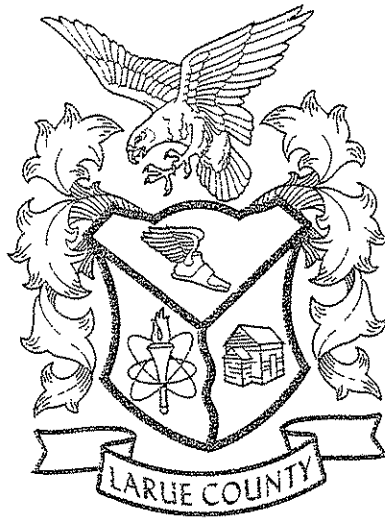


LARUE COUNTY SCHOOLS



Bloodborne Pathogen Exposure Control Plan

BloodBorne Pathogen Exposure Plan

I. Policy

The LaRue County of Education is committed to providing a safe working environment and believes employees have a right to know about health hazards associated with their work. So that employees can make knowledgeable decisions about any personal risks of employment, this Exposure Control Plan to develop an awareness in employees of potentially infectious materials in the work place and to train employees in appropriate, safe working conditions. This plan is reviewed and updated annually and is available for all employees in the Board's Policy and Procedures manuals kept in every principal's office and in the Central office.

A training program has been designed for the benefit and protection of all LaRue County Board of Education employees. Necessary information is available to inform the employee how best to handle potentially infectious materials and how to make use of the new law of OSHA Health Standards, Bloodborne Pathogen Exposure Control Plan, 29 CFR .1910.1030

II. GLOSSARY

BLOOD Human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGENS Microorganisms that are present in human blood and that can cause disease in humans. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

CONTAMINATED Marked by the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED LAUNDRY Laundry that releases blood or other body fluids if compressed or that may contain sharps. Items that are caked with dried blood or body fluids and that are capable of releasing these materials during handling (this means loss of caked material, enough to cause a dusty aerosol if shaken, not items like spotted sheets or a shirt smeared from a bloody nose.)

CONTAMINATED SHARPS Any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

DECONTAMINATION The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

ENGINEERING CONTROLS Devices or equipment for isolating or removing hazards from the workplace.

EXPOSURE INCIDENT A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from an employee performing his or her duties.

HAND WASHING FACILITIES Locations that provide an adequate supply of running potable water, soap, and single-use towels or hot-air drying machines.

HBV Hepatitis-B virus.

HIV Human immunodeficiency virus.

LICENSED HEALTH-CARE PROFESSIONAL A person whose legally permitted scope of practice allows him or her to independently perform the activities required for hepatitis B vaccination and post-exposure evaluation and follow-up.

OCCUPATIONAL EXPOSURE Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from employees performing their duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)

1. The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead.)
3. HIV - contained cell or tissue cultures, organ cultures, and HIV- and HBV-contaminated culture media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.)

PARENTERAL Exposure occurring as a result of piercing the skin barrier through such events as needlesticks, bites, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT (PPE) Specialized clothing or equipment worn by employees to protect against a hazard.

REGULATED WASTE Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed (not, for example, gauze pads used to cover a finger stick or mop heads used to clean up blood or vomit after a fight); items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling (this means lots of caked material, enough to cause dusty aerosol if shaken); contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

SHARPS Any object that can penetrate the skin, including but not limited to, needles (hypodermic, tattoo), razor blades, knives (home-made or otherwise), scalpels, and broken capillary tubes.

SOURCE INDIVIDUAL ANY individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

STERILIZE To use a physical or chemical procedure to destroy all microbial life, including highly resistant material endospores.

TB Mycobacterium tuberculosis

UNIVERSAL PRECAUTIONS An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV ,HBV , and other bloodborne pathogens.

WORK PRACTICE CONTROLS Mandated procedures or policies that reduce the likelihood of exposure by altering the manner in which a task is performed (e. g . , wearing latex gloves) .

III . EXPOSURE DETERMINATION

All job classifications within the LaRue County Board of Education are assessed for occupational exposure to bloodborne pathogens without regard to the use of personal protective equipment and frequency of exposure. Appendix F identifies those job classifications by level of exposure.

IV . ENGINEERING AND WORK PRACTICE CONTROLS (STANDARD OPERATING PROCEDURES)

Universal precautions are observed throughout the LaRue County School District to prevent contact with blood and other potentially infectious materials. All body fluids are considered potentially infectious.

Engineering controls are examined, maintained, and replaced on a regular schedule to ensure their effectiveness. This includes an annual review of policies.

Employees wash their hands immediately (or as soon as possible) after removing gloves and /or other personal protective equipment, after hand contact with blood or other potentially infectious materials, and after any physical confrontation. Hands are washed before eating, drinking, smoking, applying cosmetics, changing contact lenses, and after using lavatory facilities. Facilities for hand washing are provided and are separate from those used for washing equipment or for waste disposal. Antiseptic hand cleaner is used whenever clean running water is not available. Hands are washed with soap and water, rubbing briskly for a minimum of 15 seconds, as soon as possible after contact with blood or body fluids or after removing gloves. Hands must still be washed even if gloves are worn.

Sharps are not bent, broken, recapped, or resheathed by hand. Contaminated needles are not sheared or broken. Used needles are not removed from disposable syringes. Needles and sharps are disposed of in impervious disposable containers located in the treatment area. (See Section XI).

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in all areas where there is a potential for occupational exposure.

Standard operating procedures (SOPs) are further delineated by section:

FIGHT PREPAREDNESS - Spontaneous student fights require immediate response by school personnel without benefit of personal protective equipment . When a delayed response is prudent or possible, latex gloves will be worn.

SPILLS AND SPLASHES - Spills are most likely to occur after a fall when there has been an injury sufficient to break the skin, especially of the head and face, or after vomiting. Latex gloves shall be worn in those instances when the employee can prepare, and always during clean-up. Clean-up procedures are described in section VIII, Housekeeping/Spill Clean-up.

SHARPS COLLECTION, STORAGE AND DISPOSAL - All sharps seized or found are considered to be contaminated and are stored in puncture proof containers. Sharps are disposed of as regulated waste. (Sharp container located in each treatment area.)

V. PERSONAL PROTECTIVE EQUIPMENT (GLOVES AND CHIN LENGTH FACE SHIELDS)

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen by the employee based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' 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.

Employees are required to wear disposable, single-use latex gloves when they have the potential for direct skin contact with blood and infectious materials, mucous membranes, and non-intact skin when touching or handling contaminated items or surfaces.

Gloves are removed inside out aseptically and are replaced as soon as possible when visibly soiled, torn, or punctured or any time their ability to function as a barrier is compromised. They are not washed in disinfectant for reuse. Hypoallergenic gloves, liners or powderless gloves are provided to employees who are allergic to the regularly provided gloves.

Gloves are required to be worn by all outside service and maintenance personnel when there is a potential exposure to blood and body fluids.

Chin length face shields are required to be worn whenever splashes, sprays, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

This equipment is provided and is stored as "Bloodborne Pathogen Exposure Response Kits" located in health treatment areas or principal's office of each school. All personal protective equipment should be removed prior to leaving the treatment area and disposed of in the provided covered receptacle.

VI. TASK ASSESSMENT

Assessment of all school operations is made by the Superintendent respectively, without regard to the use of personal protective equipment. Safety policies are established for each task performed, and engineering controls and personal protective equipment are assigned. As a minimum, all employees wear gloves when dealing with blood and body fluids. The following list identifies tasks in the LaRue County School District requiring protective equipment and engineering controls.

TASK	PROTECTIVE EQUIPMENT	ENGINEERING CONTROLS
Spill Clean-up	Latex Gloves and Chin Length Face Shield	Hand disinfectant Disinfectant cleaners Mop/Bucket Paper towels Liquid Solidifier
Sharps	Latex Gloves	Sharps containers Tongs, Oversize envelope for non-med sharps

TASK	PROTECTIVE EQUIPMENT	ENGINEERING CONTROLS
First Aide	Latex Gloves , Chin Length Face Shield when eye, nose, or mouth contamination is reasonably anticipated.	First Aide and medical supplies located in principal's office or health treatment area

VII. ANTISEPTICS/DISINFECTANTS

Antiseptics and disinfectants are used throughout the LaRue County School District in a variety of ways. Antiseptics are chemical germicides formulated for use on skin or tissue. Disinfectants are agents that inactivate viruses, bacteria, and fungi on surfaces. The following are primary applications only and do not exclude other uses. :

Antiseptic	Health treatment area, Principal's office, BBP response kit and faculty restroom
Disinfectant Cleaners	Floors, walls and health treatment areas

VIII HOUSEKEEPING/SPILL CLEANUP

The LaRue County School District determines and implements an appropriate written schedule for cleaning and decontaminating. All equipment and work surfaces are decontaminated with disinfectant cleaners:

- a. after completing procedures; (including health treatment areas)
- b. when surfaces are overtly contaminated;
- c. immediately after any spill of blood or other potentially infectious materials; and
- d. at the end of the day if the surface may have become contaminated since the last cleaning. (health treatment areas included)

Equipment that is contaminated with blood or other potentially infectious materials is checked routinely and before servicing or shipping and is decontaminated as necessary.

All bins, pails, cans, and similar receptacles intended for reuse that have a potential for becoming contaminated with blood or other potentially infectious

materials are inspected and decontaminated immediately (or as soon as possible) upon visible contamination. (By school custodian on a daily basis)

Broken glassware that may be contaminated **IS NOT PICKED UP** directly with bare or gloved hands. It is handled by using mechanical means, such as a brush and dust pan and tongs. This broken glassware is then placed in a large oversized envelope and disposed in the provided covered receptacle. Spills of body fluids are decontaminated as soon as possible. Small spills, such as a nose bleed, are blotted with paper towels, or other absorbent materials, and wiped clean with disposable towels soaked in disinfectant cleaners. Small spill clean-up requires the use of latex gloves. Large spills (eg., a pool of blood, two square feet of vomit) require the use of a liquid solidifier product provided by the Maintenance Department in each school. Brush and dust pan can then be used for the clean up. The spill area is then flooded and mopped with a disinfectant cleaner, then wiped clean with dry paper towels or absorbent chemicals. All contaminated items are placed in a biohazard bag and disposed of accordingly. **SPILL CLEAN-UP REQUIRES USING PROTECTIVE EQUIPMENT (GLOVES AND CHIN LENGTH FACE SHIELDS)**

IX. LAUNDRY

Contaminated laundry is bagged at the location where it is found. Contaminated laundry is placed and transported in red bags and disposed of accordingly. Whenever this laundry is wet and presents a reasonable likelihood that the bag will soak through or leak, the laundry is placed and transported in another of the same bags, which prevents fluid from leaking to the exterior. These bags are stored in each health treatment area or principal 's office.

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

Cleaning, laundering, and repairing cloth personal wear are done by the LaRue County Board of Education at no cost to the employee. The District office is to be contacted to determine where it is to be sent.

X. BIOHAZARDS LABELS

Warning labels are affixed to:

- a. containers of regulated waste;
- b. other containers used to store, transport, or ship blood or other potentially infectious materials.

Labels required by this section must include the following legend:



These labels are predominantly fluorescent orange or orange-red with lettering or symbols in a contrasting color. Labels are either an integral part of the container or are affixed as close as feasible to the container by string, wire, adhesive or other methods that prevent them from being lost unintentionally removed.

Red bags or red containers may be substituted for labels.

Regulated waste that has been decontaminated is not labeled or color-coded.

XI. WASTE DISPOSAL

Class A infectious waste, defined in Kentucky according to Center for Disease Control guidelines, includes used disposable sharps.

Class B infectious waste in Kentucky is considered "regulated waste" by OSHA and includes the following:

1. Contaminated items that would release blood or other body fluids if compressed.
2. Items that are caked with dried blood or other body fluids that are "capable of releasing these materials during handling" (This means lots of caked blood, enough to cause a dusty aerosol if shakened, NOT an item like a gauze pad which has been used to cover a finger stick OR a shirt smeared with blood from a nose bleed.)

Only blood and sharps are likely to be encountered by the school staff and then, only rarely.

LaRue County School District waste is segregated at the point of use into categories that include but are not limited to the following:

1. Needles / sharps
2. Regulated waste
3. Regular trash

Sharps containers are, by definition, disposable and are NOT opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

All sharps and glassware are disposed of immediately (or as soon as possible) in containers that are closable, puncture-resistant, leak proof on the sides and bottom, appropriately labeled with a biohazard label (see section X) and are stored in each health treatment area or principal ' s office. These containers are placed in the immediate area of use. When containers are closed and placed in a secondary container if they may leak.

Regulated waste is placed in containers that are closable and constructed to contain all contents and to prevent fluids from leaking during handling, storage, transporting, or shipping. The containers are labeled and closed before removal to prevent the contents from spilling or protruding during handling, storage, transporting or shipping. If outside contamination of the regulated waste container occurs, it is placed in a second container that has the same specifications as the first (e. g. , closable, leak proof) and is handled in the same manner.

Regular trash includes the remainder of waste in the department that poses no health or environmental risk. This is disposed of through routine facility waste streams in appropriate containers.

XII. TRAINING

All employees with occupational exposure to bloodborne pathogens participate in a training program at no cost to the employee. Additional training is offered whenever new or modified tasks or procedures affect the employee's occupational exposure. Material appropriate in content and vocabulary to educational level, literacy, and language background of employees is used.

The training program contains the following elements:

1. A copy of the OSHA standard and an explanation of its contents; (29 CFR Part 1910.1030, pages 64175 -64182)
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the employer's Exposure Control Plan and means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent and reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for selecting personal protective equipment.
9. Information on the hepatitis-B vaccine, including information on its efficacy, safety , method of administration, and benefits will be provided to all employees who have been identified as having exposure to blood or other potentially infectious materials.
10. Information on the appropriate actions to take and the people to contact in an emergency involving blood or other potentially infectious materials.
11. 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. Also information on the medical counseling that the employer is providing for exposed individuals.
12. An explanation of the signs, labels, and or color coding required.

13. An opportunity for interactive questions and answers with person conducting the training session. The persons conducting the training are knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the La Rue County School District.

Adherence to recommended protective measures is monitored regularly. When monitoring reveals a failure to follow recommended precautions, counseling and retraining are provided and, if necessary, appropriate disciplinary action is considered.

The Principal of each school is the quality assurance monitor for this program.

XIII. MEDICAL EXAMINATION

The La Rue County Board of Education makes hepatitis-B vaccinations available to all employees who have occupational exposure and provides post-exposure follow-up for all employees with occupational exposure incident.

All medical BBP evaluations and procedures are performed by or under the supervision of a licensed physician or another licensed health-care professional, and all BBP laboratory tests are performed at no cost to the employee.

All BBP evaluations, procedures, vaccinations, and post exposure management are provided to the employee at a reasonable time and place at no cost to the employee and according to standard recommendations for medical practice. HBV vaccination is offered within 10 working days of initial assignment to all employees occupationally exposed to blood or other potentially infectious materials, unless antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons. Participation in a prescreening program is not a prerequisite for receiving HBV vaccination. If the employee initially declines HBV vaccination but at a later date while still covered under the standard, decides to accept the HBV vaccine, the vaccine is provided at that time. Should a booster dose(s) be recommended at a future date, such recommendations for medical practice be at no cost to the employee. Any employee who declines HBV vaccination must sign the statement in Appendix A.

HBV antibody testing is made available to an employee who desires such testing before deciding whether to receive HBV vaccination. If the employee is found to be immune to HBV by virtue of adequate antibody titer, then HBV need

not be offered to that employee.

XIV. EMPLOYEE POST EXPOSURE EVALUATION AND FOLLOW-UP

Following a report of an exposure incident, each employee receives a confidential medical evaluation and follow-up, including the following elements.

- 1. Documentation of "Employer 's First Report of Injury of Illness and Supplementary Record under the Occupational Safety and Health Act," Form SF .1 is completed. This is the OSHA report that is routinely completed for work related injuries.**
- 2. Documentation (Unusual Occurrence/Incident Report, Appendix C) of the route(s) of exposure and the circumstances under which the exposure occurred, is completed.**
- 3. Identification and documentation of the source individual are done, unless identification is infeasible or the source individual does not consent to treatment.**
- 4. The source individual 's blood is tested as soon as possible and after consent is obtained to determine HBV and HIV infectivity. If consent is not obtained, documentation that legally required consent cannot be obtained is needed. When the source individual 's consent is not required by law, the source individual 's blood, if available, is tested and the results documented.**
- 5. 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 is not repeated.**
- 6. Results of the source individual's testing are made available to the exposed employee, and the employee is informed of applicable laws and regulations concerning disclosure of the identity and infectious status of source individual.**
- 7. The exposed employee's blood is collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing the sample is preserved for at least 90 days. If, within 90 days of exposure incident, the employee elects to have the baseline sample tested, the testing is done as soon as feasible.**

8. High-risk exposure involves patient's blood or body fluids introduced through intact skin or splashed onto mucous membranes or broken or abraded skin of employee. Any employee sustaining a high-risk exposure notifies the school Principal immediately. High-risk exposure from persons known to be HIV-positive or persons at risk of being HIV positive are handled as emergencies.
9. Follow-up of the exposed employee, including antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis, is conducted according to standard recommendations for medical practice. The LaRue County Board of Education provides the following information to the evaluating physician:
 - a. A copy of 29 CFR 1910.1030 (Bloodborne Pathogen Standard) dated December 6, 1991 and its appendices.
 - b. A description of the affected employee's duties as they relate to the employee's occupational exposure.

For each evaluation under this section, the employee will receive a copy of the evaluating physician's written opinion via mail within 15 working days after the evaluation is completed. The written opinion will be limited to the following information:

1. The Physician's recommendation for Hepatitis B vaccination of the employee.
2. A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions resulting from exposure to blood and other potentially infectious materials that require further evaluation or treatment.
3. Specific findings or diagnoses that relate to the employee's ability to receive HBV vaccination. {Any other findings and diagnoses remain confidential and are not included in the written report.}

XV. RECORD KEEPING

BBP medical records are kept for the duration of employment plus 30 years on all department employees in the Central Office of the LaRue County Board of Education and include the following:

1. Employee name.
2. Employee social security number.
3. Hepatitis B vaccination record / eligibility.
4. Results of physical exams, testing, and follow-up procedures related vaccination and post exposures (if applicable)
5. Medical consultation, physical, and written opinion report (if necessary because of exposure).

BBP training records (see Appendix B) are kept on all department employees in the Central office of the LaRue County Board of Education for three years after the date that training is completed and include the following:

1. Dates of training sessions.
2. Contents or a summary training.
3. Names and qualifications of those individuals who serve as instructors for the BBP training program.
4. Attendance roster, including names and job titles.

All records are kept and transferred in accordance with 29 CFR 1910.20. Should an exposure occur, a copy of the Unusual Occurrence report (see Appendix C) and all results of postexposure testing and follow-up must be filed in the employee's personnel file, including a copy of the physician's written opinion and a copy of any written information provided to the employee. These records are confidential and cannot be disclosed without the employee's written consent. If affected employees terminate employment with the LaRue County Board of Education the employees should sign release forms to have their records transferred to a new employer, if applicable.

XVI. REFERENCES

The following references were used in preparing this plan.

1. LaRue County Health Department, Bloodborne Pathogen Exposure Plan, Hodgenville, Kentucky.
2. Occupational Safety and Health Administration . Occupational exposure to Bloodborne Pathogens; Final Rule. Federal Register

29 CFR Part 1910.1030, December 6, 1991; 56(235) :64003-64182.

3. Seaborne, Gary, Bloodborne Pathogen Exposure Plan, Taylor County Board of Education, Campbellsville, Kentucky.

XVII. APPENDICES

- A. Declination Form for Hepatitis-B Vaccine.
- B. Record of Training on Exposure Guideline and Requirements
- C. Unusual Occurrence Report for Exposure to Blood or other Potentially Infectious Materials
- D. Source Individual Consent Form
- E. Physician Treatment Related to Unintentional Exposure to Blood or Other Potentially Infectious Materials
- F. LaRue County Board of Education Job Classifications by Level of Exposure

APPENDIX A (MANDATORY)

LARUE COUNTY BOARD OF EDUCATION

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood and 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 _____

Social Security Number _____

Date _____

Witness _____

APPENDIX B
LARUE COUNTY BOARD OF EDUCATION
EDUCATION AND TRAINING

ATTENDANCE RECORD

Sheet 1

Lesson Title : _____

Date : _____ Time : _____

Location : _____

Instructor: _____

	Name of Attendee	Department	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

APPENDIX D

LARUE COUNTY BOARD OF EDUCATION

SOURCE INDIVIDUAL CONSENT FORM

I, _____, as a _____ of the LaRue County Board of Education agree to have my blood drawn for serological evidence of infectious diseases including but not limited to, Hepatitis B and the HIV virus. This consent is given because an employee of the LaRue County Board of Education was accidentally exposed to my blood or other potentially infectious material. The potential physical problems to me are identified with the routine procedure of taking a blood sample. My signature confirms that I have read the consent form and understand the reasons the tests are needed, and I agree to have these tests completed.

Source Individual

Date

I have read the consent form and understand why I have been asked to undergo these tests. However, I DO NOT agree to these tests at this time although my physician has ordered them.

Source Individual

Date

Appendix C
EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS
MATERIALS OCCURRENCE REPORT

Employee Name: _____ Position: _____

Date of Exposure: _____ Time: _____ A.M. _____ P.M.

Location of Exposure: _____

What potentially infectious materials were involved? _____

Description of the Exposure incident: _____

Protective Equipment being used: _____ Yes _____ No _____ N/A

If Protective Equipment not used, why? _____

Immediate Action Taken (Decontamination, cleanup, reporting, etc.): _____

Exposure Incident Reported to: _____

Source Individual (person to whose blood the employee was exposed).

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

_____ I understand the potential risks related to the exposure incident which occurred and agree to receive an examination and/or treatment for the exposure, as recommended by the Healthcare physician. Treatment to include serological (blood) testing for Hepatitis B and HIV virus, if indicated.

_____ I understand the potential risks related to the exposure incident which occurred and DO NOT AGREE to have an examination or treatment.

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

APPENDIX E

LARUE COUNTY BOARD OF EDUCATION

PHYSICIAN TREATMENT RELATED TO UNINTENTIONAL
EXPOSURE TO BLOOD OR OTHER POTENTIALLY
INFECTIOUS MATERIALS

Employee's Name _____

Type of Exposure _____

Location on Body _____

Wound Appearance _____

Exposure Source _____ Known _____ Unknown

Infection Evident from Source _____ Yes _____ No

Blood Tests Ordered _____

Treatment Provided _____

Additional Care Needed _____ No _____ Yes, Explain _____

Follow-up visit _____ No _____ Yes, Date _____

_____ This individual was treated by me and understands the nature and reasons for the care and the follow-up treatment.

_____ This individual refused treatment and understands the consequences of refusing the care recommended.

Physician Signature

Date

APPENDIX F

JOB CLASSIFICATION BY LEVEL OF EXPOSURE

JOB CLASSIFICATION	GROUP A	GROUP B	NO EXP.
Superintendent	-----		X
Special Program Coordinators	-----		X
Principal	-----	X	
Assistant Principal & (SAMS)	-----	X	
Secretary (Elementary)	-----	X	
Secretary (HS & MS)	-----		X
Student Service Specialists	-----		X
Teacher	-----		X
Instructional Aide	-----		X
Physical Ed Teacher/Coach	-----	X	
TMH Teacher	-----	X	
TMH Aide	-----	X	
Bus Driver	-----		X
Maintenance/Custodians	-----	X	
School Nurse	-----	X	
Kids Crew Child Care Staff	-----	X	
Teen Parent Nursery Staff	-----	X	
Preschool Staff	-----	X	
The Life Connection Teachers	-----	X	

Cluster Group employees from each school identified as having occupational exposure to blood and OPIM as part of their normal job duties (GROUP A), will participate in the Bloodborne Pathogens training session and be offered the Hepatitis B vaccination upon properly reporting an incident of exposure to blood or other body fluids containing blood. All newly hired staff will complete this initial training session.

Cluster Group employees from each school who may have occupational exposure, but not as part of their normal job duties (GROUP B), may participate in the Bloodborne Pathogens training session and be offered the Hepatitis B vaccination upon properly reporting an incident of exposure to blood or other body fluids containing blood.

NOTE: IN ANY CASE OF EMERGENCY THE LARUE COUNTY AMBULANCE SERVICE WILL BE CALLED!