

Code: EBBA-R

SUBLETTE COUNTY SCHOOL DISTRICT NUMBER 9
EXPOSURE CONTROL PLAN

June 19, 2014

Sublette County School District Number 9
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BLOOD BORNE PATHOGEN EXPOSURE CONTROL

To promote safe work practices in an effort to minimize the incident of illness and injury experienced by employees, and to be compliant with OSHA Standard 1910.1030, the following policy and procedures shall be followed by the district. The purpose of this is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in the workplace.

Sublette County School District No. 9 believes that:

- *It is prudent to minimize all exposure to bloodborne pathogens.
- *Risk of exposure to bloodborne pathogens should never be under-estimated.
- *We will institute as many work practices controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

Therefore, the objective of this policy and procedures are to:

- *Protect (to the extent mandated by the law and good practice) our employees from the health hazards associated with bloodborne pathogens.
- *Provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

I. BLOODBORNE PATHOGEN EXPOSURE CONTROL -- PROCEDURES

A. The purpose of these procedures 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. Definitions:

1. Potential Exposure Incident: When potentially contaminated blood or other fluids have been allowed to enter the body of the employee. For instance, through an open wound on the employee, or through the mouth, nose, or eyes.
2. Fluids that may potentially be contaminated that are subject to these regulations:

Semen
Vaginal Secretions
Cerebrospinal Fluid
Synovial Fluid
Pleural Fluid
Pericardial Fluid
Peritoneal Fluid
Amniotic Fluid
Saliva
Blood

3. Coverage of these regulations: Employees of Sublette County School District No. 9

C. General Program Management

There are three major categories of responsibility that are central to the effective implementation of the exposure control plan.

1. The Exposure Control and Training Coordinator.
2. Administrators and Supervisors.
3. Employees.

D. Exposure Control and Training Coordinator:

1. The Exposure Control and Training Coordinator will be responsible for overall management and support of the district's Bloodborne Pathogens Compliance Program. These include, but are not limited to:
 - (a) * Overall responsibility for implementing the Exposure Control Procedures.
 - (b) * The development of any other procedures needed to support this plan.
 - (c) * Improvement of these procedures to meet the changing needs of the district.
 - (d) * Knowing and enforcing current legal requirements concerning bloodborne pathogens.
 - (e) * Conducting periodic audits to maintain and verify these procedures.
 - (f) * Maintain a list of personnel requiring training and those who have been trained.
 - (g) * Developing and implementing training programs.

E. Administrators and Supervisors:

1. Administrators and supervisors are responsible for exposure control in their respective areas. They work directly with the Exposure Control Coordinator and the employees to ensure that exposure control procedures are followed:

F. Employees:

1. Employees that must or may deal with bloodborne pathogens have the most important role. They are responsible for:
 - (a) * Knowing what tasks they perform have occupational exposure.
 - (b) * Implementing these procedures as they perform tasks concerning blood pathogens.
 - (c) * Attend bloodborne pathogens training sessions.
 - (d) * Planning and conducting all tasks in accordance with these procedures.

G. Availability of the Exposure Control Procedures to Employees:

1. The Exposure Control Plan is available to our employees during regular working hours. Employees shall be advised of availability and location of these policies and procedures during their training sessions. Copies are maintained in the following locations:
 - (a) * Superintendent's Office.
 - (b) * Business Office.
 - (c) * Administrative Offices of each School.
 - (d) * The Bus Garage.
 - (e) * The District Kitchen.
 - (f) * Other?

H. Employee Exposure Determination

1. CATEGORY 1: Tasks that potentially involve exposure to blood, body fluids or tissues at the greatest rates in the district. This includes all task that may contain potential for mucous membrane or skin contact with blood, body fluids or tissues, or potential spills or splashes of them. Use of appropriate protective measures is required for every employee involved in these tasks, as necessitated by the incident, and every employee must have completed the district's training program.
 - (a) This Category consists of:

- (i) Custodians and Maintenance
- (ii) Bus Drivers
- (iii) Coaches
- (iv) Nurse
- (v) Building Secretaries
- (vi) Playground Aides and Supervisors
- (vii) Aides with special duties of care for disabled children.

2. CATEGORY II: Tasks that may involve exposure to blood, body fluids and tissues at a rate substantially less than those identified in Category I. Appropriate protective measures are readily available when needed. Every employee in Category II must complete the district's training program.

(a) This category consists of:

- (i) Building Administrative Staff
- (ii) All personnel dealing directly with children including teachers and aides.

3. CATEGORY III. Tasks that involve very little or no exposure to blood, body fluids, or tissue. These tasks require no protective equipment.

(a) This category consists of:

- (i) Central Administration and Central Clerical.

I. Work Activities (Tasks), Categories and Titles:

1. CATEGORY I:

Job Classification	Tasks
(a) Custodians and Maintenance	Cleaning and disinfecting the pool, dressing rooms, locker rooms, nurse's office, rest rooms, and specific areas of blood and other fluid spills. Working on equipment with moving parts in collaboration with other employees.
(b) Bus Drivers	Transporting students which may involve fighting, accidents internal to the bus and accidents involving the bus -- all of which may produce injury to students and adult supervisors.

- (c) Coaches and Sponsors While students are involved in physical activities there is always the danger of injury to competitors. This is during practice and competition. While supervising students on over-night activities there is the danger of exposure to injury for the coach or sponsor.
- (d) Nurse The nurse is constantly on call to care for students and employees that are sick or injured.
- (e) Building Secretaries During the normal course of duties, building secretaries are often the first adults encountered by sick or injured students.
- (f) Playground Aides and Supervisors Playgrounds are the areas in elementary in which most injuries occur. These employees are the direct supervisors of students on the playgrounds.
- (g) Physical Education Teachers Physical exertion in physical education classes may be a cause of injury. This is during the normal course of instruction.

2. CATEGORY II:

- (a) Building Administrative During normal duties the Staff building building administrator is continually on call to assist in any of the cases in all areas of the building listed above.
- (b) All personnel dealing directly with children including teachers and aides. Supervisory responsibilities over classes of young people present some natural risk.

3. CATEGORY III:

- (a) Central Administration and Clerical There is little occasion for any injury during normal business hours.

II. COMPLIANCE METHODS

A. Universal Precautions

1. Universal precautions will be observed 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 source individual.
2. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The following maintenance controls will be utilized.

Control Equipment

Location

Sharps Containers with Biohazard Labels

All Science rooms, Home Economics Areas.

Red bags for disposal of Contaminated trash. These Bags are placed in a covered trash can with a biohazard label

Available in all offices. Science rooms. Coaches and locker rooms.

Handwashing facilities

Throughout each facility.

Gloves

Provided to employees in Category I. Available in each office.

Disinfectant

Changed when outdated and properly labeled.

Incinerator for incineration of contaminated waste and sharps.

Hospital.

Biohazard Labels

Used on any item that is contaminated with blood or body fluids or cannot be totally decontaminated before being transported.

3. The above listed controls will be examined and maintained on a regular schedule. The Exposure Control Coordinator shall check all

controls on a quarterly basis during the year. It is the responsibility of the building administrator to ensure the placement and operations of the controls on a regular and operational basis.

4. Universal precautions will be observed in this district 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. Procedures, work practices controls and custodial activities will be utilized to eliminate or minimize exposure to employees.
5. Hand washing facilities are available to employees who incur exposure to blood or other potentially infectious materials. In areas such as the football field or isolated topography visited by field trips, where hand washing facilities are not readily available, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are provided. These towelettes shall be provided with the coaching supplies and transported to each practice and contest. They are available on each bus for every transportation activity.
6. Building administrators, the bus supervisor, the athletic director, and head coaches are responsible to ensure that gloves are worn each time an employee has occasion to contact any blood or potentially infectious materials.
 - (a) * They are responsible to ensure 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.
 - (b) * They are responsible to ensure that any facility areas possibly contaminated by potentially infectious materials are properly cleaned using the correct methods and disinfectants.
 - (c) * They are responsible to ensure that any potentially infectious materials and supplies used for cleaning are placed into properly labeled bags for incineration disposal and the Exposure Control Coordinator is notified so that they may be transported to the hospital for disposal.

7. All employees shall:
- (a) * Use district provided gloves each time an employee has occasion to contact any blood or potentially infectious materials including vomit in the classroom.
 - (b) * Wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
 - (c) * Have the appropriate personnel immediately clean and disinfect any portion of the facility that is potentially contaminated.
 - (d) * Properly bag and label all materials possibly contaminated. Notify the administrator or supervisor of their storage.

B. Needles and Glass Disposal.

1. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. The recapping of needles and scalpels is not permitted.
- (a) * All sharps will be disposed of in Red needle boxes marked with a biohazard symbol.
 - (b) * Containers shall be taped shut when full.
 - (c) * Custodians will collect the boxes and provide for transportation to the hospital for incineration.
 - (d) * Custodians will replace needle boxes as needed.
 - (e) * Large glass items will be removed from the area by custodians.

C. Containers for Reusable Sharps.

1. Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate containers. These containers shall be puncture resistant, leak proof and labelled with a biohazard label. These containers are located in the science and home economics rooms.

D. Other Work Practice Controls.

1. Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is real potential for exposure to bloodborne pathogens.
2. Food and drink is not kept in refrigerators, freezers, on counter tops or in other storage areas where potentially infectious material is kept. Procedures should be used which minimize splashing, spraying and other actions which generate droplets.
3. If contamination of a primary container occurs, that container is placed within a second leak-proof container appropriately labeled, for handling and disposal.
4. The Exposure Control Coordinator is responsible to examine all materials stored for transportation to disposal and to ensure their correct and proper transportation and disposal.

E. Personal Protective Equipment:

1. All personal protective equipment used will be provided without cost to employees. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
2. All personal protective equipment will be cleaned, laundered and disposed of by the district at no cost to the employees. All repairs and replacements will be made at no cost to the employees. All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the scene of utilization. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
3. Disposable gloves 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.
4. Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.

F. Housekeeping:

1. The school district maintains a written schedule for cleaning and decontamination of each facility. Using these schedules the custodial staff utilizes the following practices:
 - (a) All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
 - (i) Immediately (or as soon as feasible) when surfaces are overtly contaminated.
 - (ii) After the spill of blood or infectious material.
 - (b) All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
 - (c) Potentially contaminated broken glassware is picked up using mechanical means such as dust pan and brush, tongs, forceps, etc.
2. The building principal is responsible for setting the custodial cleaning schedule and ensuring its completion.

The following procedures shall be used with all types of potentially infectious wastes:

- (a) They are discarded in containers that are red, closable, puncture resistant, leak-proof, and labeled.
- (b) Containers are located throughout the district and within easy access.
- (c) Containers of regulated waste to be moved are closed and placed inside an appropriate secondary container if leakage is possible from the first container.
- (d) The Exposure Control Coordinator is responsible for supervising the transportation of all such waste materials. Hospital shall be utilized for disposal.

G. 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 bags at the location where it was used. Such laundry bags will not be sorted or rinsed in the area of use.

H. Hepatitis B Vaccine:

1. Sublette County School District No. 9 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. For the purposes of this policy and procedures this concerns all positions listed in Category I.
2. All vaccinations concerning these policy and procedures shall be provided through Hospital. The Exposure Control Coordinator shall be responsible for scheduling and ensuring the provision of all vaccinations. The Coordinator will maintain records of all vaccinations in the employee's file in the Superintendent's office. The Coordinator shall also maintain a list of all employees who have refused the vaccination.

I. Post Exposure Evaluation and Follow-Up:

1. All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the Exposure Control and Training Coordinator. Initially, the Coordinator shall gather the following information:
 - a. Date, time and location of the incident.
 - b. What potentially infectious materials (blood, etc.) were involved.
 - c. Under what circumstances the incident occurred. What type of work was being performed.
 - d. How the incident was caused.
 - e. Personal protective equipment being used at the time of the incident.
 - f. Actions taken as a result of the incident. Decontamination, cleanup and notification.

2. After this information is gathered, a written summary of the incident and causation shall be prepared along with recommendations for avoiding similar incidents in the future. The Incident Investigation Form following this section shall be used.
3. In the event of an exposure the Exposure Control and Training Coordinator shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccinations 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.
 - d. 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.

J. Procedures for Post Exposure Evaluation:

1. 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 and HIV infectivity. If consent is not obtained, the Control Exposure Coordinator shall establish that legally required consent cannot be obtained. When the source individual's 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 or HIV, testing for the source individual's known HBV 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.
2. Collection and testing of blood for HBV 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 employee's 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 Hospital.

K. Information Provided to the Health Care Professional:

1. The Exposure Control and Training Consultant 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 (while the standard outlines the confidentiality requirements of the health care professional, it might be helpful for the employer to remind that individual of these requirements);
 - b. A written description of the exposed employee's duties as they relate to the exposure incident;
 - 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.

L. Health care Professional's Written Opinion:

1. The Exposure Control and Training Consultant 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.
2. 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.
3. 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.

III. LABELS AND SIGNS

- A. The Exposure Control and Training Consultant 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.
 1. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.
 2. 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.

3. Blood products that have been released for transfusions or other clinical use are exempted from these labeling requirements.

IV. INFORMATION AND TRAINING

A. The Exposure Control and Training Consultant shall ensure that training is provided at the time of 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:

1. A copy of the standard and an explanation of its contents;
2. A discussion of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the modes of transmission of bloodborne pathogens;
5. The recognition of tasks that may involve exposure;
6. An explanation of the use and limitation of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE);
7. Information on the types, uses, location, removal, handling, decontamination, and disposal of PPE's;
8. An explanation of the basis of selection of PPE's;
9. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;

12. Information on the evaluation and follow-up required after an employee exposure incident;
 13. An explanation of the signs, labels, and color coding systems.
- B. The person conducting the training shall be knowledgeable in the subject matter.
 - C. 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.
 - D. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

V. RECORD KEEPING

A. Medical Records:

1. The Exposure Control and Training Consultant is responsible for maintaining medical records as indicated below. These records will be kept _____. (If you contract for post-exposure follow-up and Hepatitis B vaccination evaluation, make sure that your contract language includes provisions for record keeping which are consistent with the requirements of 1910.20).
2. 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 vaccinations.
 - 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.

B. Training Records:

1. The Exposure Control and Training Consultant is responsible for maintaining the following training records. These records will be kept _____.
2. Training records shall be maintained for three years from the date of training. The following information shall be documented:
 - a. The dates of the training sessions;
 - b. An outline describing the materials presented;
 - c. The names and qualifications of persons conducting the training;
 - d. The names and job titles of all persons attending the training sessions.

C. Availability:

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

2. 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.

D. Transfer of Records:

1. 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 contracted for final disposition.

VI. EVALUATION AND REVIEW

- A. The Exposure Control and Training Consultant is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

VII. OUTSIDE CONTRACTORS

- A. While the written exposure control plan does not have to address information obtained from and provided to outside contractors, you may wish to establish standard operating procedures for these situations and append them to this document.

SUBLETTE COUNTY SCHOOL DISTRICT NO. 9

INFECTION CONTROL GENERAL OUTLINE

I. INTRODUCTION

- A. Job Definition
- B. How It Works: Explain Infection Control Program/ Surveillance
- C. Why It Works: Infectious Disease Control/Employee Role

II. DISEASE TRANSMISSION:

- A. Chain of Transmission
- B. Types of Transmission:
 - 1. Direct,
 - 2. Indirect,
 - 3. Airborne, and
 - 4. Vector.
- C. HBV/HIV:
 - 1. Precautionary Measures,
 - 2. Epidemiology,
 - 3. Modes of Transmission, and
 - 4. Prevention.

III. INFECTION CONTROL PRACTICES

- A. Body Substance or Disease Specific Isolation (not used here)
- B. Universal Precautions
- C. OSHA Guidelines:
 - 1. Bloodborne disease epidemiology,
 - 2. Location, use of personal protective equipment:
 - a. gloves,
 - b. gowns,
 - c. masks,
 - d. eye protection, and

e. resuscitative device.

3. Proper Work Practices:

- a. cleaning and decontamination,
- b. equipment,
- c. hand washing,
- d. handling of sharps,
- e. housekeeping, and
- f. linen.

4. Understand Universal Precautions

5. Exposure Control Plan

D. Infectious Waste

E. Hazardous Waste

F. Confidentiality/School Protocol

IV. EMPLOYEE HEALTH:

A. Health History

B. Illness

C. Injury Reporting

D. Injury Exposure - needle sticks, mucous membrane, eyes

E. Immunizations/Tests

F. TB, Rubella Titre

G. HBV for Category I Employees

SUBLETTE COUNTY SCHOOL DISTRICT NO. 9

BLOOD/BODY FLUIDS EXPOSURE CHECK LIST

Date Incident Occurred _____

Employee _____ Department _____

Where did incident occur? _____

Employee's Physician _____

Check each step when completed. ALL steps must be complete.

- _____ 1. First aid administered.
- _____ 2. Type of first aid _____.
- _____ 3. Supervisor notified.
- _____ 4. Employee initiates exposure reporting.
- _____ 5. Employee reports to nurse's office with incident report.
- _____ 6. Nurse completes report.
- _____ 7. Nurse or patient's physician will inform the source patient of the incident and obtain consent for HIV and Hepatitis B surface antigen testing.
- _____ 8. Consent for HIV and Hepatitis B surface antigen for employee obtained.
- _____ 9. Consents or refusals given to Infection Control Nurse notified.
- _____ 10. Lab complete: Source Patient _____ Refusal _____
- _____ 11. Lab complete: Employee _____ Refusal _____
- _____ 12. Incident report to Infection Control Nurse within the first 12 hours.
- _____ 13. Physician's written evaluation with recommendations 15 days after initial evaluation.

Supervisor's Signature	Date
------------------------	------

Infection Control Nurse's Signature	Date
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SUBLETTE COUNTY SCHOOL DISTRICT NO. 9
BLOOD/BODY FLUID EXPOSURE INCIDENT REPORT

Date of Incident _____

1. Supervisor _____
Notified _____ Time _____ Date _____

2. _____ 3. _____ 4. _____
Employee Name Social Security # Phone No.

5. _____ 6. _____
Address Birth Date

7. _____ 8. _____ 9. _____
Occupation Department Incident Location

10. _____ 11. _____
Type of exposure Type of body fluid/s
(i.e., stock, splash)

12. _____ 13. _____
Source Attending Physician

14. Source diagnosis _____

15. Brief description of incident _____

16. How could this incident have been avoided? _____

17. First aid measures _____

18. Have you had a Hepatitis B vaccine series _____
Date completed _____

19. Last tetanus date _____

Employee's Signature

Date

SUBLETTE COUNTY SCHOOL DISTRICT NO. 9

EMPLOYEE CRITICAL CONTACT TO

BLOOD/BODY FLUIDS

PATIENT HIV CONSENT FORM

An employee has been exposed to your blood or body fluids through an accidental needle stick injury to blood or body fluid splashing. It is the policy of Sublette County School District No. 9 to protect the employee by follow-up testing of your blood for antibodies to the HIV virus.

Your approval for testing would allow us to start follow-up promptly, if exposure to the virus occurred. There is no charge to you for the HIV test.

Here are answer to some questions you might have:

Q. What is the HIV virus?

A. It is the virus that is associated with Acquired Immune Deficiency Syndrome (AIDS).

Q. What is the test?

A. After obtaining a sample of your blood, a test is done in the laboratory. If blood has been recently drawn from you and enough has been saved, then you may not need to have more blood drawn to do this test.

Q. What does the test result mean?

A. The test is helpful in identifying persons who have been exposed to the AIDS virus. The test results, in some cases, may indicate that a person has antibodies to the virus when the person does not (a false positive), or fail to detect that a person has antibodies (a false negative). A positive blood test result does not necessarily mean that a person has AIDS or will develop AIDS. In order to diagnose AIDS, a clinical examination must be performed by your physician. Test results may take two weeks. Your physician will discuss results of the test with you and arrange additional follow-up, if needed.

Q. Who has access to the test results?

A. The results of these tests will be maintained confidentially in a separate file by Employee Health/Infection Control Department. Results of HIV testing, if negative,

are not reportable to the State of Wyoming. Disclosure of test results to physician of employee's choice will be by employee permission only.

I have no further questions and agree to have the test done.

I do not agree to have the test done.

Employee/Student's Signature _____

Parent or Guardian _____

Physician Signature _____

Date _____ Time _____

SUBLETTE COUNTY SCHOOL DISTRICT NO. 9

Employee Consent for Communicable Disease Testing
Infection Control Department

I have been informed that blood drawn by _____
_____ will be tested for the following:

The results of these tests will be maintained confidentially in a separate file by
_____. Results of HIV testing, if positive, are
required to be reported to the State of Wyoming Health Department by name. Results of
HIV testing, if negative, are not reportable to the State of Wyoming. Disclosure of test
results to physician of employee/student's choice will be by employee/student's
permission only.

Employee/Student's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

FOLLOW-UP: CHECK ONE OF THE FOLLOWING IF NECESSARY

Yes _____ No _____ I give my permission to release my test results for
Please initial your choice the following tests _____
_____ to Dr.

Employee/Student's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

If you refuse to be tested, your protection through Workman's Compensation may be
jeopardized. The testing helps to prove your status regarding HIV and gives us the
evidence that exposure occurred in the work place. However, you have the right to
refuse testing, at your own risk.

_____ I do not agree to have the test/s done.

Employee Signature Date

SUBLETTE COUNTY SCHOOL DISTRICT NO. 9

Bloodborne Pathogens Training

SUMMARY OF TRAINING:

The topics covered in our training program include, but are not limited to, the following:

1. The Bloodborne Pathogens Standard,
2. Epidemiology and symptoms of bloodborne diseases,
3. Modes of transmission of bloodborne pathogens,
4. Our facility's Exposure Control Plan (and where employees can obtain a copy),
5. Tasks and other activities that may involve exposure to blood and other potentially infectious materials,
6. Review of the use and limitations of methods that will prevent or reduce exposure, including:
 - Engineering Controls
 - Work Practice Controls
 - Personal Protective Equipment,
7. Selection and use of personal protective equipment including: Types available, proper use, location within facility, removal, handling, decontamination, disposal,
8. Visual warnings of biohazard within our facility including labels, signs and color-coded containers,
9. Hepatitis B vaccine program - efficiency, safety, method of administration, benefits of vaccination, free program, and
10. Blood/Body Fluid Exposure Policy.

INSTRUCTOR

QUALIFICATIONS

ATTENDER NAME

ATTENDER JOB TITLE

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I, _____, the undersigned, do hereby consent to allow the physicians and nurses associated with or connected with Hospital to administer to me the Hepatitis B vaccine, which is an immunization against the disease Hepatitis B. I have read the provided material about Hepatitis B and the Hepatitis vaccine. I have had the opportunity to ask questions which were answered to my satisfaction. I believe that I understand the benefits and the risks of Hepatitis B vaccination. I understand that I must have all three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune, that the vaccine will prevent me from developing Hepatitis B, or that I will not experience an adverse side effect from the vaccine.

I understand the risk of an allergic reaction. I request that the vaccine be given to me.

Contraindication: Hypersensitivity to yeast.

Signature of Vaccine Recipient	Department	Date
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Witness	Date
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Administration of First Dose

Date	Lot #	Site	Nurse
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Administration of Second Dose

Date	Lot #	Site	Nurse
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Administration of Third Dose

Date	Lot #	Site	Nurse
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SUBLETTE COUNTY SCHOOL DISTRICT NO. 9

Declination Form for Hepatitis B Vaccination

I have had an opportunity to ask questions concerning the Hepatitis B vaccine given to employees, free of charge, at this facility. The questions were answered to my satisfaction. I understand that immunization is completely voluntary. I believe I understand the benefits and risks of Hepatitis B vaccine and I choose not to receive the Hepatitis B vaccine.

DATE _____

Employee

Witness