

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

Shawnee Heights USD 450
Shawnee County, Kansas

BACKGROUND

Although public entities in the State of Kansas are not subject to OSHA, state statutes give the Kansas Department of Human Resources the authority to inspect public entities, such as school districts, for safety. In the spring of 1992, KDHR announced that it would apply the OSHA standard for bloodborne pathogens to public entities in the State of Kansas. This Exposure Control Plan directs the compliance of USD 450 with the state directive.

BOARD OF EDUCATION APPROVAL

This plan was revised and approved by the USD 450 Board of Education on, 2016.

EXPOSURE DETERMINATION

For purposes of this plan "occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing mucous membranes or the skin barrier through needle sticks, human bites, cuts, abrasions, etc.) contact with blood or "other potentially infectious materials" (OPIMs) that result from the performance of the employee's duties. OPIMs include body fluids such as semen, vaginal secretions, respiratory discharge, tears, vomitus, urine, feces, saliva in dental procedures, etc. For purposes of this plan, employees of the district, by job classifications have been divided into three categories:

Category I: All employees in the following job classifications at USD 450 have occupational exposure:

Maintenance Supervisor
Custodians
School Nurses
Special Education Nurses
Health Technicians
Athletic Trainers
Coaches of Contact Sports

Building Maintenance Personnel
Transportation Supervisor
Bus Drivers and Driver Substitutes
Bus Aides
Building Security Officers
Physical Education Teachers

Category I: Continued.

School secretaries designated as a first aid provider
Staff members designated as a first aid provider
Special Education Teachers working with children with disabilities
Early Childhood Teachers
Paraeducators, Level II, and those working regularly with children with disabilities

Category II: Some employees in the following job classifications in USD. No. 450 may have an occasional occupational exposure:

Building Principals and Building Administrators
Coaches of non-contact sports and of student activities
Counselors
Director of Special Education
Director of Support Services
General Education Teachers
Grounds Keeper
Library Aid
Library Media Specialist
Lunchroom/Lunchtime Aide
Paraeducators at Level I
Parent Educators
Persons who only occasionally render first aid
Psychologists
School Social Worker
Science Teachers
Staff members who are only occasionally exposed to bodily fluids
Substitute Teacher
Substitute Paraeducator (all levels)
Teacher Aides

Category III: Some employees in USD. No.450 are unlikely to have occupational exposure. These job classifications include:

Central Office Administrators
Central Office and Building Clerical Personnel
Data Processing Technician
Food Service Managers
Food Service Supervisor
Food Service Workers
Instructional Facilitators
Special Education Teachers and Paraeducators who work with gifted students
Technology staff

TASK OR PROCEDURE JOB CLASSIFICATION

The following are examples of the type of tasks and procedures, or groups of closely related tasks and procedures in the school district in which occupational exposure occurs or is likely to occur. Job classifications that are required to perform such tasks are also shown.

Cleaning and bandaging scrapes, cuts or abrasions – Special Education Teachers, School Nurse, Special Education Nurses, Coaches of Contact Sports, Athletic Trainers, Physical Education Teachers, Health Clerks, Bus Drivers, Bus Paraeducators, first aid providers, Early Childhood Teachers, Paraeducators Level II and III.

Cleaning vomitus from the floor; freeing drains; repairing drains – Custodians, Building Maintenance Personnel

Contact with bodily fluids of disabled students – School Nurses, Special Education Nurses, Health Clerks, Bus Paraeducators, Bus Drivers, first aid providers, Early Childhood Teachers, Paraeducators Level II and III.

REVIEW PROCEDURES

Any employee who believes that their work responsibilities are of such a nature that he/she should be placed at risk, shall make such a request in writing to their immediate supervisor (see attached form). The request shall include the work activities that the employee believes supports the request. The supervisor shall notify the Director of Humarn Resources by sending a copy of the review request. A review committee comprised of a school nurse, Director of Special Education, and the Director of Support Services will review the request and render a decision within (10) ten days. The decision shall be in writing and sent to the employee along with a copy to the immediate supervisor.

METHODS OF COMPLIANCE

"Universal Precautions" is an approach to infection control that treats all blood and body fluids as infectious. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV). The Universal Precautions approach shall be observed in USD 450 to prevent contact with blood and OPIMs.

ENGINEERING AND WORK PRACTICE CONTROLS

Engineering and work practice controls will be used to eliminate or minimize all employee exposure. Where exposure potential remains, personal protective equipment shall also be used.

Engineering Controls

Engineering controls are controls that isolate or remove the bloodborne pathogen hazard from the workplace. The following engineering controls will be used in the district:

1. The district will maintain appropriate containers for the disposal of needles or sharps in the following areas:

The use of needles shall be limited to the health office in each attendance center or under special circumstances such as field trips or emergency. The school nurse shall supervise such activity.

2. The district will maintain appropriate receptacles for the deposit of contaminated clothing, protective clothing, and other articles.

Engineering controls will be examined, maintained or replaced on a regularly scheduled basis.

CONTROL MEASURE	INSPECTED BY	TIMELINE
Sharps disposal containers	School nurse	Monthly
Receptacles	Custodian	Daily

3. Sharps disposal containers shall be collected by the head school nurse when notified of the need. Sharps containers will be disposed of at an approved facility.

Work Practice Controls

Work practice controls are those controls that reduce the likelihood of an exposure by altering the manner in which the task is performed.

The following work practice controls apply in USD. 450:

1. Contaminated needles will not be bent, recapped, or removed and will be disposed of in appropriately labeled containers.
2. Eating, drinking, applying cosmetics, applying lip balm, and the handling of contact lenses is prohibited in areas where there is a reasonable likelihood of occupational exposure.

3. Food and drink cannot be kept in any area where blood or OPIMs are present.
4. Procedures involving blood or OPIMs will be performed in a manner to minimize splashing, spraying, or spattering.
5. Mouth suctioning of blood or OPIMs is prohibited.
6. Obtaining blood specimens, not medically supervised, is prohibited.
7. Specimens of blood or OPIMs should not be brought to or taken in the school. If specimens of blood or OPIMs are present in the school they should be in leak proof containers, appropriately labeled, and closed prior to storing or transporting.
8. Equipment that may become contaminated with blood or OPIMs shall be decontaminated, or appropriately labeled, as soon as is feasible after the contamination occurs. Affected employees and, if necessary, outside servicing agents, will be informed of the contamination of the equipment prior to any handling, servicing or shipping of the equipment.

Hand Washing Facilities

Hand washing facilities are provided for all students and employees of the district. Because washing one's hands with soap and running water is one of the most effective ways to prevent the spread of disease through blood or OPIMs, employees shall wash their hands with soap and water whenever exposure occurs. Although hand washing may be advisable in other situations, employees must thoroughly wash their hands, or any other exposed or contaminated skin with soap and water in these situations:

1. Immediately after the removal of gloves or other personal protective equipment.
2. Following contact of hands or other skin with blood or OPIMs.

In some situations, such as on athletic facilities or field trips, hand washing facilities may not be available. In this case, the person in charge of the event (football coach, teacher, other staff member who is taking the class on a field trip, etc.) shall ensure that hand sanitizer or antiseptic towelettes are available for use. Antiseptic towelettes or hand sanitizer that may be used for this purpose are stored in the health room or custodial supply room and may be obtained through school nurses or the custodian. Whenever an employee uses an sanitizer or an antiseptic towelette, the employee shall thoroughly wash his or her hands with soap and water as soon as it is feasible to get to a hand washing facility.

Personal Protective Equipment

It shall be the responsibility of each building principal to ensure that appropriate personal protective equipment is available and readily accessible for each employee's use at no cost to the employee. The principal shall also ensure that all employees use personal protective equipment when there is occupational exposure. In the event that an employee, exercising his or her personal judgment, fails to use protective equipment, the circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent future occurrences.

It shall be the responsibility of any employee who uses personal protective equipment to place the equipment in the appropriately designated receptacle for storage, washing, decontamination, or disposal after its use. These receptacles are located in each school's main custodial room and will be appropriately labeled. The school district shall be responsible for storing, cleaning, laundering, decontaminating, repairing, replacing, or disposing of such equipment.

All personal protective equipment that is penetrated by blood or OPIMs should be removed immediately, or as soon as is feasible, and placed in the appropriate receptacle. All personal protective equipment will be removed prior to leaving the work area.

Personal protective equipment is to be chosen, 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 employee's 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.

Personal protective equipment is stored in the main custodian room. The following personal protective equipment is available in the district for use by its employees:

Gloves. Gloves shall be worn by any employee when it is reasonably anticipated that there will be hand contact with blood, OPIMs, mucous membranes, or no intact skin. Gloves shall also be worn when handling or touching contaminated items or surfaces.

Disposable (single use) gloves are available for employee use in situations where such use is warranted or directed. These gloves should be deposited by the employee in the appropriate container for disposal immediately following their use. Hand washing after removing the gloves is required.

Utility gloves are assigned to some employees. These gloves may be decontaminated for reuse, and should be deposited in the appropriate container for washing of decontamination. Any employee to whom utility gloves are assigned shall be responsible for regularly inspecting these gloves for punctures, cracking or deterioration. The employee shall dispose of such gloves when their ability to function

as a barrier is compromised. The employee shall report the disposal of the gloves to their supervisor who shall ensure that a new pair of utility gloves is provided quickly to the employee.

Masks, eye protection, and face shields. This type of protective equipment shall be worn whenever splashes, spray, splatter, or droplets of blood or OPIMs may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Gowns, lab coats, aprons, and other protective body clothing. This type of protective clothing shall be worn in occupational exposure situations. The type of protective clothing required depends upon the degree of exposure, and shall be left to the employee's judgment.

CPR facemask with one-way valve. To be used for CPR or respiratory resuscitation. These items are available in the school health office, in first aid kits on each bus, or in mobile kits.

Housekeeping

It shall be the responsibility of the Director of Support Services to see that each worksite and building in the district is maintained in a clean and sanitary condition.

All equipment, environmental areas, and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant as soon as feasible after contact with blood or OPIMs.

Protective coverings used to cover equipment and environmental surfaces shall be removed and decontaminated or replaced as soon as feasible when they become overtly contaminated.

All bins, pails, cans, and waste paper baskets shall be inspected, cleaned, and decontaminated on a regularly scheduled basis, or as soon as feasible upon visible contamination.

Broken glassware shall not be picked up by hand, but by using a broom and dustpan, tongs, vacuum cleaner, or other mechanical means.

The following cleaning schedule and methods of decontamination will be implemented in the district:

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers that are located in the facility. Sharps containers are located in the health rooms.

Regulated waste other than sharps, shall be placed in appropriate containers. Such containers are located in the health room, custodian area, or other designated area. The containers will be labeled with the biohazard label. Upon disposal the waste will be double bagged with a biohazard label applied. This will be done with the hands gloved. All regulated waste will be disposed of at an approved facility of the head nurses choice.

Area Scheduled Cleaning Method

The cleaning schedule for each worksite and area in the district's buildings are determined by the Building Principal. The methods performed as instructed by the District Custodial Supervisor.

All contaminated and regulated waste will be disposed of in compliance with state and federal regulations.

Laundry

The school district will use Universal Precautions with all soiled or contaminated laundry. Contaminated laundry shall be placed and transported in red plastic bags or containers labeled or color-coded. Any contaminated items that can be laundered will be bagged at the site of the contamination and handled as little as possible. If the items are wet, leak proof bags or containers shall be used. Such items shall not be sorted or rinsed at the site of the contamination. The bags shall be deposited in the appropriately labeled receptacle in the building.

Each building head custodian is responsible to designate a responsible staff member to care for this laundry. Any employee who comes into contact with contaminated items or laundry shall wear gloves and other personal protective equipment as deemed necessary or appropriate.

HEPATITIS B VACCINATION

The School District will make the Hepatitis B vaccine and vaccination series available to any employee of the district who has occupational exposure and falls within Category I of the exposure determination. In light of the OSHA directive in early July, 1992, indicating that persons who render first aid only as a collateral duty, responding solely to injuries resulting from work place incidents, generally at the location where the injury occurred, may be offered post-exposure vaccination rather than pre-exposure vaccination, the district will make the Hepatitis B vaccine and vaccination series

available to employees in categories II and III within 24 hours of possible exposure to HBV.

The Hepatitis B vaccination series, and any medical evaluation required before the vaccine can be administered, will be provided to the employee at no cost. No employee shall be required to participate in a prescreening program as a prerequisite for receiving the Hepatitis B vaccination. The vaccine will be offered after the employee has received training on bloodborne pathogens and within 10 working days of an employee's initial assignment to work involving the potential for occupational exposure, unless the employee has previously been vaccinated, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Employees who decline the Hepatitis B vaccine series will sign a waiver form as required by Appendix A of the OSHA standard. (A copy of the required waiver form is attached to this plan.) The Director of Human Resources shall be responsible for ensuring that the vaccine series is offered, and that the necessary waiver is signed, and appropriately filed for any employee who declines to accept the Hepatitis B vaccination series that was offered.

Any employee who initially declines the Hepatitis B vaccination series may later request the vaccination. The district will provide the vaccination series for the employee at that time.

The Director of Human Resources will be responsible to initiate administration of the Hepatitis B vaccination series to employees of the district. The Director of Human Resources shall determine how and where the vaccine will be administered. Administration of the series may be accomplished through contracted services.

Although booster doses of Hepatitis B vaccine series are not currently recommended by the U.S. Public Health Service, if such booster doses are recommended in the future, the district will make the booster doses available at no cost to all employees who have occupational exposure.

REPORTING PROCEDURES FOR FIRST AID INCIDENTS

Whenever an employee in category II or III is involved in a first aid or a potential blood and body fluids exposure incident which results in potential exposure, the employee shall report the incident to their school nurse and immediate supervisor who will then inform the Director of Support Services before the end of the work shift during which the incident occurred. The employee must complete a Potential Blood and Body Fluids Exposure Report Form, obtained from the nurse's office. The employee must provide the school nurse with the names of all first aid providers involved in the incident, a description of the circumstances of the accident, the date and time of the incident, and a determination of whether an exposure incident, as defined in this policy, has occurred. The information shall be reduced to writing by the school nurse and maintained in the School's first aid incident report file. A copy of the report must be given to the Director

of Human Resources by the end of the next workday. A copy of the report will be placed in the employee's personnel file. The district will maintain a list of such first aid incidents that will be readily available to all employees and provided to KDHR upon request.

Any employee who renders first aid or other assistance in any situation involving the presence of blood or OPIMs, if the likelihood of exposure occurs, will be offered the full Hepatitis B immunization series as soon as possible, but in no event later than 24 hours after the incident occurs. If an exposure incident has occurred, other post-exposure evaluation and follow-up procedures will be initiated as well.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident occurs when there is specific mucous membrane, non-intact skin, or parenteral contact with blood or OPIMs. Whenever an employee has an exposure incident in the performance of his or her duties, an opportunity for a confidential post-exposure evaluation and follow-up will be provided to the employee at the expense of the district.

Post-exposure evaluation and follow-up shall be performed in accordance with the District's worker compensation procedures. The district will make sure that any laboratory tests required by the evaluation or follow-up procedures are conducted at an accredited laboratory at no cost to the employee.

Whenever an exposure incident occurs, the exposed employee shall report the incident to the school nurse and immediate supervisor. The school nurse will explain to the employee his or her right to a post-exposure evaluation and follow-up. If the employee desires an evaluation, the worker compensation procedure will be followed. A post-exposure evaluation and follow-up will include the following elements:

1. Documentation of the circumstances under which the exposure incident occurred, including the route(s) of the employee's exposure.
2. Identification and documentation of the source individual whose blood or OPIMs caused the exposure, unless identification is infeasible or prohibited by law.
3. Unless the source individual is known to be infected with HBV or HIV, the school district through the School Nurse will seek the consent of the source individual for blood testing for HBV or HIV. Failure to obtain consent will be documented by the district.
4. If the source individual consents, results of the source individual's blood testing will be made available to the exposed employee, along with information on laws concerning the disclosure of the identity and infectious status of the source individual.
5. If the exposed employee consents, blood testing of his or her blood will be completed as soon as possible. If the employee consents to baseline blood collection,

but not to HIV serologic testing, the blood sample will be retained for 90 days. The employee may request testing of the sample at any time during the 90-day period.

6. The exposed employee will be offered post-exposure prophylaxis in accordance with current recommendations of the U.S. Public Health Service. These recommendations are currently as follows: If the source individual has AIDS, is HIV positive, or refuses to be tested, the employee should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The employee should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Retesting on a periodic basis may be necessary. During this follow-up period, especially the first 6-12 weeks after exposure, the employee should follow recommendations for preventing the transmission of the virus.

7. The exposed employee will be offered counseling concerning precautions to take during the period after the exposure incident by the medical provider designated by the district to treat district employees. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

8. Each School Nurse is designated at her assigned school as the person to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy. The Head School Nurse will oversee the District Office.

Working with the Health Care Professional

The Director of Human Resources will provide, upon request, any physician or licensed health care professional(s) with a copy of the OSHA regulation governing bloodborne pathogens, and ensure that physician(s) or licensed health care professional(s) are provided with: a description of the employee's duties as they relate to the exposure incident, documentation of the circumstances under which the exposure incident occurred, results of the source individual's blood test (if available), and all medical records which the district is required to maintain which are relevant to the appropriate treatment of the employee, including the employee's vaccination series status.

Written Opinion of the Health Care Professional

Following post-exposure evaluation, the health care professional shall provide the school district with a copy of his or her written opinion within 15 days after the completion of the evaluation. This opinion shall include:

1. An opinion on whether Hepatitis B vaccination is indicated for the employee, and if the employee has received the vaccination.

2. A statement that the employee has been informed of the results of the evaluation and about any medical conditions resulting from exposure to blood or OPIMs which require further evaluation or treatment.

3. All other findings or diagnoses shall remain confidential between the employee and the health care provider and shall not be included in the written opinion.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labeling

Any container that contains used needles, blood, or OPIMs in the district shall be appropriately labeled with a "BIOHAZARD" label, or shall be red in color. All "BIOHAZARD" labels will have a fluorescent orange triangle background and /or have the biohazard symbol and the word "BIOHAZARD" in a contrasting color.

Any equipment that is contaminated will be appropriately labeled.

Training

A training program on bloodborne pathogens will be provided for all employees with occupational exposure (Category I). Training will be provided during working hours, and at no cost to the employee. Attendance at training sessions is mandatory.

Each employee will be provided with training at the time of initial assignment to tasks where occupational exposure may occur. Annual training for all employees will be provided within one year of their previous training. Additional training will be provided if changes in an employee's assignments affect the employee's occupational exposure.

The training program will be provided either online or by a person who is knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address, and presented in a manner that is understandable for all employees.

The training program will contain, at a minimum, the following elements:

- (1) A copy of the OSHA standard and explanation of its contents;
- (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 exposure control plan and information on how the employee may obtain a copy of the plan;
- (5) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs;
- (6) An explanation of the use and limitations of methods, such as engineering controls, work practices, and personal protective equipment, that will prevent or reduce exposure;
- (7) Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits, and the conditions under which it is offered, free of charge, to employees;
- (8) Information on the appropriate actions to take and the persons to contact in an emergency involving blood or OPIMs;
- (9) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and the medical follow-up that will be made available at no charge;
- (10) Information on the post-exposure evaluation and follow-up following an exposure incident;
- (11) An explanation of labeling and color coding; and
- (12) An opportunity for questioning the direct supervisor following the training session.

RECORD KEEPING

Medical Records

The school district will establish and maintain a confidential medical record for each employee with occupational exposure. This record will include:

- (1) the name and social security number of the employee;

(2) a copy of the employee's Hepatitis B vaccination status, including the dates the vaccination was given, any medical records relative to the employee's ability to receive the vaccination, or the employee's signed waiver;

(3) a copy of all results of examinations, medical testing, and follow-up procedures;

(4) a copy of the health care professional's written opinion following post-exposure evaluation and follow-up; and

(5) a copy of any information provided to the health care professional under the evaluation and follow-up procedures.

The medical records of employees maintained under this policy will be kept confidential and will not be disclosed to any person, except as required by law, without the employee's express written consent. Medical records required under this plan will be maintained for the duration of the employee's employment, and for thirty years thereafter.

Training Records

The school district will maintain records of all training sessions offered to employees under this plan. Such records will include: The dates of the training session; a summary of the contents of the session; the name(s) and qualifications of the persons conducting the training; and the names and job titles of all persons attending the training sessions. Training records will be kept for at least three years from the date on which the training occurred. Employee training records will be made available for inspection to employees, anyone having the written consent of the affected employee, and to KDHR upon request.

Accessibility and Review

A copy of this Exposure Control Plan will be accessible to all employees of the district on the district website and/or in the central office of each building in the district. Any employee will be provided with a copy of the plan at no cost upon request. A copy of this plan will also be made available to KDHR upon request.

This Exposure Control Plan will be reviewed and updated at least annually, or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, or to reflect new or revised employee positions with occupational exposure. The Director of Human Resources shall be responsible for scheduling the annual review of this plan.

ATTACHMENT #2, Shawnee Heights USD 450, Exposure Control Plan

POTENTIAL BLOOD AND BODY FLUIDS EXPOSURE FORM
(First Aid Incident Report)

Part I: Employee

1. Names of all first aid providers involved: _____

2. Date and time of the first aid incident: _____
3. Place of incident: _____
4. Source individual: _____
5. Description of the accident or incident, and the circumstances surrounding it, which resulted in the need for first aid procedures:

Signature of Employee

Date and Time of this Report

Part II: School Nurse

6. Did an exposure incident occur? YES or NO (See definition)
7. Post-exposure evaluation and follow-up (were) (were not) offered.

[If the affected employee believes that an exposure incident has occurred, the employee should be offered post-exposure evaluation and follow-up and the post-exposure evaluation and follow-up form should also be completed.]

8. The affected employee was offered the full Hepatitis B immunization series:
(fill in time and date) _____ .

[NOTE: The Hepatitis B vaccine must be offered as soon as possible, but in no event later than 24 hours after the incident occurs. The vaccine must be offered whenever a first aid incident occurs, whether or not an exposure incident has occurred.]

Date and time of the report

Signature of School Nurse

Date and time notified

Signature of Director of Support Services

[This report will be placed in the employee's medical record with a copy in the first aid incident report file.]

ATTACHMENT #3, Shawnee Heights USD 450, Exposure Control Plan

POST-EXPOSURE EVALUATION AND FOLLOW-UP REPORT

Prepared by the School Nurse assigned to the school where incident occurred.

The original copy of this report will be filed in the employee's medical record. A copy of this report will be provided to the health care professional doing the evaluation along with a copy of the USD 450 Bloodborne Pathogen Exposure Control Plan, a copy of the employee's job description indicating the employee's duties as they relate to the exposure incident, the result of the source individual's blood test, if available, and a copy of the employee's medical record.

1. Name of the employee who had an exposure incident.
2. Date, time, and place of the exposure incident.
3. A description of the circumstances under which the exposure incident occurred:
4. A description of the route(s) of the employee's exposure:
5. Information on the source individual:
 - a. The identity of the source individual (is _____) (is not _____) known.
[If the answer is "is not" go to question 6.]
 - b. The source individual (is _____) (is not _____) known to be infected with HBV or HIV.
[If the answer is "is" go to question 6.]
 - c. The school district, through (name) _____ sought the consent of the source individual to blood testing. The source individual (did _____) (did not _____) consent to blood testing.
[If the answer is "did not" go to question 6.]

d. The source individual (did _____) (did not _____) consent to having the results of the blood test released to the school district and to the affected employee.

[If the answer is "did not" go to question 6. If the answer is "did" the affected employee and any employee who receives the information on behalf of the district should be instructed that such information must be kept confidential pursuant to Kansas law.]

e. _____ made the results of the source individual's
Name of School Nurse
blood test available to the affected employee on _____.
date

6. _____ was informed of his/her right to post-exposure evaluation
exposed employee
and follow-up by _____ on _____.
School nurse date
_____ was informed that _____
exposed employee name of health care professional
would perform the evaluation at _____ at the expense of the
name of health care facility
the district, and that _____ would arrange an appointment for the
H. R. Director
Evaluation. _____ (declined) (accepted) the offer and the
Exposed employee
appointment (was) (was not) made.

7. _____ offered _____ post-exposure prophylaxis in
school nurse exposed employee
accordance with current recommendations of the U.S. Public Health Service on
_____.
date

8. _____ offered _____ counseling with
school nurse exposed employee
_____ concerning precautions to take during the
name of nurse, physician, or counselor
period after the exposure incident. Such counseling also included information on
potential illnesses.

9. _____ was instructed to report any related experiences to
exposed employee
_____.
school nurse

Date of report

Signature of Employee

ATTACHMENT #4, Shawnee Heights USD 450, Exposure Control Plan

EMPLOYEE REQUEST FOR OCCUPATIONAL EXPOSURE CATEGORY REVIEW

Date of Request: _____

Employee Name: _____

Current Exposure Category: _____

Description of Work Activities:

Reason for requesting change in exposure category: Define specific employee duties that justify placement in Category I:

Employee Signature

Date

Recommendation of Employee's Immediate Supervisor:

Signature of Immediate Supervisor

Position

Date

ATTACHMENT #5, Shawnee Heights USD 450, Exposure Control Plan

DOCUMENTATION OF TRAINING

[This report must be filed in the Bloodborne Pathogen Training File located in the office of the Director of Support Services. This report will be kept for at least three years after the conduct of the training session.]

Type of training:
(Annual, First-time)

Date of training session:

Place that training was offered:

Summary of the contents of the training session:
[The training materials may be attached in lieu of summarizing.]

Names and job titles of all persons attending the training session.
[A list of names may be attached to this report.]

Signature of person conducting training.

Date signed

ATTACHMENT #6, Shawnee Heights USD 450, Exposure Control Plan

Consent for Testing

1. Name of Source Individual _____.

2. The source individual (is _____) (is not _____) known to be infected with HBV or HIV.

3. The school district, through (name) _____ sought the consent of the source individual to blood testing. The source individual (did _____) (did not _____) consent to blood testing.

4. The source individual (did _____) (did not _____) consent to having the results of the blood test released to the school district and to the affected employee.

Date

Signature of Source Individual or Parent/Guardian

Date

Witness