

Bloodborne Pathogens Occupational Exposure Control Plan



Purpose	<p>The purpose of this program is to provide safe work procedures and response protocols for employees exposed to blood or other potentially infectious materials while at work.</p> <p>This program is implemented with compliance to: OSHA standard 29 CFR 1910.1030 Bloodborne Pathogens.</p> <p><i>Note: Minnesota Statute 5206.0600 Infectious Agents states that employers who cover all reasonably anticipated infectious agent exposures as part of 29 CFR 1910.1030 shall be in compliance with that statute. The District does NOT have any anticipated or routine exposures for employees to bacterial, viral, fungal, parasitic, or rickettsia agents. School Board Policy #426 <u>Students and Employees with Sexually Transmitted Infectious and Diseases and Certain Other Communicable Diseases and Infectious Conditions</u> provides additional guidance regarding exclusion, decision-making for both students and employees that may have a bloodborne pathogen or communicable/infectious disease. The Policy also provides curriculum requirements per health-related school programming which is not part of workplace transmission.</i></p>
Scope	<p>This program applies to all Forest Lake Area Public School employees who have reasonably anticipated exposures to blood or other potentially infectious material.</p>
Records Created	<p>Bloodborne Pathogens Assessment Form Hepatitis B Consent/Declination Form Post-Exposure Form Regulated Waste / Sharp Disposal Records Training Records</p>
Internal References	<p>Automated External Defibrillator (AED) Program Personal Protective Equipment (PPE) Program</p>
External References	<p>29 CFR 1910.1030 Bloodborne Pathogens 29 CFR 1910.1020 Access to Employee Exposure and Medical Records Minnesota Statute 5206.0600 Infectious Agents Minnesota Statute 116.78 Waste Management Minnesota Statute 604A.01 Good Samaritan Law</p>
Terminology	<p>Blood – means human blood, human blood components and products made from human blood.</p> <p>Bloodborne Pathogens – 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), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).</p> <p>Contaminated – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.</p> <p>Contaminated sharps – any contaminated object that can penetrate the skin, including but not limited to, needles, scalpels, broken glass, etc.</p> <p>CPR- cardiopulmonary resuscitation</p> <p>Decontamination – use of physical or chemical means to remove,</p>

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 – controls that isolate or remove the bloodborne pathogen hazard from the workplace (ex. sharp disposal containers, self-sheathing needles, etc.).

Exposure incident or event – 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 facility – a facility providing an adequate supply of running portable water, soap and single use towels or hot air drying machines.

Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) – two viral infections that affect the liver. Severity of symptoms for these infections range from unapparent infection (asymptomatic) to fatal cases of acute hepatitis.

Human Immunodeficiency Virus (HIV) – viral infection believed to cause lifelong infection which results in acquired immunodeficiency syndrome (AIDS). AIDS is a disease in which the immune system is depressed and certain opportunistic infections and cancers can occur.

Licensed Healthcare Provider – person with legal scope of practice allows him or her to independently perform the activities required by paragraph (f) of the regulation (*per paragraph (f): employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident*).

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

Other potentially infectious material (OPIM) – 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 visibly contains blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and any unfixed tissue or organ (other than intact skin) from a human and any HIV or HBV/HCV containing tissues, blood, etc. from experimental animals infected with such diseases.

Parenteral – piercing mucous membranes or the skin barriers through such events as needle sticks, human bites, cuts and abrasions.

Personal protective equipment – specialized clothing or equipment worn by an employee for protection against a hazard.

	<p>General work clothes (e.g., uniforms, pants, shirts, blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.</p> <p>Regulated infectious waste – contaminated sharps, liquid or semi-liquid blood or other potentially infectious materials, contaminated items (ex. towels) that would release blood or other potentially infectious materials if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, and pathological and microbiological wastes containing blood or other potentially infectious materials. "Infectious waste" means laboratory waste, blood, regulated body fluids, sharps, and research animal waste that have not been decontaminated.</p> <p>Source individual – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.</p> <p>Universal Precautions – an approach to infection control. According to the concept, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.</p> <p>Work practice controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed.</p>
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1.0 OVERVIEW

This program provides an occupational control plan to minimize or eliminate exposure to blood and other potentially infectious materials at ISD #831. It identifies personnel with occupational exposure (reasonably anticipated – see *Definitions for more details*), methods of prevention thru Universal Precautions, engineering and work practice controls, waste management, vaccinations, personal protective equipment, training, record retention, and protocols for post-exposure incidents or events.

2.0 RESPONSIBILITY

2.1 Supervisor of Buildings and Grounds

The Supervisor of Buildings and Grounds is responsible to:

- Work as Exposure Control Officer for overall management of the program.
- Assist and support school or site Supervisor(s)/Principal(s) and Health Office staff with methods of prevention, hepatitis B vaccine coordination, post-incident protocols, training, and record retention.
- Conduct an annual review of the program.

2.2 Supervisor(s)/Principal(s)

Supervisor(s)/Principal(s) are responsible to:

- Ensure staff work as provided in this exposure control plan.
- Ensure staff are trained as provided in this program.
- Provide additional on-the-job training to staff when new hazards are discovered or as needed.
- Provide feedback to the Supervisor of Buildings and Grounds as needed.
- Assist with post-incident protocols.

2.3 Health Office Staff

Health Office staff are responsible to:

- Render first aid and/or CPR, following Universal Precautions.
- Use applicable personal protective equipment.
- Dispose contaminated sharps to:
Fairview Wyoming Hospital
5200 Fairview Blvd, Wyoming, MN 55092
(651) 982-7000
- Provide additional on-the-job training to staff when new hazards are discovered or as needed.
- Provide feedback to the Supervisor of Buildings and Grounds as needed.
- Assist with post-incident protocols.

2.4 Staff

Staff have the most important role with the success of this exposure

control program. Staff are responsible to:

- Follow all principles and safe work practices provided in this program.
- Provide feedback to Supervisor(s)/Principal(s) regarding tasks that may not have been previously evaluated for exposure.
- Use applicable personal protective equipment.
- Attend training as required.

3.0 CLASSIFICATION 1 AND 2 EMPLOYEES

ISD #831 performed exposure assessments to determine job duties that have routine or expected exposure to blood or other potentially infectious material. The assessments were conducted without regard to the use of personal protective equipment. A **Bloodborne Pathogens Assessment Form** was used to evaluate the positions.

3.1 Classification 1

Tasks that involve routine exposure to blood or other potentially infectious materials. Examples would include positions whose primary job responsibility is providing first aid or medical treatment.

At ISD #831, this would include Health Office staff such as:

- Licensed School Nurses (LSNs)
- Licensed Practical Nurses (LPNs)
- Health Office Assistants
- Unlicensed Assistive Personnel (UAPs)

3.2 Classification 2

Tasks that involve blood or other potentially infectious material cleanup or performing first aid or triage as an auxiliary component of their position (ex. employees who work when health offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)

At ISD #831, personnel would include:

- Site Administration
- Community Education – School Age Care and Early Childhood
- Coaches and Athletic Trainers
- Special Education
- Transportation – Bus Drivers
- Buildings and Grounds

Other positions may be included on an as needed basis per discretion of the Supervisor of Buildings and Grounds.

4.0 METHODS OF PREVENTION

4.1 Universal Precautions and Self-Care

Employees will follow Universal Precautions when they encounter blood or other potentially infectious materials. Employees will take necessary self-

precautions as circumstances dictate. Precautions will include use of gloves at a minimum. In conjunction with appropriate use of personal protective equipment, handwashing with soap and water after removing gloves is an important method of controlling the transmission of pathogens. When handwashing facilities are not readily available, waterless hand cleaners or antiseptic towelettes should be used until the employee can use proper handwashing facilities.

4.2 First Aid / CPR

Employees performing First Aid/CPR shall follow Universal Precautions and other methods of protection as provided in this plan.

Employees that are present at a scene of an emergency, one in which the injured person(s) has the potential to suffer grave physical harm, shall give "reasonable assistance" to those persons to the extent in which can be performed without danger or peril to self or others. "Reasonable assistance" may include obtaining or attempting to obtain aid from law enforcement or medical personnel.

Employees who render emergency care at the scene of an emergency or during transit to a location where professional medical care can be rendered is not liable for any civil damages as a result of acts or omissions unless the person acts in a willful or reckless manner in providing the assistance (see Minnesota Statute 604A.01 Good Samaritan Law). Emergency care may include use of an Automatic External Defibrillator.

4.3 Engineering & Work Practice Controls

- Mechanical devices such as tongs, dust pans, or brooms will be used to collect contaminated sharps.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking off contaminated needles is prohibited.
- Contaminated sharps will be placed in appropriate sharp containers, provided in the Health Office at each school, that are puncture-resistant, labeled with Biohazard warning, leak-proof, and closeable.
- Refrigerators, freezers, shelves, cabinets, or other work surfaces that may have incidental blood or other potentially infectious material shall not store consumable food or drink.
- Eating, drinking, and applying cosmetics or lip balm, and handling contact lenses in work areas where blood or other potentially infectious materials may be generated is prohibited.

4.4 Regulated Infectious Waste

- A biohazard warning label must be affixed to any regulated infectious waste such as a sharps container.



- Biohazard waste produced by school health services must be properly packaged and may be disposed of at a hospital. A hospital must accept the infectious waste if it is properly packaged according to the standards the hospital uses for packaging its own infectious wastes. The hospital may charge the school health services a reasonable fee for disposal of the infectious waste. Nothing in this subdivision shall require a hospital to accept infectious waste if the waste is of a type not generated by the hospital or if the hospital cannot safely store the waste.
- ISD #831 dispose contaminated sharps through Fairview Wyoming Hospital. A **Sharp Disposal Receipt** is obtained and routed to the Supervisor of Buildings and Grounds for recordkeeping.

4.5 Personal Protective Equipment

ISD #831 will make appropriate personal protective equipment available to its employees. Personal protective equipment will be purchased in appropriate sizes, without cost to the employees. Prior to leaving a contaminated work area, employees will remove and dispose of personal protective equipment to prevent accidental transfer or exposure of blood and other potentially infectious material. The Buildings and Grounds Department in conjunction with Special Education is responsible for providing personal protective equipment for District departments and employees.

Disposable gloves will be worn whenever performing first aid, handling contaminated equipment or materials, cleanup activities, or when it's reasonably anticipated that the employee may have hand contact with blood, or other potentially infectious materials. At times, double gloving may be warranted as an extra level of protection.

Resuscitation equipment such as mouthpieces, pocket masks, and other ventilation devices will be used to avoid direct contact with blood or saliva. The Health Office at each school is responsible for resuscitation equipment including additional emergency medical equipment such as Automated External Defibrillators (AEDs).

Gowns may be worn by health office staff to protect clothing from blood or other potentially infectious materials.

Eye and/or face protection may be worn by health office staff for protection of blood or other potentially infectious material splashing in the eyes, mouth, or nose.

4.6 Housekeeping, Laundry, and Blood or Other Potentially Infectious Material Cleanup

ISD #831 will provide sanitary work conditions. The Buildings and Grounds Department is responsible for cleaning procedures and schedules. Employees are instructed to contact a custodian as soon as possible to perform blood or other potentially infectious material cleanup. Custodians are responsible for cleaning and decontamination of work surfaces. The District provides custodians with microbial, EPA registered products that have efficacy against bacteria, germs, and viruses including bloodborne pathogens.

Cleaning of work areas that have reasonable, anticipated contamination to blood or other potential infectious materials include:

- Health Offices
- Bathrooms
- Locker Rooms

Per the Buildings and Grounds Department, areas throughout the District are cleaned and disinfected daily.

Objects that have a high potential for being contaminated with blood or other potentially infectious material are washed with warm water and an approved cleaner and then disinfected with an EPA registered product that has efficacy against bacteria, germs, and viruses including bloodborne pathogens. Objects may include athletic equipment (i.e. wrestling mats), early childhood toys, etc. These objects are cleaned as needed by the responsible department.

At Forest Lake Area High School, Buildings and Grounds employees are required to clean potentially contaminated laundry (ex. athletic uniforms) as part of their routine operations. Employees handling contaminated laundry will wear protective gloves, at a minimum, and other personal protective equipment as appropriate. A handwashing sink will be located in laundry areas. Wash contaminated clothing with detergent with water greater than 160°F.

4.7 Department Policies

Individual department policies may need to be developed based on student or staff health concerns. Whenever developed, this Bloodborne Pathogens Occupational Exposure Control Plan shall be referenced.

5.0 HEPATITIS B VACCINATION

ISD #831 offers the hepatitis B vaccination series, three (3) doses, free of charge to all Classification 1 and 2 employees. The vaccine is provided to such employees at:

Thrifty White Pharmacy
 1420 Lake Street S.
 Forest Lake, MN 55025
 (651) 464-5518

Employee may choose to accept or decline the vaccination series which is documented on the **Hepatitis B Consent/Declination Form**. However, if during any time during employment the employee changes his/her mind and later wishes to receive the vaccine, ISD #831 will accommodate that request.

The Center for Disease Control (CDC) recommends that Classification 1 employees be tested for antibodies one to two months after the completion of the three dose series. Employees who do not respond to the primary vaccination series must be revaccinated with a second series and then again, retested. Exemptions would include:

- Employees who have received the vaccine series previously
- Antibody testing reveals employees are immune
- Employees with medical reasons

6.0 POST-EXPOSURE INCIDENT OR EVENT

ISD #831 is responsible for evaluating incidents to determine whether or not an event constitutes a bloodborne pathogen exposure (i.e. blood contact with mucous membranes, non-intact skin, piercing by needle stick, cut, or bite, etc.).

ISD #831 has developed a **Post-Exposure Form** that assists in this determination, outlines action steps such as consent testing, receiving the hepatitis B vaccine following an exposure event, etc. The employee, Supervisor, and/or Health Office staff will assist with using this packet to determine exposure and proper response actions. Per this packet, the following questions shall be evaluated to determine an employee exposure to a bloodborne pathogen:

Did the contact with blood OR other potentially infectious material (OPIM) include any of the following:			
	Yes	No	Initials
Blood or OPIMs in exposed employee's eyes, nose or mouth?			
Blood or OPIMs in contact with exposed employee's broken skin (less than 24 hours old), including cuts or open skin rashes, or breaking of the skin in a bite?			
Penetration of exposed employee's skin by a blood or OPIM-contaminated sharp (needle, lancet, glass, teeth, etc.)?			

If you answered NO to ALL of the questions above, an exposure did not occur, and medical attention for exposure to blood or OPIMs is not required. Other medical attention may still be appropriate.

If you answered YES to any of the above questions, the employee(s) may be at risk of exposure to a bloodborne pathogen.

ISD #831 offers a confidential medical evaluation and follow-up to all employees who have had an occupational exposure incident.

6.1 Sharp Injury Log

Those incidents that involved a contaminated sharp must be tracked on a sharp injury log. The information on the log shall be recorded and maintained in such a manner to protect the confidentiality of the injured employee.

This sharp injury log must contain, at a minimum:

- Department or work area where incident occurred
- Type and brand of device involved in the incident
- Description of how incident occurred

Sharp injuries are considered a 'recordable' injury on OSHA 300 Log however names are not to be included for this event.

7.0 TRAINING

ISD #831 provides training to employees during work hours. Training is accomplished through a tailored computer-based training assigned within initial hire and annually thereafter (provided within one year of previous training). Departments may also choose to conduct classroom, large group training on bloodborne pathogens.

Material appropriate in content and vocabulary to education level, literacy, and language of employees shall be used.

The training program, per OSHA requirement, must include at a minimum the following elements:

- Access to 29 CFR 1910.1030 Bloodborne Pathogens
- General explanation of the epidemiology and symptoms of bloodborne diseases
- Explanation of the modes of transmission of bloodborne pathogens
- Explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan
- Explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- Explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- Explanation of the basis for selection of personal protective equipment
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and the procedure to receive the cost-free vaccination
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material
- Explanation of the procedure to follow if an exposure incident occurs,

including the method of reporting the incident and the medical follow-up that will be made available

- Information on post-exposure evaluation and follow-up
- Explanation of the signs, labels, and color coding

Training data must show the date of training, summary or agenda, qualifications of instruction, and name and job titles of all persons completing the training.

Employees must be provided with an opportunity to ask questions during training assignments.

Additional training (outside of initial or refresher) may need to be provided if modifications of tasks or procedures affect the employee's occupational exposure. Such training may be limited to the modification or change.

8.0 RECORD RETENTION

Training records must be kept for a minimum of three (3) years. The Buildings and Grounds Department is responsible for retaining such records.

Medical records such as hepatitis B vaccinations, post-exposure incident medical evaluations and written opinions, etc. will be kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except which may be required by law. Medical records will be retained for at least the duration of employment plus thirty (30) years in accordance with OSHA recordkeeping requirements.

All records required to be retained will be made available to those identified parties per Bloodborne Pathogen regulation and OSHA recordkeeping requirements.

9.0 ACCESS TO PLAN AND REVIEW

ISD #831 provides employees access with this Occupational Exposure Control Plan via online or by contacting the Buildings and Grounds Department.

The Occupational Exposure Control Plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. This review will include improved technology, documenting consideration and implementation of safer medical devices, and solicit input from non-managerial employees as appropriate.

ISD #831

BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Licensed School Nurses (LSNs)

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- Contaminated sharps Dealing with aggressive behaviors (ex. potential for bites)
 First aid Diapering or assisting with toileting
 Cleanup activities Contaminated laundry
 Other:

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- Disposable gloves Protective eyewear Aprons, gowns or disposable coveralls
 Surgical masks CPR resuscitation masks Other:

Question #7: What types of engineering controls is required and made available for this position?

- Sharp disposal container Biohazard labels EPA registered cleaning products
 Self-sheathing needles Handwashing facilities or proper substitute
 Other:

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831

BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Licensed Practical Nurses (LPNs)

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- Contaminated sharps Dealing with aggressive behaviors (ex. potential for bites)
 First aid Diapering or assisting with toileting
 Cleanup activities Contaminated laundry
 Other:

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- Disposable gloves Protective eyewear Aprons, gowns or disposable coveralls
 Surgical masks CPR resuscitation masks Other:

Question #7: What types of engineering controls is required and made available for this position?

- Sharp disposal container Biohazard labels EPA registered cleaning products
 Self-sheathing needles Handwashing facilities or proper substitute
 Other:

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831

BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Health Office Assistants

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- Contaminated sharps Dealing with aggressive behaviors (ex. potential for bites)
 First aid Diapering or assisting with toileting
 Cleanup activities Contaminated laundry
 Other:

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- Disposable gloves Protective eyewear Aprons, gowns or disposable coveralls
 Surgical masks CPR resuscitation masks Other:

Question #7: What types of engineering controls is required and made available for this position?

- Sharp disposal container Biohazard labels EPA registered cleaning products
 Self-sheathing needles Handwashing facilities or proper substitute
 Other:

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831

BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Unlicensed Assistive Personnel (UAPs)

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Contaminated sharps | <input type="checkbox"/> Dealing with aggressive behaviors (ex. potential for bites) |
| <input checked="" type="checkbox"/> First aid | <input type="checkbox"/> Diapering or assisting with toileting |
| <input type="checkbox"/> Cleanup activities | <input type="checkbox"/> Contaminated laundry |
| <input type="checkbox"/> Other: | |

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Disposable gloves | <input type="checkbox"/> Protective eyewear | <input type="checkbox"/> Aprons, gowns or disposable coveralls |
| <input type="checkbox"/> Surgical masks | <input type="checkbox"/> CPR resuscitation masks | <input type="checkbox"/> Other: |

Question #7: What types of engineering controls is required and made available for this position?

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Sharp disposal container | <input checked="" type="checkbox"/> Biohazard labels | <input checked="" type="checkbox"/> EPA registered cleaning products |
| <input type="checkbox"/> Self-sheathing needles | <input checked="" type="checkbox"/> Handwashing facilities or proper substitute | |
| <input type="checkbox"/> Other: | | |

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831

BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Site Administration

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- Contaminated sharps Dealing with aggressive behaviors (ex. potential for bites)
 First aid Diapering or assisting with toileting
 Cleanup activities Contaminated laundry
 Other:

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- Disposable gloves Protective eyewear Aprons, gowns or disposable coveralls
 Surgical masks CPR resuscitation masks Other:

Question #7: What types of engineering controls is required and made available for this position?

- Sharp disposal container Biohazard labels EPA registered cleaning products
 Self-sheathing needles Handwashing facilities or proper substitute
 Other:

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831
BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Community Education – School Age Care and Early Childhood

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Contaminated sharps | <input checked="" type="checkbox"/> Dealing with aggressive behaviors (ex. potential for bites) |
| <input checked="" type="checkbox"/> First aid | <input checked="" type="checkbox"/> Diapering or assisting with toileting |
| <input checked="" type="checkbox"/> Cleanup activities | <input type="checkbox"/> Contaminated laundry |
| <input type="checkbox"/> Other: | |

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Disposable gloves | <input type="checkbox"/> Protective eyewear | <input type="checkbox"/> Aprons, gowns or disposable coveralls |
| <input type="checkbox"/> Surgical masks | <input type="checkbox"/> CPR resuscitation masks | <input type="checkbox"/> Other: |

Question #7: What types of engineering controls is required and made available for this position?

- | | | |
|---|---|--|
| <input type="checkbox"/> Sharp disposal container | <input type="checkbox"/> Biohazard labels | <input checked="" type="checkbox"/> EPA registered cleaning products |
| <input type="checkbox"/> Self-sheathing needles | <input checked="" type="checkbox"/> Handwashing facilities or proper substitute | |
| <input type="checkbox"/> Other: | | |

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831

BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Coaches and Athletic Trainers

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- Contaminated sharps Dealing with aggressive behaviors (ex. potential for bites)
 First aid Diapering or assisting with toileting
 Cleanup activities Contaminated laundry
 Other:

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- Disposable gloves Protective eyewear Aprons, gowns or disposable coveralls
 Surgical masks CPR resuscitation masks Other:

Question #7: What types of engineering controls is required and made available for this position?

- Sharp disposal container Biohazard labels EPA registered cleaning products
 Self-sheathing needles Handwashing facilities or proper substitute
 Other:

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831

BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Special Education

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- Contaminated sharps Dealing with aggressive behaviors (ex. potential for bites)
 First aid Diapering or assisting with toileting
 Cleanup activities Contaminated laundry
 Other:

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- Disposable gloves Protective eyewear Aprons, gowns or disposable coveralls
 Surgical masks CPR resuscitation masks Other:

Question #7: What types of engineering controls is required and made available for this position?

- Sharp disposal container Biohazard labels EPA registered cleaning products
 Self-sheathing needles Handwashing facilities or proper substitute
 Other:

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831

BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Transportation – Bus Drivers

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Contaminated sharps | <input checked="" type="checkbox"/> Dealing with aggressive behaviors (ex. potential for bites) |
| <input checked="" type="checkbox"/> First aid | <input type="checkbox"/> Diapering or assisting with toileting |
| <input checked="" type="checkbox"/> Cleanup activities | <input type="checkbox"/> Contaminated laundry |
| <input type="checkbox"/> Other: | |

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Disposable gloves | <input type="checkbox"/> Protective eyewear | <input type="checkbox"/> Aprons, gowns or disposable coveralls |
| <input type="checkbox"/> Surgical masks | <input type="checkbox"/> CPR resuscitation masks | <input type="checkbox"/> Other: |

Question #7: What types of engineering controls is required and made available for this position?

- | | | |
|---|---|--|
| <input type="checkbox"/> Sharp disposal container | <input type="checkbox"/> Biohazard labels | <input checked="" type="checkbox"/> EPA registered cleaning products |
| <input type="checkbox"/> Self-sheathing needles | <input checked="" type="checkbox"/> Handwashing facilities or proper substitute | |
| <input type="checkbox"/> Other: | | |

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831

BLOODBORNE PATHOGENS ASSESSMENT FORM

Assessments are conducted without regard to the use of personal protective equipment.

Name of Position:

Buildings and Grounds

Question #1: Is the primary job responsibility to perform first aid or provide medical treatment?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification I employee.

Question #2: Does the position require employees to clean up blood or other potentially infectious material or launder contaminated clothing?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

Question #3: Does the position require employees to perform first aid or provide medical treatment as an auxiliary, secondary component of the job or (ex. employees who work when Health Offices are unstaffed, employees who work with others that are unable to perform self-care, etc.)?

Yes No

If yes, position is included in the Bloodborne Pathogen Program as a Classification II employee.

If no to questions #1-3, then the employee does not have routine, expected exposure to blood or other potentially infectious material while at work. If yes to any question, please complete the remainder of this form.

Question #4: What types of routine exposures to blood or other potentially infectious material occurs during expected work activities? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Contaminated sharps | <input type="checkbox"/> Dealing with aggressive behaviors (ex. potential for bites) |
| <input type="checkbox"/> First aid | <input type="checkbox"/> Diapering or assisting with toileting |
| <input checked="" type="checkbox"/> Cleanup activities | <input checked="" type="checkbox"/> Contaminated laundry |
| <input type="checkbox"/> Other: | |

Question #5: What types of body fluids are routinely encountered?

- Blood Blood contaminated vomit, urine, feces, or fluids

Question #6: What types of personal protective equipment is required and made available for this position?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Disposable gloves | <input type="checkbox"/> Protective eyewear | <input type="checkbox"/> Aprons, gowns or disposable coveralls |
| <input type="checkbox"/> Surgical masks | <input type="checkbox"/> CPR resuscitation masks | <input type="checkbox"/> Other: |

Question #7: What types of engineering controls is required and made available for this position?

- | | | |
|---|---|--|
| <input type="checkbox"/> Sharp disposal container | <input type="checkbox"/> Biohazard labels | <input checked="" type="checkbox"/> EPA registered cleaning products |
| <input type="checkbox"/> Self-sheathing needles | <input checked="" type="checkbox"/> Handwashing facilities or proper substitute | |
| <input type="checkbox"/> Other: | | |

Other relevant information regarding the position and exposures to blood or other potentially infectious material:

N/A

Form Completed By:

Name: Amy Weinzierl

Position: Safety Consultant (Field Environmental)

Date: 11/2/2016

ISD #831

HEPATITIS B VACCINE ACCEPTANCE / DECLINATION RECORD

NAME: _____ BUILDING/LOCATION: _____

POSITION: _____ DATE: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring infection by the Hepatitis B Virus (HBV). ISD #831 has offered to me the Hepatitis B vaccination series at no charge.

(please check one of the options listed below)

DECLINATION:

- I do not wish to receive the Hepatitis B Vaccination Series. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. I understand that by declining this vaccine, I may continue to be at risk of acquiring Hepatitis B. 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 that vaccination at no charge to me.
- I have already received the Hepatitis B Vaccination.

ACCEPTANCE:

- I DO wish to receive the Hepatitis B Vaccination Series. If you choose to receive the Hepatitis B Vaccination Series, the District has partnered with the following clinic to offer the vaccine at no cost to you:

Thrifty White Pharmacy
1420 Lake Street S.
Forest Lake, MN 55025
(651) 464-5518

It's your responsibility to contact Thrift White Pharmacy, inform them that you're an employee of ISD #831 and wish to receive the vaccine paid for by the District, and schedule appropriately. Thrifty White Pharmacy requires a Vaccination Administration Record (attached) to be completed and brought with to the appointment. Leave the insurance information blank as the Pharmacy is to bill the District for the service.

This completed form is to be routed and kept on file with the Supervisor of Buildings and Grounds.

Store #: 773
(store use)

Vaccine Administration Record



Information about the person to receive the vaccine:

Please answer all questions. If the personal information asked for is NOT provided, the immunization service may be denied. Except as required by law, this information is confidential and will not be shared with anyone without your specific authorization.

Last Name _____ First Name _____ Gender _____

Birth Date ____/____/____ Age _____ Phone # _____ - _____ - _____ Facility/Company _____
(Primary) (If applicable)

Address _____ City _____ State _____ Zip _____

Primary Care Provider Name, Location _____ Provider's Phone # _____

****Patient: To ensure proper billing, please include a copy of your most current insurance card(s) you would like us to bill.****

Rx Plan Name: _____ BIN _____ PCN _____ ID# (include ALL letters and #s) _____ Group# _____

Medical Plan Name: _____ Group# _____ ID# (include ALL letters and #s) _____ Other# _____

Vaccines I am interested in receiving today: _____ TWRx ID: _____
(store use - if applicable)

All Vaccines (please answer questions 1 - 8 for all vaccines)

1. Is the person to be vaccinated sick today?..... Yes No Don't know
2. Has the person to be vaccinated previously had the vaccine(s) they are about to receive today?..... Yes No Don't know
3. Does the person to be vaccinated have allergies to medicine, foods (ex. Eggs), a vaccine component, or latex?..... Yes No Don't know
4. Has the person to be vaccinated ever had a severe reaction after receiving ANY vaccine in the past?..... Yes No Don't know
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma (including wheezing), kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? Or if this is a child, have they been on long-term aspirin therapy?..... Yes No Don't know
6. Has the person had a seizure, or brain or other nervous system problem such as Guillain-Barré syndrome?..... Yes No Don't know
7. *For women:* Is the person to be vaccinated currently pregnant, planning to become pregnant in the next 3 months, or breastfeeding? (if applicable)..... Yes No Don't know
8. Are you interested in other Thrifty White Pharmacy vaccinations and services?..... Yes No Don't know

Live vaccines (flu nasal spray, shingles, chicken pox, MMR, oral typhoid) Answer questions 9-12 if you are receiving any immunizations listed.

9. Does the person to be vaccinated have cancer, HIV or any other condition that weakens the immune system?..... Yes No Don't know
10. Has the person to be vaccinated taken medications in the past 3 months that would weaken the immune system such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?..... Yes No Don't know
11. Has the person to be vaccinated received any vaccinations in the past 4 weeks?..... Yes No Don't know
12. Has the person to be vaccinated received any blood products, immune globulins or antivirals in the past year?..... Yes No Don't know

Consent for Vaccination: I certify that I am: (i) the patient and at least 18 years of age; (ii) the parent or legal guardian of the minor patient who is at least the minimum age required by State law to receive the vaccine; or (iii) the legal guardian of the patient. I was given a copy of the most current Vaccine Information Statement (VIS) regarding the vaccine that will be administered today. I have had a chance to ask questions, which were answered to my satisfaction. I understand the benefits and risks of the vaccination as described. I hereby give my consent and request that the vaccine be administered to me or the person named above, a minor or an individual for whom I represent and for whom I am authorized to sign this consent. I have been advised to remain in the vaccination area for approximately 15 minutes for observation after the vaccine has been administered. In those states that require such recording, I hereby consent to the pharmacy recording this vaccination in the state vaccination registry. I, for myself and the recipient of the vaccination, if the recipient is a minor or an individual for whom I am the legal guardian, my heirs and personal representatives, hereby release and hold harmless Thrifty Drug Stores, Inc. and its employees, agents and representatives from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed below.

Authorization to bill: I hereby authorize Thrifty White Pharmacy to bill Medicare or my health insurance for immunization services. I understand that the pharmacy will be reimbursed directly from Medicare or my insurance plan. I understand that the patient, the parent if the patient is a minor, or the patient's legal guardian is responsible for payment of co-pays, co-insurance and any claims denied by the insurance.

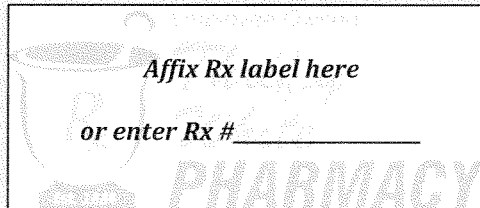
Signature of patient, parent or legal guardian _____ Printed Name of the patient, parent or legal guardian _____ Today's Date _____

To be completed by Vaccine Administrator

Date of Administration ____/____/____
 Vaccine _____ Dose _____
 NDC # _____
 Manufacturer _____
 Lot Number _____ Expiration ____/____/____
 Injection Site: R L Deltoid or _____
 Route: IM SQ Intranasal ID
 Date VIS provided: ____/____/____ VIS version date: ____/____/____

 Administered by, title (print) _____ Signature _____

Billed in store A/R to bill
 Personal Insurance Group Charge Acct
 Acct#: _____
 Cash VFC Name: _____
 Price: _____



ISD #831

Bloodborne Pathogens Post-Exposure Guide

Employees who experience a bloodborne pathogen exposure (review *Exposure Control Plan for Bloodborne Pathogens*) are encouraged to immediately seek medical care. The purpose of medical care is to obtain baseline blood antibody levels for HIV, Hepatitis B, and Hepatitis C and/or receive relevant vaccines. If you have questions regarding the **Post-Exposure Guide**, please contact the Supervisor of Buildings and Grounds – OR – a District Licensed School Nurse (LSN) and refer to 29 CFR 1910.1030.

SECTION 1: CRITERIA		
Employee Name:	Position:	Date Guide Completed:
Source Individual Name:		Date Event Occurred:
Location of Event:		Time Event Occurred:
Synopsis of Event:		
Did the contact with blood OR other potentially infectious material (OPIM) include any of the following:		Yes
Blood or OPIMs in exposed employee's eyes, nose or mouth?		<input type="checkbox"/>
Blood or OPIMs in contact with exposed employee's broken skin (less than 24 hours old), including cuts or open skin rashes, or breaking of the skin in a bite?		<input type="checkbox"/>
Penetration of exposed employee's skin by a blood or OPIM-contaminated sharp (needle, lancet, glass, teeth, etc.)?		<input type="checkbox"/>
If you answered NO to ALL of the questions above, an exposure did not occur. Other medical attention may still be appropriate. If you answered YES to any of the above questions, the employee may be at risk of exposure to a bloodborne pathogen.		
SECTION 2: FIRST REPORT OF INJURY		
		Yes
		No
Has the Employee completed a First Report of Injury? If no, please do so at this time.		<input type="checkbox"/>
		<input type="checkbox"/>
SECTION 3: MEDICAL EVALUATIONS		
Medical results will be kept confidential and will not be disclosed unless necessary to comply with provisions of 29 CFR 1910.1030. If you are the Source Individual, disclosure will be made to the exposed Employee and their healthcare professional. Employee and Source Individual can go to their own licensed health care practitioner or seek medical evaluation thru the District's preferred provider. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, we will not be able to determine whether you have been infected by either the hepatitis B virus (HBV), human immunodeficiency virus (HIV), or other bloodborne disease as a result of this exposure. If the Source Individual is a minor, consent or declination to have your blood drawn and tested must be given by your parent or guardian.		
		Yes
		No
Will the Employee obtain a professional post-exposure medical evaluation at no cost to them to determine if known to be infected with a bloodborne disease?		<input type="checkbox"/>
		<input type="checkbox"/>
If no, employee is declining post-exposure medical evaluation. Please document that refusal below:		
Employee Refusal – Name:	Date of Refusal:	
	Yes	No
Will the source individual obtain a professional medical evaluation at no cost to them to determine if known to be infected with a bloodborne disease?	<input type="checkbox"/>	<input type="checkbox"/>
If no, source individual is declining post-exposure medical evaluation. Please document that refusal below:		
Source Individual Refusal – Name:	Date of Refusal:	
In the event the Employee and/or the Source Individual participate in a medical evaluation, they should bring with this completed form. The clinic is required to perform a confidential medical evaluation, counseling and evaluation of illness. The clinic is responsible for providing a written opinion to the District within 15 days of the evaluation.		
<u>District Preferred Provider:</u> Allina Clinic – Forest Lake 651-464-7100 1540 S Lake St Forest Lake, MN 55025		

Form Completed with Assistance by (Print Name): _____ Position: _____ Date: _____

Send a copy of this form to the Supervisor of Buildings and Grounds for confidential recordkeeping.

ISD #831 Sharp Disposal Receipt

Name of Hospital Accepting Waste:	Date:
-----------------------------------	-------

ISD #831 Employee Disposing Waste (Print Name):

Minnesota Statute: 116.78 Infectious Waste Management

Any infectious waste produced by school health services must be properly packaged and may be disposed of at a hospital. A hospital must accept the infectious waste if it is properly packaged according to the standards the hospital uses for packaging its own infectious wastes. The hospital may charge a reasonable fee for disposal of the infectious waste. Nothing in this subdivision shall require a hospital to accept infectious waste if the waste is of a type not generated by the hospital or if the hospital cannot safely store the waste.

Number of Accepted Sharp Containers: _____

I verify that the Hospital accepts the waste generated by ISD #831.

Hospital Representative (Print Name):

Department:

ISD #831 to retain copy of receipt. Send to the Supervisor of Buildings and Grounds for recordkeeping.