

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN



**San Luis Coastal Unified School District
Human Resources Department
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This handbook can be found on the District network at: <W:\Human Resources\Bloodborne Pathogens>

Revision Date: July, 2018

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. INTRODUCTION

The California Code of Regulations (CCR), Title 8, Section 5193, Bloodborne Pathogens Standard, requires that the District establish, implement, and maintain a written Exposure Control Plan for all employees who are reasonably anticipated to incur occupational exposure to blood or other potentially infectious materials (OPIM). San Luis Coastal Unified School District (SLCUSD) is committed to providing and maintaining a safe and healthful workplace for employees. In pursuit of this goal, this exposure control plan has been designed to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials.

Bloodborne pathogens are microorganisms that are present in human blood and can cause disease in humans. Some pathogens can be transmitted when infected blood or other OPIM, such as semen or other body fluids contaminated with blood, come in contact with the blood of an uninfected individual. The most serious and prevalent bloodborne diseases transmitted by pathogens are Hepatitis B, Hepatitis C, and acquired immune deficiency syndrome (AIDS), which is caused by human immunodeficiency virus (HIV). In the course of work tasks, employees may be exposed to viruses through routes such as needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood or other materials. All employees who may be exposed to blood or OPIM as part of their job duties are included in this program.

II. GENERAL PLAN MANAGEMENT

The Human Resources Director will serve as the district's **Exposure Control Officer**. The Exposure Control Officer is responsible for overall management and support of the district's Bloodborne Pathogens Compliance Program. Activities include, but are not limited to:

- Overall responsibility for implementing the Exposure Control Plan, including improving, revising, and updating the plan when necessary. The Exposure Control Plan is updated annually and available to all employees on the district network under Human Resources.
- Working with management and other employees to develop and administer any additional bloodborne pathogens-related policies and practices needed to support the effective implementation of this plan.
- Maintaining an up-to-date list of district personnel requiring training.
- Ensuring education/training programs are provided as appropriate and that appropriate training documentation is maintained.

Department Managers and Supervisors are responsible for exposure control in their respective areas and will work with the Exposure Control Officer and employees to ensure that proper training and procedures are provided.

III. EXPOSURE DETERMINATION

All District job classifications in which it is reasonable to anticipate skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) are categorized according to their potential exposure; primary and secondary. Exposure determination is made without regards to the use of personal protective equipment. Employees in both exposure categories will receive the annual bloodborne pathogens training and be provided with post exposure evaluation and follow-up in the case of an exposure incident. Employees in the primary exposure category are reasonably anticipated to incur occupational exposure during the performance of their job duties due to the nature of the work they perform.

Employees in the secondary exposure category are “collateral duty first aid responders”. Tasks or procedures for employees in this category may include responding to accidental injuries and providing immediate first aid when needed. These employees can reasonably anticipate exposure because they are designated to provide first aid as a job duty.

Below are the primary and secondary classifications identified by the San Luis Coastal Unified School District.

Primary	Secondary
Certificated School Nurses	All Secretaries assigned to elementary school sites
Licensed Vocational Nurses	Secretaries assigned to secondary school sites with first aid responsibilities

IV. METHODS OF COMPLIANCE

San Luis Coastal Unified School District has established and implements the following measures to eliminate or minimize exposure to bloodborne pathogens.

A. UNIVERSAL PRECAUTIONS

Universal Precautions is an approach to infection control to treat all human blood and OPIM as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. When there is a potential contact with blood or other potentially infectious materials (OPIM), such measures as implementing engineering controls, use of personal protective equipment and thorough hand washing should be taken. All employees shall observe Universal Precautions to prevent contact with blood or OPIM. Quick Guides on Universal Precautions, Post-exposure Procedures, and Clean Up – Decontamination - Disposal procedures can be found under Appendices A, B, C.

B. ENGINEERING AND WORK PRACTICE CONTROLS

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where exposure remains after implementation of these controls, personal protective equipment shall be used. Specific methods of work practice controls include the following:

1. Staff/first aid providers who have open or weeping skin lesions must refrain from all direct patient care and from handling patient care equipment unless the lesion can be properly covered.
2. All procedures involving blood or OPIM must be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.
3. Precautions must be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures, during disposal of used needles, and when handling sharp instruments after procedures.
4. Hands must be washed with soap and water if at all practical before gloves are used, always when gloves are removed, and immediately after skin contact with blood or OPIM occurs. Appropriate antiseptic hand cleanser (towelettes) must be used when hand washing facilities are not available.
5. Although saliva has not been implicated in HIV transmission, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices must be used to minimize the need for direct contact during emergency resuscitation activities.
6. Employees are prohibited to eat, drink, smoke, apply cosmetics or lip balm, and handle contact lenses in areas of potential exposure.

7. Food and/or drink must not be stored in refrigerators that contain vaccines, blood, OPIM, or other biological materials.
8. Infectious materials must be immediately placed in a labeled container and stored in designated areas. These storage areas must be secured, maintained, and routinely inspected by the site administrator or designee.

C. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment provides protection against exposure to infectious materials and must be routinely used when contact with blood or other body fluid of any person is encountered. The body fluids of all persons must be considered potentially hazardous. Direct skin contact with all body fluids should be avoided. When there is an occupational exposure, appropriate PPE such as, but not limited to, gloves gowns, laboratory coat, face shields, or masks and eye protection, and mouthpieces shall be provided at no cost to the employee.

- PPE must be readily accessible and available in appropriate sizes.
- PPE must be properly used, cleaned, laundered, repaired or replaced as needed or discarded.
- PPE must be worn by District personnel who administer first aid involving blood or handle fluids including clean up.

Selection, Care and Use of PPE

1. Wear single-use gloves when direct contact with blood or OPIM is expected to occur and when handling or touching contaminated items or surfaces. Utility (household type) gloves may be used for housekeeping tasks such as cleaning and decontaminating after a blood spill. However, they should only be used if they are in perfect condition (i.e., no tears, cracks, punctures). Hypoallergenic gloves or other similar alternatives must be made available to employees who have an allergic sensitivity to certain materials.
2. Replace disposable (single-use) and reusable gloves as soon as possible if they are torn, punctured or when their ability to function as a barrier is compromised.
3. Prohibit the washing or decontamination of disposable (single-use) gloves for re-use.
4. Wear face and eye protection devices whenever splashes, spray, splatter or droplets of blood or other body fluids may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.
5. Wear protective clothing in instances when gross contamination can be reasonably anticipated.
6. Provide ventilation or respiratory equipment (i.e., resuscitation devices) as needed.
7. Remove PPE prior to leaving the work areas and wash hands and areas which may have had contact with fluid.

Required Supplies

The following PPE and supplies must be kept in a designated area on site. Supplies should be checked and replaced frequently. It is imperative that these supplies be available at all times for primary exposure employees.

1. Disposable CPR masks
2. Disposable (single-use) gloves
3. Moist antiseptic hand cleanser for areas without accessible water
4. Household bleach or an approved disinfectant
5. Liquid soap for hand washing (should be available in all work areas)
6. Sharps containers (puncture proof containers for disposal of used needles) that is large enough to accommodate the size of the sharp device

D. SHARPS MANAGEMENT

Sharps are defined as any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including but not limited to hypodermic needles, syringes, blades and needles with attached tubing, and broken glass items, such as pipettes and blood containers which are contaminated with other medical waste.

Contaminated needles and other sharps shall not be bent, recapped, or removed from devices. Shearing or breaking of contaminated needles or other contaminated sharps is prohibited. Contaminated sharps or other sharps must be discarded immediately or as soon as feasible in containers that are easily accessible to personnel and located as close as possible to the immediate area where sharps are used or reasonably anticipated to be found. When discarding contaminated sharps, place them in containers that are closeable, puncture-resistant, appropriately labeled and color coded, and leak-proof during handling, storage, and transport.

School nurses will consolidate sharps from epi-pens and diabetic injections and send away for disposal. Red sharp containers are secured in a central accessible location that denies access to unauthorized persons.

E. HOUSEKEEPING

Clean Up Procedures

All equipment and work surfaces shall be cleaned and decontaminated by trained personnel immediately after contact with blood or OPIM, using the following cleaning procedures:

1. Don appropriate personal protective equipment (i.e. gloves)
2. Wipe up any infectious material with paper towels and dispose it as contaminated material. Body fluids such as urine, feces, vomit not contaminated with blood, can be disposed using conventional methods.
3. An EPA labeled disinfectant that has been approved by the District shall be used for cleaning surfaces which are contaminated with blood. Follow the manufacturer's directions for use.
4. Ensure that the disinfectant is provided adequate contact time with the all contaminated surfaces per the manufacturer's directions. Rinse the area with water to prevent possible corrosion only after the prescribed contact time on the label has been met.
5. If a mop, broom, or dust pan is used in the clean-up, rinse it in the disinfectant solution.
6. All bins, pails, cans and similar receptacle which may be contaminated shall be inspected each time before discarding contents. If receptacle is found to be contaminated with blood or OPIM, it shall be immediately cleaned and decontaminated.

Disposal Procedures

1. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable; puncture resistant; leak proof on sides and bottom; and labeled. Sharps containers are ready for disposal when they are no more than $\frac{3}{4}$ full. Sharps waste shall not be combined with any other wastes, such as expired medication.
2. Other regulated medical waste shall be placed in containers which are closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping; labeled and color-coded; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. The following categories of waste require special handling and are determined to qualify as regulated medical waste:
 - a. Liquid or semi-liquid blood or OPIM

- b. Items which would release blood or OPIM in a liquid or semiliquid state if compressed
 - c. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.
3. Body waste products, i.e., urine and feces without blood, are not included in the of OPIM. Waste containing non fluid blood (sanitary napkins, dressings, gauze, cotton rolls, drapes, or other body fluids that can be contained in the absorbent material and not flake off) is not medical waste and can be thrown away in the regular trash.

Labeling

Warning labels shall be affixed to containers of regulated waste and other containers used to store, transport or ship blood or other potentially infectious materials. Labels shall be fluorescent orange or orange-red with the biohazard symbol or "BIOHAZARDOUS WASTE" lettering in a contrasting color. Labels must conform to the California Code of Regulations, Title 8, Section 3340, Accident Prevention Signs.

F. HEPATITIS B VACCINATION PROGRAM

Employees in the primary exposure job classification shall be offered Hepatitis B vaccination series. The vaccinations will be available at no cost to the employee, provided by or under the supervision of a licensed physician, and in accordance to the recommendations of the U.S. Public Health Service. The vaccination shall be made available after the employee has received the training in occupation exposure and within 10 working days of initial assignment. However, the vaccination may be declined if the employee has previously received the complete Hepatitis B vaccination series; antibody testing has revealed that the employee is immune; the vaccine is contraindicated for medical reasons; or the employee does not wish to be vaccinated.

The Hepatitis B vaccine is administered by injection in three separate doses. The first two doses are given one month apart, and the third dose six months after the first. All employees who decline the Hepatitis B vaccination shall sign the Hepatitis B Vaccination Consent-Declination Form (Appendix D), indicating their refusal. If the employee initially declines the 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. Contact the Human Resources Department for information regarding the Hepatitis B vaccination.

G. EXPOSURE INCIDENT

An exposure incident is defined as a specific exposure to mucous membranes of the eye, nose, and mouth; non-intact skin; or parenteral contact with blood or other OPIM that results from the performance of the employee's duties. All employees who incur an exposure incident will, within 24 hours, be offered a confidential post-exposure evaluation and follow-up in accordance with the Cal/OSHA standard. All exposure incidents shall be reported, investigated, and documented using the follow procedures:

1. Perform immediate first aid procedures (such as thorough washing of skin or flushing of mucous membranes, or bleeding from puncture wounds)
2. Employee shall notify site administrator or school nurse immediately at the time of exposure.
3. Site administrator or designee shall fill out the Bloodborne Pathogens Exposure Report (Appendix E)to document the exposure incident and make an exposure determination immediately. Site administrator or designee will give a copy to the employee to take to the doctor and send the report to Human Resources immediately.

4. Site administrator or designee must also attempt to identify and provide documentation of the potential transmitter to facilitate risk assessment of the infection status of individual's blood. The transmitter's blood shall be tested as soon as feasible and after consent is obtained to determine HBV, HCV, and HIV infectivity. Site administrator or designee shall complete the Potential Transmitter Medical Evaluation Consent Form (Appendix F) and get consent or refusal for treatment.

**Note – Confidentiality is both a medical and legal requirement. Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the protection and confidential handling of protected health information. Individuals in violation of this regulation are subjected to fine of up to \$50,000, as well as imprisonment up to one year. Offenses committed under false pretenses allow penalties to be increased to a \$100,000 fine, with up to five years in prison. Finally, offenses committed with the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain or malicious harm permit fines of \$250,000, and imprisonment for up to ten years.*

5. Site administrator shall notify Worker's Compensation Coordinator in Superintendent's office immediately. Employee should see the Coordinator in person as soon as possible.
6. The District's Workers' Comp Coordinator shall provide the employee with:
 - a. Information regarding where to go to get medical evaluation and/or treatment.
 - b. Medical Services Letter to bring to the doctor (Appendix H)
7. Employee should seek a medical evaluation and counseling from a District authorized doctor, clinic, or hospital as soon as feasible and be tested after consent is provided. The employee will be offered the option of having his/her blood tested immediately for HBV, HCV, and HIV serological status. Medical evaluation and counseling will be based on the information provided on the Bloodborne Pathogens Exposure Report (Appendix E). Results of the potential transmitter's blood testing will be provided to the employee from the authorized doctor, clinic or hospital, if available. Any medical records relevant to the appropriate treatment of the employee including Hep B vaccination status will be forwarded to the evaluating health care professional.
8. Within one day of incident, employee and site administrator must complete Employee Report of Injury or Illness (Appendix G) and send the report to the Worker's Compensation Coordinator in the Superintendent's Office.
9. The evaluating health care professional will provide a copy of the medical evaluation to the employee and to the district within 15 days of completion of the evaluation.

H. TRAINING

Employees in the primary and secondary categories shall be trained regarding bloodborne pathogens at the time of initial assignment, annually thereafter, and when changes such as the introduction of new engineering, administrative or work practice controls, modification of tasks or procedures, or institution of new tasks or procedures affect the employee's occupational exposure are introduced. Site administrator shall ensure employees receive the bloodborne pathogens training. The training shall be documented and shall include the following elements:

1. Accessible copy of the standard and an explanation of its contents
2. Discussion of the epidemiology and symptoms of bloodborne pathogens
3. Explanation of the modes of transmission of bloodborne pathogens
4. Explanation of the District's Bloodborne Pathogens Exposure Control Plan and method for obtaining a copy
5. Recognition of tasks that may involve exposure
6. Explanation of the use and limitations of methods to reduce exposure (e.g., engineering controls, work practices, personal protective equipment)

7. Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment
8. Explanation of the basis of selection of personal protective equipment
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. Explanation of the procedures to follow if an exposure incident occurs, including the method reporting medical follow up.
12. Information on the post-exposure evaluation and follow-up required after an employee exposure incident.
13. Explanation of the signs, labels, and other color coding systems
14. An opportunity for interactive question and answers with the person conducting the training.

I. RECORD KEEPING PROCEDURES

Medical Record Keeping

The Human Resources Department is responsible for storing and maintaining medical records related to bloodborne pathogen exposure. Medical records shall be maintained in accordance with California Code of Regulations, Title 8, Sections 3204, Access to Employee Exposure and Medical Records. Medical records must be maintained for the duration of employment plus 30 years. All records pertaining to bloodborne pathogen exposure must be forwarded to the Human Resources Department. The records shall include the following:

1. Bloodborne Pathogens Exposure Report (Appendix E)
2. A copy of the Employee Report of Injury and Illness (Appendix G)
3. A copy of the Hep B consent-declination form
4. A copy of the information returned from the health care professional (Appendix H or separate documentation from provider)
5. A copy of the Potential Transmitter Medical Evaluation Consent Form (Appendix F)

Confidentiality of Medical Records

The medical records shall be kept confidential. The contents shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law. Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the protection and confidential handling of protected health information. Individuals in violation of this regulation are subjected to fine of up to \$50,000, as well as imprisonment up to one year. Offenses committed under false pretenses allow penalties to be increased to a \$100,000 fine, with up to five years in prison. Finally, offenses committed with the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain or malicious harm permit fines of \$250,000, and imprisonment for up to ten years.

Training Records

The Human Resources Department is responsible for maintaining training records. Training records are to be kept on site for five years from the date of training and shall include the following information:

1. Dates of training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions

Availability

An employee's medical record shall be provided upon request from the Human Resources Department for examination and copying to the employee, to anyone having written consent of the employee, to CAL/OSHA and National Institute of Occupational Safety and Health (NIOSH). The Sharps Injury Log and employee training records shall be made available to the employee, employee's designated representative, Office of Environmental Health and Safety, Cal/OSHA, and NIOSH.

APPENDIX A
San Luis Coastal Unified School District

BLOODBORNE PATHOGEN QUICK GUIDE

UNIVERSAL PRECAUTIONS

Infected persons may not always know that they are infectious or may not wish to share this information with others. Therefore, these precautions should be used in all situations when handling blood and body fluids. These precautions are appropriate to prevent the spread of all infectious diseases.

1. Wash hands with soap and water.
2. Wear gloves when there is potential contact with blood or body fluids.
3. Clean up blood and body fluids first with a District approved EPA labeled disinfectant.
4. Dispose of contaminated materials in double plastic bags.
5. Use protective barrier devices for cardiopulmonary resuscitation (CPR) administration.

HAND WASHING / SANITIZING

1. **WET** your hands with clean, running water (warm or cold), turn off the tap and apply soap.
2. **LATHER** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
3. **SCRUB** your hands for at least 20 seconds.
4. **RINSE** your hands well under clean, running water.
5. **DRY** your hands using a clean towel or air dry them.

Hand sanitizers are not as effective when hands are visibly dirty or greasy.

How do you use hand sanitizers?

1. Apply the product to the palm of one hand (read the label for the correct amount).
2. Rub your hands together.
3. Rub the product over all surfaces of your hands and fingers until hands are dry.



APPENDIX B
San Luis Coastal Unified School District

BLOODBORNE PATHOGEN QUICK GUIDE

POST-EXPOSURE PROCEDURE

Examples of exposure incidents are: a prick with a contaminated needle, blood splashing on the mucous membranes (eyes, nose, mouth) or blood splattering on skin with open cuts or scrapes that result from the performance of the employee's duties.

What should I do after an exposure incident?

In the event of an exposure incident, the site administrator or designated employee shall immediately:

1. Perform immediate first aid procedures (see Bloodborne Pathogen Quick Guide on Clean up-Decontamination - Disposal)
2. Notify site administrator or school nurse immediately
3. Site administrator or designee shall fill out the Bloodborne Pathogens Exposure Report (Appendix E). Give a copy to the employee, and send the report to Human Resources immediately.
4. Site administrator or designee must also attempt to identify and provide documentation of the potential transmitter. Site administrator or designee shall complete the Potential Transmitter Medical Evaluation Consent Form (Appendix F) and send to Human Resources.
5. Notify Worker's Compensation Coordinator in the Superintendent's office immediately. Employee should see the Coordinator in person as soon as possible, as documentation will be provided that is necessary to take to the doctor, along with the Bloodborne Pathogens Exposure Report.
6. Within one day of incident, employee and site administrator must complete Employee Report of Injury or Illness (Appendix G) and send the report to the Worker's Compensation Coordinator in the Superintendent's Office.

Medical information regarding the incident is CONFIDENTIAL and must not be included in the site's written report or discussed.

For further information regarding bloodborne pathogens, talk to your school nurse, Student Services department, Human Resources Department or your own physician.

APPENDIX C
San Luis Coastal Unified School District

BLOODBORNE PATHOGEN QUICK GUIDE

CLEAN UP - DECONTAMINATION - DISPOSAL

All equipment and work surfaces contaminated by blood, blood contaminated body fluid, and other potentially infectious material (OPIM) must be cleaned and decontaminated by trained personnel.

CLEANING PROCEDURES:

1. Trained personnel must wear personal protective equipment (gloves, aprons, etc) to clean contaminated areas.
2. Clean contaminated area with soap and water. If contaminated surface or items are porous such as cardboard boxes, then such items must be disposed of.
3. Decontaminate the surface with a District approved EPA labeled disinfectant capable of killing viruses and bacteria.
4. Allow the decontamination solution to remain on surface for at least the minimum contact time printed on the label or in the manufacturer's directions, then rinse.
5. Decontaminate all non-disposable cleaning equipment (mops, buckets, etc.) with the disinfectant.

REGULATED MEDICAL WASTE DOES NOT INCLUDE URINE, FECES AND VOMIT, DISPOSABLES CONTAINING NON-FLUID BLOOD SUCH AS SANITARY NAPKINS, DRESSINGS, GAUZE, OR COTTON ROLLS WITH SMALL AMOUNTS OF DRIED BLOOD OR OTHER BODILY FLUIDS THAT ARE CONTAINED IN THE ABSORBANT MATERIAL AND DO NOT FLAKE OFF.

APPENDIX D
San Luis Coastal Unified School District
INFORMATION ABOUT THE HEPATITIS-B VACCINE

Introduction: Your position has been identified as one in which you can reasonably anticipate occupational exposure to Bloodborne Pathogens, including Hepatitis-B.

Hepatitis-B is caused by the Hepatitis-B virus which is transmitted by needle puncture or through mucosal surfaces (mouth, eye, genital tract). The lifetime risk of Hepatitis-B is about 5% for the general population. Healthcare workers, however, have an increased risk (up to 20% over a lifetime) because of frequent blood exposure. Most people with Hepatitis-B recover completely, but 1% to 2% die and 5% to 10% become chronic carriers of the virus. Chronic carriers may have no symptoms or may have chronic liver disease leading to cirrhosis. An association has also been demonstrated between chronic Hepatitis-B carriers and liver cancer.

Hepatitis-B Vaccine:

The vaccine is given in a series of three shots (in the arm) over a period of six months. The vaccine is over 90% effective in protecting against Hepatitis B. It is not known exactly how long the vaccine will give protection, but it is estimated to be over 10 years. Six weeks after the third immunization, a blood test will be taken to be sure that the vaccine was effective. The vaccine will not be given to any employee with a known hypersensitivity to yeast. Employees with a history of severe allergies or other major medical problems should discuss the vaccine with their physician. The vaccine should not be given to pregnant or nursing women.

Possible Side Effects of Hepatitis-B Vaccine:

Mild soreness and redness at the infection site may occur. Fever, nausea, rash, headache, fatigue and joint pain have been reported. No serious side effects have been seen from the vaccine so far, but the possibility exists that other side effects may be seen with more extensive use. Immediate hypersensitivity reactions have been reported.

If you have questions regarding Bloodborne Pathogens and the Hepatitis-B vaccine, contact Nursing Services at 549-1218.

CONSENT – DECLINATION FORM

I have read the above statement about Hepatitis-B and the Hepatitis-B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of Hepatitis-B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse effect from the vaccine.

I request the district provide me the Hepatitis-B vaccine at no charge to myself.

I have already been vaccinated with the Hepatitis-B vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to myself.

I decline the request for the district to provide me the Hepatitis- B vaccine at no charge to myself.

Print Name

Position and Work Site

Signature

Date

Appendix E

Bloodborne Pathogens Exposure Report

San Luis Coastal Unified School District

INCIDENT DETAILS	
Date of Incident:	Time of Incident:
Location/Site of Incident:	
Name of Exposed Employee:	
Were others similarly exposed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name the other person(s): _____	
Potentially infectious materials involved: <input type="checkbox"/> Needle <input type="checkbox"/> Lancet <input type="checkbox"/> Glass <input type="checkbox"/> Blood or other body fluids <input type="checkbox"/> Other (please specify) _____	
Route of Exposure (skin puncture, mucous membrane, broken skin, etc):	
Source individual (if able to determine):	
Personal Protective Equipment or clothing being used at the time of the incident: (i.e. gloves, etc):	
Description of Incident (circumstances and causes – accident, equipment malfunction, etc) <i>Use additional sheets of paper if more space is needed.</i>	

RESPONSE DETAILS
List all first aid providers who rendered assistance:
First aid procedures performed:
Other actions taken (clean up, decontamination, reporting to administration):
Has the employee had the Hep B vaccination series? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
What kind of training has the employee received?

EXPOSURE DETERMINATION
An exposure incident as defined under Cal-OSHA Standards, means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.
Based on the information provided above, it has been determined that:
____ An exposure incident DID occur. A full medical evaluation and follow-up was offered to the employee.
____ An exposure incident did NOT occur.

School Site Administrator or designee Employee Date

Appendix F
San Luis Coastal Unified School District

POTENTIAL TRANSMITTER MEDICAL EVALUATION CONSENT

Print name of potential transmitter	
Date of Incident:	Contact Information:
School Site / Work Location	
Name(s) of the person with whom the bloodborne pathogen contact was made:	

For Office Use Only	
<input type="checkbox"/> Potential Transmitter has agreed to testing.	
<input type="checkbox"/> Potential Transmitter has refused to be tested.	
<input type="checkbox"/> Source cannot be found or identified.	
Signature of site administrator or nurse	Date
Print name of site administrator or nurse	

APPENDIX G

San Luis Coastal Unified School District

San Luis Coastal Unified School District

Business Services Phone: 549-1206 Fax: 549-9074

Please do not write in this space.

OSHA # _____ DOH _____

Sal _____ Per _____

Use back/additional sheets to provide as much detail as possible. Send to Assistant Superintendent, Business Services with a copy to the Maintenance and

EMPLOYEE'S REPORT OF INJURY OR ILLNESS

Name _____ Birth Date _____

Job Title _____ School/Department _____

Phone Home _____ Cell _____ Email _____

Other Jobs/Positions (*coach, department chair*) _____

Work Day - From _____ a.m. p.m. To _____ p.m. # Hrs _____ (*e.g., 4 1/2, 7, 8*) # Days per wk _____

Date of event _____ Time _____ Time started work that day _____

Location of event (*site, room, etc.*) _____

Potentially infectious materials involved: Type _____ Source: _____

What were you doing when event occurred? (*Be specific; e.g., lifting student, unloading truck, walking to office.*)

Equipment, materials, chemicals you were using. _____

Specifically, how did event occur? _____

Describe injury or illness, body parts, and condition. (*e.g., cut right index finger, pulled muscle in mid back on right side.*)

Whom did you report event to? _____

List all witnesses. _____

Have you ever sustained an injury/illness to this part of your body before? Yes No (*If no, skip next 2 questions.*)

Explain any previous condition that may have been aggravated by this incident. _____

Name and address of medical providers you have seen for these previous conditions. _____

Do you believe something could have been done to prevent this event? Yes (*If yes, explain below.*) No

Describe any safety hazard(s) you observed. _____

I have been offered medical treatment, but I do not wish to go to a doctor at this time. (*You may seek medical attention later if condition warrants. Notify your supervisor/designee, complete claim form, and get authorization before going.*)

I require medical treatment at this time. I am going to _____
(*Clinic name and city from SIPE Recommended Clinics list.*)

I require medical treatment at this time and will go to my **predesignated** personal physician. _____
(*Predesignation MUST be verified with Office of Assistant Superintendent, Business Services, [549-1206] prior to appointment.*)

I certify that the foregoing is true and correct.

Injured Worker's Signature

Date

APPENDIX H

Medical Services Letter



San Luis Coastal Unified School District
Human Resources Department
1500 Lizzie Street
San Luis Obispo, CA 93401
(805) 549-1233 Fax (805) 543-7087

Today's Date: _____

Name of Employee:	Position:
Job Location:	Date/Time of Injury:

Dear Doctor:

The above named employee has been referred to you for an evaluation of a possible work related exposure to blood or other potentially infectious materials. The Bloodborne Pathogen standard requires that you, as a health care professional evaluating this employee, provide a written opinion to the employer within 15 days of the completion of the evaluation. Please use the back side of this letter to give us your Written Opinion on the initial Hep B determination of:

- a. Whether a Hepatitis B vaccination is indicated for the employee; if the vaccination series has been initiated during this medical visit; and if the employee has been informed of a follow-up plan.

We understand that the complete process to develop your post-exposure evaluation opinion could take up to 6 months. So that we can meet the requirements of the law at the completion of the evaluation, please fill out the attached Case Closure Report at that time, and send it to us:

- b. Whether the employee has been informed of the results of the evaluation; and
- c. Whether the employee has been told about any potential pertinent medical conditions that might result from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Please forward your initial Written Opinion to my office within 15 days of the evaluation so that compliance with OSHA regulations can be upheld. Please note that the regulations do not require testing or treatment for conditions not covered by the standard, which focuses primarily on Hepatitis B, Hepatitis C, and HIV infections. Please use reasonable judgment when recommending additional testing and/or treatment for the exposure presented. Thank you.

Sincerely,

Christin L. Newlon

Christin L. Newlon,
Director of Human Resources

APPENDIX H

Response to Medical Services Letter Written Opinion – Hepatitis Vaccination



Please check the appropriate box for each question:

Is a Hepatitis B vaccination indicated for the employee? Yes No Unknown
(District will attach records if available)

Is further information required in order to answer this question? Yes No

Has the employee started the Hep B series during this medical visit? Yes No

Has the employee been informed of a follow-up plan? Yes No

Comments:

Name of Medical Provider _____ Title: _____
(please print)

Signature: _____ Date: _____

Please return completed form to:
San Luis Coastal Unified School District
Human Resources Department
1500 Lizzie Street
San Luis Obispo, CA 93401

APPENDIX H

Response to Medical Services Letter Written Opinion – Case Closure Report



Employee/Patient Name:	Today's Date:
Please check the appropriate box for each question:	
Has the employee completed the Hep B series, if it was indicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee been informed of the currently available results of your medical evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a known identifiable source for the employee's "exposure"? If YES, has the source's lab results been discussed with the employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A*
Given the information at the closure of your case, has the employee been told about the potential pertinent medical conditions that might result from exposure to blood or other potentially infectious materials, which require further evaluation or treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If Not Applicable (N/A) was selected, please explain this answer in the Comments section.

Comments:

Name of Medical Provider _____ Title: _____
(please print)

Signature: _____ Date: _____

Please return completed form to:
San Luis Coastal Unified School District
Human Resources Department
1500 Lizzie Street
San Luis Obispo, CA 93401