

In accordance with the OSHA Bloodborne Pathogens Standard, 1910.1030, the following exposure control plan has been developed:

### **A. Purpose**

The purpose of the exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Comply with the OSHA Bloodborne Pathogens Standard, 1910.1030.

### **B. Exposure Determination**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category:

#### **Expected Exposure Job Category**

1. School Nurses and nurse assistants who provide first-aid to the sick and injured students and staff members.
2. School building secretaries who provide first-aid when the nurse is unavailable.
3. Custodians who clean up blood and body fluid spills on the school premises.
4. Special Education personnel who care for the high risk students, i.e. those students who drool, bite, or are incontinent of stool or urine. This list includes the Occupational Therapist, the Speech Therapist, Teachers for Multi-handicapped and Emotionally Disturbed students, and the aides to the above personnel who provide services for high risk students.
5. First responder designee who is assigned to administer first-aid to an injured athlete in school sponsored athletic programs.
6. First responder designee assigned to administer first aid during playground supervision. First responder designees shall be assigned duty rotation at least 3 times per week.
7. Bus Drivers and/or bus aides who may have to clean up blood and body fluid spills if such should happen when they are transporting students.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employee in these categories are

considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

1. Vocational Agriculture teachers who may come in contact with blood if a student is injured in the shop area.
2. Industrial Arts teachers who may come in contact with blood if a student is injured in the shop area.
3. Physical Education teachers who may come in contact with blood or body fluid spills if a student is injured during PE.

### **C. Implementation Schedule and Methodology**

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

#### **1. Compliance Methods**

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

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this district. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. In this district the following engineering controls will be utilized:

Sharps containers, gloves, red bags for biohazard waste, covered waste baskets, paper towels, cleansing towelettes, biohazard traveling kits for buses, playground first responders, and athletic department. Mini biohazard kits in each classroom.

The above controls will be examined and maintained by each department. The nurses will review the effectiveness of the controls with unscheduled inspections at least once per semester to determine adequate maintenance.

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. (If hand washing facilities are not feasible, the district will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.)

Each employee shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

Each employee shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

## **2. Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. If the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure, such action must be done by the use of a mechanical device or a one-handed technique.

## **3. Containers for REUSABLE sharps**

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. Sharps containers are to be puncture resistant, labeled with a biohazard label and are leak proof.

## **4. Work Area Restrictions**

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

## **5. Contaminated Equipment**

The school nurse is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Equipment not decontaminated shall be tagged/labeled.

## **6. Personal Protective Equipment PPE Provision**

The Personnel director and the district nurses are responsible for ensuring that the following provisions are met:

This district will provide for all personal protective equipment at no cost to employees. Personal protective equipment will 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 employees clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment will be used.

CPR face shields will be provided in the playground monitors fanny pack and will also be in the nurses offices and the athletic medical kits. Situations in this district which would require its usage would be when a student's heart and breathing have stopped. These

mini-medical kits will also contain latex gloves, paper towels, disinfectant cleaning liquids, biohazard plastic bags, clean-up scoopers and antiseptic towelettes or cleaners.

### **PPE Use**

Each employee shall ensure the appropriate use of PPE unless the employee's supervisor relays that the employee temporarily and briefly declined to use PPE due to rare and extraordinary circumstances, which was in the employee's professional judgment, in the specific instances, its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

### **PPE Accessibility**

An employee's immediate supervisor shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

### **PPE Cleaning, Laundering and Disposal**

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

### **Gloves**

Gloves shall be worn where it is reasonably anticipated that the employees will have hand contact with blood, other potentially infectious materials, non-intact skin and mucous membranes, and when handling or touching contaminated items or surfaces.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, splatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Goggles and masks will be available at the nurse station and janitor's office area in each building.

### **Additional Protection**

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) may be worn in instances when gross contamination can reasonably be anticipated.

## **7. Housekeeping**

Facilities will be cleaned and decontaminated according to the following schedule:

| <u>AREA</u>       | <u>SCHEDULE</u> | <u>CLEANER</u> |
|-------------------|-----------------|----------------|
| All bathrooms     | daily           | DMQ or NABC    |
| Bathrooms/Hallway | daily           | DMQ            |

All areas will be cleaned as quickly as is feasible after any blood or body fluid spill by the custodians with DMQ cleaner and/or NABC cleaner.

Decontamination will be accomplished by utilizing the following materials:

- DMQ
- NABC
- 1:100 Bleach/Water Solution

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

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis: daily as needed by custodians.

Any broken glassware which may be contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

## **8. Regulated Waste Disposal**

### **Disposable Sharps**

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom and labeled or color coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

The containers shall be maintained upright throughout use and replaced routinely before they become overfilled.

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

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

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

### **Other Regulated Waste**

Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste must be labeled or coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

## **9. Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled, or color coded red bag) bags at the location where it was used. Such laundry will be sorted or rinsed in the area of use.

School owned uniforms, towels, etc., that are exposed to blood and body fluids will be laundered by the custodians at the various school buildings where the washers and dryers are located.

## **10. Hepatitis B Vaccine and Post-Exposure Evaluation/Follow-Up**

### **General**

This district shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure as outlined in B at no cost to the employees. All other district employees may obtain the Hepatitis B vaccine series at shared cost between the district and employee.

This district shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series are:

- a. made available at no cost to expected occupational high risk exposure as outlined in Section B: Exposure Determination;
- b. made available to other district employees at a reasonable cost;
- c. made available to the employee at a reasonable time and place;
- d. performed by or under the supervision of a licensed healthcare professional; and
- e. provided according to the recommendations of the U.S. Public Health Service.

### **Hepatitis B Vaccination**

School Nurses are in charge of the Hepatitis B vaccination program.

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure within 10 working days after initial assignment to a position having expected occupational exposure or as soon as feasible unless the employee has previously received the complete Hepatitis B vaccination series, documented antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination, but at a later date while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.

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

### **Post Exposure Evaluation**

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the School Nurse.

Documentation shall include:

- a. the route of exposure, and the circumstances under which the exposure incident occurred, and
- b. the identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.

Following a report of an exposure incident, the exposed employee shall be counseled to seek exposure evaluation counseling from the employee's personal physician. All post exposure follow-up will be performed by the employee's personal physician.

## **11. Labels and Signs**

The Maintenance Director shall ensure that biohazard labels shall be affixed to containers of regulate waste, refrigerators and freezers containing blood or other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

## **12. Information and Training**

School Nurses shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee.

The training will be interactive and cover the following:

- a. an explanation of standard contents
- b. a discussion of the epidemiology and symptoms of bloodborne diseases
- c. an explanation of the modes of transmission of bloodborne pathogens
- d. an explanation of the district's Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy
- e. the recognition of tasks that may involve exposure
- f. an explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE)
- g. information on the types, use, location, removal, handling, decontamination, and disposal of PPEs
- h. an explanation of the basis of selection of PPE
- i. information on the Hepatitis B vaccination, including efficacy, safety, method of administration and benefits
- j. information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- k. an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
- l. an explanation of the signs, labels, and color coding systems.



The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

### **13. Recordkeeping**

#### **Medical Records**

School Nurses are responsible for maintaining medical records as indicated below. Employee medical records will be kept at central administration.

Medical records shall be maintained in accordance with OSHA Standard 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following;

- a. The name and social security number of the employee.
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination.
- c. A copy of all results of examinations, medical testing, and follow-up procedures if released to the school district.
- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

#### **Training Records**

School Nurses are responsible for maintaining the following training records. These records will be kept at central administration.

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- a. the dates of the training sessions
- b. an outline describing the material presented
- c. the names and qualifications of persons conducting the training
- d. the names and job titles of all persons attending the training sessions.

#### **Availability**

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20

All employee records shall be made available to the Assistant Secretary of Labor for Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

#### **Transfer of Records**

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of NIOSH shall be contacted for final disposition.

#### **14. Evaluation and Review**

School Nurses are responsible for annually reviewing this program for its effectiveness and for updating this program as needed.

#### **15. Dates**

All provisions required by this standard will be implemented by \_\_\_\_\_

## APPENDIX

### A. TRAINING RECORD

#### TRAINING INFORMATION

### B. HBV EMPLOYEE VACCINATION STATEMENT

### C. EXPOSURE INCIDENT PROCEDURE EXPOSURE INCIDENT CHECKLIST CLEAN UP PROCEDURE

### D. INCIDENT REPORT

### E. WCD-1

### F. WCD-2

### G. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

### H. INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

TRAINING RECORD

1. Date of training session \_\_\_\_\_

2. Names and qualifications of those doing the training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Names, job descriptions, and assigned work site of those attending training session:

| NAMES | JOB DESCRIPTION | WORK SITE |
|-------|-----------------|-----------|
| _____ | _____           | _____     |
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## TRAINING INFORMATION

- A. A copy of the standard and an explanation of its contents;
- B. A discussion of the epidemiology and symptoms of bloodborne diseases;
- C. An explanation of the modes of transmission of bloodborne pathogens;
- D. An explanation of the Fremont County School District #25 Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy.
- E. The recognition of tasks that may involve exposure.
- F. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- G. Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.
- H. An explanation of the basis of selection of PPEs.
- I. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, and benefits.
- J. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- K. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- L. Information on the signs, labels, and color coding systems.

HEPATITIS B

**EMPLOYEE DECLINATION STATEMENT**

FREMONT COUNTY SCHOOL DISTRICT #25

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. However, I decline Hepatitis B vaccine 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.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## **HEPATITIS B**

### **EMPLOYEE CONSENT STATEMENT**

#### **FREMONT COUNTY SCHOOL DISTRICT #25**

I have been provided with information regarding the risk of occupational exposure to blood or other potentially infectious materials. I would like to request that provisions be made for me to receive the three shot series of Hepatitis B Vaccine at the Fremont County Public Health Department.

I understand that I will need to pay Public Health their cost of the vaccine plus the inoculation fee for each of the three inoculations as they are given. Upon providing the district with a statement from Public Health verifying that I have completed the Hepatitis B series, I will be reimbursed by the district for half of my Public Health expenses.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

### EXPOSURE INCIDENT PROCEDURE

1. Perform immediate First Aid procedures (such as thorough washing of skin or flushing of mucous membranes, or encouraging bleeding from puncture wounds).
2. If possible, identify source of exposure or keep syringe/needle for possible testing. Make every effort to obtain a blood sample from the source individual. If the source patient will agree, have blood drawn and submit specimens to the State Lab for Hepatitis B antigen and HIV Status. Test results should be sent to the employee's physician providing the medical evaluation counseling.
3. Report immediately to the School Nurse.
4. Complete an Incident Report which includes details of the exposure.
5. Employee should be counseled to promptly contact the employee's local physician for immediate medical evaluation counseling.
6. The evaluating physician should receive a report of the exposure incident. She or he should also be given information about the employee's Hepatitis B vaccination and immunity status. Information about the source exposure and test results, if known, should be given to the physician. The employee's test results should be received by the employee's physician only.
7. When an accident occurs, an immediate baseline blood draw should be performed. This can be drawn at the Public Health Nurse Office with results going to the physician doing the medical evaluation. The baseline draw will indicate:
  - a. Employee's HBV immunity (Hepatitis B antibody)
  - b. HIV status
8. If HBV immunity is not adequate, a Hepatitis B Immune Globulin (HBIG) passive immunization, if medically indicated, will be offered and the vaccine series or booster offered as indicated in C-10.
9. If the exposure was to blood that is known to be HIV infected or a source at high risk of HIV, the employee will be offered treatment with AZT (which will be available at hospital emergency rooms). The efficacy of AZT is unknown. If the employee chooses AZT therapy, it is important for it to be started within 1-3 hours of the exposure, so immediate reporting is required.



10. Unless the source patient test negative for HIV, subsequent HIV retesting to be conducted by the employee's personal physician is usually recommended in 6 weeks, 3 months, and 6 months. Test results remain with the employee's evaluating physician.
11. Employee health records are confidential. HIV and/or HVB status is NOT reported to the employer without written permission of the employee.
12. If the employee refuses follow-up medical evaluation after counseling, the refusal shall be documented and signed by the employee (see Appendix H).

# EXPOSURE INCIDENT CHECKLIST

Date/Time  
Completed:

\_\_\_\_\_ Immediate First Aid (washing skin, flushing mucous membranes, encouraging bleeding of puncture, etc.)

\_\_\_\_\_ Report to School Nurse. STAT

\_\_\_\_\_ Identify source and obtain source blood sample when feasible for Hepatitis B antigen and HIV antibody.

Consent Signed: \_\_\_\_\_ Not Signed: \_\_\_\_\_

\_\_\_\_\_ Complete a confidential Exposure Report.

\_\_\_\_\_ Draw employee's blood for baseline serology to:  
-determine Hepatitis B immunity status  
- HIV status

\_\_\_\_\_ Obtain prompt medical evaluation from:  
-local physician's name: \_\_\_\_\_  
(Physician must be given required information)

\_\_\_\_\_ If requested assist in obtaining Hepatitis B vaccine and/or Hepatitis Globulin (HBG) or in obtaining AZT.

\_\_\_\_\_ Complete Employer (WCD-1) and recommended completion of Employee (WCD-2) Worker's Compensation Injury Reports.

Filed \_\_\_\_\_ Not Filed \_\_\_\_\_

\_\_\_\_\_ Complete OSHA form No. 200 within six working days and updated log appropriately. Log is maintained in designated file for five years.

\_\_\_\_\_ If an employee chooses not to have blood drawn or obtain a medical evaluation, employee completes the refusal form.

CLEAN UP PROCEDURE

Staff's Name: \_\_\_\_\_

Client Involved: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Chemicals used in clean up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Protective devices used by staff: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of the cleanup procedure:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Description of disposal of infection waste:

\_\_\_\_\_

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Staff Member

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Coordinator

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Reviewed by Supervisor

EXPOSURE INCIDENT REPORT

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

Employee Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Source of Exposure: \_\_\_\_\_

Source Located at: \_\_\_\_\_

Exposure Incident Circumstances: (Describe what happened and route and place of exposure)

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Person(s) notified of exposure: \_\_\_\_\_

Source Patient's HIV antibody status/HBV antigen status and/or risk assessment:

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Describe follow-up procedures taken eg, Dr. visits, test taken, etc.:

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Employee's Hepatitis B Vaccine History:

Dose #1 \_\_\_\_\_

Dose #2 \_\_\_\_\_

Dose #3 \_\_\_\_\_

Employee's Immunity Status \_\_\_\_\_

Date of Test (anti-HBs) \_\_\_\_\_

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

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Superintendent's Signature

## WCD-1

“Employer’s Report of Injury or Occupational Illness or Disease”

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

Form completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## WCD-2

**“Employee’s Report of Injury or Occupational Illness or Disease”**

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.

Employee Signature/Date

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Superintendent's Signature/Date

(This form is attached to the Incident Report and filed in the Confidential File)



HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Is the HBV vaccination indicated for this employee? \_\_\_\_\_

Has this employee ever received the HBV vaccine before? \_\_\_\_\_

POST-EXPOSURE FOLLOW-UP

1. Would you please give a statement that this Fremont County School District #25 employee has been informed of the results of the HBV evaluation?

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2. Would you please give a statement that this Fremont County School District #25 employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment?

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Completed by \_\_\_\_\_  
Signature/Title/Date

(Note: All other findings or diagnoses shall remain confidential and shall not be included in this report.)

**Please send this completed form to:**

Fremont County School District #25  
Attn: Personnel Director  
121 N. 5<sup>th</sup> Street West  
Riverton, WY 82501

## INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

I, \_\_\_\_\_, am employed by Fremont County School District #25 as an employee. My employer has provided training to me regarding infection control and the risk of disease transmission in the agency.

On \_\_\_\_\_, I was involved in an exposure incident when I (describe incident below):

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My employer has recommended follow-up medical evaluation (including testing for HBV immunity and HIV status) in order to assure that I have full knowledge of whether I have been exposed to or contacted an infectious disease from this incident.

However, I, of my own free will and volition, and despite my employer's recommendation, have elected not to have a medical evaluation. I have personal reasons for making this decision.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date

NOTE: Maintain this record for duration of employment plus 30 years.