

SPOTSYLVANIA COUNTY SCHOOLS

Exposure Control Plan

I. INTRODUCTION

The OSHA/VOSH 1910.1030 Bloodborne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. A variety of harmful microorganisms may be transmitted through contact with infected human blood. Hepatitis B virus (HBV), Hepatitis C virus (HCV) and the Human Immunodeficiency virus (HIV) can infect workers who have been exposed to human blood and certain other body fluids containing these viruses. Exposures can occur as a result of needle stick injuries, by direct contact of mucous membranes and non-intact skin. Although HBV, HCV and HIV are rarely transmitted following occupational exposure incidents, because of the risk of serious illness or death post exposure to these pathogens, all possible measures will be implemented to prevent blood and body fluid exposure to workers.

This exposure control plan has been established by Spotsylvania County Schools in order to minimize and to prevent, when possible, the exposure of our employees to disease-causing microorganisms transmitted through human blood and body secretions and as a means of complying with the Bloodborne Pathogens Standard. All employees who are exposed to blood and other potentially infectious materials as a part of their job duties are included in this program. (See II. Exposure Determination for a discussion of job categories and tasks.)

This plan will be reviewed at least annually and updated as necessary by SCPS Health Services Director. Copies of this plan are available (for review by any employee) in the following locations:

Spotsylvania County Schools website www.spotsylvania.k12.va.us

An employee may obtain a copy of this plan within 10 days of his/her request to SCS Health Services.

II. EXPOSURE DETERMINATION

All job categories in which it is responsible to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (listed below) will be included in this exposure control plan. Exposure determination is made without regard to the use of personal protective equipment (i.e. post exposure evaluation is done for employees even if they wear personal protective equipment.)

Other Potentially Infectious Materials (OPIM)

Body Fluids

- semen
- vaginal secretions
- cerebrospinal fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- breast milk
- synovial fluid
- amniotic fluid cultures and culture medium
- any body fluid visibly contaminated with blood
- saliva in dental procedures infected with HIV or HBV

Other Materials

- any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV, HBV, HCV containing cell or tissue cultures, organ blood, organs or other tissues from experimental animals

LIST A

ALL EMPLOYEES ARE EXPOSED

Employees deemed at highest risk categories listed here are included in the plan.

School Nurses
School Nurse Director
Athletic Trainers
Spotsylvania Career & Technical Center – Nursing Instructors
Dental Assistant Instructors

LIST B

SOME EMPLOYEES ARE EXPOSED

Job classifications in which some employees may have occupational exposure are included on this list. Since not all the employees in these categories are expected to incur exposure to blood or other potentially infectious materials, the tasks or procedures that would cause these employees to have occupational exposure are also listed. The job classifications and associated tasks for these categories are as follows:

Job Classification	Tasks/Procedures
Designated Athletic Coaches	Treatment of an injury
Designated Building Custodians	Clean up after an illness or injury that involves body fluids
Teachers (as identified)	Working with students with identified disabilities/illnesses
Para educators (as identified)	Working with students with identified disabilities/illnesses
Designated Secretary/Other Site Employee	Treatment of injuries/illnesses in absence of the nurse
Cosmetology Instructors	

Standard Precautions

All blood or other potentially infectious materials (as described in II). Exposure Determination) shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

III. METHODS OF CONTROL

Engineering and Work Practice Controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering controls will be utilized:

Engineering Controls

Puncture resistant sharps containers will be located in each school nurse clinic and in Health Services. The above controls will be maintained or replaced on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Reviewed by the Supervisor of Health Services by October of each year.

Sharps with Engineered Sharps Injury Protections

In accordance with Bloodborne Pathogen standard 29 CFR 1910.1030(b) "sharps with engineered sharps injury protections", Becton-Dickinson. UltraSafe B series needle guards and the Futura safety syringe were shown to Spotsylvania County School nurses on July 29, 2014. Their input on the preferred safety device was solicited. The VanishPoint Safety syringe by Retractable Technologies, Inc. was selected for its ease of use and affordability and the BD Safety Glide by Becton Dickinson & Company was selected for use with prefilled syringes of hepatitis B and influenza serum in vials.

Handwashing and other General Hygiene Measures

Handwashing is a primary infection control measure which is protective of both the employee and the patient. Appropriate handwashing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water, as soon as possible.

Sinks/handwashing facilities are available in each school clinic. Antiseptic hand cleanser will be used in conjunction with paper towels or antiseptic towelettes by identified employees other than nurses when sinks/handwashing facilities are not available.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.

Sharps Management

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Recapping is prohibited.

Sharp containers must be closable, puncture resistant, labeled or color-coded, and leak proof on sides and bottom, and maintained upright throughout use. Containers are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found. Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposable sharps containers. Contaminated broken glass is also to be placed in disposable sharps containers. As soon as possible after use, reusable contaminated sharps are to be placed in the reusable sharps container until properly processed.

Sharp containers will be located in each school clinic, Health Services, Spotsylvania Career & Technical Center.

Overfilling of sharp containers creates a hazard when needles protrude from openings. Nearly full containers must be promptly disposed of (or emptied and decontaminated in the case of reusable sharps) and replaced. Each school nurse will be responsible for maintaining sharp containers.

Precautions in Handling Specimens

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped.

Containers must be labeled/color-coded if they go out of the facility (labeling must also be used in house if all specimens are not handled using standard precautions.)

If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or, resists puncture during handling, processing, storage, transport, or shipping.

**The handling of specimens is not applicable to this job site.

Management of Contaminated Equipment

Assess equipment for contamination, and decontaminate if possible, before servicing or shipping. Equipment which has not been fully decontaminated must have label attached with information about which parts remain contaminated.

Personal Protective Equipment

General Guidelines

All personal protective equipment will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees. Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes are anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags and pocket masks are available. Employees who have allergies to regular gloves may obtain hypoallergenic gloves. Gloves will be provided and worn in all cases where exposure is possible.

CPR Microshields and Clear Mouth Barriers are available in each school clinic, Health Services, and the Spotsylvania Career and Technical Center nursing labs and dental operatories.

If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work area; it shall be placed in assigned containers for storage, washing, decontamination or disposal.

Protection for Hands

Gloves shall be worn in the following situations:

- when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin;
- when performing vascular access procedures;
- when handling or touching contaminated items or surfaces.

Disposable Gloves

- Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
- Do not wash or decontaminate single use gloves for re-use.

Utility Gloves

- Decontaminate for re-use if the gloves are in good condition.
- Discard when gloves are cracked, peeling, torn, punctured or show other signs of deterioration (whenever their ability to act as a barrier is compromised).

Protection for Eyes/Nose/Mouth

Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Situations which would require such protection are as follows:

Performing CPR or mouth-to-mouth resuscitation/resuscitation devices will be used.

Protection for the Body

A variety of garments including gowns, aprons, lab coats, clinic jackets, etc. are to be worn in occupational exposure situations.

The following situations require the use of protective clothing:

None

Housekeeping

General Policy

The workplace will be maintained in a clean sanitary condition. A written housekeeping procedure guide, which gives the appropriate methods and frequency of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed, must be followed. The guide will be located in the Director of Maintenance office.

Equipment and Environmental and Working Surfaces

Clean contaminated work surfaces with appropriate disinfectant:

- after completing procedures;
- immediately or as soon as feasible when overtly contaminated or after any spill of blood or OPIM;
- at the end of the work shift if the surface may have become contaminated since the last cleaning.

Remove and replace protective coverings (e.g. plastic wrap, aluminum foil, etc.) over equipment and environmental surfaces as soon as feasible when overtly contaminated or at the end of the work shift if they may have become contaminated.

Regularly inspect/decontaminate all reusable bins, pails, cans, and similar receptacles which may become contaminated with blood or OPIM. If these articles become visibly contaminated, they should be decontaminated or discarded immediately or as soon as feasible.

Special Sharps Precautions

Clean up broken glass which may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. **DO NOT** pick up directly with the hands.

Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury. **DO NOT** reach by hand into a container which stores reusable contaminated sharps.

Regulated Waste

Includes:

- liquids 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;
- items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
- contaminated sharps;
- pathological and microbiological wastes containing blood or other potentially infectious materials.

Waste Containers

Any of the substances listed above must be placed in containers which are: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.

In this facility, containers will be identified with biohazard labels. Regulated waste that has been decontaminated need not be labeled or color-coded.

Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated, it is to be placed in a second container which must have the same characteristics as the initial container as discussed above.

Contracted companies will be notified to pick up and dispose of contaminated waste containers as needed.

Laundry

Employees who handle contaminated laundry are to wear protective gloves and other appropriate personal protective equipment.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Do not sort/rinse laundry in location of use. Place in container/bag where it was used. Wet contaminated laundry which may soak through or cause leakage from bag or container will be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior or double bagged.

Bags/containers will be labeled.

Laundry at each facility will be cleaned by its designated company or on that site by a designated employee.

Communication Hazards to Employees

Employees will be informed of hazards through a system of color coding with labels, as well as a training program which is discussed in Section VI of this written plan.

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Contaminated equipment shall also be labeled in this manner: information about the portions of the equipment that remain contaminated shall be added to the label.

Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have: the biohazard symbol and the text BIOHAZARD.

Red bags or red containers may be substituted for the warning label.

The labels/color-coding described here are not required in the following instances:

- when containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use;
- when individual containers of blood or other potentially infectious materials are placed in labeled containers during storage, transport, shipment or disposal;
- when regulated waste has been contaminated.

IV. HEPATITIS B VACCINATION POLICY

General Statement of Policy

All employees who have been identified as having exposure to bloodborne pathogens (see II. Exposure Determination) will be offered the hepatitis B vaccination series and a blood test to confirm immunity at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.

All medical evaluations and procedures including the hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U.S. Public Health Service. A copy of the bloodborne pathogens standard will be provided to the health care professional responsible for the employee's hepatitis B vaccination.

Spotsylvania County Schools, Health Services, Nurse Practitioner
Mary Washington Hospital, Employee Health Services

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B Vaccination

The vaccinations are a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. At this time a routine booster dose is not recommended, but if the U.S. Public Health Service, at some future date recommends a booster, it will also be made available to exposed employees at no cost. Two to three months after completion of the series the employee will be given a laboratory form and instructed on the days, date and place for blood work to confirm immunity.

The vaccination will be made available to employees after they have attended training on bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure. The vaccination series will not be made available to employees who have previously received the complete hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated.

Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement.

Scheduling of Hepatitis B vaccinations will be arranged through the school Nurse, and Health Services.

V. PROCEDURES FOR EVALUATION AND FOLLOW-UP OF EXPOSURE INCIDENTS

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Employees who experience an exposure incident must immediately report their exposure to the site principal/designee and school nurse. The school nurse will report the exposure to the Director of Health Services. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:

- documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
- identification and documentation of the source individual unless identification is infeasible.

A Workers' Compensation Documentation of Injury Report will be completed by the schools VML representative and the employee will be advised to select and seek care from one of the physicians on the workers compensation list.

If the infectivity status of the source individual is unknown, the source individual's blood will be tested as soon as feasible after consent is obtained. If the source individual's blood is available, and the individual's consent is not required by law, the blood shall be tested and the results documented. The exposed employee will be informed of the results of the

source individual's testing.

The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV and HIV serological status. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee will be offered counseling and medical evaluation of any reported illnesses.

The following information will be provided to the healthcare professional evaluating an employee after an exposure:

- a copy of 1910.1030 bloodborne pathogens standard;
- a description of the exposed employee's duties as they relate to the exposure incident;
- the documentation of the route(s) of exposure and circumstances under which exposure occurred;
- results of the source individual's blood testing, if available;
- all medical records relevant to the appropriate treatment of the employee including vaccination status.

Spotsylvania County Schools shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion will be limited to the following information:

- the employee has been informed of the results of the evaluation;
- the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

NOTE: All other findings shall remain confidential and shall not be included in the written report.

VI. EMPLOYEE TRAINING

Employees will be trained regarding bloodborne pathogens at the time of initial assignment to tasks where exposure may occur and annually, during work hours. Additional training will be provided whenever there are changes in tasks or procedures which affect employees' occupational exposure; this training will be limited to the new exposure situation.

The training approach will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer. The Director of Health Services is responsible for arranging and/or conducting training.

The following content will be included:

1. explanation of the bloodborne pathogens standard;
2. general explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases;
3. explanation of this exposure control plan and how it will be implemented;
4. procedures which may expose employees to blood or other potentially infectious materials;
5. control methods that will be used at their facility to prevent/reduce the risk of exposure to blood or other potentially infectious materials;
6. explanation of the basis for selection of personal protective equipment;
7. information on the hepatitis B vaccination program including the benefits and safety of vaccination;
8. information on procedures to use in an emergency involving blood or other potentially infectious materials;
9. what procedure to follow if an exposure incident occurs;
10. explanation of post-exposure evaluation and follow-up procedures;
11. an explanation of warning labels and/or color-coding.

Training records shall be maintained for 3 years from the date on which the training occurred.

The following information shall be included:

- dates of training sessions;
- contents or a summary of the training sessions;
- names and qualifications of trainer(s); and
- names and job titles of all persons attending.

Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

VII. RECORD KEEPING PROCEDURES

Procedures are in place for maintaining both medical and training records. If Spotsylvania County Schools should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) will be notified at least three months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three-month period.

SHARPS INJURY LOG

OSHA standard Title 29 of the Code of Federal Regulations 1910.1030 non-mandatory appendix A exempts establishments classified by the Standard Industrial Classification code 82 from maintaining OSHA injury and illness records. Spotsylvania School System has an SIC of 8211 therefore exempt from maintenance of a Sharps Injury Log.

Medical Recordkeeping

A medical record will be established and maintained for each employee with exposure. The record shall be maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.20. The attending workman's compensation health care provider will be responsible for maintaining a medical record of the exposure.

The record shall include the following:

- name and social security number of the employee;
- a copy of the employee's hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- a copy of examination results, medical testing, and any follow-up procedures;
- a copy of the healthcare professional's written opinion;
- a copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive hepatitis B vaccination prophylactically and/or after an exposure incident.

Confidentiality of Medical Records

The record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation. Employee medical records required under 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

This Exposure Control Plan was prepared by:
Charles H. Harris, Director of Middle School Education
Date Prepared: August 21, 1992

Revised: August 29, 2016 by:
Alejandra Wilmer, MSN, RN, NCSN
Director of Health Services

Reviewed: July, 15, 2019 by:
Alejandra Wilmer, MSN, RN, NCSN
Director of Health Services

SPOTSYLVANIA COUNTY SCHOOLS

TRAINING RECORD
(29 CFR 1910.1030, pg. 64181, column three, (2) and (3))

Record each individual training session, including annual follow-up training on this form.

DATE OF SESSION:

SESSION SUMMARY ATTACHED

INSTRUCTOR(S)	QUALIFICATIONS
	REGISTERED NURSE

ATTENDEE	ATTENDEE JOB TITLE

CERTIFICATE OF ATTENDANCE

SPOTSYLVANIA COUNTY SCHOOLS

I, the undersigned, have completed the SPOTSYLVANIA COUNTY SCHOOLS BLOODBORNE PATHOGENS STANDARD TRAINING PROGRAM.

As a part of this training, I have watched a video presentation and received instructions in STANDARD PRECAUTIONS.

My trainer has instructed me in specific provisions of the STANDARDS pertaining to my duties and informed me of the location of the EXPOSURE CONTROL PLAN.

Signed

Date

Trainer's Signature

Date of Training

HEPATITIS VACCINATION ELIGIBILITY

(29 CFR 1910.1030, pg. 64179, column two, (f) through column three, (2) (v)

SPOTSYLVANIA COUNTY SCHOOLS

EMPLOYEE	DEPARTMENT	ACCEPTANCE/ DECLINE	DATES SCHEDULES	INOCULATION RECEIVED			ADMINISTERING HEALTHCARE PROFESSIONAL INITIAL)
				#1	#2	#3	

SPOTSYLVANIA COUNTY SCHOOLS

INFORMATION ABOUT HEPATITIS B VACCINE

The Vaccine

Hepatitis B vaccine is a non-infectious sub unit viral vaccine derived from Hepatitis B surface antigen produced in yeast cells.

Possible Vaccine Side Effects

Serious side effects have been uncommon. A few persons experience tenderness and redness at the site of injection. Low-grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. The package insert is available upon request and has a detailed list of adverse reactions.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please ask the School Nurse or Spotsylvania County’s School Health Services.

Contraindications

Hypersensitivity to yeast protein, formalin, aluminum hydroxide and thimerosal (mercury derivative).

Pregnancy

The risk benefit of any vaccine should be considered in pregnancy.

CONSENT FORM

I have read the statement about the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that three doses of vaccine are required to confer immunity. As with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

Proof of immunity to Hepatitis or the acceptance of Hepatitis B vaccination is not a mandatory requirement. Spotsylvania County Schools does not accept liability for any adverse reactions or side effects that may occur. I wish to receive the vaccine. I have read the Information-Consent Form and understand that taking the vaccine is voluntary on my part.

Print Name	Signature	Date
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Address: _____

Phone # _____ SSN# _____

*Parent’s signature (If minor is under 18) Name of School/Department

	<u>Date Vaccinated</u>	<u>Site</u>	<u>Lot #/Exp</u>	<u>Nurse</u>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

VACCINATION DECLINATION FORM

(29 CFR 1910.1030, pg. 64179, column three, (2) (iii and iv))

SPOTSYLVANIA COUNTY SCHOOLS

DATE:

EMPLOYEE NAME:

SSN#

I understand that due to my job category I may be at risk for exposure to blood or to other potential infectious materials, therefore 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 the **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.

EMPLOYEE SIGNATURE

DATE

SB 659 School board employees; testing for blood-borne pathogens.

[Patron - Frank M. Ruff \(all patrons\)](#)

Summary as passed Senate: [\(all summaries\)](#)

School board employees; consent to testing for blood-borne pathogens. Adds school board employees who are exposed to persons in a manner that may transmit HIV or hepatitis B or C to those individuals deemed to have consented to testing for infection with HIV or hepatitis B or C viruses and the release of test results to the exposed person. In addition, persons, including students, directly exposed to the body fluids of a school board employee are also deemed to have consented to testing for infection with these viruses and the release of the test results to the exposed school board employee. If the person to be tested is a minor, consent for the testing shall be obtained from the parent, guardian or person standing in loco parentis. If consent is withheld, the school board may petition the juvenile and domestic relations district court for an order requiring the testing. Procedures for teacher exposure to student body fluids are set forth in § 22.1-271.3, which directs school boards to ensure that school personnel having contact with students receive training in the prevention and effects of blood-borne pathogens. This measure mirrors current requirements for health care providers and law-enforcement personnel.

Full text:

[01/18/02 Senate: Presented & ordered printed 021325526](#)

[12/02/02 Senate: Introduced bill reprinted 021325526](#)

[12/02/02 House: Committee substitute printed 033003526-H1](#)

[01/15/03 Senate: Bill text as passed Senate and House \(SB659ER\)](#)

[02/06/03 Senate: Reenrolled bill text \(SB659ER2\)](#)

[02/10/03 Governor: Acts of Assembly Chapter text \(CHAP0001\)](#)

Amendments:

[House amendments](#)

[House amendments rejected](#)

[Governor's recommendation](#)

Status:

02/10/03 Governor: Acts of Assembly Chapter text (CHAP0001)

SCHOOL NURSE SIGNATURE

DATE

POST-EXPOSURE REPORT

(29 CFR 1910.1030, pg. 64179, column three, (3) through pg. 64180, column one, (B) (vi))

Use this report for details of POST-EXPOSURE EVALUATION and FOLLOW-UP PROCEDURES.

ACTIVITY	COMPLETION DATE
Employee furnished with documentation regarding exposure incident.	
Source individual identified. Name of source individual:	
Source individual's blood tested and results given to exposed employee. <input type="checkbox"/> Check here if consent has not been able to be obtained.	
Exposed employee's blood collected and tested.	
Appointment arranged for employee with healthcare professional. Professional's name:	
Documentation forwarded to healthcare professional: <input type="checkbox"/> Bloodborne Pathogens Standard. <input type="checkbox"/> Description of exposed employee's duties. <input type="checkbox"/> Description of exposure incident, including routes of exposure. <input type="checkbox"/> Result of source individual's blood testing <input type="checkbox"/> Employee's medical records	

POST EXPOSURE MEDICAL CARE DECLINATION FORM

EMPLOYEE/STUDENT NAME: _____
Last Name First Name

ADDRESS: _____
City State Zip Code

DOB: _____ SSN: ____ - ____ - ____ HOME PHONE: (____) _____

Date of Exposure: _____ Location: _____

I understand that I have had an exposure to blood, body secretions which may contain blood or other potentially infectious materials that may contain Hepatitis B virus (HBV), Hepatitis C virus (HCV) or Human Immunodeficiency virus (HIV).

I have been counseled regarding obtaining a health care provider for medical care and testing for HBV, HCV, and HIV.

I understand the risks of not being tested for these viruses and at this time decline to seek a healthcare provider for the purpose of blood testing and counseling related to this exposure.

Employee

Date

Parent/guardian signature

Date

Principal//designee

Date

**SPOTSYLVANIA COUNTY SCHOOLS
POST EXPOSURE FORM**

School/Location of Exposure Incident: _____ Date of Incident: _____

EMPLOYEE NAME: _____

JOB TITLE: _____ PID # _____ DOB: _____

ADDRESS: _____

TELEPHONE#: () _____ CELLULAR#: () _____

EMERGENCY CONTACT NAME: _____ TELEPHONE#: () _____

BRIEF STATEMENT OF THE INCIDENT:

DATE OF VACCINATIONS:

Hepatitis B (1) ___/___/___ (2) ___/___/___ (3) ___/___/___ Titer ___/___/___

Td/Tdap ___/___/___

REFERRED TO WORKERS COMPENSATION PHYSICIAN: ___ YES ___ NO

If not referred give explanation: _____

(declination form must be completed if medical services recommended but refused)

Signature of Employee

Date

Signature of person completing form

Title

Date

**SPOTSYLVANIA COUNTY SCHOOLS
POST EXPOSURE FORM**

School/Location of Exposure Incident: _____ Date of Incident: _____

STUDENT NAME: _____

STUDENT'S GRADE: _____ SS# _____ - _____ - _____ DOB: _____

ADDRESS: _____

TELEPHONE#: () _____ CELLULAR/ PAGER#: () _____

EMERGENCY CONTACT NAME: _____ TELEPHONE#: () _____

BRIEF STATEMENT OF THE INCIDENT: _____

DATE OF VACCINATIONS:

Hepatitis B (1) ___/___/___ (2) ___/___/___ (3) ___/___/___ Titer ___/___/___

Td or DTP or Dap ___/___/___

REFERRED TO PHYSICIAN: _____ YES _____ NO

If not referred give explanation: _____

(declination form must be completed if medical services recommended but refused)

Signature of Parent/Guardian Date

Signature of person completing form Title Date

TITER DECLINATION FORM

SPOTSYLVANIA COUNTY SCHOOLS

DATE:

EMPLOYEE NAME:

SSN#

I understand that upon completion of the Hepatitis B vaccine series it is recommended that I receive a titer to determine if I have obtained acquired immunity to the Hepatitis B virus. I have been given the opportunity to receive the titer at no charge to myself. However, I decline the Hepatitis B titer. I understand that if I decide to have the titer in the future, it will be at my expense.

EMPLOYEE SIGNATURE

DATE

SCHOOL NURSE SIGNATURE

DATE