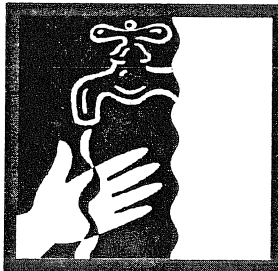


Southington Public Schools Southington, Connecticut



Bloodborne Pathogens Exposure Control Plan



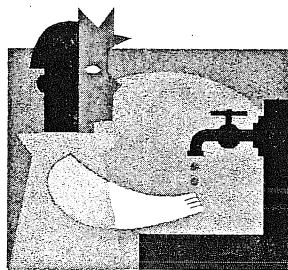
Universal Precautions



"Universal precautions," as defined by CDC, are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens. Under universal precautions, blood and certain body fluids of every person are considered potentially infectious for HIV, HBV, and other bloodborne pathogens.

Universal precautions apply to blood, other body fluids containing visible blood, semen, and vaginal secretions. Universal precautions also apply to tissues and to the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic fluids, saliva when visibly contaminated with blood or in the dental setting where blood contamination of saliva is predictable, and all body fluids where it is difficult or impossible to differentiate between body fluids.

Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure of the employee's skin or mucous membranes to potentially infective materials. In addition, under universal precautions, it is recommended that all health care workers take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.



Bloodborne Pathogens

This standard applies to all employees who have occupational exposure to blood or other potentially infectious materials.

Blood : Human blood, human blood components, and products made from human blood.

Occupational Exposure : “Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infected materials that may result from the performance of the employee’s duties.”

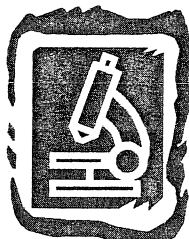
Universal Precautions : All human blood and body fluids are treated as if known to be infectious, regardless of the perceived status of the source individual.

Other Potentially Infectious Materials :

- *Semen*
- *Vaginal Secretions*
- *Cerebrospinal fluid*
- *Synovial fluid*
- *Pleural fluid*
- *Pericardial fluid*
- *Peritoneal fluid*
- *Amniotic fluid*
- *Saliva in dental procedures*
- *And any body fluid that is contaminated with blood*

Regulated Waste :

- *Liquid or semi-liquid blood or other potentially infectious material*
- *Contaminated items that would release blood/other potentially infectious materials in a liquid/semi liquid state if compressed including sharps (needles, broken glass, other items that can penetrate the skin)*
- *Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling*



Index

Page 1	Introduction
Page 2	Training
Page 3	Record keeping
Page 4	Responsibilities
Page 5	Implementation/Review Exposure Determination
Page 6	Exposure Determination
Page 7	Exposure Determination
Page 8	Employee Exposure
Page 9	Methods of Control/Compliance Methods
Page 10	Compliance Methods/Needles Containers for Sharps
Page 11	Work Area Restrictions Contaminated Equipment
Page 12, 13, 14	Personal Protective Equipment Regulated waste Disposal
Page 15	Laundry Procedures Hepatitis B Vaccine
Page 16	Post Exposure Evaluation/Follow Up
Page 17	Interaction with Health Care Professionals



Introduction

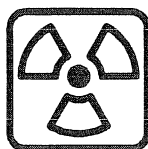
Occupational Exposure to Bloodborne Pathogens

In accordance with the United States Department of Labor Occupational Safety and Health Administration (OSHA) regulations dealing with “safe workplace” standards relating to exposure to bloodborne pathogens (BBP), administrative regulations shall be implemented by the Superintendent to protect “at risk” employees. The procedures, contained in the Southington Public Schools’ Occupational Exposure to Bloodborne Pathogens Control Plan are designed to comply in full with applicable federal and state law regulations. The procedures will be overseen by the Superintendent or his/her designee who shall also be responsible for periodically reviewing and recommending updates. Copies of the procedures shall be kept in the principal’s office and nurse’s office at each school, and in the Superintendent’s office.

These procedures are designed to encourage all necessary actions to protect employees from infectious disease, and in particular from HIV and Hepatitis B, which are life threatening bloodborne pathogens.

The Superintendent shall provide training and protective equipment to those persons who, by virtue of their performance of job duties, are “at risk” to come in contact with bloodborne pathogens. All “at risk” employees of the Board, as defined in the procedures will be offered the vaccine for Hepatitis B virus, a life threatening bloodborne pathogen.

Training, protective equipment, and vaccination as outlined in these procedures, will be provided at no cost to the employee and are provided as a precaution for personal safety.



Training

Initial BBP training will be given to all new employees upon hire. Follow up, annual training will be given to all employees. It will be conducted in the following manner:

1. Training will be provided by in-service programs, videotapes, and use of written materials. An opportunity for interactive questions and answers will be provided.
2. Additional training will be provided when changes such as modifications of tasks or procedures or the institution of new tasks or procedures affect an employee's occupational exposure.
3. A copy of the regulatory text shall be made accessible to employees.

The training shall include the following:

- The OSHA standard for bloodborne pathogens.
- Epidemiology and symptomatology of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- This Exposure Control Plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
- Procedures, which might cause exposure to blood or other potentially infectious materials in the district.
- Control methods, which will be used at the facility to control exposure to blood or other potentially infectious materials.
- Personal protective equipment available in the district and those staff members who should be contacted regarding it.
- Post exposure evaluation and follow-up.
- Signs and labels used in the district.
- Hepatitis B vaccine program in the district.

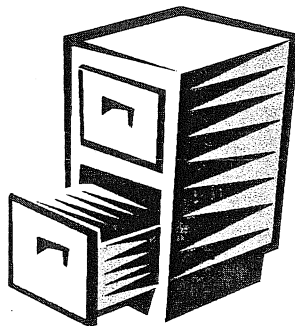
Record Keeping

Annual training records will include the following:

- Date of training
- Contents/summary of training session
- Names and qualifications of persons conducting the training
- Names and job titles of those attending the training session

The above records will be maintained for three (3) years from the date of which training occurred.

All records required by the OSHA Standard will be maintained in the Personnel Office and shall be kept for thirty (30) years after termination of employment. (eg. Exposure incidents and follow up, and vaccine documentation.)



General Statements
Responsibilities

1. Administration

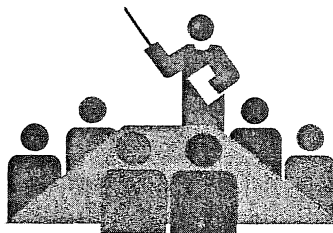
The administration (employer) is responsible for:

- Providing an Exposure Control Plan
- Determining employee exposure
- Training of employees with occupational exposure
- Offering/ providing Hepatitis B vaccination
- Providing/ maintaining all personal protective equipment
- Medical evaluation/ follow-up for all exposure incidents
- Laundry service as necessary
- Waste management services (if applicable)
- Labels
- Enforcing exposure control policy
- Annual update of Exposure Control Plan
- Annual retraining of employees with occupational exposure

2. Employee:

Employees are responsible for complying with the Exposure Control Plan as it is communicated to them, including, but not limited to the following:

- Attending training sessions
- Understanding and following universal precautions
- Promptly reporting exposure incidents
- Properly disposing of hazardous waste



Implementation

All sections of this plan were originally implemented on April 15, 1998.

Review of Plan

This plan shall be reviewed and modified as employee exposures change. At a minimum, it will be reviewed and modified annually by the Southington Public School's Safety Committee in conjunction with the Nursing Supervisor and Personnel Manager.

Exposure Determination

The OSHA standard 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 regulation is designed to assist the Southington Public Schools in the event of exposure to bloodborne pathogens. It identifies the tasks, types of procedures and job classification where exposure to blood and other infectious materials may occur. It also sets forth a procedure to follow to evaluate the circumstances surrounding exposure incidents.

The following categorizes employees and the tasks a person may perform as part of their job where exposure to blood or other infectious materials may occur.

1. Category I

A. Tasks:

That involve direct exposure to blood, body fluids, or tissue. All procedures or other job related tasks that involve an inherent potential of mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them, are Category I tasks. Use of appropriate protective measures will be required for every employee engaged in Category I tasks.

Exposure Determination

Category I

B. Employees:

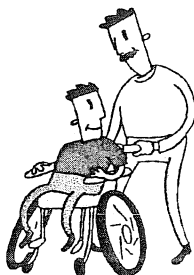
- (1) Nurses
- (2) Custodians
- (3) Coaches
- (4) Athletic Trainers

2. Category II

A. Tasks:

The OSHA standard requires a listing of job classifications in which some employees have occupational exposure. Since not all the employees in this category would be expected to incur exposure to blood or other potentially infectious materials, a list of tasks and procedures that would cause these employees in these categories are considered to have occupational exposure. The following are job classifications and associated tasks and procedures:

Job Classification	Tasks/Procedures
a) Teachers/Paraprofessionals	When required to clean bodily fluids which may contain blood.



Exposure Determination

2. Category II

A. Tasks:

Job Classification	Tasks/Procedures
b) All faculty and staff whose job description would require giving first aid to student, P.E teacher, Tech Ed teacher, etc.	When required to clean bodily fluids which may contain blood.

3. Category III

A. Tasks:

That involve no exposure to blood, body fluids, or tissues and other Category I Tasks, which are not a condition of employment. The normal work routine involves no exposure to blood, body fluids, or tissues. Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way.

B. Employees:

- (1) Office workers
- (2) Secretaries
- (3) Cafeteria workers



Employee Exposure

The following is a list by category and job, of the types of infectious materials with which an employee may come into contact.

1. Category I Employees:
 - A. Nurse
 - (1) Blood
 - (2) Vomitus
 - (3) Urine
 - (4) Feces
 - (5) Respiratory Secretions
 - (6) Saliva
 - (7) Tears
 - (8) Drainage from scrapes and cuts
 - B. Custodian/Maintenance Employee/Matron
 - (1) Blood
 - (2) Vomitus
 - (3) Urine
 - (4) Feces
 - C. Coach/Athletic Trainer
 - (1) Blood
 - (2) Vomitus
 - (3) Tears
 - (4) Saliva
 - (5) Drainage from scrapes and cuts



Methods of control

This plan includes a schedule and method of implementation for the various requirements of the OSHA standard. The following complies with this requirement.

Compliance Methods

Universal precautions will be observed in all Board of Education facilities 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 of the individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees in this school system. Where the potential for occupational exposure remains after institution of these controls, personal protection equipment shall also be utilized. In this system, the following engineering controls will be utilized.

1. Sharps containers located in the nurses offices.
2. Where a sink is not immediately available antiseptic towelettes will be available.
3. Any employee who may incur exposure will follow universal precautions and wear appropriate personal protective equipment.

Hand washing facilities are also 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. In this system, hand-washing facilities are located in all the nurses offices, and bathrooms, and in some classrooms.

If hand washing facilities are not feasible, either an antiseptic cleanser, in conjunction with a clean cloth/paper towels or antiseptic towelettes, will be provided. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible. Coaches and athletic trainers will have antiseptic towelettes provided at all times in their first aid kits.

Compliance Methods

Gloves must be worn whenever you are likely to touch blood or body fluids or whenever handling or touching contaminated items or surfaces. If a glove tears, take the glove off and put on a new one. Hands must be washed immediately or as soon as feasible after removal of gloves.

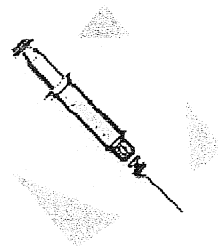
If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Needles

All nurses are required to use safety-engineered sharps devices and needleless systems safety technology as mandated by the Federal Needlestick Safety and Prevention Act. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. A Sharps Injury Log will be maintained with detailed information regarding any percutaneous injuries. Nurses will have input in identifying, evaluating and selecting safety-engineered sharp devices.

Containers for Sharps

Contaminated sharps are to be discarded immediately after use. The sharps containers will be closable, puncture resistant, labeled with a biohazard label, and are leakproof on sides and bottoms. Sharps containers are located in all nurses' offices. The school nurse will check containers monthly. When sharps containers are to be removed, they will be locked shut and returned by the *Stericycle Mailback Program* for FDA approved medical waste disposal. The manufacturer's directions will be followed implicitly when using this waste disposal program.



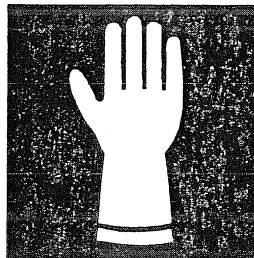
Work Area Restrictions

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

1. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
2. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials.
3. Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage and transport of the specimens.
4. The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.
5. Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.
6. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment

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.



Personal Protective Equipment

All personal protective equipment used in this system will be provided 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 potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Nurses:

- Protective gowns
- Face shields
- Protective eyewear (with solid side shields)
- Shoe covers
- Examination gloves
- Masks
- CPR Micro shields (physical barrier) for mouth to mouth resuscitation

Custodians/Maintenance Employees/Matrons:

- Vinyl/Rubber gloves
- Utility gloves
- Apron
- Protective eyewear (with solid side shields) as needed

Gloves must be worn whenever you are likely to touch blood or body fluids or whenever handling or touching contaminated items or surfaces. If a glove tears, take the glove off and put on a new one. Hands must be washed immediately or as soon as feasible after removal of gloves.

All personal protective equipment will be cleaned, laundered or disposed of as appropriate by the employer at no cost to employees after exposure. All repairs and replacements to personal protective equipment will be made by the employer at no cost to the employees. All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area.

Personal Protective Equipment (PPE)

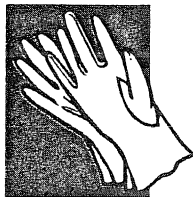
Contaminated clothing will be placed in a container at the location where it was used. Containers must be labeled according to notification. Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. PPE packets (to include gloves) are issued to employees as part of BBP training. Additional packets are available at the personnel office and at every school health office. Gloves will be used for all procedures that might result in exposure.

Disposable gloves used at this facility are not to be washed or decontaminated. Utility gloves may be decontaminated or reused provided 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 their ability to function as a barrier is compromised.

Masks in combination with eye protective devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashed, sprayed, splattered or droplets of blood or other potentially infectious materials may be generated and, eye, nose, or mouth contamination can reasonably be anticipated. All situations that may involve BBP exposure require use of these and other appropriate protective equipment.

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, or similar outer garments. All situations that might involve exposure require use of these and other appropriate protective equipment.

The school custodian or matron will immediately clean and decontaminate any area in which there is a spill, accident, or exposure.



Personal Protective Equipment

Decontamination will be accomplished by using the following materials:

Bleach solutions or other EPA registered germicides to be used will be reviewed by the Supervisor of Buildings and Grounds before their use.

Materials will provide by the Maintenance Department.

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

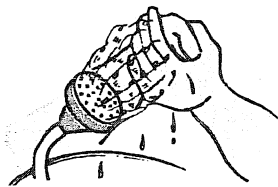
Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated by a trained custodial staff member on a regularly scheduled basis or more frequently if necessary.

Any broken glassware, which may be contaminated, will not be picked up directly with the hands. Mechanical means will be used to pick up broken glassware. Equipment used will be cleaned and disinfected upon completion of clean up.

Regulated Waste Disposal

All contaminated sharps shall be discarded in sharps containers, which are located in the nurses' office.



Laundry Procedures

Clothing contaminated with blood or other potentially infectious materials will be handled as little as possible. Such clothing will be placed in appropriately marked bags or containers at the location where it was used. These bags or containers will be labeled with a biohazard label. Such clothing will not be sorted or rinsed in the area of use. All employees who handle contaminated clothing will use personal protective equipment to prevent contact with blood or other potentially infectious materials. Any employee who's clothing becomes contaminated during working hours may have their clothes cleaned at a facility trained in the procedure for laundering items which are potentially contaminated.

Hepatitis B Vaccine

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine at no cost to the employee. The vaccine will be offered after Bloodborne Pathogens training and within ten working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials, unless the employee has previously received the complete Hepatitis B vaccine series, or wishes to submit to antibody testing which shows the employee to have sufficient immunity, or administration of the vaccine is contraindicated for medical reasons.

Employees that have on-going contact with patients or blood **and** are at on-going risk for injuries with sharps should be tested for antibodies to hepatitis B surface antigen 1-2 months after completion of 3-dose vaccination series. If no response – revaccinate with a second 3- dose series.

Alliance Occupational Health, managed by Concentra, or other designated emergency facility will give the vaccine and health counseling. The employee is responsible to keep vaccination appointments. Employees who decline the Hepatitis B vaccine will sign a waiver (Appendix A). Employees who initially decline the vaccine but who later wish to have it may have the vaccine provided at no cost. The Personnel Manager, in cooperation with the Nursing Supervisor, will provide that the vaccine is offered and authorization or waiver forms signed. Alliance Occupational Health or other designated emergency facility will provide the vaccine and all appropriate follow-up.

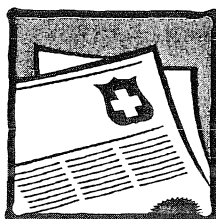
Post Exposure Evaluation and Follow-up

All incidents of employee exposure will be documented in the following manner:

- An *Employee Work Related Accident Form* will be completed by the employee and forwarded to the business office.
- The Personnel Manager and School Nursing Supervisor will be notified of all employee exposure incidents and the appropriate referral for testing will be made.
- The Personnel Office will keep records of employee exposure incidents.
- Documentation of the route(s) of exposure and the circumstances related to the incident.
- The employee will be referred for medical care and follow-up. If possible, the identification of the source individual including name, address and telephone number will be provided. If the source individual is a minor, parent/guardian name, address and telephone number should be included.
- The applicable confidentiality laws and regulations concerning disclosure of the identity and infectivity of the source individual must be observed.

The following persons have been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.

- Superintendent or his/her designee
- Personnel Manager
- School Nursing Supervisor



Interaction with Health Care Professionals

Written documentation will be obtained in the following instances:

1. When the employee is sent to obtain Hepatitis B vaccine.
2. Whenever the employee is sent to a Health Care Professional following an incident.

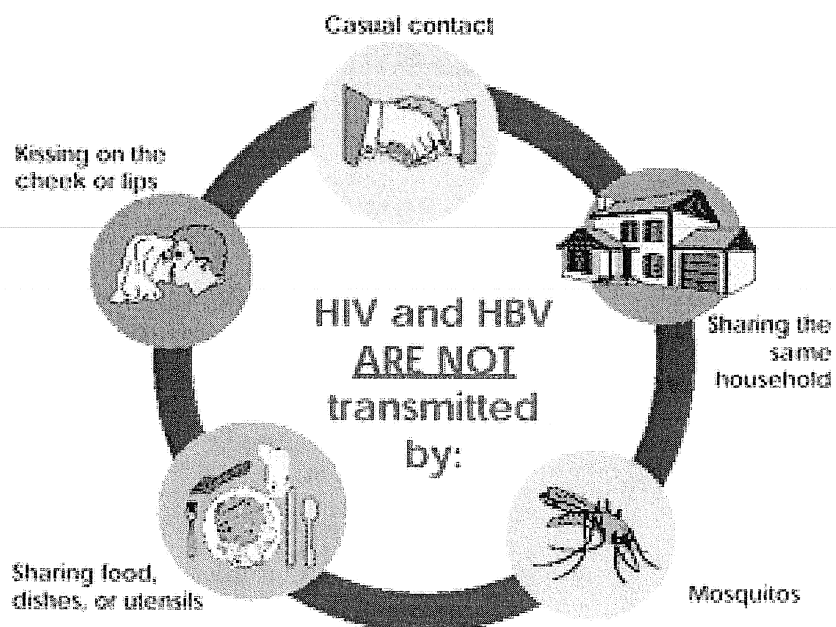
The Health Care Professional will provide the employee with the following information following post-exposure prophylaxis, counseling, and evaluation of reported illnesses:

1. Whether the Hepatitis B vaccine is indicated, and the results of the evaluation, or testing following an incident.
2. Whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

The written opinion to the employer is not to reference any personal medical information.



Bloodborne Pathogens Exposure Control Plan
Date Implemented: April 15, 1998.
Rev.11/02



August 13, 2001

TO: All Principals
FROM: Michele Korby-Gale, Personnel Manager
SUBJECT: BLOODBORNE PATHOGENS ANNUAL TRAINING

OSHA REQUIRES THAT EVERY SCHOOL INSERVICE ALL OF THEIR
EMPLOYEES ANNUALLY ON BLOODBORNE PATHOGENS –

THIS ANNUAL TRAINING IS MANDATORY
FOR ALL EMPLOYEES
No exceptions

THE FOLLOWING DOCUMENTATION IS REQUIRED:

- **ATTENDANCE SHEETS WITH NAMES AND TITLES OF PARTICIPANTS**
- **NAMES AND QUALIFICATIONS OF THE TRAINING FACILITATORS**
- **DATES OF TRAINING SESSION AND SUMMARY OF CONTENTS**

THE ABOVE DOCUMENTATION NEEDS TO BE SUBMITTED TO THE
PERSONNEL OFFICE WHERE RECORDS WILL BE KEPT FOR THREE
YEARS.

Note: All new employees complete initial Bloodborne Pathogen Training through
the Personnel Office upon hire.

SOUTHINGTON PUBLIC SCHOOLS
Southington, CT

Bloodborne Pathogens Exposure Control Plan Training for New Hires

The Southington Board of Education offers all of its employees training in the Bloodborne Pathogens Exposure Control Plan. The training includes video tapes, written materials and an opportunity for questions and answers. The training includes but is not limited to symptomatology of bloodborne diseases, modes of transmission, methods used to control exposure to blood, protective equipment and post exposure evaluation and follow-up.

In addition to your initial training upon hire, your building level administrator or supervisor will schedule additional annual training sessions for staff. You will be invited to participate in these sessions as well.

Please contact Marie Bordonaro RN, at ext. 316 or your building nurse if you have any questions regarding the Bloodborne Pathogen training.

I have participated in the initial training of the Bloodborne Pathogens Exposure Training which includes the following:

- * _____ Viewed the Bloodborne Pathogens Safety Video.
- * _____ Received and will retain a copy of the employee's Bloodborne Pathogens information.
- * _____ Had an opportunity to address any questions on Bloodborne Pathogens I may have.
- * _____ Receive and will retain a packet of personal protective supplies.

Signature: _____ Date: _____

School or Position: _____

**SOUTHINGTON PUBLIC SCHOOLS
EMPLOYEE WORK RELATED ACCIDENT REPORT**

Employee: Immediately following a *work related* accident, complete this report and have your administrator/supervisor complete and sign the shaded section at bottom.

Injured Employee's Name: _____ School: _____ Dept: _____

Injured Employee's Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Date of Birth: _____

Social Security #: _____ Occupation: _____ Date of Hire: _____

Date of Accident: _____ Time Employee Began Work: _____ a.m. ☐ p.m. ☐ Time of Accident: _____ a.m. ☐ p.m. ☐

Indicate part(s) of body affected: _____

Describe fully how the accident occurred and what employee was doing when injured. Include description of work and tools in use: _____

Personal Protective Equipment (PPE) Required: Yes ☐ No ☐ Was Personal Protective Equipment (PPE) In Use? Yes ☐ No ☐

If no PPE in use when required, explain why not: _____

Exposure to Bloodborne Pathogens: If Yes, complete the *BLOOD/BODY FLUID EXPOSURE INCIDENT REPORT*.

Yes ☐ No ☐

If Yes, facility sent to: _____

List all known factors that contributed to this incident: _____

Please check all that apply: First Aid ☐ Doctor Visit ☐ Lost Time Injury ☐

Treatment Administered: _____ Date and Time of First Treatment: _____

School Nurse Treatment Administered: _____

If seen by physician, please provide the name and address of physician/health care provider: _____

If injury resulted in *days away from work*: Date incapacity began: _____ Date returning to work: _____

Witness(s) name: _____

Signature of Employee: _____ Date of this report: _____

Note to Employee: Send all medical forms received for treatment associated with this accident to the Personnel Secretary at the Board of Education Central Office.

***** Section Below to be completed by Supervisor *****

Can corrective action be taken to prevent a reoccurrence? Yes ☐ No ☐

What corrective action will be initiated to prevent a reoccurrence? _____

Provide Copies to: ☐ Principal/Supervisor ☐ Personnel Office ☐ Operations Administrator

If Bloodborne Pathogens Exposure is Yes, send additional copies to: ☐ Personnel Director ☐ Nursing Supervisor

Signature of Supervisor: _____ Date: _____

First notified of the injury: Date: _____ Time: _____ a.m. ☐ p.m. ☐

**Southington Public Schools
Southington, Connecticut
BLOOD/BODY FLUID EXPOSURE INCIDENT REPORT**

Employee Name: _____ **Today's Date:** _____
Employee Job Title: _____ **School:** _____
Description of Incident: _____

Date/Time of Exposure: _____ **Duration of Exposure:** _____ minutes

Type of Body Fluid Exposed to (check all that apply):

☐ blood ☐ saliva/sputum ☐ amniotic fluid ☐ urine ☐ other: _____
☐ feces ☐ cerebrospinal fluid ☐ synovial fluid ☐ wound discharge (pus)

Route / Type(s) of Exposure (check all that apply):

Type 1: MUCOUS MEMBRANE: ☐ eyes ☐ nose ☐ mouth ☐ other _____

Type 2: SKIN PENETRATION: ☐ puncture/incision/laceration/abrasion ☐ human bite
☐ open sore, lesions ☐ eczema, skin rash or similar ☐ pierced ears ☐ other _____

Type 3: CONTACT WITH CLOTHING/SKIN: ☐ soaked through clothing ☐ drops/spray on clothing
☐ contact with dried/caked material ☐ diluted body fluids ☐ other _____

Type 4: NEEDLESTICK: ☐ contaminated ☐ non-contaminated

IDENTITY OF SOURCE PERSON (if known): _____

SOURCE PERSON CONTACT INFO: _____

FOLLOW-UP ACTIVITIES

- **For Type 1 or 2 Exposure:** Send worker for medical follow-up, fill out both sides of this form, and complete *Employee Work Related Accident Report* form for worker's compensation carrier. Record on OSHA 300 log and sharps injury log (if applicable).
- **For Type 3 Exposure ONLY** (no associated Type 1 or 2 exposure): Review incident and practices to prevent reoccurrence, if applicable. Complete both sides of this form and file it.
- **For Type 4 Exposure (needlestick):** If contaminated needle, handle as a Type 1. If non-contaminated needle, fill out both sides of this form, and complete *Employee Work Related Accident Report* for worker's compensation carrier (No exposure issue). Record on OSHA 300 log and sharps injury log.

POST-INCIDENT INVESTIGATION

Personal Protective Equipment (PPE) used by exposed employee at time of exposure (check all that apply):

☐ gloves ☐ goggles ☐ face shield ☐ gown ☐ jumpsuit
☐ pocket mask ☐ resuscitator ☐ other _____

Procedure(s) being performed at time of exposure: _____

Brief Description of the Exposure Circumstances: _____

Employee Name (Print): _____ **Title:** _____

Employee Signature: _____ **Date:** _____

Send Completed Report to the Personnel Manager, BOE

THIS SECTION BELOW TO BE FILLED OUT BY PERSONNEL MANAGER ONLY

Employee sent for medical follow-up on _____ **(date) to:** _____

(medical facility name and address)

Hepatitis B vaccine status:

☐ 1st dose received _____ ☐ declined by employee
☐ 2nd dose received _____ ☐ other: _____
☐ 3rd dose received _____

Healthcare professional's written report received on: _____ **(date)**

Personnel Manager Signature: _____ **Date:** _____

Southington Public Schools
Southington, Connecticut

Consent for Post Exposure Incident Evaluation and Tests

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

As a result of such an incident, federal law requires that the employee exposed be offered a confidential medical evaluation and follow-up.

The employee should initial each appropriate paragraph designating their options and sign the completed form.

Consent:

_____ I consent to a medical evaluation as a result of my exposure incident.

_____ I understand that any information provided to me regarding the source individual's test results must be kept strictly confidential.

_____ I consent to a sample of my blood being drawn at this time to have it tested for the presence of the HIV and Hepatitis B virus and to determine my immunity status for Hepatitis B.

_____ I consent to have a sample of my blood drawn, but NOT TESTED at this time for the presence of the HIV and Hepatitis B virus. I understand that the sample will be preserved by the medical provider for 90 days. Within that time, I may decide to have, or not have, my sample tested. If I do not decide within 90 days what I want done, the sample will be destroyed.

_____ I decline to have any baseline sample of my blood taken at this time. I understand that if, in the future, I want my blood to be tested for the purpose of determining the presence of the HIV or Hepatitis B virus, I may do so, and at no cost to me.

Name: _____ Employee #: _____

Work Address: _____ Dept: _____

Telephone Number: _____ Job Title: _____

Signature: _____ Date: _____

I have received your statement requesting the hepatitis vaccination that is offered to you by Southington Schools free of charge.

The vaccine is given by the community Health and Wellness Center at Bradley Memorial Hospital in Southington. The hepatitis vaccine consists of a series of three doses and you are responsible for scheduling these appointments with the Wellness Center.

You may contact the Community Health and Wellness Center at (860) 276-5099, Monday through Friday, to schedule an appointment for your vaccination. Vaccinations are given on Wednesdays only.

Important – Please bring this letter with you as your referral to the Community Health and Wellness Center from Southington Public Schools.

Sincerely yours,

Personnel Manager

hepatitis-confirm-one/rs

c M. Bordonaro
File

Southington Public Schools
Southington, Connecticut

Hepatitis B Vaccine Immunization

Employee Termination and Hepatitis B Vaccine

In the event that I should terminate my employment with the Southington Board of Education prior to receiving all three doses of Hepatitis B Vaccine, I understand it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Consent Form

I have read the above statements about Hepatitis B and the vaccine. I have had an opportunity to ask questions and understand that I must have three doses of the vaccine to confer immunity. One to two months after the completion of the 3-dose vaccination series I will be tested for antibodies to hepatitis B surface antibodies. If there is no response to the vaccine, I will be revaccinated with a second 3-dose series. **I understand it is my responsibility to return for the immunizations as scheduled. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.** I have been informed that I am at risk of acquiring Hepatitis B because of the nature of my professional responsibilities. I request that the vaccine be give to me.

Employee Signature

Date

Assigned School or
Coaching Position

Vaccination Declination Form

I understand that due to my occupational exposure to blood or other potential infectious materials. I may be at risk of acquiring Hepatitis B Virus (HIB) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination at no charge to myself. However, I decline the 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.

Employee Signature

Date

Assigned School or
Coaching Position

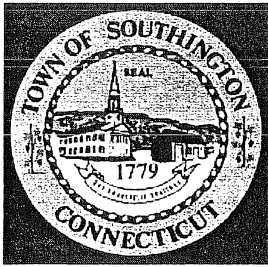
I have already received the Hepatitis B vaccine and do not require further immunization.

Employee Signature

Date

Assigned School or
Coaching Position

This form must be kept in the employee personnel file at Central Office.



SOUTHTINGTON PUBLIC SCHOOLS SOUTHTINGTON, CONNECTICUT

EXAMPLE LETTER

Date

Name

Address

Dear _____;

I have received your statement requesting the Hepatitis Vaccination that is offered to you by Southington Schools free of charge.

The vaccine consists of a series of three doses and is given by Alliance Occupational Health, in Plainville. It will be your responsibility to see to it that you receive all three doses.

IMPORTANT: Please bring this letter along with the attached form with you as your referral to Alliance Occupational Health from Southington Pubic Schools.

Sincerely yours,

Kimberly Hunt
Personnel Manager

Cc: M. Bordonaro, File



SOUTHTON PUBLIC SCHOOLS

From the Desk of
Kimberly D. Hunt
Personnel Manager

SAMPLE LETTER TO STAFF

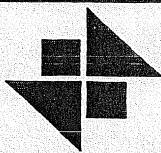
MEMO

TO: Newly Hired Classified Staff
FROM: Personnel Office
RE: Hepatitis B vaccine

Please review and sign the enclosed form regarding the Hepatitis B vaccine and return it to the Personnel Office at your earliest convenience.

Thank you in advance for your cooperation.

CC: Marie Bordonaro, Nurse Supervisor



CONCENTRA
MEDICAL CENTERS

EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT

(MUST PRESENT PHOTO ID AT TIME OF SERVICE)

Patient Name: _____ SSN: _____

Company Name: Southington Public Schools Date of Birth: _____

Location #/Street Address: 49 Beecher St., Southington, CT 06489 Date of Injury: _____

Temporary Staffing Agency: _____

WORK-RELATED _____ INJURY _____ ILLNESS _____

Post-Accident Substance Abuse Testing:

_____ Drug Screen

_____ Breath Alcohol

_____ Drug Screen and Breath Alcohol

_____ Urine Collection Only

_____ DOT Regulated

_____ Non-regulated

DOT PHYSICAL

_____ Preplacement

_____ Recertification

_____ Exit

_____ Audiogram

_____ Regulated Drug Screen

_____ Urine Collection Only

_____ Breath Alcohol

RE-PLACEMENT EVALUATION

Job Title: _____

_____ Physical Exam

_____ HPE

_____ Regulated Drug Screen

_____ Non-regulated Drug Screen

_____ Urine Collection Only

_____ Hair Collection

_____ Audiogram

☒ Hepatitis Vaccination

SUBSTANCE ABUSE TESTING

_____ Regulated

_____ Non-regulated

_____ Urine Collection Only

_____ Rapid Test

_____ Pre-placement

_____ Reasonable Suspicion

_____ Random

_____ Periodic

_____ Post-accident

_____ Follow-up

_____ Breath Alcohol

SPECIAL PHYSICAL EXAMINATIONS

_____ Asbestos

_____ Respirator

_____ Hazmat

_____ Baseline

_____ Other _____

BILLING

_____ Employee to pay charges at time of service

_____ Workers' Compensation

Insurance Co: Please bill the

Policy #: Southington Public Schools

Phone #: (860) 628-3200

Authorized By: Kimberly Hunt

Title: Personnel Manager

Phone: (860) 628-3200 x 355

Date: _____

(copies of this form available at www.concentra.com)



SOUTHTON PUBLIC SCHOOLS SOUTHTON, CONNECTICUT

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

ANNUAL REVISION DATES

- May 2003
- January 2004
- January 2006
- January 2007
- January 2008
- February 2009—reviewed no changes
- June 2010—update of changed First Report of Accident Form
- January 2011