

USD 402
Augusta Public Schools

**BLOODBORNE PATHOGEN
EXPOSURE CONTROL PLAN
AND HAZARD
COMMUNICATION STANDARDS**

FOR COMPLIANCE WITH OSHA STANDARD 1910.1030

Approved by the Board of Education
November 11, 2013

ACKNOWLEDGEMENTS

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
AND HAZARD COMMUNICATION STANDARDS**

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

USD 402 Augusta Public Schools

August 2013

In accordance with the OSHA Bloodborne Pathogens Standard, 1910.1030, the following exposure control plan has been developed for USD 402 Augusta Public Schools:

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; other potentially infectious materials (OPIM's)
2. Comply with the OSHA Bloodborne Pathogens Standard, 1910.1030.

2. Exposure Determination

OSHA requires USD 402 - Augusta School District, 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. In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure.

Since not all the employees in the listed three categories would be expected to incur exposure to blood or other potentially infectious' materials, task or procedures that would cause 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:

Category I:

All employees with the following job classifications at USD 402 are at risk for occupational exposure.

1. School nurses who provide first-aid to sick and injured students or staff members.
2. School building secretaries or other delegated unlicensed personnel, 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. Athletic coaches assigned to administer first-aid to an injured athlete.
6. Bus drivers who have to clean up blood and body fluid spills while transporting students.

Category II:

All employees with the following job classifications at USD 402 may have an occasional occupational exposure:

1. Building administrators
2. Counselors
3. Teachers
4. Vocational and/or Industrial Arts teachers who may come in contact with blood, if a student is injured in the shop area
5. Physical Education teachers who may come in contact with blood or body fluid spills, if a student is injured during PE
6. Teacher aides
7. Paraprofessionals (Title I)
8. Lunch room aides

9. Playground/Recess aides

Category III:

Some employees in USD 402 are unlikely to have occupational exposure:

1. Central office administrators
2. Central office clerical personnel
3. Food service personnel

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

- a. Universal precautions will be observed in USD 402 to prevent contact with blood or other potentially infectious materials.
- b. 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 BBP exposure to USD 402 employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. USD 402 will utilize the following engineering controls:

- a. Sharps containers, gloves, red bags, covered biohazard waste containers, paper towels, and antiseptic wipes.
- b. Biohazard traveling kits for buses, athletic department, and “mini” biohazard kits in each classroom.
- c. Hand washing facilities shall be made available to employees who incur exposure to blood or other potentially infectious materials.
- d. OSHA requires that these facilities be readily accessible after incurring exposure. (If hand-washing facilities are not feasible, USD 402 will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic wipes.
- e. If these alternatives are used, hands are to be washed with soap and running water as soon as feasible.)
- f. USD 402 ensures that after the removal of personal protective gloves, employees shall

wash hands and any other potentially contaminated skin area immediately, or as soon as feasible with soap and water.

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

WEEKLY: Athletic department head coaches for athletic kits
Nurses in health office supplies

MONTHLY: Classroom teachers for classroom kits
Bus drivers for bus kits
Custodians over their supplies

ANNUALLY: Custodian / Nurse for FEMA shelter kits
Nurse for Sharps containers, or as needed to keep from overfilling

This USD 402 Exposure Plan, along with annual Bloodborne Pathogen training shall ensure that if employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with soap and water, as soon as feasible following contact with:

Needles

1. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken.
2. OSI-TA 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.
3. USD 402 only permits using the one-handed technique for recapping needles.

Containers for Reusable / Contaminated Sharps

1. Contaminated sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers.
2. In USD 402, the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof.

3. Sharps containers are located in the nurse's office, of all USD 402 schools.

Work Area Restrictions

1. 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.
2. 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.
3. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Contaminated Equipment

1. 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.
2. Equipment not decontaminated shall be bagged and placed in the biohazard containers, located in the health office, of all USD 402 schools.

Personal Protective Equipment (PPE)

A. PPE PROVISION

USD 402 is responsible for ensuring that the following provisions are met:

1. All personal protective equipment used in USD 402 facilities will be provided without cost to employees.
2. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
3. 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.

4. CPR face shields are located in each building AED kit, the nurse's offices, and the athletic medical kits.
5. Situations in USD 402 facilities which would require its usage would be when any individual in USD 402 facilities' heart and breathing have stopped.
6. "Mini-medical" first aid kits will contain gloves, paper towels, disinfectant cleaners, and antiseptic wipes or cleaners.
7. Kits will be found in each classroom, and health office,
8. PPE supplies will be found in the custodial closet.

B. PPE USE

1. USD 402 shall ensure that the employee uses appropriate PPE unless the administration shows the employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances.
2. It was the employee's professional judgment that in the specific instances its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker.
3. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

C. PPE Accessibility

1. USD 402 shall ensure that appropriate PPE in the appropriate sizes are readily accessible at the work site or is issued without cost to employees.
2. Hypoallergenic gloves, glove liners, non-powder gloves, or other similar alternatives shall be readily accessible to employees allergic to the gloves normally provided.

D. PPE Cleaning, Laundering and Disposal

1. All personal protective equipment will be cleaned, laundered, and disposed of by USD 402 at no cost to the employees.
2. All repairs and replacements will be made by the employer at no cost to employees.
3. All garments which are penetrated by blood shall be removed immediately or as soon as feasible.
4. All PPE will be removed prior to the leaving the work area.

5. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

E. Gloves

1. 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.
2. Disposable gloves that have been used 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.
3. 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, peelings, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

F. Eye and Face Protection

1. 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 where eye, nose, or mouth contamination can reasonably be anticipated.
2. Goggles and Masks will be available in the health office at each building.

G. Additional Protection

1. Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, shoe covers or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated.
2. The gowns and shoe covers are available in the health office at each building.

7. Housekeeping

USD 402 facility areas will be cleaned and decontaminated, according to the following schedule:

AREA	SCHEDULE	CLEANER
All Bathrooms	Daily	Broad Spectrum Disinfectant Cleaner
Bathrooms floors / Hallways (with VCT, MMA)	Daily	Neutral Disinfectant Cleaner

1. All areas will be cleaned as quickly as is feasible after any blood or body fluid spill, by the custodians; decontamination will be accomplished by utilizing 1:100 Bleach/Water Solution
2. All contaminated work surfaces will be decontaminated after: completion of procedures
3. Immediately or as soon as feasible after any spill or blood or other potentially infectious
4. At the end of the work shifts, if the surface may have become contaminated since the last cleaning.
5. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis: daily as needed by custodians.
6. 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

A. Disposable Sharps

1. 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.
2. 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., health office).
3. The containers shall be maintained upright throughout use and replacement routinely and not be allowed to overflow.

4. 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.
1. The container shall be placed in a red biohazard bag, if leakage of the primary container is possible, and then placed in the biohazard containers located in the health office. Nurses should call the Maintenance and request that full container be removed and taken to the Service Center to be picked up by the biohazard waste service.
2. The containers shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping and labeled or color-coded to identify its contents.
3. 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.

B. Other Regulated Waste

1. 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.
2. 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

1. 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 red bag) bags at the location where it was used. Such laundry will into be sorted or rinsed in the area of use.
2. 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 and Follow-up

A. General

USD 402 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.

USD 402 shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

1. Made available at no cost to the employee;
2. Make available to the employee at a reasonable time and place;
3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and provided according to the recommendations of the U.S. Public Health Service.
4. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

B. Hepatitis B Vaccine

The USD 402 department of human resources is in charge of the employee Hepatitis B vaccine program.

1. 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 for all employees who have occupational exposure.
2. The employee may decline vaccination, if they have previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee has immunity, medical contraindications, or for personal/religious reasons.
3. Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.
4. 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.
5. 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
6. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA

required waiver indicating their refusal.

C. Post Exposure Evaluation and Follow-Up

1. All exposure incidents shall be reported, investigated, and documented, immediately, or as soon as feasible.
2. When the employee incurs an exposure incident, it shall be reported to the school nurse or building administrator or immediate supervisor.

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:

1. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law
3. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HTV infectivity. If consent is not obtained,
4. USD 402 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.
5. When the source individual is already known to be infected with H13V or HIV, testing for the source individual's known HB-V or HIV status need not be repeated.
6. 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 and HIV serological status will comply with the following:

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained
2. The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV 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.

3. 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-up will be performed by the employee's personal physician.

D. Information Provided To the Healthcare Professional

USD 402 shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

1. A copy of 29 CFR 1910.1030
2. A written description of the exposed employee's duties as they relate to the exposure incident;
3. Written documentation of the route of exposure and circumstances under which exposure occurred;
4. Results of the source individuals blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

E. Healthcare Professional's Written Opinion

1. USD 402 shall obtain and provide the employee or student with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
2. The healthcare professionals written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee or student, and if the employee or student has received such vaccination.
3. The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:
 - a. A statement that the employee or student has been informed of the results of the evaluation; and
 - b. A statement that the employee or student 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

School nurses and custodians will ensure that biohazard labels shall be affixed to containers of:

1. Regulated waste
2. Refrigerators and freezers containing blood or other potentially infectious materials
3. Other containers used to store, transport or ship blood or other potentially infectious materials.
4. The universal biohazard symbol shall be used.
5. The label shall be fluorescent orange or orange-red.
6. Red bags or containers may be substituted for labels.

Regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

12. Information and Training

A. All USD 402 Employees

1. The USD 402 district administration will ensure training is provided to each employee, at the time of initial task where occupational exposure may occur.
2. Training shall be repeated within twelve months of the previous training
3. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift.
4. 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 Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy.
 - e. Ability to recognize and 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 PPEs.
- h. An explanation of the basis of selection of PPEs.
- 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.

13. Recordkeeping

A. Medical Records

- 1. The USD 402 human resources department is responsible for maintaining employee medical records as indicated below. These records will be kept at the USD 402 district office.
- 2. The school nurse is responsible for maintaining student medical records as indicated below. These records will be stored long-term at the Augusta High School.
- 3. Medical records shall be maintained in accordance with OSHA Standard
- 4. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years; 5 years post-graduation date for students.

The records shall include the following:

- a. The name and social security number of the employee or student
- b. A copy of the employee or student 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 healthcare 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.

B. Training Records

1. USD 402 Administration is responsible for maintaining the following training records.
2. These records will be kept at the district office.
 - a. The dates of the available training sessions
 - b. An outline describing the material presented;
 - c. The names and qualifications of resource used for conducting the training;
 - d. The names and job titles of all persons attending the training sessions
3. School Nurses are responsible for maintaining the following training records for unlicensed assistive personnel; regarding bloodborne pathogens specific to the health office.
4. These records will be kept in the school nurse's office.
 - a. The dates of training sessions
 - b. An outline of material presented or type of training given
 - c. Name and qualifications of person providing the training for delegation of care purposes
 - d. The names and job titles of all persons who received the training
 - e. The signatures and initials of parties involved in training and delegation training.
 - f. Specific task(s) delegated
5. Training records shall be maintained for three years from the date of training.

C. Availability

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

D. Transfer of Records

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.

14. Evaluation and Review

School nurses, district administrators and the Director of Building and Grounds are responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

15. Dates

All provisions required by this update will be implemented by October 14, 2013.

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 REFUSAL OR POST-EXPOSURE MEDICAL
EVALUATION
- I. OSHA STANDARD

APPENDIX A

TRAINING RECORD

Annual Date of Available Training Session:

Begins one month prior to the beginning of each school year

Names and Qualifications of Resource Used for Training:

Online training and testing is provided through Global Compliance Network; managed by the administration of USD 402.

Record of annual training for each employee, is maintained at USD 402 district office

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 USD 402 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 PPEs.
- h. An explanation of the basis of selection of PPEs.
- 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.

APPENDIX B

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 at no cost 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.

Signature _____ Date _____

APPENDIX C-1

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, an 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. S/he 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 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 tests 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 evaluating physician.
12. File a Workers' Compensation Injury Report and document on the OSHA Injury Log (see "Recordkeeping" instructions). Remember, Workers' 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 and 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 H).

APPENDIX C-2

EXPOSURE INCIDENT CHECKLIST

Date _____ Time Completed _____ Initial Below _____

1. Immediate First Aid _____
 - Washing skin, flushing mucous membranes, encourage bleeding of punctures, etc.
 - Wash with water and soap for at least 1 minute
2. Report to your immediate supervisor or school nurse. STAT _____
Identify source and obtain source blood sample when feasible for Hepatitis B antigen and HIV antibody. Consent Signed _____ Not Signed _____
3. Complete a confidential Exposure Report. _____
4. Obtain prompt medical evaluation within 2 hours of incident from: _____
 - Local physician at Via Christi Clinic, Augusta, KS
 - If requested by medical evaluator, perform subsequent blood draws For HIV testing at: 6 weeks _____ 3 months _____ 6 months _____
(Results go to M.D.)
5. If requested, assist in administration of Hepatitis B vaccine and/or Hepatitis Globulin (HIBG) or in obtaining AZT. _____
6. Complete Employer (WCD-1) and recommended (WCD-2) Workers' Compensation Injury Reports Filed _____ Not Filed _____
7. Complete OSHA form No. 200 within six working days and updated log appropriately; log is maintained in designated file for five years. _____
8. 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. _____
9. If employee chooses not to have blood drawn, or obtain a medical evaluation, employee will complete the refusal form. _____

APPENDIX C-3

CLEAN UP PROCEDURE

Staff's Name: _____

Client(s) Involved: _____

Date: _____ Time: _____

Chemicals used in clean up:

Protective devices used by staff:

Description of the clean-up procedure:

Description of disposal of infection waste:

Staff Member _____

Supervisor _____

Reviewed by Superintendent _____ Date _____

APPENDIX D

EXPOSURE INCIDENT REPORT

Employee Name: _____

Employee Address: _____

Employee Phone: _____

Social Security: _____

Source Name: _____

Source Address: _____

Source Phone: _____

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

Person(s) notified of exposure:

Follow up procedures taken (Dr. visits, tests taken, etc.)

Employee's Hepatitis B Vaccine History: Dose #1 _____ Dose #2 _____ Dose #3 _____

Employee's Immunity Status _____ Date of Test (anti-HB) _____ Date of Incident _____

Supervisor or school nurse/Date _____

Employee Signature/Date _____

APPENDIX G

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

Would you please give a statement that this employee of _____ has been informed of the results of this evaluation.

Would you please give a statement that this employee of _____ 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 diagnoses shall remain confidential and shall not be included in this written report.)

Please send completed form to: USD 402 Augusta Public Schools
2345 Greyhound Drive
Augusta, KS 67010
Attn: Superintendent, Augusta USD 402

APPENDIX H

INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

I _____ am employed by _____

My employer has provided training to me regarding infection control and the risk of disease transmission in the agency. On _____, 2_____, I was involved in an exposure incident when I ... (describe incident)

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 contacted 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.

Signature

Name

Address

City State Zip

Witness _____ Date _____

Note: Maintain this record for duration of employment plus 30 years.