

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT**

# **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**



**San Luis Coastal Unified School District  
Personnel Services  
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This handbook can be found on the District network at:  
<W:\Reference\Personnel\Safety\Bloodborne Pathogens Handbook.docx>

# SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

## BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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# SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

## BLOODBORNE PATHOGENS<sup>1</sup> EXPOSURE CONTROL PLAN

### I. IDENTIFICATION AND PURPOSE

- A. The federal Occupational Safety & Health Administration (OSHA) "Occupational Exposure to Bloodborne Pathogens" standard is codified as 29 CFR Part 1910.1030. The California standard (Cal-OSHA Bloodborne Pathogens) is codified as California Code of Regulations (CCR), General Industry Safety Orders, Title 8, Section 5193.
- B. The purpose of these standards is to eliminate, prevent, or minimize occupational exposure to Hepatitis B Virus (HBV), Hepatitis C (HCV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens which employees may encounter in the work place.

### II. GENERAL PLAN MANAGEMENT

#### A. RESPONSIBLE PERSONS

##### 1. Categories

- a. Exposure Control Officer
- b. Department managers and supervisors
- c. Education/Training Coordinator
- d. Employees

##### 2. Roles Defined

- a. The Director of Personnel will serve as the district's **Exposure Control Officer**. The **Exposure Control Officer** is responsible for overall management and support of the district's Bloodborne Pathogens Compliance Program. Activities include, but are not limited to:
  - 1) Overall responsibility for implementing the Exposure Control Plan for the district and improving, revising, and updating the plan when necessary.
  - 2) Working with management and other employees to develop and administer any additional bloodborne pathogens-related policies and practices needed to support the effective implementation of this plan.
  - 3) Keeping current on bloodborne pathogens requirements and utilizing, when necessary, the reference library on pathogens safety and health information maintained in the Risk and Loss Control Department of the Self-Insurance Program for Employees (SIPE) office.
  - 4) Acting as facility liaison during OSHA inspections.
  - 5) Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.

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<sup>1</sup>*Bloodborne Pathogens are defined as those infectious organisms which are present in the blood of an infected individual which may be transmitted to others under specific conditions.*

- b. **Department Managers and Supervisors** are responsible for exposure control in their respective areas and will work with the Exposure Control Officer and employees to ensure that proper procedures are followed.
- c. The Director of Personnel will be the **Education/Training Coordinator** and is responsible for the following activities to benefit all employees who have the potential for exposure to bloodborne pathogens:
  - 1) Maintaining an up-to-date list of district personnel requiring training;
  - 2) Coordinating suitable education/training programs;
  - 3) Maintaining appropriate training documentation such as sign-in sheets, quizzes, etc.; and
  - 4) Periodically reviewing the training programs with department managers and supervisors to include appropriate new information.
- d. **Employees'** roles in the execution of the Exposure Control Plan are to:
  - 1) Attend the bloodborne pathogens training sessions;
  - 2) Plan and conduct all operations in accordance with district work practice controls; and
  - 3) Develop good personal hygiene habits.

**B. AVAILABILITY OF THE PLAN TO EMPLOYEES**

The Exposure Control Plan is available to all employees any time during the normal work day. Employees are advised of this availability during education/training sessions. Copies of the plan are maintained in the following locations:

- 1. District Office
- 2. Office of the Director of Buildings, Grounds and Transportation
- 3. Principal or administrator's office at each site
- 4. Each non-school site office

**C. REVIEW AND UPDATE OF THE PLAN**

The plan will be reviewed and updated:

- 1. Annually; or
- 2. whenever new or modified tasks and procedures are implemented which affect employees' occupational exposure; or
- 3. whenever an employee's assignments or position are revised or new job functions are added so that new instances of occupational exposure may occur; or
- 4. whenever new functional positions are established within the district that may involve exposure to bloodborne pathogens; or

5. whenever information indicating that the Exposure Control Plan is deficient in any area.

### III. EXPOSURE DETERMINATION

For the purpose of this plan, "occupational exposure" means reasonably anticipated eye, mouth, other mucous membrane, non-intact skin or parenteral (piercing) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

The Cal-OSHA Standard applies to employees who the district identified as potentially at risk as determined by the types of daily first-aid activities required and whether or not the activities are primary duties or collateral duties. This determination is based on risks incurred while performing one's job or procedures without the use of personal protective equipment. All district employees must be identified. This includes contracted, per diem employees.

The following is a listing of job classifications in which employees have "occupational exposure" as determined by their primary job duties and are therefore included in Classification A.

<b>Classification A</b>	<b>Associated Task/Procedures</b>
School Nurses Pre K - K Teachers Agriculture Teachers P.E. Teachers Counselors who may assist with first aid	Render first-aid, provide specialized health care where blood may be mixed with other body fluids and/or administer injections.
Special Education Teachers Special Education Paraeducators Aides in TK, Preschool and Kindergarten Teacher-in-Charge Custodians	Provide special care procedures such as toileting or diapering students where blood may be mixed with other body fluids.
Principals Assistant Principals Athletic Directors/Coaches/Trainers <sup>2</sup> Playground Supervisors	May be designated as a <u>key</u> medical responder rendering first aid; interaction which results in a student spitting at, biting, or bleeding on an employee
Secretaries/Other clerical staff	Provide first-aid response to student injuries.

The job classifications and associated tasks for Classification B, in which employees have some "occupational exposure" as determined by their collateral duties include the following:<sup>3</sup>

<b>Classification B</b>	<b>Associated Task/Procedures</b>
All Teachers, Grade 1-Adult not noted in Class A Crossing Guards Bus Drivers Food Service Workers Maintenance Workers School site staff/administrators not designated as key medical responders or directly responsible for specialized health care procedures	Render first-aid; clean-up contaminated equipment/sites

The job Classification C, in which employees have little to no risk for "occupational exposures," includes the following:<sup>3</sup>

<b>Classification C</b>	<b>Associated Task/Procedures</b>
District Office staff (Office staff in Personnel, Instructional Services, Student Services, and Information Services and Technology)	Those listed in Classification C may be rendering employee-to-employee first-aid; involved in disaster response.

<sup>2</sup> The California Interscholastic Federation (CIF) has published standards for Communicable Disease Precautions, which provide rules for each sport, and new rules will be published each school year.

<sup>3</sup> Unless individually identified as meeting criteria set under Classification A.

#### IV. METHODS OF COMPLIANCE

San Luis Coastal Unified School District has established and implements the following measures to eliminate or minimize exposure to bloodborne pathogens.

##### A. UNIVERSAL PRECAUTIONS

1. **Responsibility.** The District Exposure Control Officer oversees the district's *Universal Precautions Program* defined in Board Policy 4119.43, 4219.43, 4319.43.
2. **Scope.** The District will treat all human blood and body fluids (e.g., vomitus, feces, semen, and vaginal secretions) as if they are known to be infectious for HBV, HCV, HIV, and other bloodborne pathogens, regardless of the perceived status of the source individual.

##### B. ENGINEERING CONTROLS

1. **Responsibility.** Department managers and supervisors of the employees in the positions identified in Section III of this plan will review tasks, procedures, and equipment annually.
2. **Records.** All operations where engineering controls should be updated or where equipment/supplies are needed should be completely recorded and retained as part of the main document.
3. **Controls:**
  - a. A spill clean-up procedure for cleaning maintenance equipment and hand tools which have had contact with blood or other potentially infectious materials;
  - b. Hand washing facilities, towels, antiseptic hand cleansers, or antiseptic towelettes are readily accessible;
  - c. First aid kits;
  - d. Personal protection.

##### C. WORK PRACTICE CONTROLS

1. **Supervisors/Managers** are responsible for overseeing implementation of Work Practice Controls.
2. **Employees** must observe the following rules for controlling exposure in the workplace:
  - a. Wash hands immediately, or as soon as possible, after removal of potentially contaminated gloves or other personal protective equipment.
  - b. Minimize or eliminate splashing, spraying, or other actions which generate droplets of infectious materials.

- c. Following any contact of body areas with any body fluids, wash hands and any other exposed skin with soap and water as soon as possible. Flush exposed mucous membranes with water.
- d. Eating, drinking, storage of food and drink, applying cosmetics or lip balm, and handling of contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

### 3. **Equipment**

- a. Vacuums, mops, ice packs, storage containers, etc., which become contaminated, are examined prior to servicing and are decontaminated as necessary, unless it can be demonstrated that decontamination is not feasible. Then, the equipment must be disposed of as contaminated waste.
  - b. Information regarding the remaining contamination is conveyed to all affected employees.
  - c. Employee training regarding equipment is provided or coordinated by the Director of Personnel, or designee, regarding any work practice controls with which the employee is inexperienced.
4. **Records.** Any time an exposure incident occurs, an "[Exposure Incident Investigation Form](#)" (sample in the Forms Section) will be completed by the supervisor of the exposed employee. A copy of the form will be immediately forwarded to the Exposure Control Officer for his/her action.

## D. **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

1. **Distribution.** Departmental supervisors are responsible for ensuring that appropriate and effective personal protective equipment is available at no cost to employees. Such PPE includes, but is not limited to:
  - a. Gloves;
  - b. Safety glasses, goggles;
  - c. Face shields, masks;
  - d. Gowns;
  - e. Hypo-allergenic gloves, glove liners, and similar alternatives available for employees allergic to the gloves the District normally supplies.
2. **General Rules for Use.**
  - a. Gloves are worn when hand contact with potentially infectious materials is anticipated, or when handling or touching contaminated items or surfaces.
  - b. Masks and eye protection, such as goggles and face shields, are used whenever splashes or sprays may generate droplets of infectious materials.

- c. Protective clothing (tank suits, coveralls) is worn whenever potential exposure to the body is anticipated.
3. **Training for Use of PPE.** District employees are to be trained regarding the use of the appropriate personal protective equipment for their job and tasks/procedures they perform. Training will be ongoing in the First Aid/CPR programs, monthly safety meetings, and special workshops. Additional training is provided by the supervisor or District Safety Coordinator if an employee takes a new position or new job functions are added to the current position.
  4. **Maintenance.**
    - a. All reusable personal protective equipment is inspected periodically and cleaned, decontaminated, repaired, or replaced, as needed to maintain its effectiveness.
    - b. Disposable gloves are replaced if contaminated, torn, punctured, or otherwise lose their ability to function as an exposure barrier.
    - c. All potentially contaminated personal protection is removed prior to leaving a work area.

#### **E. PROCEDURE FOR SHARPS EXPOSURE**

The procedure will include:

1. Gathering information about each exposure
2. Determining the frequency of use of the type and brands of sharps involved in the exposure
3. Identifying currently available engineering controls and selecting such controls as appropriate for the procedures performed by the employees in their work areas
4. Instances when a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgment, that the use of an engineering control would jeopardize an individual's safety or the success of a medical, dental or nursing procedure involving the individual
5. How to obtain the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas

#### **F. HOUSEKEEPING**

1. **Responsibility.** Custodial/maintenance supervisors are responsible for setting schedules for cleaning and decontaminating (if appropriate) and for the collection and handling of the District's contaminated waste.
2. **Cleaning and Decontamination.**
  - a. All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.



- b. Protective coverings (plastic trash bags or wrap, aluminum foil or absorbent paper) are removed and replaced as soon as possible after obvious contamination.
- c. Trash containers, pails, bins, and other receptacles in use are cleaned and decontaminated as soon as possible if visibly contaminated.

## **G. HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION, FOLLOW-UP**

### **1. Hepatitis-B Vaccination Program**

- a. **Policy.** San Luis Coastal Unified School District, in compliance with OSHA bloodborne pathogens standards, will make available the vaccination series at no cost to all employees determined by the District to be potentially at risk of exposure to bloodborne pathogens (see Section III, Classification A). 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 District will make available hepatitis B vaccination at that time.

The Exposure Control Officer is responsible for setting up and operating the vaccination program.

The vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment, unless 1) the employee has previously received the complete Hepatitis-B vaccination series, 2) antibody testing has revealed that the employee is already immune, or 3) the vaccine is contraindicated for medical reason.

- b. **Scope of Initial Program.** The program consists of a series of three inoculations over a six-month period. Vaccinations are administered at a reasonable time and place under the supervision of a licensed physician or other healthcare professional by injection in a three-dose series:
  - 1) Initial dose;
  - 2) Second dose one month after first dose; and
  - 3) Third dose six months after initial dose.
- c. **Employee BBP Training/Information.** During employee Bloodborne Pathogens training, district employees receive information regarding the safety and effectiveness of the Hepatitis-B vaccination.

### **2. Post-Exposure Evaluation and Follow-up**

- a. **Policy.** To ensure timely response to an exposure, all incidents reported to the supervisor shall be immediately reported to the Exposure Control Officer, or his/her designee. An immediate investigation will be conducted by the supervisor to determine whether other employees were involved in the incident. An [Exposure Incident Investigation Form](#) (Forms Section) will be completed and a copy forwarded to the Exposure Control Officer.

- b. The Superintendent or designee shall establish and maintain for five years a log recording each exposure incident involving a sharp. The exposure incident shall be recorded within 14 working days of the date the incident is reported to the district and shall include:
1. Date and time of the exposure incident
  2. Type and brand of sharp involved
  3. Description of the incident including job classification of the exposed employee, department or work area, procedure performing at the time, how it occurred, body part involved, existence of sharp protection, possible prevention, and recommendation for prevention
- c. **Procedure for medical evaluation for exposed employee.** Following an employee's report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, which includes the following:
- 1) Documentation regarding routes of exposure and circumstances under which the exposure incident occurred.
  - 2) Identification<sup>4</sup> of the source individual, unless the district is unable to identify the source individual, or state or local law prohibits such identification.
  - 3) Results of the source individual's blood test for HBV, HCV, or HIV, if consent for testing has been given, after explanation of applicable laws and regulations regarding confidentiality.<sup>5</sup>
  - 4) A Hepatitis-B vaccination, if originally declined, is again offered to the exposed employee.
- d. **Procedure for collecting and testing of source individual's blood for bloodborne pathogens infectivity.** This district will make a good faith attempt to obtain consent from the source individual for medical testing.
- 1) If legally required consent is given, the source individual's blood will be tested as soon as feasible to determine bloodborne pathogens infectivity.
  - 2) If legally required consent to test the source individual's blood for HBV, HCV, and HIV infectivity cannot be obtained, documentation will be made that consent of the source individual was solicited but refused.

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<sup>4</sup> Identification means to connect, associate, or involve closely. The regulatory purpose of the "identification" requirement is to facilitate an assessment of the risk of the transmitting bloodborne pathogens to the exposed employee. The regulatory purpose is not to "identify," by use of personal identities such as name, the source individual per se, but to "identify" the infection status of the source individual's blood to facilitate risk assessment by the exposed employee and his/her healthcare provider. If a means is available to identify the source individual without unnecessary disclosure of such identifying characteristics of the source individual as name, social security number, or address, such means must be utilized.

<sup>5</sup> The source individual's identity (assuming it can be obtained) in addition to his/her test results or serostatus, is not required to be placed in the exposed employee's medical record.

- 3) When the source individual is already known to be infected with HBV, HCV, or HIV, testing of the source individual's known HBV, HCV, or HIV status need not be repeated.
3. **Procedure for collecting and testing the exposed employee's blood for indications of HBV and HIV infection.**
    - a. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
    - b. The employee will be offered the option of having his/her blood collected for testing for HIV, HCV, or HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested.
  4. **Post-exposure counseling and prophylaxis when indicated.** When the procedures outlined in 2.b.1) 2) and 3) above have been completed, an appointment is arranged for the exposed employee with a qualified healthcare professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.
  5. **Information provided to the healthcare professional.**
    - a. Copy of the Bloodborne Pathogens Standard.
    - b. A written description of the exposed employee's duties as they relate to the exposure incident or incidents.
  6. **Healthcare professional's written opinion.**
    - a. San Luis Coastal Unified School District shall obtain a copy of the evaluation and provide a copy to the employee within 15 days of its completion.
    - b. With emphasis on confidentiality, the healthcare professional's written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:
      - 1) whether Hepatitis B vaccination is indicated for the employee;
      - 2) whether the employee has received the Hepatitis B vaccination;
      - 3) confirmation that the employee has been informed of the results of the evaluation; and
      - 4) confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other findings or diagnosis shall remain confidential and shall not be included in the written report. Medical records for each employee with occupational exposure shall be kept confidential and not disclosed or reported without the employee's

written consent to any person within or outside the workplace except as required by law. Medical records, exposure records, and analysis shall be maintained for at least 30 years.

## H. INFORMATION/TRAINING

### 1. **Responsibility for Training.**

The Safety Coordinator shall ensure that training is provided to employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within 12 months of the previous training. Training will be provided at no cost to the employee at a reasonable time and place during normal work hours.

### 2. **Levels of Training.**

Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following elements:

- a. Overview or Awareness. All district employees will be given an overview (awareness level) of the program in a monthly safety training program. New employees will also be oriented and identified for further training.
- b. Universal Precautions. All employees who are trained in First Aid/CPR will receive *Universal Precautions* training.
- c. Comprehensive. All employees who have the potential for exposure to bloodborne pathogens receive comprehensive training and are furnished with as much information as possible on this issue. Such employees will be retrained at least annually to keep their knowledge current. All new employees, as well as employees changing jobs or job functions who have the potential for exposure to bloodborne pathogens receive this training.

### 3. **Comprehensive Training Elements.**

- a. Copy and explanation of Bloodborne Pathogens Standards;
- b. Epidemiology and symptoms of bloodborne diseases;
- c. Modes of transmission of bloodborne pathogens;
- d. The district's Exposure Control Plan and location;
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and personal protective equipment;
- g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;

- h. An explanation of the basis for selection of personal protective equipment;
- i. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- 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 procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available;
- l. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident; and
- m. An opportunity for interactive questions and answers with the person conducting the training session.

**4. Training Methods.**

- a. Classroom-type atmosphere with personal instruction in First Aid/CPR programs of instruction which include *Universal Precautions*;
- b. Videotape or on-line programs;
- c. Informational handouts to employees; and
- d. Review sessions with employees in safety meetings.

**5. Training Record Keeping and Availability.**

Written forms (Forms Section) and/or computer records will be utilized to facilitate recordkeeping. District training records are available for examination and copying to employees and their representatives and to OSHA and its representatives. Records shall be maintained for three years and shall contain the following information:

- a. Dates of all training sessions;
- b. Contents/summary of the training sessions; and
- c. Names and job titles of employees in attendance.

**6. Medical Record Keeping.**

- a. **Responsibility.** The Personnel Director is responsible for setting up and maintaining these medical records, which include the following information:
  - 1) Name of employee;
  - 2) Social Security Number of employee;

- 3) Hepatitis B vaccination status including:
    - ♦ dates of vaccinations and
    - ♦ medical records relative to the employee's ability to receive vaccination;
  - 4) History of exposure incident(s);
  - 5) Medical follow-up; and
  - 6) Signed declination forms, if applicable.
- b. **Confidentiality of Medical Records.** Medical records are confidential. No information will be disclosed or reported to anyone without the employee's written consent, except as required by law.
7. **Investigation.**
- a. The Manager/Supervisor/Administrator initially investigates every exposure incident which occurs within the scope of his/her supervision immediately. Within 24 hours, a copy of the completed [investigation form](#) is forwarded to the Exposure Control Officer. A copy is also forwarded to the District Safety Coordinator.
  - b. **Report.**
    - 1) Date/time/location of incident;
    - 2) Potentially infectious materials involved;
    - 3) Source of the materials;
    - 4) Type of work being performed;
    - 5) Cause of incident – accident, unusual circumstance, equipment malfunction, power outage, etc. and
    - 6) Actions taken as a result of the incident – employee decontamination and clean-up.

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT  
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN  
INFORMATION ABOUT HEPATITIS-B VACCINE**

Introduction:

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

Hepatitis-B Vaccine:

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

Possible Side Effects of Hepatitis-B Vaccine:

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

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**CONSENT FORM**

I have read the above statement about hepatitis-B and the hepatitis-B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of hepatitis-B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse effect from the vaccine.

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

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

\_\_\_\_\_  
Position and Work Site

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT**

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST**

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

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



**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT**  
**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**  
**EXPOSURE INCIDENT INVESTIGATION FORM**

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

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

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

Were others similarly exposed?  Yes  No If yes, list name(s): \_\_\_\_\_

Potentially infectious materials involved:

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

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

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

Personal protective equipment being used: \_\_\_\_\_

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

Recommendations for Avoiding Repetition:

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT**  
**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**  
**EXPOSURE DETERMINATION REPORT**

**EMPLOYEE TO COMPLETE:**

Name \_\_\_\_\_

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

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

Location of Incident: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

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

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

Signatures:

\_\_\_\_\_  
Employee's Signature/Date

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

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT**  
**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION**

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Date