

# **Stillwater Public Schools**

## **Exposure Control Plan (ECP)**

### **Bloodborne Pathogens**

**Revised 11/2015**

**Approved by the Stillwater Board of Education on January 19, 2016**

# EXPOSURE CONTROL PLAN

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## **POLICY**

Stillwater Public Schools is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens".

The ECP is a key document to assist our firm in implementing and ensuring compliance with the Standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
  - Hepatitis B vaccination
  - Post-exposure evaluation and follow-up
  - Communication of hazards to employees and training
  - Recordkeeping
  - Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the Standard are discussed in the subsequent pages of this ECP.

## **PROGRAM ADMINISTRATION**

The OSHA compliance coordinator is responsible for the implementation of the ECP.

The OSHA compliance coordinator and the facilities director will maintain, review, and update the ECP at least annually, and whenever necessary to include the new or modified tasks and procedures. Contact location/telephone number:

314 S. Lewis  
Stillwater, OK 74074  
405-533-6300

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The facilities department will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The facilities department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/telephone number:

5021 N. Perkins Rd.  
Stillwater, OK 74075  
405-533-6340

The OSHA compliance coordinator will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The OSHA compliance coordinator and the facilities department will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

## **EMPLOYEE EXPOSURE DETERMINATION**

The Standard requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment.

The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

### **Job Title**

*Principals and Assistant Principals*  
*Principal's Secretaries*  
*Elementary Noon Monitors*  
*Nurse's Assistants*  
*School Nurses*  
*Coaches*  
*Athletic Trainers*  
*Designated Special Education Personnel*  
*Custodians*  
*Maintenance Personnel*  
*Transportation Personnel*

## **METHODS OF IMPLEMENTATION AND CONTROL**

### **Universal Precautions**

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

## **Exposure Control Plan**

Employees covered by the blood-borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training through Global Compliance Network (GCN). All employees have an opportunity to review this plan at any time during their work shifts by contacting their immediate supervisor. If requested, Stillwater Public Schools will provide an employee with a copy of the ECP free of charge and within fifteen (15) days of the request.

The OSHA compliance coordinator and the facilities director is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

## **Engineering Controls and Work Practices**

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at Stillwater Public Schools. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At Stillwater Public Schools the specific engineering controls and work practice controls used are listed below:

- Disposable Red Biohazard Bags will be used to communicate hazards in designated first aid waste containers and in women's/girls rest rooms.
- Sharps Containers will be used for disposal of contaminated sharps.
- Sharps containers will be closeable, puncture resistant, leak-proof on the sides and bottom, red in color, and disposed of according to Regulated Waste- Sharps, Section III, E, 3, a, and Section VII, Appendix H.
- Handwashing facilities will be provided in each school with an adequate supply of running potable water, soap, and single-use towels. Liquid or foaming anti-bacterial soap will be available.
- When handwashing/cleanup facilities are not available, disposable clean-up kits will be provided and contain the items necessary to be in compliance with OSHA Standards and Stillwater Public Schools policy regarding clean-up guidelines of bloodborne pathogens (ex. Buses, field trips, athletic trips).

Stillwater Public Schools identifies the need for changes in engineering control and work practices through:

- Review of OSHA records
- Employee interviews

Stillwater Public Schools evaluates new procedures or new products regularly by:

- Annual review of current products
- Searching for new and improved products

Both front line workers and management officials are involved in this process:

- Head custodians and other designated personnel will offer procedure and product feedback to the facilities director.

The OSHA compliance coordinator will ensure effective implementation of these recommendations.

## **Handwashing**

Handwashing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires these facilities be readily accessible after incurring exposure. At each Stillwater Public Schools facility, handwashing facilities are located throughout each facility.

Where handwashing facilities are not feasible, the Standard allows for antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes for use. Employees will be required to wash hands with soap and running water as soon as possible. Locations where hand washing facilities may not be readily accessible may be work areas for ambulance/security/incinerator personnel.

After 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.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate immediately or as soon as feasible following contact.

## **NEEDLES/OTHER SHARPS**

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

## **SHARPS CONTAINERS**

Contaminated sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. Sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. Locations for sharps containers are located in the following areas:

- Nurse's station at each school

Sharps containers shall be emptied at regular intervals by the facilities department.

## **WORK AREA RESTRICTIONS**

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

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering & generation of droplets of blood or other potentially infectious material.

## **SPECIMENS**

Specimens of blood or other potentially infectious material will be placed in a container which prevents leakage during the collection, handling, processing, storage and transport of the specimens.

The container used for this purpose will be labeled or color coded in accordance with the Standard.

## **CONTAMINATED EQUIPMENT**

Equipment which has become contaminated with blood or other potentially infectious material shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

## **PERSONAL PROTECTIVE EQUIPMENT**

All personal protective equipment (PPE) used at Stillwater Public Schools will be provided at **NO COST** to employees. Training is provided by the OSHA compliance coordinator and the facilities department in the appropriate use of the PPE for tasks or procedures employees will perform. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious material. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious material to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Tasks and the type of protective clothing & equipment will be provided to employees by Stillwater Public Schools and are listed below:

<b>Task</b>	<b>PPE</b>
Clean-up of spilled body fluids	disposable latex/vinyl gloves face shield disposable apron or gown red biohazard bags safety glasses masks goggles
CPR	CPR mouth barrier

All used PPE will be cleaned, laundered, or disposed of by Stillwater Public Schools and at **NO COST** to employees. All repairs and replacements will be made by Stillwater Public Schools also at **NO COST** to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All used PPE will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area:

- Stillwater Public Schools will provide a change of clothing for employees who contaminate their clothing while cleaning up body fluid spills.

Gloves shall be worn where it is reasonably anticipated employees will have hand contact with blood or other potentially infectious material, non-intact skin, and/or mucous membranes. Gloves shall be provided by Stillwater Public Schools and shall be worn by all employees performing the following tasks:

- Cleaning hard surfaces/rest room facilities
- Cleaning carpeted surfaces
- Cleaning objects
- Cleaning dried blood/body fluids

Disposable gloves used at Stillwater Public Schools 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 gloves are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is comprised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious material may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at Stillwater Public Schools which would require such protection are as follows:

- Cleaning up vomit, urine, blood spills, etc.

## HOUSEKEEPING

The following areas at Stillwater Public Schools will be cleaned and decontaminated according to the following schedule:

<u>Area</u>	<u>Schedule</u>
Nurse's station	daily
Restrooms	daily
Changing stations	daily
Health rooms	daily

Decontamination will be accomplished by utilizing the following materials: 1:10 to 1:100 bleach solution or EPA registered germicides.



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

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination by the custodial staff. At Stillwater Public Schools, these inspections shall be conducted at least daily.

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used:

- Sweep broken glass into a pile with a broom or brush.
- Sweep broken glass into a dustpan.
- Place broken glass into a container such as a cardboard box.
- Dispose of container in the dumpster.

## **REGULATED WASTE DISPOSAL**

**Regulated waste** is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

All contaminated sharps are discarded immediately or as soon as feasible in sharps containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately. Sharp disposal containers are available in the following locations:

- Nurse's station at each site
- Health rooms
- Available upon request

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

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

## **LAUNDRY PROCEDURES**

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Contaminated laundry will be bagged and containerized at the location where it was used and it will not be sorted or rinsed in the location of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious material.

Contaminated laundry at Stillwater Public Schools shall be laundered by Stillwater Public Schools. If contaminated laundry is to be cleaned by an outside source, Stillwater Public Schools shall inform the outside service of the requirements in 29CFR1910.1030(d).

## **LABELS**

The following labeling method(s) is used in Stillwater Public Schools:

- Pre-labeled red biohazard bags
- Pre-labeled sharps containers

Employees are to notify site administrator or facilities director if they discover regulated waste containers, refrigerators containing blood or OPIM (other potentially infectious materials), contaminated equipment, etc. without proper labels.

## **HEPATITIS B VACCINATION**

Training will be provided regarding employees on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The Hepatitis B vaccination series is available at **NO COST** after training and within **ten (10) working days** of initial assignment to employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form that uses the wording in Appendix A of the OSHA Bloodborne Pathogens standard.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at **NO COST**. The person responsible for ensuring the vaccine has been offered, waivers signed, for each employee is the elementary and/or secondary school nurse and/or the OSHA compliance coordinator.

The employer shall not make participation in a pre-screening program a prerequisite for receiving Hepatitis B vaccination.

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

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the elementary or secondary school nurse and the OSHA compliance coordinator.

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:

- Documentation of the route of exposure and the circumstances related to the incident.
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. Employers may need to modify this provision in accordance with applicable local laws on this subject.
- 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 OSHA compliance coordinator shall establish that legally acquired consent cannot be obtained.
- 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.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- 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 ninety (90) days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- The employee shall be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The employee shall be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are currently as follows:
  - Counseling
  - Evaluation of reported illnesses

The OSHA compliance coordinator has been designated to assure the policy outlined here is effectively carried out as well as maintaining records related to this policy.

## **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

### **Information Provided to the Healthcare Professional**

The elementary or secondary school nurse and the OSHA compliance coordinator shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

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

### **Healthcare Professional's Written Opinion**

The elementary or secondary school nurse and the OSHA compliance coordinator shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation.

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

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

- Whether the Hepatitis "B" Vaccine is indicated and if the employee has received the vaccine, for evaluation following an exposure incident and the employee has been informed of the results of the evaluation, and
- The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious material. This opinion shall not reference any personal medical information.

## **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The elementary or secondary school nurse and the OSHA compliance coordinator will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time;
- work practices followed;
- a description of the device being used (including type and brand);

- personal protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.);
- location of the incident (*Example: O.R., E. R., patient room, etc.*);
- procedure being performed when the incident occurred; and employee's training.

The elementary or secondary school nurse and the OSHA compliance coordinator will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, the elementary or secondary school nurse and the OSHA compliance coordinator will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding employees to exposure determination list, etc.*)

## EMPLOYEE TRAINING

Training for all employees will be provided prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner.

### Training for employees will include an explanation of the following:

- 1) The OSHA Standard for Bloodborne Pathogens;
- 2) Epidemiology and symptomatology of bloodborne diseases;
- 3) Modes of transmission of bloodborne pathogens;
- 4) This Exposure Control Plan (*i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.*);
- 5) Procedures which might cause exposure to blood or other potentially infectious materials at this facility;
- 6) Control methods and their limitations which will be used at the facility to control exposure to blood or other potentially infectious materials;
- 7) Personal protective equipment available at this facility and who would be contacted concerning information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- 8) Basis for the PPE selection;
- 9) Post-exposure evaluation and follow-up;
- 10) Signs and labels used at the facility;
- 11) Hepatitis B vaccine program at the facility, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered at **no cost** to employees.
- 12) Information on the appropriate actions to take, and persons to contact in an emergency involving blood or other potentially infectious materials;
- 13) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available; and
- 14) An opportunity for interactive questions and answers with the person conducting the training session.

Training material is located at the central administration building and on-line through GCN.

## **RECORDKEEPING**

### **Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three (3) years** at central administration.

The training records include:

- dates of training sessions;
- contents or a summary of the training sessions;
- names and qualifications of persons conducting the training; and
- names and job title of all persons attending the training sessions.

Employee training records are provided upon request to the employee or the employee's authorized representative within **fifteen (15) working days**. Such requests should be addressed to the OSHA Compliance Coordinator.

### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records".

The OSHA compliance coordinator is responsible for maintenance of the required medical records. These **confidential** records are kept at for at least the **duration of employment plus thirty (30) years**.

### **OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the OSHA compliance coordinator.

### **Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury;
- the type and brand of the device involved;
- the department or work area where the incident occurred; and
- an explanation of how the incident occurred.

The log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five (5) years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

# COMMUNICABLE DISEASE RISK EXPOSURE REPORT

The filing of this report and all information entered on it are to be held in strictest confidence in conformance with 63 O.S. Supp. 1988, Section 1-502.1, et seq.

## EXPOSED WORKER SECTION (Please Print)

Employee Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (MI) Mo/Day/Yr

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Site Address/Telephone: \_\_\_\_\_ Ph: \_\_\_\_\_  
(Site) (Street Address)

Home Address/Telephone: \_\_\_\_\_ Ph: \_\_\_\_\_  
(Street) (City) (Zip)

Supervisor's Name/Telephone: \_\_\_\_\_ Ph: \_\_\_\_\_  
(Last) (First)

Date of Exposure: (Mo/Day/Yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Exposure: \_\_\_\_\_ AM or PM (circle one)

Detailed Description of Potential Exposure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exposed Worker  **has**  **has not** completed the full series of Hepatitis B vaccine.

Source Person's Name: \_\_\_\_\_  
(Last) (First) (MI)

Disposition of Source Person (include address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TO BE COMPLETED BY EMPLOYER'S DESIGNEE

The employer agrees to be responsible for all reasonable charges incurred in the disposition of this risk exposure incident.

Employer Designee Reviewing Form:

Name/Date: \_\_\_\_\_ (Please Print) \_\_\_\_\_ (Signature) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo/Day/Yr)

## TO BE COMPLETED BY THE EMPLOYER'S DESIGNATED PHYSICIAN

\_\_\_\_\_ In my professional judgment, this was a parenteral, permucosal, or significantly cutaneous exposure to blood or other body fluids which has the potential for transmission of a communicable disease such as Hepatitis B, HIV, or meningococcus. Post exposure evaluation procedures and counseling should be provided. The employee has been told about any medical conditions resulting from exposure that requires further treatment.

\_\_\_\_\_ This incident does not constitute an exposure under the OSHA standard. NOTE: If this exposure does not warrant medical follow-up, please return the form to the Employer's Designee and indicate to that individual why it does not need follow-up.

\_\_\_\_\_ The employee has received or is beginning the Hepatitis B vaccination series.

Physician: \_\_\_\_\_ (Please Print) \_\_\_\_\_ (Signature) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo/Day/Yr)

**HEPATITIS "B" VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious material that 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 material and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine at no charge to me.

Signature\_\_\_\_\_

Title\_\_\_\_\_

Date\_\_\_\_\_



Establishment/Facility Name: \_\_\_\_\_

Sharps Injury Log Year

Date	Case/ Report No.	Type of Device (e.g., syringe, suture needle)	Brand Name of Device	Work Area Where Injury Occurred (e.g., Geriatrics, Lab)	Brief description of how the incident occurred [ <i>i.e.</i> , <i>procedure being done, action being performed (disposal, injection, etc.), body part injured</i> ]

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

# EMPLOYEE BLOOD IN BODY (EXPOSURE) INCIDENT PROTOCOL

*Blood enters the body via one or more of the following: 1) Eye, nose or mouth; 2) A contaminated sharp (lancet, pin, needle, paper clip);  
3) A bite that breaks the skin; 4) Non-intact skin (burn, psoriasis, cut)*

NAME OF EMPLOYEE _____	SCHOOL SITE _____	DATE OF INCIDENT _____	TIME OF INCIDENT _____:____	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<b>Employee and source person should be at a medical facility within two (2) hours of incident.          All information regarding a Blood in Body (Exposure) Incident is confidential.</b>				
ACTION TO BE TAKEN, STEP BY STEP	PERSON RESPONSIBLE	DATE/TIME NAME of PERSON DOCUMENTING		
1 <input type="checkbox"/> <b>NOTIFY</b> Site administrator, site secretary, school nurse. • If after SMC Physicians Clinic hours: See #7 • Out of Stillwater: See #8 • Student Teachers: See #9	Employee			
2 <input type="checkbox"/> <b>IDENTIFY</b> source, if known. Name _____ Date of Birth _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Parent(s)/Guardian _____ Home Phone _____ Cell/Pager _____ Work: Father _____ Mother _____	Employee & School Personnel			
3 <input type="checkbox"/> <b>TELL</b> employee that this is a Workman's Comp claim. <input type="checkbox"/> <b>GIVE</b> employee workman's comp form to take to the SMC Physician's Clinic. <input type="checkbox"/> <b>HAVE</b> employee sign the declination statement (#10), if employee refuses to go for testing. If signed, the process stops. Send this completed original copy to a school nurse. See #6.	School Personnel			
4 <input type="checkbox"/> <b>CONTACT</b> source or source's parent/guardian if minor. <input type="checkbox"/> <b>EXPLAIN</b> Blood In Body (Exposure) Incident. <input type="checkbox"/> <b>REQUEST</b> blood tests for HIV and Hepatitis B or other bloodborne pathogens. <input type="checkbox"/> <b>EXPLAIN</b> that testing costs will be paid for by SPS. <input type="checkbox"/> <b>DETERMINE</b> if source person will be tested. <input type="checkbox"/> <b>YES:</b> <b>TELL</b> source/source's parent/guardian to pick up their child and go to SMC Physician's Clinic. <b>GIVE</b> source/source parent/guardian attached Source Info form (A-56). <input type="checkbox"/> <b>NO:</b> <b>DOCUMENT</b> if source/source parent/guardian cannot be contacted and/or refuses. _____ _____	School Personnel			
5 <input type="checkbox"/> <b>CONTACT</b> SMC Physician's Clinic: <b>743-7217</b> <input type="checkbox"/> <b>TELL</b> receptionist that the employee is coming in for testing. <input type="checkbox"/> <b>TELL</b> receptionist if the source person is coming in for testing.	School Personnel			
6 <input type="checkbox"/> <b>CONTACT SCHOOL NURSE</b> if not already involved Elementary: 707-5083 at Skyline <b>or</b> Secondary: 707-5177 at High School <input type="checkbox"/> <b>SEND</b> this completed original form to a school nurse.	School Personnel			
7 <b>AFTER CLINIC'S HOURS</b> 1. <b>GO</b> to Stillwater Medical Center's emergency department. Take workman's comp paperwork. 2. <b>TAKE</b> source to the same hospital's ER if source/source parent/guardian is willing. Give ER staff Source Info form (attached). 3. <b>TELL</b> emergency department staff that you have experienced a blood in body (exposure) incident. 4. <b>GIVE</b> workman's comp form to emergency department staff. 5. <b>NOTIFY</b> site administrator to initiate Workman's Comp forms and process within 24 hours of incident. 6. <b>NOTIFY</b> a school nurse (#6) that the incident occurred.				

- 8 **OUT OF STILLWATER: (Athletic Event, Field Trip)**
1. **UTILIZE** school personnel, if available, at time of incident for help with process.
  2. **GO** to a hospital's emergency department.
  3. **TAKE** source to the same hospital's ER if source/source parent/guardian is willing. Give ER staff Source Information form (A-56).
  4. **TELL** emergency department staff that you have experienced a blood in body (exposure) incident.
  5. **GIVE** attached WorkNet form to emergency department staff (A-55).
  6. **NOTIFY** site administrator to initiate Workman's Comp forms and process within 24 hours of incident.
  7. **NOTIFY** a school nurse (#6) that the incident occurred.

- 9 **STUDENT TEACHERS:**
1. **CONTACT** OSU Student Teacher Office, 744-1088, 744-9432 or 744-6252
  2. **ASK** for Manager of Professional Education or Coordinator of Student Teachers.

ACTION	PERSON RESPONSIBLE	DATE/TIME COMPLETED	NAME OF PERSON COMPLETING
10 <input type="checkbox"/> <b>DETERMINE</b> if Hepatitis B series has been offered to employee. <input type="checkbox"/> <b>OBTAIN</b> copies of completed Workman's Comp forms to file as documentation of the incident.	School Nurse		

**INFORMATION STATEMENT:** Based on current, prevailing medical thought, post-exposure prophylaxis (PEP) for HIV should preferably be initiated within one to two hours of the exposure. Although animal studies suggest that PEP probably is not effective when started later than 24-36 hours post-exposure, the interval after which there is no benefit from PEP for humans is undefined.

**DOCUMENTATION NOTES:**