

## **PREVENTION OF DISEASE/INFECTION TRANSMISSION**

The Board of Trustees are committed to providing a healthful environment for all students and employees. Actions taken with respect to students or employees found to have a communicable disease will be consistent with rights afforded individuals under state and federal statutory, regulatory and constitutional provisions. Each case of said student or staff member will be treated on an individual basis.

The Superintendent or Designee will be responsible for determining the information to be disseminated to staff, parents and community when a communicable disease is identified or suspected in the school setting.

The District will continue to use information from available resources, which may include the National Center for Disease Control and the Wyoming State Department of Health to revise and adopt its policies and procedures. In that regard, the District will adopt a bloodborne pathogen exposure control plan consistent with OSHA standards and provide training to staff regarding the bloodborne pathogen exposure control plan consistent with the risk of exposure which the staff are subject to. The bloodborne pathogen exposure control plan does not incorporate all the OSHA regulations applicable to bloodborne pathogens. Those responsible for training and compliance shall be familiar with the applicable OSHA regulations and provide appropriate training to comply with the OSHA regulations and changes to those regulations as may hereafter be implemented by OSHA.

Adopted: August 23, 2005  
Revised: November 12, 2013

# **BLOODBORNE PATHOGENS**

## **EXPOSURE CONTROL PLAN**

**For Compliance with OSHA Standard**

**29 CFR 1910.1030**

**and**

**Wyoming General Rules and Regulations**

**Chapter VII, Section 27**

**Uinta County School District No. Four**

### **ANNUAL REVIEW**

### **REVIEWING EMPLOYEE'S SIGNATURE**

Date: \_\_\_\_\_

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# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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## BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

### **A. Purpose**

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

### **B. Exposure Determination**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

1. School Nurses who provide first aid to the sick and injured students and staff members.
2. School building secretaries who provide first-aid when the nurse is not in the building.
3. Custodians who clean up blood and body fluid spills on the school premises.
4. Special Education personnel who care for the high-risk students, i.e., those students who drool, bite or are incontinent of stool or urine. This list includes the Occupational Therapist, the Speech Therapist and the aides to the high-risk students.
5. The head athletic coach who is assigned to administer first-aid to an injured athlete in each of these areas: swimming pool supervisor, MS and HS head wrestling coach, MS and HS head boys' and girls' basketball coach, MS and HS head volleyball coach, MS and HS head football coach, MS and HS head track coach.
6. The student athletic trainers and the athletic director who are assigned to administer first-aid to injured athletes

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employee in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

1. Bus Drivers who may have to clean up blood and body fluid spills if such should happen when they are transporting students.
2. Vocational Agriculture teachers who may come in contact with blood if a student is injured in the shop area.
3. Industrial Arts teachers who may come in contact with blood if a student is injured in the shop area.
4. Physical Education teachers who may come in contact with blood or body fluid spills if a student is injured during PE.

### **C. Implementation Schedule and Methodology**

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

#### **1. Compliance Methods**

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

sharps containers, gloves, red bags for biohazard waste, covered waste baskets, paper towels, cleansing towelettes, biohazard traveling kits for buses, playground monitors and athletic department. Mini biohazard kits in each classroom.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the control is as follows:

weekly by bus drivers for bus kits;  
weekly by athletic department head coaches for athletic kits;  
weekly by nurses in nurse/sick room supplies;  
weekly by custodians over their supplies;

monthly by classroom teachers for classroom kits.

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. (If hand washing facilities are not feasible, UCSD#4 will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.)

Uinta County School District No. Four shall ensure that after the removal of personal protective gloves, employee shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

Uinta County School District No. Four shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

## **2. Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping is only permitted using the one-handed technique.

## **3. Containers for REUSABLE Sharps**

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility, the sharps containers are puncture resistant, labeled with a biohazard label and are leak proof.

## **4. Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering and generating of droplets of blood or other potentially infectious materials.

## **5. Contaminated Equipment**

The school nurse is responsible for ensuring that equipment which has 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 decontamination of the equipment is not feasible. Equipment not decontaminated shall be tagged/labeled.

## **6. Personal Protective Equipment**

### **PPE Provision**

Uinta County School District No. Four is responsible for ensuring that the following provisions are met:

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, 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.

CPR face shields will be provided in the playground monitors fanny pack and will also be in the nurses' offices and the athletic medical kits. Situations at this facility which would require its usage would be when a student's heart and breathing have stopped. These mini-medical kits will also contain latex gloves, paper towels, disinfectant cleaning liquids, biohazard plastic bags, clean-up scoopers and antiseptic towelettes or cleaners.

### **PPE Use**

Uinta County School District No. Four shall ensure that the employee uses appropriate PPE unless the supervisor shows that employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instances its use would have prevented the delivery of health care or 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.

### **PPE Accessibility**

Uinta County School District No. Four shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost 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.

### **PPE Cleaning, Laundering and Disposal**

All personal protective equipment will be cleaned, laundered and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to the 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.

### **Gloves**

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin and mucous membranes and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will 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.

### **Eye and Face Protection**

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, splatters or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Goggles and masks will be available at the nurse station in each building.

### **Additional Protection**

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated. The gowns will be available at the nurse station in each building.

## **7. Housekeeping**

This facility will be cleaned and decontaminated according to the following schedule:

<u>Area</u>	<u>Schedule</u>	<u>Cleaner</u>
All bathrooms	daily	NABC
Bathrooms/Hallways	daily	DMQ

All areas will be cleaned as quickly as is feasible after any blood or body fluid spill by the custodians with NABC cleaner and/or DMQ cleaner.



Decontamination will be accomplished by utilizing the following materials:

NABC

DMQ

1:100 Bleach/Water Solution

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill or blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis: daily as needed by custodians.

Any broken glassware which may be 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.

## **8. Regulated Waste Disposal**

### **Disposal Sharps**

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, 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 (e.g., laundries).

The containers shall be maintained upright throughout use and replacement 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.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color coded to identify its contents.

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.

### **Other Regulated Waste**

Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping.

The waste must be labeled or coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

## **9. Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled, or color coded) bags at the location where it was used. Such laundry will be sorted or rinsed in the area of use.

School owned uniforms, towels, etc., that are exposed to blood and body fluids will be laundered by the custodians at the various school buildings where the washers and dryers are located.

## **10. Hepatitis B Vaccine and Post-Exposure Evaluation/Follow-Up**

### **General**

Uinta County School District No. Four shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

Uinta County School District No. Four shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- a. Made available at no cost to the employee;
- b. Made available to the employee at a reasonable time and place;
- c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional; and
- d. Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

### **Hepatitis B Vaccination**

School Nurses are in charge of the Hepatitis B vaccination program.

The Hepatitis B Vaccine is offered each school year to certain employees, working in designated areas with the School District.

Each school year the Nurses will have an updated list of those individuals kept on file.

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see information and 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 the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

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 vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

### **Post Exposure Evaluation and Follow-Up**

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the School Nurse.

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- a) Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- b) Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, Uinta County School District No. Four shall establish that legally required consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- d) When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.
- e) 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.

Collection and testing of blood for HBV, HCV and HIV serological status will comply with the following;

- a) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- b) The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV/HCV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-ups will be performed by the employee's personal physician.

### **Information Provided to the Health care Professional**

Uinta County School District No. Four shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- a) A copy of 29 CFR 1910.1030;
- b) A written description of the route of exposure and circumstances under which exposure occurred;
- c) Written documentation of the route of exposure and circumstances under which exposure occurred;
- d) Results of the source individual's blood testing, if available; and
- e) All medical records relevant to the appropriate treatment of the employee including vaccination status.

### **Health Care Professional's Written Opinion**

The School Nurse shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

The health care professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The health care professional's written opinion for post exposure follow-up shall be limited to the following information:

- a) A statement that the employee has been informed of the results of the evaluation; and

- b) A statement 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.

**Note:** All other findings or diagnosis shall remain confidential and shall not be included in the written report.

## **11. Labels and Signs**

Uinta County School District No. Four shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be florescent orange or orange-red.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

## **12. Information and Training**

School Nurses shall ensure that training is provided at the time of the initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- a) A copy of the standard and an explanation of its contents;
- b) A discussion of the epidemiology and symptoms of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) An explanation of Uinta County School District No. Four Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy;
- e) The recognition of tasks that may involve exposure;
- f) An explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, work practices and personal protective equipment (PPE);
- g) Information on the types, use, location, removal, handling, decontamination, and disposal of PPE's;
- h) An explanation of the basis of selection of PPE's;

- i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it 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 procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- l) Information on the evaluation and follow-up required after an employee exposure incident;
- m) An explanation of the signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

### **13. Recordkeeping**

#### **Medical Records**

School Nurses are responsible for maintaining medical records as indicated below. These records will be kept at the High School Nurse's Office.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment, plus 30 years. The records shall include the following:

- a) The name and social security number of the employee;
- b) A copy of the employee's HBV vaccination status, including the dates of vaccination;
- c) A copy of all results of examinations, medical testing, and follow-up procedures;
- d) A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

#### **Training Records**

School Nurses are responsible for maintaining the following training records. These records will be kept at the High School Nurse's Office.

Training records shall be maintained for three (3) years from the date of training. The following information shall be documented:

- a) The dates of the training sessions;
- b) An outline describing the material presented;
- c) The names and qualifications of persons conducting the training;
- d) The names and job titles of all persons attending the training sessions.

### **Availability**

All employee records shall be made available to the employees in accordance with 29 CFR 1910.20.

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

### **Transfer of Records**

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

## **14. Evaluation and Review**

School Nurses are responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

## **15. Dates**

All provisions required by this standard will be implemented by September 30, 1993.

Adopted: August 17, 1995  
Revised: October 10, 1995  
Revised: September 22, 1998

## APPENDIX

- A. TRAINING RECORD  
TRAINING INFORMATION
- B. HBV EMPLOYEE VACCINATION STATEMENT
- C. EXPOSURE INCIDENT PROCEDURE  
EXPOSURE INCIDENT CHECKLIST  
CLEAN UP PROCEDURE
- D. INCIDENT REPORT
- E. WCD-1
- F. WCD-2
- G. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION
- H. INFORMED REFUAL OR POST-EXPOSURE MEDICAL EVALUATION
- I. OSHA STANDARD



**TRAINING RECORD**

1. Date of training session \_\_\_\_\_

2. Names and qualifications of those doing the training:

_____	_____
_____	_____
_____	_____
_____	_____

3. Names and job descriptions of those attending training session:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### TRAINING INFORMATION

- a. A copy of the standard and an explanation of its contents;
- b. A discussion of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. An explanation of the Uinta County School District No. Four Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy.
- e. The recognition of tasks that may involve exposure.
- f. An explanation of the use and limitations of methods to reduce exposure, for example: engineering controls, work practices and personal protective equipment (PPE).
- g. Information of the types, use location, removal, handling, decontamination and disposal of PPE's.
- h. An explanation of the basis of selection of PPE's.
- i. Information of the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits and that it 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 procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- l. Information on the evaluation and follow-up required after an employee exposure incident.
- m. **All health information of students and staff will remain confidential unless an official release of information is signed by the student or staff member.**
- n. An explanation of the signs, labels and color-coding systems.

# Uinta County School District No. Four

P.O. Box 130  
Mountain View, WY 82939

## HEPATITIS B

### EMPLOYEE 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 Hepatitis B vaccine and no charge to myself. However, I decline Hepatitis B vaccine 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.

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Signature

---

Date

### EXPOSURE INCIDENT PROCEDURE

1. Perform immediate First Aid procedures (such as thorough washing of skin or flushing of mucous membranes, or encouraging bleeding from puncture wounds.)
2. If possible, identify source or keep syringe/needle for possible testing. Make every effort to obtain a blood sample from the source individual. If the source patient will agree, draw blood and submit specimens to the State lab for Hepatitis B antigen and HIV Status. Test results should be sent to the physician providing the medical evaluation.
3. Report immediately to the School Nurse.
4. Complete an Incident Report, which includes details of the exposure.
5. Promptly contact a local physician for immediate medical evaluation. Arrangements for post-exposure medical evaluations should be made in advance with the county Health Officer or other identified physician's, E.R.'s etc.
6. If unable to obtain prompt local; medical evaluation and initial telephone consultation can be provided through a hot-line (similar to the Poison Control Hot Line). The exposed worker can phone for consultation or the employee's physician can also phone for information. A telephone consultation should be followed by a local medical evaluation as soon as possible. (Note: this is still in the planning stages. Phone number and specifics will be provided.)
7. The evaluating physician should receive a report of the exposure incident and a copy of the OSHA Bloodborne Pathogen Standard, which includes the requirements relating to medical follow-up. He/She should also be given information about the employee's Hepatitis B vaccination and immunity status and any information relating to contraindications to vaccine. Information about the source patient and test results, if known, should be given to the physician. The employee's test results should be received by the physician.
8. When an accident occurs an immediate baseline blood draw shall be performed. This can be drawn at the PHN Office with results going to the physician doing the medical evaluation. The baseline draw will indicate:
  - a. Employee's HBV immunity (Hepatitis B antibody)
  - b. HIV status
9. If HBV immunity is not adequate, a Hepatitis B Immune Globulin (HBIG) passive immunization, if medically indicated, will be offered and the vaccine series or booster offered.

10. If the exposure was to blood that is known to be HIV infected or a source at high risk of HIV, the employee will be offered treatment with AZT (which will be available at hospital emergency rooms). The efficacy of AZT is unknown. If the employee chooses AZT therapy, it is important for it to be started within 1-3 hours of the exposure, so immediate reporting is required.
11. Unless the source patient test negative for HIV, subsequent HIV retesting is usually recommended in 6 weeks, 3 months, and 6 months because the test is for antibodies which sometimes take 6 months to form. Test results go to the evaluation physician.
12. File a Worker's Compensation Injury Report and document on the OSHA Injury Log (see "Recordkeeping" instructions). Remember, Worker's Compensation benefits only cover employees who are unable to work due to occupationally related injury or disease. Since problems may not develop until years after an exposure, it is prudent to have the proper documentation, blood work and follow-up care.
13. Employee health records are confidential. HIV and/or HVB status is NOT reported to the employer without written permission of the employee. The medical evaluator completes a written opinion that is limited to whether or not the employee needs or has received hepatitis B immunization and the employee has been told about any medical conditions resulting from possible exposure, which requires further evaluation or treatment.
14. If an employee refuses blood draws and the medical evaluation, the refusal shall be documented and signed by the employee (see Appendix E).

**EXPOSURE INCIDENT CHECKLIST**

Date/Time  
Completed:

1. \_\_\_\_\_ Immediate First Aid (washing skin, flushing mucous membranes, encouraging bleeding or punctures, etc.)
2. \_\_\_\_\_ Report to the Superintendent or School Nurse. STAT
3. \_\_\_\_\_ Identify source and obtain source blood sample when feasible for Hepatitis B antigen and HIV antibody.  

Consent Signed: \_\_\_\_\_ Not Signed: \_\_\_\_\_
4. \_\_\_\_\_ Complete a confidential Exposure Report.
5. \_\_\_\_\_ Draw employee's blood for baseline serology to:
  - Determine hepatitis B immunity status
  - HIV status
6. \_\_\_\_\_ Obtain prompt medical evaluation from:
  - local physician \_\_\_\_\_  
(Physician must be given required information.)
7. \_\_\_\_\_ If requested by medical evaluator, perform subsequent blood draws for HIV testing at:  
 6 weeks \_\_\_\_\_ 3 months \_\_\_\_\_ 6 months \_\_\_\_\_  
 (Results go to M.D.)
8. \_\_\_\_\_ If requested, assist in administration of Hepatitis B vaccine and/or Hepatitis Globulin (HIBG) or in obtaining AZT.
9. \_\_\_\_\_ Complete Employer (WCD-1) and recommended completion of Employee (WCD-2) Worker's Compensation Injury Reports **within 72 hours**.  

Filed: \_\_\_\_\_ Not Filed: \_\_\_\_\_
10. \_\_\_\_\_ Complete OSHA form No. 200 within six (6) working days and updated log appropriately. Log is maintained in designated file for five (5) years.
11. \_\_\_\_\_ Employer receives written medical opinion. It is maintained in the confidential files along with the other required information and reports for the duration of employment plus 30 years.

12. \_\_\_\_\_ If employee chooses not to have blood drawn or obtain a medical evaluation, employee completes the refusal form.

### **EXPOSURE INCIDENT CHECKLIST**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date:

\*This form is attached to the Incident Report and filed in the confidential file.

**CLEAN-UP PROCEDURES**

Staff's Name: \_\_\_\_\_

Client Involved: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Chemicals used in clean up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Protective devices used by staff: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of the clean-up procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

continued



Description of disposal of infection waste: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**EXPOSURE INCIDENT REPORT**

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Source Name: \_\_\_\_\_

Source Address: \_\_\_\_\_

Source Phone No.: \_\_\_\_\_

Exposure Incident Circumstances: (Describe what happened, route, place of exposure)

\_\_\_\_\_

\_\_\_\_\_

Person(s) notified of exposure: \_\_\_\_\_

Source Patient's HIV antibody status/HBV antigen status and/or risk assessment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe follow-up procedures taken, e.g., Doctor visits, test taken, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Hepatitis B. Vaccine History:

Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose #3 \_\_\_\_\_

Employee's Immunity Status: \_\_\_\_\_

Date of Test (anti-HB's): \_\_\_\_\_

Date of Incident: \_\_\_\_\_

\_\_\_\_\_  
Date:\_\_\_\_\_  
Superintendent's Signature\_\_\_\_\_  
Date:\_\_\_\_\_  
Employee's Signature

# WCD-1

## EMPLOYER'S REPORT OF INJURY OR OCCUPATIONAL ILLNESS OR DISEASE

[illegible]

## WCD-2

## EMPLOYEE'S REPORT OF INJURY OR OCCUPATIONAL ILLNESS OR DISEASE

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# Uinta County School District No. Four

P.O. Box 130  
Mountain View, WY 82939

## HEALTHCARE PROFESSIONAL WRITTEN OPINION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Is the HBV vaccination indicated for this employee? \_\_\_\_\_

Has this employee ever received the HBV vaccine before? \_\_\_\_\_

### POST EXPOSURE FOLLOW-UP

1. Would you please give a statement that this employee of Uinta County School District No. Four has been informed of the results of this evaluation?

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2. Would you please give a statement that this employee of Uinta County School District No. Four has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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Note: All findings or diagnosis shall remain confidential and shall not be included in this written report.

Please send this completed form to:  
School Nurse  
PO Box 130  
Mountain View, WY 82930-0130

**INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION**

I, \_\_\_\_\_, am employed by Uinta County School District No. Four. My employer has provided training to me regarding infection control and the risk of disease transmission in the agency.

On \_\_\_\_\_, 20\_\_\_\_\_, I was involved in an exposure incident when I:

(describe incident)

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My employer has recommended and offered to provide follow-up medical evaluation (including testing for HBV immunity and HIV status) in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.

However, I, of my own free will and volition and despite my employer's offer, have elected not to have a medical evaluation. I have personal reasons for making this decision.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

NOTE: Maintain this record for duration of employment plus 30 years

**OSHA STANDARD**

OSHA Standard 29 CFR 1910.1030

Part Number: 1910

Part Number Title: Occupational Safety and Health Standards

Standard Number: 1910.1030

Title: Bloodborne pathogens.

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030#>