will be offered the vaccine after training and within 10 working days of their initial work assignment that involves the potential for occupational exposure to blood or other potentially infectious materials. The employee may decline the vaccination for various reasons i.e. previously vaccinated, medical contraindications, documentation of immune status, or by personal choice.

The employee will sign the appropriate declination statement (Appendix A) or consent form (Appendix B). If the employee later chooses to have the vaccination it will be provided within 10 days at no cost to the employee. The supervisor will arrange hepatitis vaccination times with the department's identified agency, refer them to that agency for injections, or obtain the waiver. It will be the responsibility of the supervisor to offer the vaccine to new employees and to arrange for the employee to receive it.

The procedure for obtaining the vaccine for the employee is as follows:

1. Contact the Immunizations Program of the local health department at the employee's work location and schedule an appointment for the employee.
2. Prepare a purchase order with local health department as vendor and department (with your Bureau/Section/Program) as purchasing agent.
3. Prepare a brief memo on U.S.D. #208 letterhead addressed to the local health department Immunizations Program to be taken by the employee with the purchase order to the local health department at time of the appointment. The memo should address following issues:
 - Identify the employee as a U.S.D. #208 employee,
 - Clarify that the purpose of the visit is for the employee to receive a hepatitis B vaccine dose,
 - Clarify that U.S.D. #208 will reimburse the local health department for all costs of the service as per the accompanying purchase order, and
 - Request that the local health department provide U.S.D. #208 with documentation that the dose was administered for the employee's U.S.D. #208 medical record.

NOTE: Repeat the process for each dose of vaccine.

FIRST AID INCIDENTS

<p><i>Reporting Procedures for First Aid Incidents</i></p>	<p>Whenever an employee is involved in a first aid incident, which results in potential exposure, the employee shall report the incident to their supervisor before the end of the work shift during which the incident occurred. The employee must provide the supervisor with the names of all first aid providers involved in the incident, a description of the circumstances of the accident, the date and time of the incident, and a determination of whether an exposure incident, as defined in the OSHA standard and this policy, has occurred. The information shall be reduced to writing by the supervisor and maintained in the first aid incident report file (See Appendix C).</p> <p>The district will maintain a list of such first aid incidents, which will be readily available to all employees and provided to U.S.D. #208 upon request. Any employee, who renders first aid or other assistance in any situation involving the presence of blood or OPIMs, regardless of whether or not a specific exposure incident occurs, will be offered the full Hepatitis B immunization series as soon as possible. If an exposure incident has occurred, other post-exposure evaluation and follow-up procedures will be initiated as well.</p>
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***Post-Exposure
Evaluation and
Follow-Up***

An exposure incident occurs when there is specific mucous membrane, non-intact skin or parenteral contact with blood or OPIMs. Whenever an employee has an exposure incident in the performance of his or her duties, an opportunity for a confidential post-exposure evaluation and follow-up will be provided to the employee at the expense of the district.

Post-exposure evaluation and follow-up shall be performed by the Community Health Nurse at the County Health Department according to recommendations of the U.S. Health Service current at the time these evaluations and procedures take place. The district will make sure that any laboratory tests required by the evaluation or follow-up procedures are conducted at an accredited laboratory at no cost to the employee.

Whenever an exposure incident occurs, the exposed employee shall report the incident to the supervisor who will explain to the employee his or her right to a post-exposure evaluation and follow-up. If the employee desires an evaluation, the school nurse will contact the County Health Department as soon as feasible to arrange for the post-exposure evaluation for the employee.

A post-exposure evaluation and follow-up will include the following elements:

1. Documentation of the circumstances under which the exposure incident occurred, including the route(s) of the employee's exposure.
2. Identification and documentation of the source individual whose blood or OPIMs caused the exposure, unless identification is infeasible or prohibited by law.
3. Unless the source individual is known to be infected with HBV or HIV, the school district - through the school nurse - will seek the consent of the source individual for blood testing for HBV or HIV. Failure to obtain consent will be documented by the district.
4. If the source individual consents, results of the source individual's blood testing will be made available to the exposed employee, along with information on laws concerning the disclosure of the identity and infectious status of the source individual.
5. If the exposed employee consents, blood testing of his or her blood will be completed as soon as possible. If the employee consents to baseline blood collection, but not to HIV serologic testing, the blood sample will be retained 90 days. The employee may request testing of the sample at any time during the 90-day period.
6. The exposed employee will be offered post-exposure prophylaxis in accordance with current recommendations of the U.S. Public Health Service. These recommendations are currently as follows:

If the source individual has AIDS, is HIV positive, or refuses to be tested, the employee should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after exposure. The employee should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Retesting on a periodic basis may be

	<p>necessary. During this follow-up period, especially the first 6-12 weeks after exposure, the employee should follow recommendations for preventing the transmission of the virus.</p> <p>7. The exposed employee will be offered counseling concerning precautions to take during the period after the exposure. The employee should follow recommendations for preventing the transmission of the virus.</p> <p>(See Appendix D -<i>Post Exposure Evaluation and Follow Up Report</i>)</p>
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WORKING WITH THE HEALTH CARE PROFESSIONAL

Following the post-exposure evaluation, the health care professional shall provide the school district with a copy of his or her written opinion within 15 days after the completion of the evaluation. This opinion shall include:

1. An opinion on whether Hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination.
2. A statement that the employee has been informed of the results of the evaluation and about any medical conditions resulting from exposure to blood or OPIMs which require further evaluation or treatment.
3. All other findings or diagnoses shall remain confidential between the employee and the health care provider and shall not be included in the written opinion.

HAZARD COMMUNICATIONS

<i>Labeling</i>	<p>Any container, which contains used needles, blood or OPIMs in the district shall be appropriately labeled with a "BIOHAZARD" label, or shall be red in color. All "BIOHAZARD" labels will have a fluorescent orange or orange-red background and have the biohazard symbol and the word "BIOHAZARD" in a contrasting color.</p> <p>Any receptacle used for the disposal or deposit of contaminated materials for laundering or discarding will be red in color, appropriately labeled and lined with red bags.</p> <p>Any equipment, which is contaminated, will be appropriately labeled.</p>
<i>Training</i>	<p>A training program on blood borne pathogens will be provided for all employees with occupational exposure. Training will be provided during working hours, and at no cost to the employee. Attendance at training sessions is mandatory.</p>

	<p>Initial training will be provided for all employees within 60 days after the adoption of this exposure control plan. Thereafter, an employee will be provided with training at the time of initial assignment to tasks where occupational exposure may occur. Annual training for all employees will be provided within one year of their previous training. Additional training will be provided if changes in an employee’s assignments affect the employee’s occupational exposure.</p> <p>The training program will be conducted by a person who is knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the work place that the training will address and be presented in a manner which is understandable for all employees.</p> <p>The training program will contain, at a minimum, the following elements:</p> <ol style="list-style-type: none"> 1. A copy of the OSHA standard and explanation of its contents; 2. A general explanation of the epidemiology and symptoms of blood borne diseases; 3. An explanation of the modes of transmission of blood borne pathogens; 4. An explanation of the <i>Exposure Control Plan</i> and information on how the employee may obtain a copy of the plan; 5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs; 6. An explanation of the use and limitations of methods, such as engineering controls, work practices, and personal protective equipment, that will prevent or reduce exposure; 7. Information on the Hepatitis B vaccine, including information of its efficacy, safety, method of administration, benefits and the conditions under which it is offered, free of charge, to employees; 8. In an emergency involving blood or OPIMs; <ol style="list-style-type: none"> a. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and the medical follow-up that will be made available at no charge; b. Information on the post-exposure evaluation and follow-up following an exposure incident; c. An explanation of labeling and color coding; and d. An opportunity for questioning the person conducting the training session.
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KEEPING RECORDS

<p><i>Medical Records</i></p>	<p>The school district will establish and maintain a confidential medical record for each employee with occupational exposure. This record will include:</p> <ol style="list-style-type: none"> 1. The name and social security number of the employee;
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	<ol style="list-style-type: none"> 2. A copy of the employee's Hepatitis B vaccination status, including the dates the vaccination was given, any medical records relative to the employee's ability to receive the vaccination, or the employee's signed waiver; 3. A copy of all results of examinations, medical testing, and follow-up procedures; 4. A copy of the health care professional's written opinion following post exposure evaluation and follow-up procedures. 5. The medical records of employees maintained under this policy will be kept confidential and will not be disclosed to any person, except as required by law, without the employee's express written consent. Medical records required under this plan will be maintained for the duration of the employment and for thirty years thereafter.
<p><i>Training Records</i></p>	<p>The school district will maintain records of all training sessions offered to employees under this plan. Such records will include:</p> <ol style="list-style-type: none"> 1. Dates of the training session; 2. Summary of the contents of the session; 3. Name(s) and qualifications of the persons conducting the training; and 4. Names and job titles of all persons attending the training sessions. 5. Training records will be kept for at least three years from the date on which the training occurred. Employee training records will be made available for inspection to employees, anyone having the written consent of the affected employee, and to the KDHR upon request.
<p><i>Accessibility and Review</i></p>	<p>A copy of the <i>Exposure Control Plan</i> will be accessible to all district employees at the central office of each district building. Any employee will be provided with a copy of the plan at no cost upon request. A copy of this plan will also be made available to KDHR upon request.</p> <p>This <i>Exposure Control Plan</i> will be reviewed and updated at least annually, or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, or to reflect new or revised employee positions with occupational exposure. The Superintendent shall be responsible for scheduling the annual review of this plan.</p>

APPENDIX A: HEPATITIS B VACCINE DECLINATION FORM

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 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.

Date

Signature of Employee

APPENDIX B: EMPLOYEE CONSENT TO HEPATITIS B VACCINE

On _____{Date}, I _____{Name} received information concerning the risk of occupational exposure to blood or other potentially infectious material in the position of _____{Job Title}, which has been determined as job classification exposure Category {I or II}. I have received a copy of the Hepatitis B information packet which has been explained to me and I understand this information.

I have been informed and understand (1) that Hepatitis B vaccination may reduce the potential risk of occupationally contracted viral hepatitis infection, and (2) the risks of the Hepatitis B vaccination which may include pain, itching, bruising at the injection site, sweating, weakness, chills, flushing and tingling, and (3) to obtain adequate immunity to viral Hepatitis B, it will be necessary to receive all three vaccinations of the vaccine series which are administered one month and six months after the initial vaccination, and (4) that the vaccination will be provided to me free of charge by Trego County U.S.D. #208. If at such future time the U.S. Public Health Service recommends a booster dose(s) of Hepatitis B vaccine, such booster dose(s) shall also be provided to me at no cost if I am employed by the facility in a job classification that involves some risk of an occupational exposure to blood or other potentially infectious materials.

If I leave the employment of this facility before the series is completed, it is my responsibility to contact my own medical provider to complete the vaccine series. I hereby consent to the administration of the Hepatitis B vaccination and voluntarily acknowledge that:

I do not have an allergy to yeast.

I am not pregnant or nursing.

I am not planning to become pregnant within the next six months.

I have not had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.

I do have the following known allergies:

Food: _____

Drugs: _____

Other: _____

YOU MAY WISH TO CONSULT WITH YOUR PHYSICIAN BEFORE TAKING THE VACCINE

APPENDIX C: FIRST AID INCIDENT REPORT

1. Date and time of first aid incident:
2. Names of all staff providing first aid:
3. Description of the accident or incident, and the circumstances surrounding it, which resulted in the need for first aid procedures:
4. Did an exposure incident occur: Yes No

(An exposure incident occurs when there is specific mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials. Parenteral contact means the piercing of mucous membranes or the skin barrier through needle-sticks, human bites, cuts, abrasions, etc.)
5. Post-exposure evaluation and follow-up (were) (were not) offered. (If the affected employee believes an exposure has occurred, the employee should be offered post-exposure evaluation and follow-up and the post-exposure evaluation and follow-up form should also be completed.)
6. The affected employee was offered the full Hepatitis B Immunization series at

_____ _____
Time Date

Signatures of Staff Providing First Aid	Offered Vaccination	
	Accepted	Rejected

All first aid providers listed under question 2 of this report must sign the completed report and indicate if they wish to receive Hepatitis B vaccine as listed under Question 6 of this report.

_____ _____
Date of Report Time of Report

Signature of Building Administrator or Director

(This report will be filed in the employee's medical record. A copy of the report will be filed in the first aid incident report file.)

APPENDIX D: POST EXPOSURE EVALUATION AND FOLLOW-UP REPORT

1. Name of the employee who had an exposure incident:

2. Date, time, and place of the exposure incident:

3. A description of the circumstances under which the exposure incident occurred:

4. A description of the route(s) of the employee's exposure:

5. Information on the source individual:
 1. The identity of the source individual (**is - is not**) known.
(If the answer is "*is not*" go to question 6.)

 2. The source individual (**is -is not**) known to be infected with the HBV or HIV.
(If the answer is "*is*"- go to question 6.)

 3. The school district, through _____sought the consent of the source individual to do blood testing. The source individual (**did- did not**) consent to blood testing.
(If the answer is "*did not*"- go to question 6.)

 4. The source individual (**did- did not**) consent to having the results of the blood test released to the affected employee.
(If the answer is "*did not*"- go to question 6.)
(If the answer is "*did*"- the affected employee and any employee who receives the information on behalf of the district should be instructed that such information must be kept confidential pursuant to Kansas law.)

 5. _____made the results of the source individual's blood test available to the affected employee on _____ (Date).

 6. _____ (Exposed Employee) was informed of his/her right to post-exposure evaluation and follow-up by the building administrator or director on _____ (Date) _____ (Exposed Employee) was informed that _____ (Health Care Provider) would perform the evaluation at _____ (Name of health care facility), at the expense of the district, and that would arrange an appointment for the evaluation.

_____ (Exposed Employee) (declined - accepted) the offer and the appointment (was - was not) made.

7. _____ offered _____ (Exposed Employee) counseling with _____ concerning precautions to take during the period after the exposure incident. Such counseling also included information on potential illnesses. _____ (Exposed Employee) was instructed to report any related experiences to _____.

Signature of Responsible Employee

Date of Report

(This report will be filed in the employee's medical record. A copy of this report will be provided to the health care professional doing the evaluation along with a copy of the OSHA regulation, a description of the employee's duties as they relate to the exposure incident, the result of the source individual's blood test, if available, and a copy of the employee's medical record.)