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# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

*Jamestown School District*

2021

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Jamestown School District

## BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Revision date: June 26, 2020

### POLICY

The Jamestown School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, 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 California Standard, (CalOSHA BloodBorne Pathogens) is codified as California Code of Regulations (CCR), General Industry Safety Orders, Title 8, Section 5193. The ECP is a key document to assist our district 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 exposure incidents
- Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

A copy of this plan can be found at these following locations:

### PROGRAM ADMINISTRATION

- The Superintendent is responsible for implementation of the ECP. They will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
  - Contact location/phone number: Jamestown School District Office, (209) 984-4058
- 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 Director of Maintenance and Transportation( MOT) will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. They will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
  - Contact location/phone number: Jamestown Elementary School, (209) 984-5217 ext. 3113
- The Superintendent and MOT will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
  - Contact location/phone number: Jamestown School District Office, (209) 984-4058
- The Superintendent and MOT will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
  - Contact location/phone number: : Jamestown School District Office, (209) 984-4058

## **OVERVIEW OF BLOODBORNE PATHOGENS**

### **Hepatitis**

Hepatitis has been categorized into several distinct forms. Hepatitis A accounted for approximately 28,500 cases in 1988. Hepatitis B was reported 23,200 times and 2,620 cases of Non-A/Non-B were reported as well as 2,470 cases of unspecified diagnosis. The United States Public Health Service (USPHS) believes that the actual number of infections is many times the reported number.

Hepatitis A is a viral infection caused by a picornavirus and is commonly transmitted by the fecal-oral route. Therefore, it is not considered in this plan.

### **Non-A / Non-B Hepatitis**

Non-A / Non-B Hepatitis has been shown to be transmitted by the fecal-oral route and parentally. Parentally transmitted, Non-A / Non-B Hepatitis can make up as much as 40% of the acute viral Hepatitis in the United States. Transfusion patients and parental drug users are considered the groups most at risk. Healthcare staff who frequently work with blood may be at risk. However, little is known about person to person transmission of this disease.

### **Hepatitis B**

A specific virus known as a DNA virus causes the Hepatitis B infection. The incubation period can be as long as 160 days with an average of 120. The symptoms and signs include anorexia, malaise, nausea, vomiting, abdominal pains, and jaundice. Chronic carriers of the disease are common. This chronic stage of the disease is more common in the younger individual. The carrier is capable of passing the disease to others. The body fluids containing the highest concentrations of the virus are the blood and blood fluids. The potential risk for workers handling these fluids is obvious.

Although not transmitted through the fecal-oral route, HBV is transmitted through the use of contaminated needles or sexual contact. Transmission through blood transfusions is rare only because of donor and blood supply screening. Transmission through close personal contact can occur also. Although about 300,000 people in the United States are infected with the virus annually, as many as 1,000,000 may be carriers of the disease. Workers exposed to infected blood are the most at risk. The USPHS lists those at highest risk as medical and dental employees and staff in institutions and classrooms for Special Education. Vaccines are available for prevention and post-exposure situations.

### **AIDS**

HIV is transmitted through sexual contact and exposure to infected blood. Although the virus has been isolated from many body fluids, it is known to be transmitted through contact with blood, semen, and vaginal secretions. The reservoir of infection in the United States has surpassed 1,500,000 people and is increasing as more become infected annually. Therefore, the potential risk for the healthcare worker is probably increasing.

## **EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

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Employee groups not specifically designated by the District as affected employees may use the **Hazard Determination Worksheet** form to petition to be included as having potential occupational exposure. The petition should be submitted to the District Office in writing. Administration will evaluate the request and notify the employee of the District's decision within 10 working days.

Jamestown School District has determined that the following job classifications and responsibilities include employees with potential occupational exposure:

Job Classifications	Associated Tasks/Procedures
<ul style="list-style-type: none"> <li>▪ *Special Ed Teacher – Those teachers who work with physically disabled children.</li> <li>▪ Preschool Head Teacher</li> <li>▪ Preschool Teacher</li> </ul>	Administration of emergency and routine first aid procedures. Care of Special Education Students, Developmentally Disabled, Infants and other students requiring medical care.
<ul style="list-style-type: none"> <li>▪ Elementary Principal</li> <li>▪ School Secretary</li> <li>▪ School Clerk</li> <li>▪ Instructional Aide</li> <li>▪ Food Service Asst.</li> <li>▪ Food Services Lead</li> </ul>	Administration of emergency and routine first aid procedures including CPR Breaking up fights and dealing with violent and difficult students or situations. Clean up of blood, saliva, vomitus or semen.
<ul style="list-style-type: none"> <li>▪ Custodian</li> <li>▪ Bus Driver/Bus Driver Trainer</li> <li>▪ Director of Maintenance</li> <li>▪ Groundskeeper</li> </ul>	Administration of emergency and routine first aid procedures including CPR Clean up of blood, saliva, vomitus or semen. Handling, repair, or maintenance of any equipment or tools that may be contaminated with blood, saliva or vomitus.

**NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. These employees are trained prior to employment.**

## **METHODS OF IMPLEMENTATION AND CONTROL**

### **Universal Precautions**

Universal precautions will be observed to prevent contact with blood and other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. (Appendix E)

**All employees will utilize universal precautions.**

### **Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the [Jamestown School District Office](#). If requested, the district will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The [Superintendent](#) is responsible for reviewing and updating the ECP annually, or more frequently if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

### **Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- **Engineering Controls:**  
These shall be maintained on a regular schedule. A regular system will include documentation of maintenance inspection, date, employee making the inspection, findings, repair verification if needed, and signature of employee inspection (Appendix C)
- **Hand Washing Facilities:**  
These shall be readily available. Hand washing will be done as soon after hand contamination as possible. If water is not available, an anti-septic hand cleaner must be used with clean cloth, paper towels, or anti-septic towelette/wipes. (Appendix C)
- **Contaminated Environmental Surfaces and Work Areas:**  
The area where employees eat and drink must be separated from contaminated work areas and clothing by a partition.
- **Personal Protective Equipment:**  
Must not be taken home by an employee.
- **Sharps disposal containers are inspected and maintained or replaced by the [Director of Maintenance and Transportation](#) every month, or whenever necessary to prevent overfilling. This facility identifies the need for changes in engineering controls and work practices through review of OSHA records, employee interviews, committee activities, new legislation, changes in staffing and/or pupils needs. We evaluate new procedures and new products regularly by product descriptions, newsletters, JPA guidance.**

Both district staff and administration officials are involved in this process in the following manner: By attending regular JPA meetings, participating in all required trainings, reading and updating all new legislation requirements.

The Superintendent and all supervisors are responsible for ensuring that these recommendations are implemented.

### **Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Director of Maintenance and Transportation and ensured by all supervisors. The types of PPE available to employees are as follows:

- Gloves: The district shall make personal protective disposable gloves available to the employees. Because not all gloves are completely impermeable, hand washing after glove removal is required. Disposable gloves shall never be re-used. Gloves are worn when hand contact with potentially infectious materials is anticipated, or when handling or touching contaminated items or surfaces.
- Face and Eye Protection: will be used whenever splashes or sprays may generate droplets of infectious materials.
- Protective Clothing: (coveralls) are worn whenever potential exposure to the body is anticipated.
- Spill kits
- First Aid Kits with CPR masks

PPE is located in the maintenance shop and in a locked cabinet in the district office and may be obtained through the Director of the Maintenance Department or district office staff. Jamestown School District will provide (at no cost to the employees) all PPE needed to protect themselves against potential exposure. All supervisors are responsible for ensuring that all departments and work areas have appropriate PPE available to employees. All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be bagged and stored in red containers, or container with a biohazard warning label. The containers must be closable and constructed to contain the contents and prevent leakage. All used PPE must be decontaminated or disposed of in accordance with applicable state, federal and local biohazard rules and regulations.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

All potentially contaminated PPE must be removed prior to leaving the work area.

Any PPE that is to be reused must be decontaminated by preparing a solution of chlorine bleach and water (in a 1 to 10 ratio for decontamination purposes), pouring the solutions over the PPE in a sink or container, saturating, and letting stand for 10 minutes before draining.

Contaminated laundry including stretcher covers, uniforms, smocks etc. will be prohibited from rinsing or sorting in its originating location. All contaminated laundry will be bagged at the location of use and placed in an approved red container or a container with a biohazard warning label.

### **Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling other regulated waste is:

- The District will develop a Schedule of Disinfection for any work surface, which may become infected with HIV or HBV virus. The type of sterilant utilized will be found on the EPA lists of registered sterilants and shall be approved for the highest anti-microbial activity in order to kill HIV and the more resilient HBV virus. (Appendix D)
- Waste containers shall be of a capacity to hold the volume of waste generated between scheduled pickups.
- All containers will be inspected for leakage potential. Secondary containers will be available if leakage is possible.

The procedure for handling sharps disposal containers is:

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded. Sharps disposal containers are available in the [School Office](#). Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

### **Laundry**

The following contaminated articles will be laundered:

- [Stretcher covers](#)
- [Uniforms](#)
- [Smocks](#)

Laundering of these items will be performed by [Jamestown School District](#)

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use [red containers or container label with the biohazard label](#) for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry:
  - Disposable Gloves.



## Labels

One of the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. Because of the, Jamestown School District will implement a comprehensive biohazard warning labeling program using labels or color-coded containers. The following items shall be labeled:

- Containers of regulated waste
- Sharps disposal containers
- Other containers used to transport other infectious materials
- Contaminated equipment

The following labeling methods are used on district sites:

- [\*Red containers with bags that have a biohazard label\*](#)
- [\*Biohazard labels affixed to containers\*](#)

The [\*Director of Maintenance and Transportation\*](#) is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into any district site. Employees are to notify the [\*Maintenance Department\*](#) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

See APPENDIX B for a list of the district's labeling requirements by item.

## HEPATITIS B VACCINATION

The [\*Superintendent\*](#) will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all 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, or
- 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form (see "HEPATITIS B VACCINE DECLINATION" form in APPENDIX A). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee's personnel file.

Vaccination will be provided by [\*Job Care located on Greenley Ave, in Sonora.\*](#)

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the [\*Jamestown School District Office\*](#) at: [\*\(209\) 984-4058.\*](#)

An immediately available confidential medical evaluation and follow-up will be conducted by a licensed health care professional.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the district can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Health Service.
- Counseling
- Evaluation
- Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

## INVESTIGATION

The immediate supervisor initially investigates every exposure incident which occurs within the scope of his/her supervision immediately in conjunction with the Director of Maintenance and Transportation. Within 24 hours a copy of the completed investigation form is forwarded to the Jamestown School District Office, and a copy is also forwarded to the District Safety Coordinator.

- **Report**
  1. Date/time/ location of incident,
  2. Potentially infectious materials involved,
  3. Source of the materials,
  4. Type of work being performed,
  5. Cause of incident-accident, unusual circumstances, equipment malfunctions, power outage etc.
  6. Actions taken as a result of the incident-employee decontamination and clean-up.

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

The Jamestown School District ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Jamestown School District Office ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident.
- Route(s) of exposure.
- Circumstances of exposure.
- If possible, results of the source individual's blood test.
- Relevant employee medical records, including vaccination status. The Jamestown School District Personnel Office provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

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

The Jamestown School District Office will review the circumstances of all exposure incidents to determine:

- the engineering controls in use at the time,
- the work practices followed,
- a description of the device being used (including type and brand),
- the protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.),
- location of the incident (nurse's office, playground, etc.),
- the procedure being performed when the incident occurred, and
- the employee's training.

The Director of Maintenance and Transportation will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions (including evaluation of safer devices, adding employees to the exposure determination list, etc.) to this ECP are necessary, the Jamestown School District Office will ensure that appropriate changes are made.

## **EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Self Insured Schools of California-Get Safety Trained. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard,
- an explanation of our ECP and how to obtain a copy,
- an explanation of methods to recognize tasks and other activities, that may involve exposure to blood and OPIM, including what constitutes an exposure incident,
- an explanation of the use and limitations of engineering controls, work practices, and PPE,
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE,
- an explanation of the basis for PPE selection,
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge,
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM,
- 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,

- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident,
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility, and
- an opportunity for interactive questions and answers with the person conducting the training session.

The District will provide training to all employees with occupational exposure as follows:

- a) Re-training will occur as operations change affecting exposure;
- b) The training will be provided at no cost and will be delivered during work hours;
- c) Training will occur at the time a new employee comes on board at least annually;
- d) The content of the training will be appropriate for the educational level of the employee.

Training materials for this facility are available at [\*the Jamestown School District Office\*](#).

## **RECORDKEEPING**

### **Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least 3 years at [\*the Jamestown School District Personnel Office\*](#).

The training records include:

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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the [\*Jamestown School District Personnel Office\*](#).

### **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 [\*Jamestown School District Personnel Office\*](#) is responsible for maintenance of the required medical records. These confidential records are kept in [\*Jamestown School District Office\*](#) for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to:

[\*Jamestown School District, 18299 Fifth Ave., Jamestown, CA 95327\*](#)

### **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 [\*Jamestown School District Office\*](#).

## Sharps Injury Log

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

- the date of the injury,
- the type and brand of the device involved (syringe, needle),
- the department or work area where the incident occurred, and
- an explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least 5 years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

### ADDITIONAL FORMS:

FORM A: POST –EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

FORM B: EXPOSURE INCIDENT AND INVESTIGATION FORM

FORM C: EXPOSURE DETERMINATION REPORT

FORM D: REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

## APPENDIX A

### BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN INFORMATION ABOUT HEPATITIS-B VACCINE

#### Introduction:

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

#### Hepatitis-B Vaccine:

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

#### Possible Side Effects of Hepatitis-B Vaccine:

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

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#### CONSENT FORM

I have read the above statement about Hepatitis-B and the Hepatitis-B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of Hepatitis-B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that

I will become immune or that I will not experience an adverse effect from the vaccine.

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

---

Print Name

---

Position and Work Site

---

Signature

---

Date

**APPENDIX B**  
**BLOODBORNE PATHOGENS EXPOSURE**  
**Labeling Requirements**

*(Review the following item and remove/add items as needed.)*

<b>Item</b>	<b>No Label Required</b>	<b>Biohazard Label</b>	<b>Red container</b>
Regulated waste bags		X and	X
Sharps containers (disposable and/or reusable)		X	
Refrigerator/freezer holding blood or other potentially infectious material		X	
Containers used for storage, transport, or shipping of blood or OPIM		X or	X
Blood/blood products for clinical use	X		
Individual specimen containers of blood or OPIM remaining in facility	X* or	X or	X
Contaminated equipment needing service (e.g., dialysis equipment, suction apparatus)		X plus a label specifying where the contamination exists	
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal		X	
Contaminated laundry	X* or	X or	X
Contaminated laundry sent to another facility that does not use universal precautions		X or	

\* No label needed if universal precautions are in use and specific use of container or item is known to all employees.

**APPENDIX C**

**BLOODBORNE PATHOGENS EXPOSURE**

**ENGINEERING CONTROLS AND INSPECTION SCHEDULE**

ENGINEERING CONTROL	INSPECTION PERIOD	COMMENT
Glove Boxes	Monthly	Monthly Cleaning
Sharp Disposal Containers	Once before use; Monthly during use; Once before disposal	Ensure outer portion of container remains clean while unit is in use
Hand Washing Facilities	Once every six months	Daily cleaning
Athletic Universal Precautions Kit	Daily	Monthly Cleaning



**APPENDIX D**  
**BLOODBORNE PATHOGENS EXPOSURE**  
**SCHEDULE OF DISINFECTION OF CONTAMINATED SURFACES**

Location: \_\_\_\_\_

Building \_\_\_\_\_

Room # \_\_\_\_\_

Objects to be Decontaminated:

Counter \_\_\_\_\_

Floor \_\_\_\_\_

Sink/Toilet \_\_\_\_\_

Frequency or Criteria to Initiate Decontamination:

As requested by Designated First Aid Provider.

Contamination Schedule Compliance Verified by:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**APPENDIX E**  
**BLOODBORNE PATHOGENS EXPOSURE**  
**UNIVERSAL PRECAUTION KITS**

Each employee who has occupational exposure to bloodborne pathogens must have at his disposal a Universal Precautions Kit. These kits must contain the following:

- 1) Disposable gloves
- 2) Disposable antiseptic towelettes/wipes
- 3) Disposable plastic bags, with ties
- 4) Disposable resuscitator

**FORM A****BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN****POST-EXPOSURE EVALUATION AND FOLLOW-UP****CHECKLIST**

The following steps must be taken, and information transmitted, in the case of an employee's exposure to bloodborne pathogens:

ACTIVITY	COMPLETION DATE
Employee furnished with documentation regarding exposure	_____
Source individual identified (Name: _____)	_____
Source individual's blood tested and results given to exposed employee	_____
Exposed employee's blood collected and tested	_____
Appointment arranged for employee with health care professional:	_____
<b>Documentation forwarded to health care professional:</b>	
_____ Bloodborne Pathogens Standard	_____
_____ Description of exposed employee's duties	_____
_____ Description of exposure incident, including routes of exposure	_____
_____ Result of source individual's blood testing	_____
_____ Employee's medical records as necessary, appropriate, and legal	_____

**FORM B****BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN****EXPOSURE INCIDENT AND INVESTIGATION FORM**

Date of Incident: \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location: \_\_\_\_\_

Name of Exposed Employee: \_\_\_\_\_

Were other similarly exposed ☐ Yes☐ No

If yes, list name (s): \_\_\_\_\_

Potentially infectious materials involved:

Type: \_\_\_\_\_ Source: \_\_\_\_\_

Circumstances (work being performed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cause of Incident (accident, equipment malfunction, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Protective Equipment being used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actions Taken (decontamination, clean-up, reporting, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations for Avoiding Repetition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORM C****BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN****EXPOSURE DETERMINATION REPORT****EMPLOYEE TO COMPLETE:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**EMPLOYEE'S STATEMENT OF INCIDENT:** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Instructions: Employee, please sign below.**The remainder of this form will be completed by the Exposure Control Officer.*

**An Exposure Incident, as defined under Cal-OSHA Standards, means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.**

**Based on the information provided by the Investigation Report it has been determined that:**

\_\_\_\_\_ **An Exposure Incident DID occur.**

\_\_\_\_\_ A full medical evaluation and follow-up was offered to the employee.

\_\_\_\_\_ **An Exposure Incident DID NOT occur.**

\_\_\_\_\_  
Employee's Signature/Date\_\_\_\_\_  
Exposure Control Officer's Signature/Date

**FORM D****BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN****REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION**

I am employed by Jamestown School District and have received training regarding infection control and the risk of disease transmission on \_\_\_\_\_, I was involved in an exposure incident. The district offered to provide follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.

Of my own free will, however, and despite my employers offer, I have elected not to have a medical evaluation for personal reasons.

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Print Name

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Signature

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Address (Number and Street)

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City and Zip Code

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Date

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