

***West Linn - Wilsonville  
School District***

**Bloodborne Pathogens**

**Work Exposure Control Plan**

## Table of Contents

<b>Introduction</b>	3
<b>Definitions</b>	3
<b>Responsibilities</b>	5
<b>Exposure Control Plan Procedural Steps</b>	6
<b>Exposure Potential Categories</b>	7
<b>Method of Compliance</b>	8
Universal Precautions	8
Engineering and Work Practice Controls	8
Personal Protective Equipment	8
Housekeeping and Waste Management	9
<b>Hepatitis B Vaccine Program</b>	10
<b>Post Exposure Evaluation and Follow Up</b>	11
Record Keeping	11
Employee Training	12
Post Exposure Report Form	14
Employee Exposure History Form	16
Source Individual History/Consent Form	19
Source Individual Refusal for Blood Testing Form	21
Bloodborne Pathogen Information for Employees	22
Post-Exposure Evaluations	23
Employee Hepatitis B Vaccination Consent/Waiver Form	24
<b>Appendix A – Handwashing</b>	25
<b>Appendix B – Custodial Guidelines and Procedures</b>	26
<b>Appendix C – Instructions for Clean Up of Body Fluids</b>	28
<b>Appendix D – Use of Gloves</b>	29

# INTRODUCTION

In 1988, OR-OSHA adopted regulations regarding protection from occupational exposure to Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV). In 1991, Federal OSHA regulations required a policy statement concerning the management and control of occupational exposure to bloodborne pathogens. This Work Exposure Control Plan documents the intent to implement all requirements of the 1991 OSHA regulations, the 1992 OR-OSHA Regulations for Occupational Exposure to Bloodborne Pathogens, and the Revised Bloodborne Pathogen Standard (29 CFR 1910.1030), effective 2001.

Bloodborne pathogens in human blood can be transmitted and cause disease in other humans. Since medical history and examination cannot reliably identify all individuals harboring bloodborne pathogens, precautions in contact with blood and body fluid should be consistently used for all employees. *Universal Precautions*, described by the Center for Disease Control from early 1980s stated the need to consider all blood and bloody substances as potentially infectious. It is the policy of West Linn Wilsonville School District to practice Universal Precautions in all aspects of individual care delivery.

The West Linn Wilsonville School District will review all aspects of this Work Exposure Control Plan annually and update the Plan more frequently as needed in order to reflect significant modifications in tasks or procedures which may result in occupational exposure.

## DEFINITIONS

The following technical terms are used throughout this Work Exposure Control Plan. Mutual agreement as to their definition will assist comprehension.

**Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV).

**Contaminated:** The presence of or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

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

**Decontaminated:** The use of physical or chemical means to remove, inactivate, or destroy the bloodborne pathogens on the surface or item to the point where they are no longer capable of transmitting infectious particles rendering the surface or item safe for handling, use, or disposal.

**Disposable:** Any item indicated as single use only.

**Engineering Controls:** Controls that isolate or remove the bloodborne pathogens hazard from the workplace, i.e., disposal containers for contaminated sharps.

**Exposure Incident:** An incident is when a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials results from the performance of an employee's duties.

**Handwashing Facilities:** A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machine.

**HBV:** Hepatitis B Virus.

**HIV:** Human Immunodeficiency Virus.

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

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

**Parenteral:** The piercing of mucous membranes or the skin barrier by needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (PPE):** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes not intended to function as protection against a hazard are not considered PPE.

**Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood, contaminated sharps, or other potentially infectious materials which are capable of releasing these materials during handling.

**Universal Precautions:** An approach to infection control, based on the concept that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.

**Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed, i.e. prohibiting recapping of needles by a two-handed technique.

## **RESPONSIBILITIES**

- A. Director of Human Resources, Chief Operations Officer, Principals, and other Directors under the guidance of the Nurse(s):
1. Identify and document all personnel positions that may have occupational exposures to bloodborne pathogens.
  2. Identify and document all tasks and procedures where occupational exposures to bloodborne pathogens may take place.
  3. Provide all necessary personal protective equipment to employees whose positions, tasks, or procedures may lead to an occupational bloodborne exposure.
  4. Provide necessary and required training for the safe handling and disposal of potentially infectious wastes.
  5. Fulfill other responsibilities as delineated in the Work Exposure Control Plan.
- B. Employees:
1. Report to Principal, Director of Human Resources or District Nurse, any needle sticks or any direct blood or body fluid exposures to eyes, skin, mouth, nose, open wound, or abrasion.
  2. Properly wear all personal protection equipment prescribed in this plan and as prescribed by department procedure.
  3. Receive the Hepatitis B vaccination series if working under job description noted on page 7 or sign a statement of declination.
  4. Receive proper training on bloodborne pathogens and on prevention of the transmission of associated diseases in the workplace.
  5. Report to the Director of Human Resources and Supervisor any situation or procedure that has the potential for exposure to bloodborne pathogens.
  6. Follow Work Exposure Control Plan and department procedures.

## EXPOSURE CONTROL PLAN PROCEDURAL STEPS

**Reference or Authority:** Oregon Occupational Safety and Health Division of OR-OSHA, OAR 437-02-360 (23).

West Linn Wilsonville School District is required to develop, implement, and annually review a written Work Exposure Control Plan. The plan will also be reviewed and updated 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. The Work Exposure Control Plan will be made accessible to employees in accordance with 29 CFR 1910.1020 (c).

### Exposure Determination

- A. Annually, a list of employees indicating whether that employee has high or limited high occupational exposure and those activities that lead to occupational exposure will be compiled in collaboration with Chief Operations Officer, Director of Human Resources, and Special Education. District Nurses will assist in identifying positions and employees who may be at risk.
- B. The following precautionary procedures shall be used to prevent contact with blood or other potentially infectious materials.
  - 1. Engineering and Work Practice Controls
  - 2. Personal Protective Equipment (PPE)
  - 3. Housekeeping and Waste Management
- C. Hepatitis B Vaccination (HBV) and post-exposure evaluation and follow-up will be provided to all potentially exposed employees at no cost to that employee.
- D. Before assigned to tasks which have potential exposure, all employees will receive training, and annually, thereafter.
- E. Confidential medical records will be maintained through the period of employment plus thirty (30) years. The Department of Human Resources will maintain confidential medical records and the Hepatitis B Vaccination Consent/Waiver forms.
- F. All employees in Job Descriptions listed below will receive training and are eligible to receive the Hepatitis B vaccination series (three inoculations over a six month period).
- G. All other employees will receive annual training and may consult with the district nurses to determine their potential for exposure.

## EXPOSURE POTENTIAL CATEGORIES

Personnel in job descriptions which may have occupational exposure to blood, body fluids or tissue:

<b>Position</b>	<b>Task</b>
Nurses	Providing first aid
School Administrative Assistants	Providing first aid
Custodians	Cleaning up blood or other potentially infectious body fluids
Paraeducators	Providing first aid, feeding, toileting
Emergency Response Team	Providing first aid

All other staff members may consult with the district nurses to determine potential for exposure.

## METHOD OF COMPLIANCE

### A. Universal Precautions:

1. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.
2. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered as potentially infectious materials.

### B. Engineering and Work Practice Controls:

1. Handwashing facilities are provided for all employees at convenient locations within their school buildings.
  - a) Handwashing is required immediately or as soon as feasible after hands are soiled, or gloves or personal protective equipment are removed.
  - b) Should handwashing facilities not be available, antiseptic hand cleanser and clean towels or towelettes will be available for staff. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
  - c) Employees should flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.
2. Contaminated sharps will be placed in leak proof, puncture resistant, red sharps container labeled with the universal biohazard label for disposal. Contaminated needles and sharps are not to be bent, broken, or recapped unless absolutely necessary and only through the use of a mechanical device or a one-handed technique.
3. Eating, drinking, applying cosmetics or lip balm, or handling contact lenses are prohibited in areas where there is reasonable likelihood on occupational exposure.
4. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

### C. Personal Protective Equipment:

The following personal protective equipment is available in areas where exposure could occur. PPE is obtainable through the building office, engineer, or district nurse.

1. Disposable gloves are available for all workers at risk of exposure to blood or body fluids, for use at their discretion. In addition, hypoallergenic gloves, glove liners, powderless gloves or other alternatives will be made available to an employee who has sensitivities. Gloves will be used when handling or touching contaminated surfaces or items.
  - a) Contaminated, torn or punctured disposable gloves are to be replaced as soon as feasible.
  - b) Disposable gloves are never to be reused.

2. Masks, eye protection, and face shields shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
3. Gowns, aprons, and other protective body clothing shall be worn in exposure situations given the tasks and the degree of exposure anticipated.

D. Housekeeping and Waste Management:

West Linn Wilsonville School District will maintain all facilities in clean and sanitary condition.

1. Employees are responsible for ensuring that equipment or surfaces are cleaned and disinfected with an appropriate disinfectant immediately after contamination occurs.
2. All waste receptacles which have a reasonable likelihood for becoming contaminated should be inspected and decontaminated on a regular basis and as needed. Spills of blood or other potentially infectious materials will be decontaminated prior to clean up with a disinfectant effective against bloodborne pathogens, HIV, and HBV.
3. Regulated Waste
  - a) Sharps containers are closeable and puncture and leak proof. These containers should be handled in a way to prevent contamination. The containers are red, and labeled with the universal biohazard label. The containers should be easily accessible, maintained in an upright position, and replaced before being allowed to overfill.
  - b) Other regulated waste shall be placed in containers that are closed and prevent leakage and are labeled with a biohazard label.
4. Soiled laundry shall be placed in leak proof plastic bags (double bagged) and sent home. The bags should have a biohazard label on them.

## HEPATITIS B VACCINE PROGRAM

Even with adherence to Universal Precautions, engineering controls, work practices, use of personal protective equipment and compliance to housekeeping, cleaning, and disinfection guidelines, exposure incidents may still occur.

A. West Linn Wilsonville School District recognizes that the Hepatitis B infection is vaccine preventable and shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure. Post exposure evaluation and follow up shall be made available to all employees who have had an exposure incident.

1. Occupational exposure means any employee with a reasonable likelihood of occupational exposure without regard to the frequency of such exposure.
2. Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

B. The Hepatitis B vaccine shall be made available at no cost to the employee, shall be made available to the employee at a reasonable time and place, shall be administered by or under the supervision of a licensed physician or by another licensed healthcare professional. The healthcare professional responsible for the employee's Hepatitis B vaccinations shall be provided a copy of the OSHA Occupational Exposure to Bloodborne Pathogens Standard.

- 1. The West Linn Wilsonville School District is responsible for facilitating the vaccination program.**
2. The vaccination program consists of a series of three inoculations over a six month period and shall be given after the employee has received training on the vaccine. The training shall include information on the efficacy, safety, method of administration, and the benefits of being vaccinated. The vaccine will be offered free of charge.
- 3. The Hepatitis B vaccination will be made available within 10 working days of initial assignment, by notification at time of hire, to all employees who have occupational exposure. Exceptions to receiving the vaccination include the employee having previously received the complete Hepatitis B vaccination series, antibody testing revealing that the employee is immune, having the vaccine is contraindicated for medical reasons, or declination.**
4. If an employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the employee should contact the West Linn Wilsonville School District department of human resources to arrange for the Hepatitis B vaccination.
5. Eligible employees declining Hepatitis B vaccination will be required to sign a Statement of Declination.
6. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the West Linn Wilsonville School District will notify all eligible employees of the availability.

## POST EXPOSURE EVALUATION AND FOLLOW UP

Following a report of an exposure incident, the exposed employee's supervisor or district nurses will contact the Department of Human Resources to send the exposed employee up to complete worker compensation paperwork. West Linn-Wilsonville School District will provide employee with a copy of the 801 form for worker compensation and have the employee complete their portion of the Workplace Exposure Plan. The district will ensure the full Workplace Exposure Plan is complete to include the employee who was exposed, results of the source individual's blood testing, if available, and any medical records regarding the employee's Hepatitis B vaccine status.

### **Record Keeping:**

#### A. Medical Records

West Linn Wilsonville School District will establish and maintain accurate records for each employee with an occupational exposure. West Linn Wilsonville School District will ensure that the medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as required by law.

West Linn Wilsonville School District will maintain these records for the employee's duration of employment plus 30 years in accordance with 29 CFR 1910.1030. These records will be made available to OSHA representatives upon request.

#### B. Training Records

Training records will be maintained for three years from the date training was given. These records will be made available to OSHA representatives upon request.

#### C. Transfer of Medical and Exposure Records

If West Linn Wilsonville School District ceases to do business, the district will inform current employees of their access rights to these records at least three months in advance. The district will also notify the Director of the National Institute of Occupational Safety and Health (NIOSH) in writing at least three months prior to disposing the records.

### **Employee Training:**

- A. West Linn Wilsonville School District will ensure that all employees with occupational exposure participate in a training program which will be provided at no cost to the employee during working hours and include an opportunity for interactive questions and answers with the person responsible for the training.
  - 1. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and occur annually thereafter.
  - 2. Departments will provide additional training when changes, such as modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

- B. Materials used in training shall be appropriate in content and vocabulary to the education level, literacy, and language of employees. Training materials will include:
1. An accessible copy of the OR-OSHA Bloodborne Pathogens Regulation 1910.1030 and an explanation of its contents shall be posted on the district website for reference.
  2. An explanation of this Work Exposure Control Plan, location of the Work Exposure Control Plan, and how to obtain a copy of the Plan.
  3. An explanation of the epidemiology, symptoms, and modes of transmission of bloodborne diseases.
  4. An explanation of the appropriate methods for recognizing activities that may involve exposure to blood and other potentially infectious materials.
  5. An explanation of the use and limitation of methods that will prevent or reduce exposure including:
    - a. Appropriate engineering controls
    - b. Work practices
    - c. Personal protective equipment
  6. Information on personal protective equipment:
    - a. the types
    - b. proper use
    - c. location
    - d. removal
    - e. handling
    - f. decontamination
    - g. disposal
  7. An explanation of the basis for selection of personal protective equipment.
  8. Information on the Hepatitis B vaccine including its:
    - a. efficacy
    - b. safety
    - c. method of administration
    - d. benefits of vaccination
  9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
  10. An 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.
  11. Explanation of signage and labels pertaining to bloodborne pathogens.
  12. Allow for interactive Questions and Answers.

**BLOODBORNE PATHOGEN POST EXPOSURE REPORT**  
(for district-use only)

**Purpose of form:** An exposure incident (a specific mouth, eye, or other mucous membrane, non-intact or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties) shall be reported immediately to the employee's supervisor and the district nurse.

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

**Time:** \_\_\_\_\_ a.m./p.m.

**Reported by:** \_\_\_\_\_

**Job classification:** \_\_\_\_\_

**Incident description:** Include routes of (eye, mouth, etc.) and circumstances of exposure. Be specific.

---

---

---

---

---

---

---

---

---

---

---

---

Supervisor's signature: \_\_\_\_\_

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

District Nurse's signature: \_\_\_\_\_

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

**Please complete the reverse side of this form with exposure information and return to the district nurse.**

**EXPOSURE INFORMATION**

<b><u>Source Individual</u></b>	<b><u>Exposed Individual</u></b>
Name _____	Name _____
School _____ Grade _____	School _____ Grade _____
Date of birth _____	Date of birth _____
Home address _____ _____ _____	Home address _____ _____ _____
Parent/Guardian _____	Parent/Guardian _____
Ph. # (hm) _____ (wk) _____ (cell) _____	Ph. # (hm) _____ (wk) _____ (cell) _____
Physician's name _____	Physician's name _____
Address _____ _____ _____	Address _____ _____ _____

Hepatitis B status, if known \_\_\_\_\_

HIV status, if known \_\_\_\_\_

Parent notified: Time \_\_\_\_\_ Date \_\_\_\_\_

Consent form sent: yes/no. Obtained: yes/no.

Consent refused \_\_\_\_\_

Exposed individual notified of refusal \_\_\_\_\_

Documents received from doctor (attach):

\_\_\_\_\_ Hepatitis B status

\_\_\_\_\_ HIV status

Documents given to exposed individual:

\_\_\_\_\_ Hepatitis B status

\_\_\_\_\_ HIV status

Date referred to

physician

\_\_\_\_\_

Documents sent to physician:

\_\_\_\_\_ BBP Employee Exposure History

\_\_\_\_\_ HBV Vaccination Consent/Waiver

\_\_\_\_\_ Source Individual Consent/History

\_\_\_\_\_ OR-OSHA Bloodborne Pathogen

\_\_\_\_\_ Standard 29 CFR 1910.1030

Documents received from physician:

\_\_\_\_\_ BBP Employee Exposure History (attach)

Document copies given to exposed individual:

\_\_\_\_\_ BBP Employee Exposure History

\_\_\_\_\_ Any additional medical documents

\_\_\_\_\_ Additional counseling offered

West Linn Wilsonville School District  
22210 SW Stafford Road  
Tualatin, OR 97062

**BLOODBORNE PATHOGEN – EMPLOYEE EXPOSURE HISTORY**

This employee has reported an occupational exposure incident to blood or other potentially infectious materials as defined by OR-OSHA Administrative Rules 1910.1030. This exposure is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material.

---

---

**Part 1 – Employee Data**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Job classification:** \_\_\_\_\_ **Building/Location:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Date referred for evaluation:** \_\_\_\_\_

**Description of duties:** \_\_\_\_\_

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

**Date of exposure incident:** \_\_\_\_\_ **Time of exposure incident:** \_\_\_\_\_

**Description of exposure incident. Include routes (eye, mouth, etc.) and circumstances of exposure incident.**

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

West Linn Wilsonville School District  
**Bloodborne Pathogen – Employee Exposure History – continued**

**Part 2 – Employee Consent**

I hereby authorize an exchange of information to occur between the West Linn Wilsonville School District and my personal healthcare provider named below.

**Physician’s name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I authorize a release and exchange of information pertaining to my occupational exposure incident to blood or other potentially infectious material. All information should be released to:

Director of Human Resources: (*Name*) \_\_\_\_\_

**OR**

West Linn Wilsonville School District Nurse: (*Name*) \_\_\_\_\_

The above named person(s) may be reached by telephone at 503-673-7000.

Agency: West Linn Wilsonville School District  
22210 SW Stafford Rd.  
Tualatin, OR 97062

**Part 3 – Physician’s Statement and Written Opinion**

Please complete the following information and return it to the West Linn Wilsonville School District nurse. OR-OSHA requires that the employer shall obtain and provide the employee with a copy of this written opinion within 15 days of completion of this medical evaluation. Please note that the following records are accompanied with this form or are available on-line to assist your medical evaluation:

- \_\_\_\_\_ [OR-OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030](#) (click on link)
- \_\_\_\_\_ Hepatitis B Vaccination Consent/Waiver and Bloodborne Pathogen Training Documentation, including Hepatitis B Vaccination History.
- \_\_\_\_\_ Source Individual History and Consent.

Hepatitis B Prophylaxis:

Was Hepatitis B Vaccination indicated? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date: \_\_\_\_\_

Are further doses recommended? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, projected date for next dose: \_\_\_\_\_

Are there any medical contraindications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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

Was HBIG given? \_\_\_\_\_ Yes \_\_\_\_\_ No

Antibody Testing:

Date blood drawn: \_\_\_\_\_ Baseline Hepatitis B result: \_\_\_\_\_

Baseline HIV completed\*\_\_\_\_\_. \*If employee does not give consent initially for HIV serologic testing, the sample must be preserved for at least 90 days. The employee may later elect to have the baseline test done during this 90-day period.

Other Prophylaxis Given:

\_\_\_\_\_

Post Exposure Follow-Up:

Further recommendations: \_\_\_\_\_

\_\_\_\_\_

I certify that the employee has been informed of the results of this medical evaluation, has been advised about any medical conditions resulting from exposure to blood or other potentially infectious material, and has been advised about any further evaluation or treatment.

Physician’s signature \_\_\_\_\_

Date \_\_\_\_\_

**SOURCE INDIVIDUAL HISTORY AND CONSENT**

I hereby authorize an exchange of information to occur between the three agencies/physicians listed below and the exposed individual in accordance with Oregon rules and statutes. The employee's physician will discuss results and recommendations with the exposed employee. I am aware that I, or my child, have been identified as a source individual where a student/employee may have been exposed to blood or other potentially infectious body fluids. The employer will inform the exposed employee of the source individual.

1. Student Services Department/District Nurse  
West Linn Wilsonville School District  
22210 SW Stafford Road  
Tualatin, OR 97062  
503-673-7041

2. Exposed Student/Employee's Medical Practitioner:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Source Individual's Medical Practitioner:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hepatitis B status (if known): \_\_\_\_\_ HIV status (if known): \_\_\_\_\_

I am aware of the risks to the exposed employee or other student, and I have agreed to blood testing to be performed for Hepatitis B and HIV. I have been informed that in consenting to this testing, this information will be released to the exposed student/employee, the School District representative, and to the employee's medical provider.

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

Other names used: \_\_\_\_\_ Location: \_\_\_\_\_

Signature of source individual (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Physician Statement on Source Individual**

This student/employee is a source individual of a bloodborne or other potentially infectious body fluid exposure incident. Both the above name source individual and the exposed student/employee (or appropriate parent/guardian) has been notified of the exposure guidelines on bloodborne pathogens (1910.1030).

**Results of:**

HBsAg:\_\_\_\_\_ Date:\_\_\_\_\_ HIV:\_\_\_\_\_ Date:\_\_\_\_\_

Signature of physician:\_\_\_\_\_ Date:\_\_\_\_\_

Signature of School District Nurse:\_\_\_\_\_ Date:\_\_\_\_\_

**Please return this form to the following address.**

Department of Human Resources  
West Linn Wilsonville School District  
22210 SW Stafford Rd  
Tualatin, OR 97062

West Linn Wilsonville School District  
22210 SW Stafford Road  
Tualatin, OR 97062

**SOURCE INDIVIDUAL REFUSAL FOR BLOOD TESTING**

Student/Employee Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date employee or other student exposed: \_\_\_\_\_

Date source individual (parent/guardian) notified: \_\_\_\_\_

School District nurse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

---

**Please read and sign below.**

I have been informed by \_\_\_\_\_, West Linn Wilsonville School District representative, that I/my child have/has been identified as being a source individual in an employee or another student incident of exposure to blood or other potentially infectious body fluids.

I am aware of the risks to the employee or other student, and I have declined blood testing to be performed for Hepatitis B and HIV. I have been informed that if I had consented to this testing, this information will be released to the exposed employee or other student, the School District representative (nurse), and the exposed employee or other student's medical provider.

Signature: \_\_\_\_\_

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

**Please return this form to the following address.**

Department of Human Resources  
West Linn Wilsonville School District  
22210 SW Stafford Rd.  
Tualatin, OR 97062

## West Linn Wilsonville School District

### BLOODBORNE PATHOGEN INFORMATION FOR EMPLOYEES

Oregon Occupational Safety and Health Division (OR-OSHA) implemented rules on toxic and hazardous substances/bloodborne pathogens in 1991.

#### Training Programs:

OR-OSHA requires that all new employees have an initial training and all employees have annual refresher training. If you have not had an initial or refresher training this year, please contact the Human Resources Department (extension 7095) to find out about training opportunities.

#### Hepatitis B Vaccinations:

As part of the Oregon OSHA requirements, the West Linn Wilsonville School District has made available the Hepatitis B vaccination series to any employee who is considered to have an occupational exposure risk. Those working in the applicable job classifications noted below are eligible to receive the vaccines at no cost. Employee will be reimbursed once all three have been administered or other arrangements have been made.

#### Applicable Job Classifications

Employees in certain job descriptions have a higher potential to have occupational exposure to blood, body fluids, or tissue, and are eligible for Hepatitis B vaccinations, if requested.

<b>Position</b>	<b>Task</b>
Nurses	Providing first aid
School Administrative Assistants	Providing first aid
Custodians	Cleaning up blood or other potentially infections body fluids
Paraeducators	Providing first aid, feeding, toileting
Emergency Response Team	Providing first aide

All other staff members may consult with the district nurses to determine potential for exposure.

## **POST-EXPOSURE EVALUATIONS**

Any employee who has had an exposure incident must:

1. Report incident to their supervisor.
2. Fill out an exposure report.
3. Contact human resources for worker compensation paperwork as soon as possible.
4. Return paperwork from the occupational clinic to the Department of Human Resources.

If you have any questions regarding bloodborne pathogens training, the Hepatitis B vaccine, or the district's Post-Exposure Plan, please contact the Department of Human Resources 503-673-7095 or District Nursing Department 503-673-7041.

**BLOODBORNE PATHOGEN INFORMATION**

**EMPLOYEE HEPATITIS B VACCINATION CONSENT/WAIVER**

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

Job Classification: \_\_\_\_\_

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

- I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection.
- I understand that due to this potential exposure I have been given the opportunity to be vaccinated with the Hepatitis B vaccine.
- I understand that a series of three injections of Hepatitis B vaccine is needed as a protection. Additional doses are needed if the first series does not result in immunity.
- I understand that there will be no cost incurred to me as a result of receiving the Hepatitis B vaccinations.
- I understand that I will need a post-exposure evaluation if I have encountered an occupational exposure incident even if I have received the Hepatitis B vaccination series. I also understand that I must report this incident to the School District nurse immediately.
- **(Women only)** I understand that if I am pregnant, I am advised to consult with my private medical practitioner regarding the administration of Hepatitis B vaccine.

**Select one of the following three options; please indicate (x) by your choice:**

Option 1:

\_\_\_\_\_ I have read and I understand the above information and wish to receive the Hepatitis B vaccination series (three doses). In addition, I have **no known sensitivity to yeast or any preservatives (i.e. thimerosal)**. I understand I must complete all three vaccines in order to be reimbursed.

Option 2:

\_\_\_\_\_ I have read and I understand the above information. I have previously had the Hepatitis B vaccine series. Dates of vaccination series: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Option 3:

\_\_\_\_\_ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, **I decline Hepatitis B vaccination at this time**. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and 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's Signature \_\_\_\_\_

Date: \_\_\_\_\_ 24

## APPENDIX A

### HANDWASHING

Handwashing is one of the most important procedures for preventing infection. Hands must always be washed between treatment contacts (following the removal of gloves) and after touching objects likely to be contaminated by blood or other potentially infectious materials.

1. Use soap (liquid is best) and warm running water.
2. Rub hands together vigorously for a minimum of 30 seconds.
3. Remember all surfaces, including thumbs, wrists, back of hands, between fingers, and around and under fingernails.
4. Rinse hands well, letting water drain from wrists to fingers – don't turn off faucet.
5. Dry hands with paper towels and then use towel to turn off water.
6. Discard used towel.

## **APPENDIX B**

### **CUSTODIAL GUIDELINES AND PROCEDURES**

The following guidelines and procedures have been specifically detailed for the custodial staff. The custodial staff is viewed as an integral part in maintaining a clean and sanitary school environment and in the prevention of exposure to bloodborne pathogens.

#### **A. Procedure for Handling Body Fluids**

Body fluids are any fluids that the human body produces or excretes. Examples include, but are not limited to, blood, urine, nasal drainage, vomit, saliva, feces, pus, semen, and vaginal secretions.

#### **Equipment needed for proper cleanup of bodily fluids:**

1. "Caution" or "Wet Floor" signs
2. Mop bucket
3. Wet mop
4. Disposable gloves
5. Dust pan
6. Counter brush
7. Measuring cup
8. Sponges
9. 8 to 10 quart water pail
10. Vacuum cleaner (tank type)
11. Spray bottle with sprayer
12. Signs in restrooms that state "Wash Your Hands"
13. Biohazard receptacle containers

#### **Supplies needed:**

1. Germicidal detergent/disinfectant
2. Quick absorbent products
3. Color-coded (red) plastic bags with biohazard label
4. Absorbent towels
5. Cleaning rags

The above equipment and supplies shall be stocked in all custodial closets for emergency use and shall be restocked as needed. The custodial staff will make themselves available for all body fluid spill cleanups, including staff, students, or district patrons if necessary.

#### **B. General Cleaning Guidelines and Procedures**

The following glove procedure shall be mandatory.

##### **1. Glove Procedure:**

- a. Utility Gloves – Gloves must be worn for pulling trash, cleaning restrooms, and for other activities where employees may come in contact with bodily fluids. In general, employees should carry a pair of utility gloves in their pocket at all times. Utility gloves should be worn when

**Custodial Guidelines and Procedures – continued**

working on any task where an employee may come into contact with bodily fluids. Utility gloves may be decontaminated for reuse if the integrity of the glove has not been compromised. Utility gloves must be discarded if they are torn, punctured, cracked, peeling or have any other signs of deterioration.

- b. **Disposable Gloves** – Single use gloves must be replaced as soon as practical if they have been contaminated, torn, punctured, or when their ability to function as an infection barrier has been compromised.
2. **Mop Water**: After a spill is cleaned up, mop water with disinfectant must be changed.
3. **School Desks**: After a spill on a school desk, the desk will be cleaned with an appropriate disinfectant and water. After the cleaning, the desk will be sanitized with a bleach solution.
4. **Physical Education Areas**: These areas must be cleaned daily. If they are in use, wrestling and exercise mats must be disinfected.
5. **Garbage and Waste Can Liners**: All liners in the following areas must be changed daily:
  - health rooms (which will be provided with red bags)
  - restrooms
  - locker rooms
  - areas where food is present
  - any other area where the liner is soiled
6. **Restrooms**: All restrooms must be cleaned and disinfected daily. Employees cleaning restrooms must wear personal protective equipment. Solutions used in cleaning should be changed regularly while cleaning restrooms.
7. **Health Rooms**: These must be cleaned and disinfected daily.
8. **Trash**: Materials that are used in a body fluid spill should be discarded in a biohazard receptacle or red bag labeled as a biohazard. The absorbent used to clean up large spills must also be put in a biohazard receptacle or red bag labeled as a biohazard. All equipment used must be disinfected immediately. The red bag or other plastic bag must then be taken to the nearest biohazard receptacle.
9. **Sinks, Drinking Fountains, Showers**: These must be disinfected with an appropriate germicide daily.
10. **Sharps**: All needles, glass, and other sharp materials shall be discarded in an appropriate biohazard sharps container. One of these containers will be available in each health room. Additional sharps containers may be placed in the custodial room.

## APPENDIX C

### INSTRUCTIONS FOR CLEAN UP OF BODY FLUIDS

1. Put on disposable gloves.
2. Do not touch or make bodily contact with the contaminated material.
3. Put out “Wet Floor” or “Caution” signs.
4. Wipe up the spill and clean the area thoroughly with absorbent towels.
5. Saturate the contaminated area with an appropriate germicidal detergent when fluid is on a carpeted area.
6. Apply a bleach solution if the contaminated area is a hard surface.
7. Wipe up the cleaning agent thoroughly.
8. With larger spills, spray the area again with the appropriate solution and vacuum the area after it is dry.
9. Dispose of contaminated fluids and any supplies used during the cleaning in a red plastic bag and place it in a biohazard receptacle (custodial closet or other area where students cannot get into).
10. Disinfect all equipment with an appropriate germicidal solution and store the equipment in the back of the custodial closet.
11. Re-stock all supplies immediately.

## **APPENDIX D**

### **USE OF GLOVES**

The body fluids of all persons must be considered potentially infectious. To avoid direct skin contact with body fluids, use disposable gloves whenever possible if body fluids are present. Discard the gloves if they are torn, leaking, or in any way defective. Wash your hands and put on a new pair of gloves.

To remove gloves after use to prevent touching the contaminated surface with your bare hands use the following technique:

1. Using your right hand, pinch palm of glove on left hand and pull left glove down and off the fingers. Form the left glove into a ball and hold it in the fist of your right hand while removing the right glove as follows:
  - a) Insert two fingers of the left un-gloved hand under the inside rim of the right glove on the palm side.
  - b) Push glove inside out and down onto fingers and over the left glove.
2. Grasp gloves, which are now together and inside out, with the left hand and remove from the right hand.
3. Discard the gloves and any used first aid materials in a red plastic bag or other biohazard receptacle.
4. Wash hands according to proper procedures. Remember that wearing gloves is not a substitute for good handwashing.