

**EXPOSURE CONTROL PLAN
FOR
BLOODBORNE PATHOGENS**

**U.S.D. 489
HAYS, KANSAS**

Revised: Spring 2009

TABLE OF CONTENTS

DEFINITIONS.....	2
INTRODUCTION	4
EXPOSURE DETERMINATION	4
Occupational Exposure	4
Category I - High Risk	4
Category II – Low Risk	5
Job Classification / Task and Procedure	5
CONTROL METHODS	6
Universal Precautions.....	6
OPIM, Other Potentially Infectious Materials	6
Handwashing.....	6
Engineering Controls	6
Work Practice Controls.....	6
Personal Protective Equipment	7
Housekeeping.....	7
Laundry	8
HEPATITIS B VACCINE	8
PROCEDURES FOLLOWING EXPOSURE	9
Potential Exposure	9
Exposure Incident	9
Post Exposure Evaluation and Follow-up	9
School District Responsibility With Health Care Professional.....	10
Written Opinion of Health Care Professional	10
COMMUNICATION OF HAZARDS TO EMPLOYEE	11
Labeling.....	11
TRAINING OF EMPLOYEES.....	11
RECORD KEEPING	12
Medical Records.....	12
Training Records	12
ACCESSIBILITY and REVIEW of EXPOSURE CONTROL PLAN.....	13
 ATTACHMENTS	
# 1 HEPATITIS B VACCINATION FORM (Front).....	14
# 1 HEPATITIS B VACCINE, INFORMATION (Back)	15
# 2 EMPLOYEE REPORT of POTENTIAL EXPOSURE	16
# 3 EXPOSURE INCIDENT.....	17
# 4 HEALTHCARE PROFESSIONAL’S WRITTEN OPINION FOR POST EXPOSURE EVALUATION AND FOLLOW-UP	18

DEFINITIONS

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means 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.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste means liquid 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; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

INTRODUCTION

The Occupational Safety and Health Administration (OSHA) has determined that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials (OPIM) because they may contain bloodborne pathogens, which are microorganisms that are present in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). OSHA concluded that this exposure could be minimized or eliminated by developing and implementing a bloodborne pathogen exposure control program in the work place.

In 1992 the Kansas Department of Human Resources, under authority granted by Kansas statute, announced that the OSHA Standard for Bloodborne Pathogens would be applied to public entities in Kansas. This Exposure Control Plan will be implemented in USD 489 to achieve compliance with the state directives.

EXPOSURE DETERMINATION

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of the employee's duties. The following categories identify USD 489 employees according to their occupational exposure risk.

Category I - HIGH RISK Occupational Exposure

Employees in the following job classifications at USD 489 have high risk for occupational exposure to bloodborne pathogens which can cause serious diseases.

School Nurses; Custodians; **and any other employee recommended by the school nurse.**

Category II - LOW RISK Occupational Exposure

Employees in the following job classifications at USD 489 have low risk for occupational exposure to bloodborne diseases:

Teachers, Paraprofessionals, Teacher Aids, Administrators, Bus Drivers, Maintenance and Food Service Personnel, Secretaries, Clerical Staff, and Central Office Staff.

Tasks and procedures in which occupational exposure occurs or is likely to occur and job classifications in which such tasks are performed are:

Job Classification

Task and Procedure

A. School Nurses

A. Nursing duties for special health procedures. First aid for injuries and illnesses,

B Custodians

B. Handling and cleaning of items and surfaces contaminated with blood or other potentially infectious materials.

CONTROL METHODS

UNIVERSAL PRECAUTIONS is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain other potentially infectious materials are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Universal precautions require that you consider every person a possible carrier of a bloodborne pathogen.

Other Potentially Infectious Materials(OPIM) includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomitus unless they contain visible blood. However, general infection control practices (for the prevention of transmission of other types of infectious agents) do recommend the use of disposable gloves when assisting students with the cleaning of nasal secretions and sputum, diapering, assisting with toileting, changing a dressing on a draining wound, or cleaning soiled articles of clothing.

The use of universal precautions will be fully implemented throughout the school district.

- A. Handwashing:** One of the most effective practices of control.
1. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other potentially infectious materials. Wash hand immediately after removing gloves.
 2. School facilities will maintain sinks, soap, and running water for handwashing throughout their buildings.
 3. Antiseptic towelettes or hand cleaners will be provided for off-campus activities. They will be stored in the school nurse office.
- B. Engineering Controls:** Physical or mechanical systems that eliminate hazards at their source.
1. Sharps containers will be maintained in the nurse's office of each school attendance center. The school nurse will be responsible to inspect the sharp containers on a weekly basis.
 2. Receptacles for depositing contaminated articles for disposal will be located in the school nurse office.
 3. Regulated school waste will be transported, on an as needed basis, to Ellis County Health Department for incineration. ECHD will charge a nominal fee.
- C. Work Practice Controls:** An altered manner in which a task is performed which reduces or eliminates the likelihood of an exposure.
1. Protective gloves will be worn in all instances when rendering first aid.
 2. Contaminated needles will be disposed of in an officially labeled "BIOHAZARD" sharps container without recapping.
 3. Other sharp objects exposed to contaminants will be disposed of in the "Biohazard" sharps container.
 4. Ingestion of food or application of cosmetics, smoking, or applying contact lenses are prohibited where there is reasonable likelihood of occupational exposure.
 5. Food and drink are prohibited where blood and OPIM are present.
- D. Personal Protective Equipment:** Equipment that protects from contact with blood or OPIM.
1. School administrators are responsible to ensure appropriate and easily accessible equipment. Personal protective equipment will be available from the school nurse office.
 2. Employees will be trained in use and disposal of equipment.

3. Protective equipment includes gloves which are available to all school employees. Custodial staff may be provided utility gloves which can be decontaminated for re-use if the integrity of the glove is not compromised
4. A special **BIOHAZARD KIT** will be stored in each school nurse office. This kit will contain biohazard clean-up materials, gloves, mask, goggles, apron, and CPR shield.
5. Bus Drivers will have available gloves, spill kits, CPR shield, surface and skin disinfectant wipes.

E. Housekeeping: It shall be the responsibility of the building principal or superintendent to see that each building is maintained in a clean and sanitary condition.

1. Universal precautions, where all blood and OPIM are treated as if known to be infectious, will be applied in all housekeeping duties.
2. All equipment and environmental surfaces shall be cleaned and decontaminated as soon as feasible after contact with blood or OPIM and at the end of the work shift if contamination might have occurred.
3. Broken glassware shall not be picked up by hand. Instead, a brush and dustpan, tongs, or vacuum cleaner will be used.
4. Employees will minimize splashing, spraying, spattering, and generation of droplets in all procedures involving blood and OPIM.
5. All contaminated surfaces must first be **CLEANED before** they can be **decontaminated**.
6. Disinfectants used for the purpose of decontaminating blood and OPIM will be tuberculocidal, bactericidal, and virucidal. A **FRESH**, 1 to 10, solution of household bleach and water is a recommended disinfectant. This solution cannot be kept over 24 hours.
7. Bins, pails, cans and similar receptacles that are reused and have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated daily.

F. Laundry:

1. All contaminated laundry will be handled as little as possible using **universal precautions**.
2. Any employee responsible for laundering contaminated items shall wear gloves and any other personal protective equipment necessary for protection.
3. Items suspected of contamination with blood or OPIM
 - a. Will not be sorted or rinsed.
 - b. Will be placed in leak proof bags, labeled "Biohazard", and promptly transported to the washing facilities.
 - c. Normal laundry cycles should be used according to the washer and detergent manufacturer's recommendations.

HEPATITIS B VACCINE

- A. All school employees who have been identified in Category I as having job classifications with High Risk Occupational Exposure will be offered the Hepatitis B Vaccination series at no cost to the employee. In light of the OSHA directive in early June 1992, indicating that persons who render first aid only as a collateral duty, responding solely to injuries resulting from work place incidents, generally at the location where the injury occurred may be offered post-exposure vaccination rather than pre-exposure vaccination. The district will make the Hepatitis B vaccine and vaccination series available to employees in Category II within 24 hours, but not more than 7 days, of possible exposure to HBV.
 - 1. The employee's supervisor is responsible for assuring the Hepatitis B Vaccine is offered and the appropriate forms signed and filed. (See Attachment #1: HEPATITIS B VACCINE and INFORMATION form.)
 - 2. Testing for immunity after HBV vaccination is not recommended by CDC and is therefore not provided by USD 489.
- B. When vaccine is declined, the declination form must be signed and maintained in the school files for 30 years beyond employment. USD 489 will provide Hepatitis B Vaccine on later request even when initial declination occurred.
- C. Should booster doses of Hepatitis B Vaccine be required in the future, these will be offered to Category I employees at no cost.
- D. Post Exposure: USD 489 will make Hepatitis B Vaccine series available to unvaccinated employees according to the current recommendations of the United States Public Health Service.

PROCEDURES FOLLOWING EXPOSURE

- A. **Potential Exposure:**
 - 1. Immediate care of potential exposure injuries include:
 - a. Washing with soap and water for several minutes.
 - b. Flushing with copious amounts of water if eyes or mucous membranes are involved.

2. Immediately report all potential exposures to the building principal or supervisor and the school nurse.
3. The employee shall document and report details of potential exposures, including persons involved, date, time, and determination of exposure incident. (See Attachment #2: EMPLOYEE REPORT OF POTENTIAL EXPOSURE.)
4. The EMPLOYEE REPORT OF POTENTIAL EXPOSURE will be filed with the Superintendent of Business, maintained, and made available to the subject employee and the Kansas Department of Human Resources.
5. Any person experiencing an exposure incident, as defined below, will be offered Hepatitis B series as soon as possible if recommended by Hays Medical Center WorkSMART

B. Exposure Incident:

1. An **Exposure Incident occurs when there is specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials.** Parenteral contact means the piercing of mucous membranes or the skin barrier through needles sticks, human bites, cuts, abrasions, etc.
2. An EXPOSURE INCIDENT form (see Attachment #3) will be filed if an exposure incident occurs.
3. Post Exposure Evaluation and Follow-Up procedures will be implemented when an exposure incident has been identified.

C. Post Exposure Evaluation and Follow-Up:

1. If an Exposure Incident occurs, the exposed employee will report to the school nurse who will explain the employee's right to Post Exposure Evaluation.
2. **Hays Medical Center (HMC) WorkSMART** is the health care facility available for Post Exposure Evaluation which includes medical evaluation, counseling, initial Hepatitis B Vaccine, testing, and follow-up.
3. The school nurse will make arrangements with WorkSMART to consult with the exposed employee as soon as feasible.
4. Post Exposure Evaluation and Follow-Up procedures will be confidential and provided at no expense to employee.
5. Post Exposure Evaluation and Follow-Up includes:
 - a. Review of the EMPLOYEE REPORT OF POTENTIAL EXPOSURE and EXPOSURE INCIDENT forms (Attachment #2 and #3).
 - b. Identification and documentation of source individual that caused exposure, unless identification is not feasible or prohibited by law.
 - c. If recommended by HMC WorkSMART, a school representative will contact the source individual, or parent or guardian when source individual is a student, for verbal consent for blood and

antibody testing. WorkSMART will secure written consent prior to venipuncture. 489 Superintendent's prior approval is required for district to assume responsibility for medical costs related to the source individual.

- d. With exposed employee consent, baseline blood testing will be provided. HMC WorkSMART consent forms will be used. Without consent to do HIV testing, the sample will be retained in the laboratory for 90 days. Testing at employee request can be done within that period or as recommended by HMC WorkSMART.
- e. Exposed employee will be offered post-exposure prophylactics and counseling on risks and encouraged to report acute febrile illnesses that occur within 6 months after exposure.
- f. Six months post-exposure exam for HIV, HBV and HCV is recommended. It will be the school nurse's responsibility to facilitate scheduling this exam.
- g. All records and reports will be confidential. All communications will be made to the Assistant Superintendent of Business regarding any medical condition resulting from the exposure which requires further evaluation or treatment.

D. School District Responsibility with Health Care Professional:

- 1. The school nurse will provide HMC WorkSMART professionals with:
 - a. OSHA regulation governing bloodborne pathogens.
 - b. Description of employee's duties as they relate to exposure incident.
 - c. EMPLOYEE REPORT OF POTENTIAL EXPOSURE and EXPOSURE INCIDENT forms. (Attachments #2 & #3)
 - d. Results of source individual's blood test, if available.
 - e. Medical records maintained by district that relate to treatment of employee including employee's HBV Vaccine status.

E. Written Opinion Of Health Care Professional:

- 1. Following the Post Exposure Evaluation the school district shall receive, within 15 days, information contained on the HEALTH CARE PROFESSIONAL'S WRITTEN OPINION (Attachment #4) which includes:
 - a. Appropriateness of Hepatitis B Vaccination and whether received.
 - b. Statement that employee has been informed of evaluation results and medical conditions resulting from exposure that require further evaluation or treatment.
- 2. All other medical information is strictly confidential and will not be provided to the school district.

COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labeling:

1. An official fluorescent orange or orange-red "BIOHAZARD" label or red container will be used for contaminated sharp objects, blood, or OPIMs, such as blood soiled laundry.
2. All contaminated equipment will be bagged, labeled, and sent to the custodians or school nurses for cleaning.

TRAINING OF EMPLOYEES

- A. Annual training on bloodborne pathogens for all school employees is mandatory.
- B. Training is free of cost and provided during work hours.
- C. Training schedule is:
 1. Annual training provided for all employees within one year of previous training.
 2. Training on bloodborne pathogens will occur within 10 days of job assignment for school employees identified as High Risk.
 3. Training as necessary upon initial assignment of an employee to tasks where exposure may occur.
- D. Training will be conducted by the school nurse or other qualified individual and will be presented in an understandable manner for all employees.
- E. Content of training is the following:
 1. OSHA standard and explanation.
 2. Epidemiology and symptoms of bloodborne diseases.
 3. Modes of transmission of bloodborne diseases.
 4. Detailed explanation of exposure control plan and how to obtain copy.
 5. Methods for recognizing tasks and activities that may involve exposure to blood and OPIM.
 6. Explanation of use and limitations of methods to prevent or reduce exposure.
 7. Opportunity for questioning person conducting the training.
 8. Hepatitis B Vaccine information.
 9. Post Exposure reporting.

10. Hazardous labels and signs.
11. The presenter shall solicit input regarding the effectiveness and possible improvements of engineering and work practice controls regarding potential exposure to injuries from contaminated sharps.

RECORD KEEPING

A. Medical Records:

1. All medical records are confidential and will be filed with the Assistant Superintendent of Business.
2. All records for each employee with occupational exposure are maintained for duration of employment and 30 years there after and will include:
 - a. Name and social security number.
 - b. Employee's hepatitis B vaccination status including dates given, information on employee's ability to receive vaccination or signed waiver.
 - c. Reports made to Assistant Superintendent of Business regarding any medical condition resulting from the exposure which required further evaluation or treatment.
 - d. Copy of information provided to Health Care Professional for Post Exposure Evaluation.
 - e. Health Care Professional's Written Opinion (Attachment #4).
3. Records will not be disclosed, except as required by law, without the employee's written consent.
4. A Sharps Injury Log will be maintained and filed with the Assistant Superintendent of Business. It is for the recording of percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log shall be recorded and maintained in such a manor as to protect the confidentiality of the injured employee. The information in the log shall be maintained for at least the duration of the employment plus 30 year.

B. Training Records:

1. Will be maintained for three years from date training occurred and include:
 - a. Dates of session.
 - b. Content of session.
 - c. Name(s) and qualifications of persons conducting training.
 - d. Names and titles of all persons attending training.
2. Will be made available for inspection to employees, those with written consent of affected employee and to the Kansas Department of Human Resources upon request.

**ACCESSIBILITY AND REVIEW
OF EXPOSURE CONTROL PLAN**

- A. Exposure Control Plan is accessible to all employees of the district in the central office and school nurse office of each building.
- B. Provided to employees and the Kansas Department of Human Resources upon request.
- C. Annual review and updating will occur with this plan.
- D. School Nurses are responsible for scheduling the annual review.

Board Approved _____
(date)

USD # 489

**ATTACHMENT #1
HEPATITIS B VACCINATION**

Name _____
(print)

Position _____

Date of Birth _____

Building _____

+++++

DECLINATION STATEMENT

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 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 at no charge to me.

Signature of Employee

Date

+++++

CONSENT STATEMENT

I have read the Hepatitis B vaccination Information on the reverse side of this page. I have attended the required educational training on Bloodborne Pathogens, have had an opportunity to ask questions, and understand the benefits and risks of Hepatitis Vaccination. I understand that I must have three (3) doses of vaccine to become immune. However, as with all medical treatment, there is no guarantee that I acquire immunity or that I will not experience an adverse side effect from the vaccine. If pregnant, I understand that my physician's permission to take the vaccine is required. (Copy of permission attached.)

I request that Hepatitis B Vaccination be given to me at no cost.

Signature of Employee

Date

+++++

HEPATITIS B VACCINATION STATEMENT

I _____, AFFIRM THAT I HAVE RECEIVED THE
(Name)

HEPATITIS B VACCINE ON THE FOLLOWING DATES:

Dose # 1 _____, Dose # 2 _____, Dose # 3 _____

Signature of Employee

Date

**ATTACHMENT #1
(Back Page)**

HEPATITIS B VACCINE INFORMATION

ADMINISTRATION:

Intramuscular injection into arm

First dose:	0 months
Second dose:	1 month later
Third dose:	6 months after first dose

BENEFITS:

- Provides immunity to Hepatitis B disease in most cases.
- Offered free of charge to employees with occupational risk or post exposure risk to blood.

SAFETY and SIDE EFFECTS:

- Occasional soreness at injection site.
- Possibility of allergic reaction
- Getting hepatitis B vaccine is much safer than getting hepatitis B disease

Check with your health care provider for further information.

NOTE : You will be required to sign an informed consent statement prior to receiving Hepatitis B Vaccine.

ATTACHMENT #2

(Copy this attachment and SEND THIS COPY with the employee to WorkSMART)

EMPLOYEE REPORT OF POTENTIAL EXPOSURE

TO BE COMPLETED BY EMPLOYEE:

1. Date and time of the potential exposure:
2. Names of all individuals involved in the potential exposure:
3. Description of the potential exposure and the circumstances surrounding it which resulted in the need for this report.

If this is related to a contaminated sharps or needle device note:

Brand _____ Type _____

4. Did an EXPOSURE INCIDENT occur? YES or NO

An exposure incident occurs when there is specific mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials. Parenteral contact means the piercing of mucous membranes or the skin barrier through needlesticks, human bites, cuts, abrasions, etc.

I have filed the above EMPLOYEE REPORT OF POTENTIAL EXPOSURE and understand and agree with the above stated exposure determination as defined above according to this policy and OSHA standards.

Signature of Employee

Date and time of the report

Signature of School Nurse

Date and time of the report

ATTACHMENT #3

(Copy this attachment and SEND THIS COPY with the employee to WorkSMART)

EXPOSURE INCIDENT

NAME OF EMPLOYEE _____
(last) (first) (MI)

BIRTH DATE: ___/___/___ SEX: ___ SOCIAL SECURITY # _____

HOME ADDRESS: _____ HOME PHONE: _____

SCHOOL: _____ SCHOOL PHONE: _____

PLACE OF EXPOSURE INCIDENT: _____

EXPOSURE INCIDENT DATE: ___/___/___ ROUTE OF EXPOSURE: _____

HBV VACCINATION DATES: 1st ___/___/___ 2nd ___/___/___ 3rd ___/___/___

NAME OF SOURCE INDIVIDUAL: _____

SOURCE INDIVIDUAL'S VERBAL CONSENT FOR BLOOD AND ANTIBODY TESTING:
(Parental consent required for all students)

___ YES (Note details) -----

-

Requires 489 Superintendent's prior approval for district to assume responsibility for costs.

___ NO (Give reason as employer is to establish that legally required consent cannot be obtained.)

DESCRIBE NATURE OF EXPOSURE (Give details.) _____

WRITTEN DESCRIPTION OF EMPLOYEE DUTIES IN RELATIONS TO
EXPOSURE INCIDENT: _____

Signature of Person Completing Report

___/___/___
date

ATTACHMENT #4

(Copy this attachment and SEND THIS COPY with the employee to WorkSMART)

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION FOR POST EXPOSURE EVALUATION AND FOLLOW-UP

YES **NO** Hepatitis B Vaccination is indicated for this employee.
 YES **NO** Employee has previously received HBV Vaccination.
 YES **NO** Employee is currently receiving HBV Vaccination series.

_____ **Date** Employee declined HBV Vaccination Series (if applicable).

Please enter date done:

_____ Employee has been informed of the results of the post exposure evaluation.

_____ Employee has been told about any medical conditions resulting from exposure incident that may require further evaluation or treatment.

YES **NO** Other relevant medical information is present:
See enclosed employee records.

Employee Signature

Employee Name

Date

Signature of Physician

Reports regarding medical exposure which require further evaluation or treatment will be made to the Assistant Superintendent of Business, USD 489.