

**STONINGTON PUBLIC SCHOOLS
Bloodborne Pathogens Exposure Control Plan**

Personnel -- Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens

Exposure Control Plan Regulation

This regulation is designed to assist the Stonington Public Schools in the event of exposure to bloodborne pathogens. It identifies the tasks, types of procedures and job classifications where exposure to blood and other infectious materials may occur. It also sets forth a procedure to follow to evaluate the circumstances surrounding exposure incidents.

The following categorizes employees and the tasks a person may perform as part of their job where exposure to blood or other infectious materials may occur.

1. Category I

A. Tasks:

That involve exposure to blood, body fluids, or tissue. All procedures or other job related tasks that involve an inherent potential of mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them, are Category I tasks. Use of appropriate protective measures will be required for every employee engaged in Category I tasks.

B. Employees:

- (1) Nurses
- (2) Custodians
- (3) Coaches
- (4) Paraprofessionals

2. Category II

A. Tasks:

That involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks. The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures should be readily available to every employee engaged in Category II tasks.

B. Employees:

- (1) Administrators
- (2) Teachers

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Exposure Control Regulation (continued)

3. Category III

A. Tasks:

That involve no exposure to blood, body fluids, or tissues, and Category I tasks are not a condition of employment. The normal work routine involves no exposure to blood, body fluids, or tissues. Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid, but could be potentially exposed in some other way.

B. Employees

- (1) Office Workers
- (2) Secretaries
- (3) Cafeteria Workers

Employee Exposure

The following is a list by Category and job; the types of exposure to infectious materials an employee may come into contact with.

1. Category I Employees

A. Nurses

- (1) Blood
- (2) Vomitus
- (3) Urine
- (4) Feces
- (5) Respiratory Secretions
- (6) Saliva
- (7) Tears
- (8) Drainage from scrapes and cuts

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Employee Exposure

1. Category I Employees (continued)

B. Custodians

- (1) Blood
- (2) Vomitus
- (3) Urine
- (4) Feces

C. Coaches

- (1) Blood
- (2) Vomitus
- (3) Tears
- (4) Saliva
- (5) Drainage from scrapes and cuts

D. Paraprofessionals

- (1) Blood
- (2) Vomitus
- (3) Tears
- (4) Respiratory Secretions
- (5) Urine
- (6) Feces

2. Category II Employees

A. Administrators

- (1) Blood
- (2) Vomitus
- (3) Tears

B. Teachers

- (1) Blood
- (2) Vomitus
- (3) Tears
- (4) Respiratory Secretions

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Potential Extent and Routes of Exposure

1. **Category I Employees** - Nurses, custodians, coaches and paraprofessionals could be exposed.
2. **Category II Employees** - Teachers may be exposed.
3. **Category III Employees** - Administrators may be exposed.

The most likely route of exposure in all cases will be a break in the skin integrity.

Exposure Protection for Employees

Guidelines for Handling Body Fluids in School

The following guidelines are meant to provide simple and effective precautions against transmission of disease for all persons, including pregnant women, potentially exposed to the blood or body fluids of any student. No distinction is made between body fluids from students with a known disease or those from students without symptoms or with an undiagnosed disease.

1. The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term "body fluids" includes:

Blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g., nasal discharge) and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made with it.
2. It must be emphasized that with the exception of blood, which is normally sterile, the body fluids with which one may come in contact usually contain many organisms, some of which may cause disease. Furthermore, many germs may be carried by individuals who have no symptoms of illness. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents including the AIDS and hepatitis viruses. In fact, transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized carriers because simple precautions are not always carried out.

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Transmission Concerns in the School Setting

Body Fluid-Source	Organism of Concern	Transmission Concern
Blood - cuts/abrasions - nosebleeds - menses - contaminated needle	Hepatitis B virus AIDS virus Cytomegalovirus	Blood stream inoculation through cuts and abrasions on hands Direct blood inoculation
Feces - incontinence	Salmonella bacteria Shigella bacteria Rotovirus Hepatitis A virus Giardia	Oral inoculation from contaminated hands
Urine - incontinence	Cytomegalovirus	Bloodstream and oral inoculation From contaminated hands
Respiratory Secretions - saliva - nasal discharge	Mononucleosis virus Common cold virus Influenza virus	Oral inoculation From contaminated hands
*Vomit	Gastrointestinal Viruses (e.g., Norwalk agent Rotovirus)	Oral inoculation From contaminated hands
Semen	Hepatitis B virus AIDS virus Gonorrhea	Sexual contact (intercourse)

*Possible transmission of AIDS and Hepatitis B is of little concern from these sources unless blood or inflammation is present.

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Methods of Protection

1. What should be done to avoid contact with body fluids?

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in at least the office of the custodian, nurse, or Principal. Gloves are recommended when direct contact with body fluids is anticipated (e.g., treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). If extensive contact is made with body fluids, hands should be washed afterwards. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

2. What should be done if direct skin contact occurs?

In many instances, unanticipated skin contact with body fluid may occur in situations where gloves may be immediately unavailable (e.g. when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Clothing and other non-disposable items that are soaked through with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove stains such as blood and feces, use gloves to rinse or soak the item in cold water prior to bagging. Clothing should be sent home for washing with appropriate directions to parents (see laundry instructions for clothing soiled with body fluids). Contaminated disposable items such as tissues, paper towels, diapers, should be handled as with disposable gloves.

3. How should spilled body fluids be removed from the environment?

The standard procedure of applying sanitary absorbent agents specifically intended for cleaning body fluid spills should be followed. Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.

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Methods of Protection (continued)

4. Hand-washing Procedures

Proper hand-washing requires the use of soap and water and vigorous washing under a stream of running water for approximately 10 seconds. Soap suspends easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to thoroughly dry hands.

5. Disinfectants

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Stonington Public School custodians will follow established SPS protocols for blood borne pathogen clean up. A list of all cleaning products used by Stonington Public School custodians may be obtained from the SPS Facilities Manager.

6. Disinfection of Hard Surfaces and Care of Equipment

After removing the soil, a disinfectant is applied. Mops should be soaked in the disinfectant after use and washed thoroughly with hot water. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (dust pans, buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles.

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Methods of Protection (continued)

7. Disinfection of Rugs

Apply sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove with dust pan and broom, then apply rug shampoo (a germicidal detergent) with a brush and a vacuum. Rinse dust pan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of nonreusable cleaning equipment as noted above.

8. Laundry Instructions for personal protective equipment (PPE)

All PPE will be laundered, cleaned and disposed of by the employer at no cost to the employee. SPS utilizes Suburban Cleaners to launder all PPE.

9. Material Safety Data Sheets (MSDS)

Copies of MSDS for all hazardous chemicals, to which employees are exposed, or potentially exposed, will be kept in the nurse's office. MSDS will be readily available to all employees during each work shift.

Communication of Hazards to Employees

1. Labels and signs

- A. Labels will be affixed to containers of regulated waste.
- B. Red bags or containers may be substituted for labels.

Information and Training

- 1. Training sessions will be mandated for all new employees.
- 2. Annual review training sessions will be held either at a faculty meeting or as part of the In-Service training in Stonington Public Schools. Annual reviews could be carried-out on a building level.
- 3. Notices will be posted, attendance taken, indicating who is present and who is offering the training session, and minutes or some other record of what is discussed will be kept.

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Information and Training (continued)

4. Training elements will include:

- A. An explanation of the contents of the regulatory standard.
 - B. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - C. An explanation of the modes of transmission of bloodborne pathogens.
 - D. An explanation of the employer's exposure control plan.
 - E. An explanation of appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - F. An explanation of the use and limitations of methods that will prevent or reduce exposure (hand-washing, gloving, universal precautions).
 - G. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
 - H. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - I. An explanation of the procedure to follow if an exposure incident occurs including the method of reporting the incident and the follow-up that will be made available.
 - J. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 - K. An opportunity for interactive questions and answers with the person conducting the training session.
 - L. Copies of the regulation will be available upon request.
5. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge, will be given to all new Category I employees at the time of employment.

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Universal Precautions

Universal precautions are intended to prevent occupational exposure to a bloodborne infectious agent through contact with blood and other potentially infectious materials. Since blood is the single most important source of a bloodborne infectious agent (such as HIV OR HBV) in the occupational setting, one should assume that all blood, or body fluids containing visible blood, may carry an infectious agent. Universal precautions require that gloves be used for touching blood, or body fluids that contain visible blood, whenever possible. Gowns or protective clothing should be used if soiling of clothing with blood or blood-containing body fluids is likely. Protective eyewear or face shields may be needed when there is risk of splattering or splashing blood, or body fluids containing blood, into the eyes, mouth or nose during certain procedures.

Disposable gloves (non-sterile or sterile), either latex or vinyl, provide barrier protection for both the student and the hands of the caregiver during performance of tasks when contact with blood, or body fluids containing blood, is likely. These gloves must never be washed or cleaned with the intent to reuse. Soaps and disinfectants can cause deterioration or increase permeability of disposable gloves. Clean disposable gloves must be used for each task, removed as soon as the task is completed and disposed of appropriately. This activity should be immediately followed by routine hand-washing.

General purpose utility gloves (rubber gloves) for housekeeping chores which involve potential contact with blood or body fluids may be decontaminated after contact and reused but should be discarded if there are any signs of deterioration such as: holes, peeling, cracking or discoloration.

Universal precautions do not apply to saliva. General infection control practices do recommend the use of gloves for examination of the mucous membranes, endotracheal suctioning, or when caregiver's hand(s) must enter a student's mouth to perform a specific treatment. Gloves need not be worn when feeding or wiping saliva or nasal discharge with a tissue.

Universal precautions do not apply to urine, feces, nasal secretions, sputum, sweat, tears or vomitus unless visible blood is present. However, general infection control practices (for the prevention of transmission of other types of infectious agents) do recommend the use of gloves when diapering, assisting with toileting, changing a dressing on a draining wound, or cleaning soiled articles of clothing.

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Work Practice Controls

The following work practice controls are in place in Stonington Public Schools:

1. **HANDWASHING** is required and employees have been instructed in this procedure, and know where facilities are located.
2. **RECAPPING OF SHARPS** and bending and breaking of needles is prohibited. Employees have been trained in these procedures.
3. **DISPOSAL OF SHARPS** - after use, all sharps are placed in appropriate receptacles for reprocessing or disposal. the containers meet the requirements as outlined by OSHA Regulations for Engineering Controls. Employees have been trained in these procedures and have been instructed not to overfill containers.
4. **EATING, DRINKING, SMOKING, APPLYING COSMETICS AND HANDLING CONTACT LENSES** is prohibited in work areas where there is any risk of occupational exposure. Employees have been informed of this rule.
5. **STORAGE OF FOOD AND DRINK** is prohibited in places where potentially infectious materials are kept. This applies to refrigerators, freezers, shelves, cabinets, countertops and benchtops. Employees have been informed of this rule.
6. **SHARP CONTAINERS** are puncture and leak-proof. Staff has been instructed to close the containers when they are moved to prevent spillage.
7. **CLOSABLE, LEAKPROOF CONTAINERS** with the appropriate color coding are available for all other regulated waste such as disposable gloves or bloodied bandages.

Personal Protective Equipment

1. **DISPOSABLE GLOVES** - in appropriate sizes, are available in the Health Office for all employees at-risk for exposure, for use at their discretion.
2. **UTILITY GLOVES** - are available for all housekeeping and other staff, from the custodian. They are checked for cracks before each use and replaced as necessary.
3. **FACE PROTECTION** - is available in the Health Office in the form of goggles.

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Personal Protective Equipment (continued)

4. **GOWNS AND APRONS** - are sent to the schools as needed.

Housekeeping

1. Employees are responsible for ensuring that equipment or surfaces are cleaned with appropriate disinfectant and decontaminated immediately after a spill or leakage occurs and at the end of the work shift.
2. Staff has been instructed never to pick up by hand any **BROKEN GLASSWARE** that may be contaminated. A brush, dust pan, forceps and/or tongs will be available for this purpose. The implements used for these purposes are cleaned and decontaminated if the glass container held any material.
3. Sharps containers are closable and puncture and leak-proof. Staff has been instructed not to overfill the containers. Staff has been instructed to close the container when it is moved to prevent spillage.

Hepatitis B Vaccine

All employees identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials, unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine but who later wish to have it may then have the vaccine provided at no cost.

It will be the responsibility of the school nurses and/or the Principals to assure that the vaccine is offered to the employee. It will also be the responsibility of these persons to obtain a waiver from the employee in the case of refusal of the vaccine by the employee.

The vaccine will be administered by a duly licensed representative of the district. (i.e., a physician or nurse)

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Exposure Incident Reporting

When an exposure incident occurs, the involved employee will report the incident to the school Principal. The Principal then directs the employee to the school nurse in that building. The Principal provides the nurse with a copy of the OSHA standard and the employee's job description. The nurse prepares an incident report, detailing the source, route, and circumstance of the exposure, the source individual's HBV/HIV status (if known) and the exposed employee's Hepatitis B vaccine status and other relevant medical information. School nurse will complete forms appendix I, II and III after an exposure incident occurrence. The events are also documented on the OSHA 300 and 301 forms by Facility Manager, if applicable.

STRICTLY ON A CONFIDENTIAL BASIS, the school nurse then evaluates the exposure incident and refers employee to Occupational Health Department at Pequot Medical Center, or their own physician. The school nurse acts as a resource person in providing counseling and post-exposure prophylaxis for the exposed employee.

The attending physician then sends only his/her written opinion of the exposure to the Superintendent, or his/her designee, documenting that the employee was notified of the evaluation results, where permission was given to do so, the need for any further follow-up and whether Hepatitis B vaccine is indicated and if it was received.

The Superintendent then provides a copy of the attending physician's written opinion to the employee within 15 days of the completed evaluation.

The exposed employee has the right to refuse blood collection and/or testing. If the exposed employee gives consent for blood collection but not for HIV testing, the blood is kept for 90 days, during which time the employee can choose to have the sample tested.

All evaluations, medical follow-ups, counseling and evaluations of reported illnesses are provided at no cost to the exposed employee.

All required laboratory tests are done by an accredited laboratory at no cost to the exposed employee.

If the source individual is known to be infected with HIV OR HBV, blood testing is not required of that individual.

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Exposure Incident Reporting (continued)

When at all possible, the exposed employee is informed of the results of the source individual's blood testing and the applicable laws governing disclosure of this information.

The Written Opinion of the Health Care Professionals

Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B Vaccine post-exposure.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health Care Professionals Shall be Instructed to Limit their Opinions to:

1. Whether the Hepatitis B Vaccine is indicated and if the employee has received the vaccine, or if evaluation is needed following an incident.
2. The employee has been informed of the results of the evaluation, and
3. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

NOTE THAT THE WRITTEN OPINION TO THE EMPLOYER IS NOT TO REFERENCE ANY PERSONAL MEDICAL INFORMATION.

Recordkeeping

Confidential medical records are kept for all employees with occupational exposure. They include:

1. Employee's name and social security number;
2. Hepatitis B vaccination status (including dates of vaccination, records relating to employee's ability to receive the vaccination, and signed declination form, where applicable);

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Recordkeeping (continued)

3. All information given to evaluating health care professional in the event of an exposure incident; and
4. A copy of the evaluator's written opinion.

The confidential medical records are kept for at least thirty (30) years after the person leaves employment. Written permission from the employee is required for access to these records. Employee medical records are available upon request to the Assistant Secretary and the Director of OSHA. If the facility closes, it is understood that the employer must inform the Director at least three months before disposing of the records. The confidential medical records will be kept in the health offices in the schools.

Plan for Evaluation of Exposure Incidents

The contact persons for exposure incidents will be the building Principals and the school nurses.

The facility evaluators for exposure incidents will be the school physician, the school nurses and the building Principals.

The following procedure for evaluation of exposure incidents is used in the Region:

1. Written documentation is required for every exposure incident in the Region. The documentation includes:
 - A. Name of individual exposed;
 - B. Name of source of exposure;
 - C. Description of how the incident occurred;
 - D. Date and time of incident; and written evaluation of exposure incident

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Plan for Evaluation of Exposure Incidents (continued)

2. Written evaluation of exposure incidents include:
 - A. Suggestions for changes in facility procedures;
 - B. A record of how these changes are implemented for each incident.
3. A copy of the exposure incident is placed in the exposed employee's medical record.

A copy of this exposure control plan will be made accessible to all employees of Stonington Public Schools.

This exposure control plan will be reviewed and updated by the Superintendent's representative at least annually.

Stonington Public Schools
Hepatitis B Vaccine
Universal Precautions Employee Acknowledgment Form

Stonington Public Schools strongly urges all employees who may become exposed to Hepatitis B virus (HBV) to follow Universal Precautions and receive the Hepatitis B series vaccinations. Stonington Public Schools offers Hepatitis B vaccinations, which is a series of three (3) injections of HBV vaccine. Please acknowledge the receipt of this information and indicate your preference regarding the Hepatitis B vaccine by completing the following:

Employee Name: _____ **School Assignment:** _____ **Phone:** _____

- A. I have received a copy of the Board of Education policies regarding the handling of body fluids and understand that I must comply with Universal Precautions outlines in these policies and procedures.

Signature

Date

- B. I recognize that protective equipment against blood-borne pathogens (Mask, gloves, etc.) is available, and that I must be instructed in the use of this equipment and where to replenish supplies.

Signature

Date

- C. I wish to receive the Hepatitis B vaccination through the Stonington Public Schools.

Signature

Date

- D. I have already receive the HBV vaccine in the past. I realize that I must provide medical proof, which indicated the dates of the series administration verified by my physician. If this is impossible I will have a blood titer performed at a certified laboratory indicating my immunity level and will submit the result to the Special Services Office at Stonington Public Schools.

Date Received Vaccine (if available): Dose #1 _____ Dose #2 _____ Dose # 3 _____

Signature

Date

- E. I do **NOT** wish to receive the HBV 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 (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 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

Stonington Public Schools

Bloodborne Pathogens Exposure Control Plan Forms

- ✓ Hepatitis B Vaccine Permission Form
- ✓ Post Exposure Waiver Form - Hepatitis B Vaccination
- ✓ Exposure Incident Reporting - Evaluation of Exposure Incident
- ✓ Exposure Incident Reporting - Report to Health Care Professional
- ✓ Recordkeeping - Employee Medical Record Check List
- ✓ Recordkeeping – Training Record

Stonington Public Schools Hepatitis B Vaccine Permission

I have been given a copy and have read or have had explained to me the information on hepatitis B and hepatitis B vaccine. I had had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the hepatitis B vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

I am not allergic to year or Thimerosal (a mercurial preservative often used in eye solutions). To my knowledge I am not pregnant. I realize that this is a 3 (three) injection series, and grant permission for all 3 (three) injections. I assume responsibility for keeping my appointments for the following 2 (two) injections.

Signature

Date



Vaccine Administration Record

Employee Name: _____ DOB: _____

School Assignment: _____

Address: _____

Provider Name/Address:

Stonington Public Schools P.O. Box 479 49 North Stonington Road Old Mystic, CT 06372

Vaccine and Route	Date Vaccine/VIS Given	Site Given	Vaccine Manufacturer	Vaccine Expiration Date	Vaccine Lot Number	VIS Publication Date	Signature of Vaccine Administrator	Signature of Staff member Signature
Hepatitis B #1 (IM)								
Hepatitis B #2 (IM)								
Hepatitis B #3 (IM)								

STONINGTON PUBLIC SCHOOLS
POST EXPOSURE WAIVER FORM
HEPATITIS B VACCINATION

(IF THERE IS A POSSIBILITY OF PREGNANCY, DO NOT RECEIVE VACCINATION)

NAME: _____

AGE: _____

CIRCLE THE APPROPRIATE RESPONSE AND SIGN BELOW:

YES I understand the risks and benefits of immunization with the Hepatitis B vaccine. I have had the opportunity to read the attached package and ask questions. I understand the benefits and risks of the vaccination. However, as with all medical treatments, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that it be given to me.

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

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

FILE IN EMPLOYEE RECORD

Stonington Public Schools

Exposure Incident Reporting - Evaluation of Exposure Incident

INSTRUCTIONS. This worksheet will be used to assist in documenting the routes of exposure and how an exposure incident has occurred. This worksheet should be completed in conjunction with Form IIa (Report to Health Care Professional).

1. Employee Name: _____
2. Date of Incident: _____
3. Description of employee's duties during the exposure incident: _____
4. The route of exposure was:
 - a. needlestick with contaminated needle to _____
 - b. piercing of skin with contaminated sharp to _____
 - c. splashing/spraying of blood or other potentially infectious material to _____
 - d. other: _____
5. Describe the circumstances under which the exposure incident occurred:
6. If identification of source individual is not prohibited by law, name of source individual:
7. Can repetition of the exposure incident be minimized by instituting a new engineering or work practice control:
Yes _____ No _____
8. If the answer to Item 7 is yes, describe the remedial action which should be taken in the future:

Date this action was instituted: _____

Stonington Public Schools

Exposure Incident Reporting - Report to Health Care Professional

INSTRUCTIONS: This worksheet will be used to assist in preparing a postexposure evaluation of an employee who has had an exposure incident. A completed copy of this form would be given to the Health Care Professional responsible for the employee's postexposure medical follow-up. This worksheet should be completed in conjunction with Form 3 (Evaluation of Exposure Incident).

1. Employee Name: _____
2. Date of Incident: _____
3. Name of Health Care Professional responsible for postexposure follow-up: _____
4. Date of Evaluation: _____
5. Employee previously vaccinated against HBV infection: Yes ____ Date: ____ No ____
6. Description of employee's duties during the exposure incident: _____
7. The route of exposure was:
 - a. needlestick with contaminated needle to _____
 - b. piercing of skin with contaminated sharp to _____
 - c. splashing/spraying of blood or other potentially infectious material to _____
 - d. other: _____
8. Describe the circumstances under which the exposure incident occurred: _____
9. The source of individual is: known unknown _____
 - a. if known, is known to be infected with HBV HIV _____
 - b. in accordance with state and local laws, consent is required for blood testing:
Yes ____ No ____
 - c. if no consent obtained, specify why consent could not be obtained: _____
 - d. if yes, specimen obtained and tested: Yes ____ No ____
 - e. if yes, results are: _____
 - f. if consent not required, specimen available and tested: Yes ____ No ____
 - g. if yes, results are: _____
10. The exposed employee's medical records were given to the Health Care Professional responsible for the employee's medical follow-up on the following date: _____
11. A copy of the OSHA standard was given to the Health Care Professional responsible for the employee's medical follow-up on the following date: _____

Stonington Public Schools

Record Keeping - Training Record

INSTRUCTIONS: This worksheet will be used to assist in maintaining a record of all training sessions held for employees who are or may be exposed to bloodborne pathogens.

1. Trainer's Name _____ Location: _____

2. Trainer's Qualifications: _____

3. Date of Training Session: _____

4. Attendees (attach additional attendance sheet):

Name

Job Classification

5. Summarize the content of the training session:
