EDWARDS-KNOX

Central School District



EXPOSURE CONTROL PLAN

POLICY Edwards-Knox Central School Bloodborne Pathogens Standard

Edwards-Knox Central School is committed to provide a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The ECP is a key document to assist our school district in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- I. Employee exposure determination
- II. The procedure for evaluating the circumstances surrounding an exposure incident, and
- III. The schedule and method for implementing the specific sections of the standard, including:
 - > Methods of compliance
 - > Hepatitis B vaccination and post-exposure follow-up
 - > Training and communication of hazards to employees
 - > Recordkeeping

Edwards-Knox Central School Exposure Control Plan

Program Administration

The <u>Superintendent</u> is responsible for the implementation of the Exposure Control Plan. The <u>Superintendent</u> will also maintain and update new or modified tasks and procedures.

Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials and required to comply with the procedures and work practices outlined in this Exposure Control Plan.

The <u>Superintendent of Building and Grounds</u> will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.

The <u>School Nurse</u> will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.

The <u>School Nurse will be responsible for training, documentation of training, and making the written Exposure Control Plan available to employees, OSHA and NIOSH representatives.</u>

The <u>Supt. Of Building and Grounds</u> will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels, and red bags as required by the stand and will ensure the adequate supplies of the aforementioned equipment are available.

See <u>Appendix A</u> for list of positions responsible for creating/updating the Emergency Control Plan. See page eleven (11) for annual updates.

- I <u>Employee Exposure Determination</u>
- A. As part of the exposure determination section of our Exposure Control Plan, the following is a list of all job classifications at our establishment in which all employees have occupational exposure (See Appendix B for current list of these job titles):
- B The following is a list of job classifications in which <u>some</u> employees at our school have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these individuals. (See <u>Appendix B</u> for current list of employees in these job titles)

- 1. Custodians /Cleaners
- 2. Bus drivers & Monitors
- 3. Teachers /Clinical Staff
- 4. Teacher Asst.
- 5. Cafeteria Workers
- 6. Coaches
- 7. Administration

The above mentioned staff will be given the option after training to make a choice if they wish to receive the series of shots and view the additional Power Point.

All exposure determinations for A and B were made without regard to the use of Personal Protective Equipment (PPE).

- II. Methods of Implementation and Control
 - 1.0 Universal Precautions (See Appendix C & D)
 - 1.1 As of September7, 1994, all employees will utilize Universal precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other bloodborne pathogens and must be treated accordingly.
 - 2.0 Exposure Control Plan (ECP)
 - 2.1 Employees covered by Bloodborne Pathogens Standard will receive an explanation of this Exposure Control Plan during their initial training sessions. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting their Supervisor / Principal. Employees seeking copies of the Plan may contact the Personnel Specialist. A copy of the Plan will be made available free of charge and within 15 days of the request.

2.2 The Superintendent will also be responsible for reviewing and updating the Exposure Control Plan annually or sooner if necessary to reflect new or revised employee positions with occupational exposure.

3.0 Engineering Controls and Work Practices

3.1 Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls we will use and where they will be used are listed below:

Regular Education Classrooms
Occupational Education Classrooms including Nursing
Special Education Classrooms:

- providing readily accessible hand washing facilities
- washing hands immediately or as soon as feasible after removal of gloves
- At non fixed sites which lack hand washing facilities, providing interim hand washing measures, such as antiseptic toilettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible.
- washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs

4.0 Personal Protective Equipment (PPE)

4.1 Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by the Supervisor in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks / procedures they will perform.

Additional training will be provided wherever necessary such as if an employee takes a new position or if new duties are added to their current position.

PPE items include:

- gloves
- face shields
- masks
- eye protection (splash-proof goggles, safety glasses with side shields)
- resuscitation bags and mouthpieces

- 4.2 As a general rule, all employees using PPE must observe the following precautions:
 - Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 - Remove protective equipment before leaving the work area and after a garment becomes contaminated.
 - Place used protective equipment in appropriately designated areas or containers when being stored, washed, discarded, or decontaminated.
 - Wear appropriate gloves when it can be reasonably anticipated that you
 may contact with blood or other potentially infectious materials and when
 handling or touching contaminated items or surfaces. Replace gloves if
 torn, punctured, contaminated, or if their ability to function as a barrier
 is compromised.
 - Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other part exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
 - Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
 - Never wash or decontaminate <u>disposable</u> gloves for reuse or before disposal.
 - Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a thin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
 - If a garment is penetrated by blood and other potentially infectious materials, the garment (s) must be removed immediately or as soon as feasible.

5.0 Training

5.1 All employees will receive training conducted by the district on the dangers to the exposure to bloodborne pathogens.

The district will provide training on epidemiology of bloodborne pathogen diseases.

The training program will cover, at a minimum, the following elements:

- A copy of the explanation of the standard
- Epidemiology and symptoms of bloodborne pathogens
- Mode of Transportation
- Our Exposure Control Plan and how to obtain a copy
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- Use and limitations of Engineering Controls, Work Practices, and PPE
- PPE the basis for selection

- Hepatitis B Vaccine offered free of charge (Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration)
- Emergency procedures for blood and other potentially infectious materials
- Exposure incident procedures
- Post exposure evaluation and follow up
- Signs and labels and / or color coding
- Questions and answer session

A summary of the training on Bloodborne Pathogens will be included with the training record for each session of training along with the names and titles of those individuals who received the training. (The district uses the Safe Schools Training Series produced by Utica National Insurance; a handout from the CDC also uses a Power Point created by the Department of Health.) **Appendix E** is a copy of the CDC document

6.0 **Hepatitis B vaccination**

- 6.1 The district nurse will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. *(See Appendix F of information provided to employees). The Hepatitis B vaccination series will be made available at no cost to employees who have occupational exposure to blood or other potentially infectious materials unless:
 - the employee has previously received the series
 - antibody testing reveals that the employee is immune
 - medical reasons prevent taking the vaccination, or:
 - the employees chooses not to participate

All eligible employees are encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination will be kept in the personnel file with the employee's other records. (See <u>Appendix G & H</u>).

- 7.0 Post exposure Evaluation and Follow up and Procedures for Reporting, Documenting and Evaluating the Exposure
- 7.1 Should an exposure incident occur, contact your Supervisor / Principal immediately. Each exposure must be documented by the employee on an Exposure Incident Report (Blood and Body Fluids Incident Form). The Supervisor / Principal will add any additional information as needed. (See Appendix I).

An "Exposure Incident Report" (Appendix I) and "Request for Source Individual Evaluation" (Appendix J) and "Employee Exposure Follow- Up Record" (Appendix K) will be provided to the employee so that they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these documents will be maintained with employee's medical records. The Supervisor / Principal will review the circumstances of the exposure incident to determine if procedures, protocols and / or training need to be revised.

- 8.1 Principals / Supervisors will ensure that health care professionals responsible for employee's HB vaccination and post-exposure evaluation and follow-up be given a copy of the OSHA Bloodborne Standard. They will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:
 - a description of the employee's job duties relevant to the exposure incident
 - route (s) of exposure
 - circumstances of exposure
 - if possible, results of the source individual's blood test; and relevant employee medical records, including vaccination status

8.2 Healthcare Professional's Written Opinion

Principals / Supervisors will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.

The written opinion for the post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and treatment

All other diagnoses must remain confidential and not be included in the written report to our firm.

9.0 Laundry

Rarely will contaminated items be laundered; all towels for clean-up will be disposed of appropriately.

In the rare case an item is laundered the following procedures will be followed:

- Laundering will be performed by the employee at the worksite, if facilities are available:
- Handle contaminated laundry as little as possible and with a minimum of agitation.
- Use appropriate personal protective equipment when handling contaminated laundry
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting
- · Bag contaminated laundry at its location of use
- Never sort or rinse contaminated laundry in areas of it use
- Use laundry bags marked with the biohazard symbol unless universal precautions are in use at the facility and all employees recognize the bags as contaminated and have been trained in handling the bags
- All generators of laundry must have determined if the receiving facility uses universal precautions. If universal precautions are not used, then clearly mark laundry sent offsite with orange biohazard labels. Leak proof bags must be used when necessary to prevent soak through or leakage.
- When handling and / or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (i.e., aprons, mask, eye protection) shall be worn.
- Laundries must have sharps containers readily accessible due to the incidence of needles and sharps being intentionally mixed with laundry.
- Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage. If hot water is used, linen should be washed with detergent in water at least 140 F - 160 F for 25 minutes. If low temperature (< 140 F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.

10.0 Labeling

- 10.1 The following labeling method (s) will be used at our facility:
 - Biohazard labels

The Supervisor will ensure warning labels are affixed or red bags are used as required. Employees are to notify their Supervisor if they discover unlabeled regulated waste containers.

11.0 Recordkeeping

11.1 Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20.

The School Nurse is responsible for maintenance of the required medical records and they are kept at the Central Office.

In addition to the requirements of 29 CFR 1910.20, the medical record will include:

- The name and social security number of employee
- A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
- A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard
- A copy of all healthcare professional's written opinion (s) as required by the standard

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

Employee medical record shall be provided upon request of the employee or to anyone having witting consent of the employee within 15 working days.

11.2 Training Records

Bloodborne pathogen training records will be maintained by the Superintendent at Central Office.

The training record shall include:

- the dates of the training sessions
- the contents or summary of training sessions
- the names and qualifications of person conducting the training
- the names and job titles of all persons viewing the training sessions.

Training records will be maintained for minimum of three (3) years from the date on which the training occurred.

Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

11.3 Transfer of Records

If the Edwards-Knox Central School ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

Appendix A

Persons responsible for Exposure Control Plan

Committee Members include: Superintendent of Schools, School Nurse, Superintendent of Buildings & Grounds, Faculty Member, Principals, BOE Member, Parent

Appendix B

Employee exposure Determination

Employees in job titles in which exposure to bloodborne pathogens is possible by a variety of means: cleaning up spills of body fluids, first aid treatment, serving students needing toileting/diapering/personal care, habitual biting or spitting,

Those employees determined: Custodians/Cleaners, Nurse, Coaches, Bus Drivers & Monitors, Teachers & Clinical Staff, Teacher Asst., Cafeteria Staff, Administration

Review & Update of Exposure Control Plan:

Reviewed by:	Date:
Reviewed by:	Date:

Appendix C

Procedures for Handling Body Fluids in the School Setting

The organisms of concern are many, including AIDS virus, Hepatitis A & B virus, Common Cold Viruses, Cytomegalovirus (Salivary gland, a sub-group of herpes), mononucleosis, Gastrointestinal viruses, and Influenza virus.

I. Questions of Concern

- A. What should be done to avoid contact with potentially infected body fluids?
- B. If direct contact is made with body fluids, what should be done?
- C When spilled, how should such fluids be removed from the environment?

II. Guidelines

These measures are meant to provide simple and effective precautions against transmission of disease for all people, including pregnant women potentially exposed to the blood or body fluids from students with a known disease or those from students without symptoms or with an undiagnosed disease.

A. Contact with Blood / Body Fluids

- 1. Body fluids of ALL people should be considered to contain potentially infectious agents.
- 2. Body fluids—blood, semen, urine, feces, drainage, from scrapes and cuts and respiratory secretions (nasal discharge and saliva).
- Contact with body fluids presents a risk of infection with a variety of germs. In general, the risk is very low. Many germs may be carried by individuals who have no symptoms of illness. These individuals who have various stages of infection such as incubating disease, mildly infected without symptoms or chronic carriers of certain infectious agents including the AIDS related virus and hepatitis viruses.

B Avoid Contact

- 1. Disposal gloves will be available to all school personnel
- a.) Recommended for direct contact with body fluids -nosebleeds, handling clothes soiled by incontinence or cleaning small spills by hand.
- b.) Gloves used for this purpose should be disposed of with extreme caution. Place in plastic bag or lined trash can.
- 2. Trash bags should be secured and disposed of daily.

C. <u>If direct contact occurs where gloves are not available</u>

1Routinely wash with soap and water.

- D. Care of Non-Disposal Items (Cloths, towels soaked with body fluids)
 - 1. Wear gloves -- rinse and secure in a plastic bag.
 - 2. If pre-soaking is required to remove blood or feces, use gloves to rinse or soak the item in cold water prior to bagging. Clothing should be sent home for washing with appropriate instructions.
- **E** Contaminated disposable items (such as tissue, paper towels, or diapers should be handled with disposable gloves).

F Removal of Spilled Body Fluids from the Environment

1. Removing body spills such as vomit — absorbent agent should be used on spills (disposable gloves should be worn). The vacuum bag or sweepings should be disposed of in a plastic bag. The broom and dust pan should be rinsed in a disinfectant.

G. Hand Washing Procedures

- 1. Requires the use of soap and water vigorous washing under a stream of running water for approximately 10 seconds. Use paper towels to dry hands thoroughly.
- H. <u>Disinfectants</u> -Several intermediate level disinfectants are listed which may be used :

- 1. <u>Lysol Spray</u> Will be in Health Care Kits Use to clean surface contaminated with body fluids.
- 2. <u>Household bleach</u> (i.e., Clorox) dilute 1 part household bleach to 10 parts water. <u>Must be prepared fresh weekly.</u> May also be used to clean contaminated surfaces, etc.
- 3. <u>Isopropyl Alcohol 70 %</u> suggested for musical mouthpieces, etc. Rinse mouthpiece thoroughly following use of this disinfectant.

Disinfection of Hard Surface and Care of Equipment such as Desks, Countertops and Mats

- 1. After removing the soil, the disinfectant is applied.
- 2. Mops should be soaked in a disinfectant after use rinsed thoroughly or washed in a hot water cycle before rinsing (household bleach 10 parts water to 1 part bleach may be used for this purpose).
- 3. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate.
- 4. Non-disposable cleaning equipment dustpans and buckets
 - a.) Thoroughly rinse in disinfectant
 - b.) Promptly dispose of disinfectant down drain
 - c.) Remove gloves and discard them in appropriate receptacles.

J Disinfectant of Rugs

1 Apply a sanitary absorbent agent. Let it dry and vacuum.

If necessary, mechanically remove it with a broom and dustpan. Then apply rug shampoo (a germicidal detergent 0 with a brush and a vacuum again. Rinse broom and dustpan in a disinfectant.

K. Laundry Instructions for Soiled Clothing (In most cases items used in clean-up will be disposed of properly, in the rare event an item is kept the following guidelines will be followed)

3. Clothing soaked with body fluids should be washed separately from other items. Pre-soaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material can be bleached, add one-half cup of the household bleach to the wash cycle. If the material is non-colorfast, add one-half cup of non-clorox bleach (Clorox II or Borateam) to the wash cycle.

III. <u>Brief Summary of Proper Procedures</u>

- A. Avoid contact with body fluids
- B. Wear disposable gloves whenever possible
- C. Clean up body fluids with towels or absorbent
- D. Place soiled material in proper receptacle
- E. Use disinfectant on soiled areas
- F. Remove gloves carefully and place in proper receptacle
- G. Wash hands thoroughly with soap and water

M. <u>Bloodborne Pathogen Care Kits are found on each district bus and classroom.</u>

- A. Disposable gloves
- B. Disposable towels
- C. Red Z Absorbent
- D. Red plastic bag/tie
- E. Clear plastic bag/tie
- F. Shovel/scraper
- G. Face mask
- H. Disinfectant wipe
- Alcohol wipe
- J. Rubber gloves

Source of Reference:

School Nurse Nov / Dec 1985

"Handling Body Fluids in Schools" by Elaine Brainard

Appendix D

Standard Operating Procedures for Regular and Special Education Classrooms

The special classroom may pose some increase risk of infection for both the staff and students. Students who have special needs should have a written procedure to follow to meet their special health care needs. It is essential that routine procedures be followed by staff and students to maintain a clean and safe environment for all and to avoid cross- contamination.

Everyone should practice proper hand washing techniques, before and after assisting children with feedings, running noses, diapering, etc. Wearing a clean smock over street clothes is also advisable. Spills need to be accessible and emptied daily.

- 1.) All school personnel should have on hand disposable latex gloves, plastic bags, disposable soap (or dispenser soap and water), sanitary absorbent agent, and bleach (1:10) or an EPA-approved disinfectant.
- 2.) If an accident involving a blood / body fluid spill occurs, the individual should be encouraged to tend to his / her own injury. For example: if student has bloody nose hand him / her the tissues and instruct to pinch nose. If this is not possible follow blood / body clean-up procedures:
 - a. Wear disposable latex gloves and use disposable towels / tissues for each injury.
 - b. Any blood-stained first aid materials should be placed in a sealable plastic bag.
 - c. Clean and disinfect all soiled surfaces immediately; follow standard operating procedures or contact the appropriate personnel for cleanup.
 - d. Discard all disposable cleaning materials in a sealable plastic bag.
 - e. Remove gloves following proper procedures.
 - f. Wash hands thoroughly with soap and water using hand washing Procedures.
- 3.) Apply sanitary absorbent agent for larger soiled areas. Keep students away from area of blood / body fluid until area is cleaned and disinfected. Follow standard operating procedures or call appropriate personnel for clean-up.
- 4.) Assisting with the Change of a Menstrual Pad Equipment needed includes:
 - a. Disposable latex gloves
 - b. Disposable towels
 - c. Readily accessible hand washing facility including dispenser-style liquid soap

- d. Plastic bag for disposal
- e. Clean pad
- f. Clean clothes

Procedures:

- a. Wear disposable gloves when assisting a student with limited physical or mental abilities in changing menstrual pads.
- b. Prepare disposable towel with soap and water.
- c. Wearing gloves, remove soiled pad and clothing and place in separate plastic bags. Send clothing home to parent in plastic bag.
- d. Clean any blood from student's skin with soap, water and disposable towel.
- e. Wash gloved hands.
- f. Put clean pad and clothes on student.
- g. Encourage student to wash her own hands if hands become soiled or if she participates in the procedure.
- Still wearing gloves, clean up minor bloodspills on toilet seat or floor per standard operating procedure. For major blood spills, contact school custodian.
- Remove gloves and place in disposable plastic bag with soiled pad. j. Wash hands thoroughly with soap and water using handwashing procedures.

5.) Diapering

Equipment needed includes:

- a. Changing table: student's own bed, cot, mat, or safe, firm nonporous surface (clean and sanitized).
- b. Readily accessible handwashing facility, including hot and cold running water, liquid soap and disposable paper towels.
- c. Supplies for cleaning student's skin, disposable baby wipes, soap, water and cotton balls or soft tissue and clean disposable diaper.
- d. Plastic bags for student's soiled clothing.
- e. Covered waste receptacle inaccessible to students lined with disposable plastic bag for disposable diapers.
- f. The use of cloth diapers is discouraged. However, if cloth diapers are used, a covered receptacle lined with a disposable bag should be used. Soiled cloth diapers should be stored in an area inaccessible to the student's.
- g. Plastic bag ties or masking tape for sealing disposable plastic bags at time of discard.
- h. Disposable latex gloves.
- i. Disinfectant for cleaning changing surface.

Procedures:

- a. Wash hand and put on disposable latex gloves.
- b. Place student on clean changing surface (do not leave unattended).
- c. Remove soiled diaper folding inward, wrapping the diaper in its own plastic liner and place in appropriate receptacle.
- d. If other clothing is soiled, remove, rinse using gloves and place it directly in a plastic bag that can be marked with the student's name and secure; send home at the end of the day.
- e. Cleanse the perineum and buttocks thoroughly with disposable baby wipes or soap and water; move from front to back to prevent urinary tract infections, paying particular attention to skin creases.
- f. Use disinfectant to clean changing area and other contaminated surfaces according to standard operating procedure.
- g. Remove gloves.
- h. Rinse well and dry skin prior to applying clean diaper.
- i. Wash student's hands.
- j. Wash own hands.
- k. Return student to class activity.
- I. Wear disposable plastic gloves to rinse and writing out in toilet any cloth diaper soiled with feces.
- m. After rinsing, place the cloth diaper in the appropriate receptacle.
- n. Remove gloves and discard them in the appropriate receptacle.
- o. Wash hands according to handwashing procedures.
- p. Report abnormal conditions to the appropriate personnel, school nurse or school administrator.

6.) Guidelines for Classroom Cleanliness

Equipment needed includes:

- a. Lab coat or smock (large blouse or shirt to cover street clothes).
- b. covered waste receptacles with disposable plastic bags.
- c. Plastic bags that can be labeled and sealed for individual's soiled laundry.
- d. Disposable plastic gloves.
- e. Disinfectant.
- f. Handwashing facility, including hot and cold running water, liquid soap and disposable paper towels.

Procedures:

- a. Wash hands.
- b. If lab coat or smock is worn:
 - i. use a clean garment each day.
 - ii. always hang the garment right side out when leaving the work area for breaks or lunch.
- c. If there are open cuts, abrasions, or weeping lesions on hands, wear disposable plastic gloves.

- i. Use a new pair of gloves in each situation in which hand washing is indicated.
- ii. Discard used gloves in plastic bag in covered waste receptacle.
- d. Store and handle clean clothing and linens separately from soiled clothing and linens.
 - i. Immediately place each student's soiled clothing and linens in an individually labeled plastic bag, which is to be sealed and sent home at the end of the day.
 - ii. Immediately place all soiled school linens in a plastic bag in a covered waste receptacle. Launder linens daily.
- 7.) The following are techniques for storing, cleaning, and disposing of classroom equipment, supplies and other items:
 - a. Use only washable tools with diapered and / or drooling children. Provide equipment for each child group so that items are not shared between groups.
 - b. Hard-surfaced toys should be washed daily; and stuffed toys should be washed weekly, more often when heavily soiled. Whenever possible, a toy that is mouthed should be washed before other children handle it.
 - c. Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.
 - d. Store each student's personal grooming item (combs, brushes, toothbrushes) separately.
 - e. In handling disposable diapers, at least once a day seal and discard the disposable plastic bag used to line the covered receptacle.
- 8) When laundry facilities are available at school, launder diapers, sheets or other cloth items soiled in the school setting daily.
 - a. Launder diapers or other items soaked with body fluids separately.
 - b. Presoak heavily soiled items.
 - c. Follow the manufacturer's directions on the label to determine the amount of detergent to be added.
 - d. If the materials is bleachable, add 1/2 cup of household bleach to the wash cycle.
 - e. If the material is not colorfast, add 1/2 cup non-chlorine bleach (e.g. Chlorox II. Borateam, etc.) to wash cycle.
 - f. Use hot cycle on washer and dryer.
 - g. Seal and discard the soiled plastic bag used to line the covered waste receptacle at least once a day.

5.) Establish a routine cleaning and disinfecting schedule

- a. Clean protective floor pads, bolsters, wedges, and so forth after each non-ambulatory student has been removed and at the end of each day.
- b. Wash all toys with soap and water and rinse thoroughly needed and at end of each day.
- c. Clean all equipment at the end of each day.
- d If a rug or carpet becomes soiled, clean immediately according to procedures.
- e. Clean changing surface, bathtubs, sinks, portable potties, and toilet seats after each use. Rinse with clear water and wipe dry.
- f. Seal and discard the soiled plastic bag used to line the covered waste receptacle at least once a day.

VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

Hojas de Informacián Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite http://www.immunize.org/vis

What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness

1

- jaundice (yellow skin or eyes)
- · pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

Chronic (long-term) infection. Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

• liver damage (cirrhosis) • liver cancer • death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
 - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
 - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
 - having unprotected sex with an infected person;
 - sharing needles when injecting drugs;
 - being stuck with a used needle.

Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95% – and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

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Who should get hepatitis B vaccine and when?

Children and Adolescents

• Babies normally get 3 doses of hepatitis B vaccine:

1st Dose:

Birth

2nd Dose:

1-2 months of age

3rd Dose:

6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

 Anyone through 18 years of age who didn't get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
 - sex partners of people infected with hepatitis B,
 - men who have sex with men,
 - people who inject street drugs,
 - people with more than one sex partner,
 - people with chronic liver or kidney disease,
 - people under 60 years of age with diabetes,
 - people with jobs that expose them to human blood or other body fluids,



- household contacts of people infected with hepatitis B,
- residents and staff in institutions for the developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is common.
- people with HIV infection.
- Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.
- Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses — with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

4

Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

5

What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

6

What if there is a moderate or severe reaction?

What should I look for?

 Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 | F

How can I learn more?

- Ask your doctor They can give you the vaccine package insert or suggest other sources of information.
- · Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)

Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26



Appendix F 1 of 5

Hepatitis B (serum hepatitis) New York State Department of Health Bureau of Communicable Disease Control

What is Hepatitis B?

Hepatitis B (Formerly known as serum hepatitis) is a liver disease caused by a virus. The disease is fairly common: more than 2,000 cases are reported in New York State each year.

Who gets Hepatitis B?

Anyone can get hepatitis B, but those at greater risk include:

- drug abusers who share needles;
- certain health care workers who have contact with infected blood;
- homosexual males, particularly those with multiple partners;
- people in custodial care (in settings such as developmental centers)
- hemodialysis patients;
- certain household contacts of an infected person.

How is the virus spread?

Hepatitis B virus can be found in the blood and, to a lesser extent, saliva, semen and other body fluids of an infected person. It is spread by direct contact with the infected body fluids; usually by needle stick injury or sexual contact. Hepatitis b virus is not spread by casual contact.

What are the symptoms of Hepatitis B?

The symptoms of hepatitis B include fatigue, poor appetite, fever, vomiting and occasionally joint pain, hives or rash. Urine may become darker in color, and then jaundice (a yellow of the skin and whites of the eyes) may appear. Some individuals may experience few or no symptoms.

How soon do symptoms appear?

The symptoms appear two to six months after exposure, but usually within three months.

For how long is a person able to spread the virus?

The virus can be found in blood and other body fluids several weeks before symptoms appear and generally persists for several months afterward. Approximately 10% of the infected people may become long-term carriers of the virus.

What is the treatment for Hepatitis B?

There are no special medicines or antibiotics that can be used to treat a person once the symptom appear. Generally, bed rest is all that is needed.

What precautions should Hepatitis B carriers take?

Hepatitis B carriers should follow standard hygienic practices to ensure that close contacts are not directly contaminated by his or her blood or other body fluids. Carriers must not share razors, toothbrushes, or any other object that may become contaminated with blood. In addition, susceptible household members, particularly sexual partners, should be immunized with hepatitis B vaccine. It is important for carriers to inform their dentist and health care providers.

How can Hepatitis B be prevented?

A vaccine to prevent hepatitis **B** has been available for several years. It is safe, effective and i recommended for people in high-risk settings who have not already been infected. A special hepatitis b immune globulin is also available for people who are exposed to the virus. In the event of exposure to hepatitis B, consult a doctor or the local health department.

St. Lawrence County Public Health Department Hepatitis B Vaccine

St. Lawrence County Public Health Department has developed a program to promote current Hepatitis B immunity status for at risk Health Care Providers. This endeavor consists of educational promotional efforts in addition to provision of Hepatitis B vaccine. This is a Preventive Health Program.

Description

Recombivax HB (Hepatitis B Vaccine, [Recombinant] MSD) is a noninfectious subunit viral vaccine derived from surface antigen produced in yeasts cells. A portion of the hepatitis B virus gene is cloned into yeast, and the vaccine for Hepatitis B is produced from cultures of this recombinant yeast strain according to methods developed in the Merck Sharp & Dohme Research Laboratories.

The vaccine against Hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products.

Recombivax B is a sterile suspension for intramuscular injection. Each 1.0mL dose of the adult formulation vaccine contains 10mcg of Hepatitis B surface antigen/ml formulated in an alum adjuvant, and thimersol (mercury derivative) 1:20,00 added as a preservative. Recombivax B is indicated for immunization of persons at risk of infection from hepatitis B virus including all known subtype.

Indications

Recombivax HB is indicated for immunization against infection caused by all known subtypes of Hepatitis B virus.

Vaccination is recommended in persons of all ages, especially those who are or will be at increased risk of infection with Hepatitis B virus. For example:

- Health Care Personnel
- Nurses
- Paramedical personnel and custodial staff who may be exposed to the virus via blood or other patient specimens.
- Infants born to HBsAG positive mothers.

Contradictions / Precautions

Hypersensitivity to yeast or any component of the vaccine. Any active infection is reason for delaying use of Recombivax B.

Caution and appropriate care should be exercised in administering Recombivax B to individuals with severely compromised cardiopulmonary status or to others in whom a febrile or systemic reaction could pose a significant risk.

Pregnancy- Recombivax B should be given to a pregnant woman <u>only</u> if clearly needed. A pregnant patient is required to obtain her physician's recommendation prior to receiving this vaccine. This is to be documented in the patient's record.

Nursing Mothers- It is not known whether the vaccine is excreted in human milk. However, patient is to consult with her physician prior to receiving this vaccine. This is to be documented in the patient's record.

Adverse Reactions

Recombivax B is generally well tolerated. No serious adverse reactions attributable to vaccination were reported during the course of clinical trials. The following are the reactions most commonly reported:

- local reaction-pain or swelling at injection site.
- Fatigue, weakness, headache and malaise.
- Fever > 100 degrees F.
- Nausea and diarrhea.
- Pharyngitis and URI.

Epinephrine Injection (1:1000) must be available for immediate use should an anaphylactoid reaction occur, as per established protocol.

The vaccine must be administered intramuscularly with a separate sterile syringe and needle for each individual patient.

Conditions

- 1. Vaccination is requested.
- 2. Client is actively employed as health care provder in the designated fields and/or exposed to blood or blood products at least once a month.
- 3 Provide client with written record of this vaccination and corresponding information.

Dosage and Administration

Recombivax B is for intramuscular injection. The deltoid muscle is the preferred site for intramuscular injection in adults. The anterolateral thigh is the recommended site for intramuscular site for IM injections in infants and young children.

Shake well before withdraw! and use. Thorough agitation at the time of administration is necessary to maintain suspension of the vaccine. The vaccine is slightly opaque, white suspension.

The immunization regimen consists of three (3) doses of vaccine given according to the following schedule:

- 1st dose: at elected date
- 2nd dose: 1 month later
- 3rd dose: 6 months after the first

Following completion of the series of three doses, vaccine recipients should be tested to determine immunity. This testing will be conducted a minimum of eight(8) weeks after completion of the series. If testing reveals insufficient immunity, a booster dose of the vaccination will be administered followed by repeat testing a minimum of six (6) weeks after the booster. If the repeat testing reveals insufficient immune response, no additional vaccine will be administered to the client, pending medical consultation.

Appendix F 5 of 5

Page 27

Formulation	Initial	1Month	6Months
Adult	1.0mL	1.0mL	1.0mL
> 20 yrs.			
10mcg/1.0mL			
11-19 yrs.			
0.5mL (5mcg)	0.5mL	0.5mL	0.5mL
Birth to 10 yrs.			
0.25mL (2.5mcg)	0.25mL	0.25mL	0.25mL

Ms. Suzanne L. Kelly Superintendent of Schools (315)562-8130 Fax: (315)562-2477

Irs. Amy Sykes 7-12 Principal (315)562-8131 Fax: (315)562-8139

Elementary Principal (315)562-8132 Fax: (315)562-8134

Signature

Mrs. Amy Lamitie

Appendix G EDWARDS-KNOX CENTRAL SCHOOL DISTRICT P.O. BOX 630

RUSSELL, NEW YORK 13684-0630

BUS GARAGE: (315) 562-8133 NURSE'S OFFICE FAX: 562-2477 Page 28
BOARD OF EDUCATION
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Reginald LaPoint, Vice-Pres.
Christopher Averill
Rick Brewer
Lynn C. Coller
Teresa A. Hogle
Thomas O'Brien
Joseph Thomas
Thomas Whitmarsh
Kay C. Amo, Clerk

CONSENT/WAIVER FORM FOR HEPATITIS B VACCINATION

Consent for Hepatitis B Vaccination

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.

I understand the benefits and risk of hepatitis B vaccination. I understand that I must receive at least 3 intramuscular doses of vaccine in the arm over a 6 month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect.

I have had an opportunity to ask questions, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent.

I understand that participation is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contracts. In addition, I can withdraw from my vaccination regimen at any time.

_____ I grant permission for NYS Public Health to administer three (3) doses of hepatitis B vaccine.

____ However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date Signature

Certification

I certify that I have explained the reasonable risks and benefits of hepatitis B vaccine to _____ in a manner which permits the employee to make a knowledgeable decision.

Ms. Suzanne L. Kelly Superintendent of Schools (315)562-8130

(315)562-8130 Fax: (315)562-2477

Mrs. Amy Sykes 7-12 Principal (315)562-8131 Fax: (315)562-8139 Mrs. Amy Lamitie

Elementary Principal (315)562-8132 Fax: (315)562-8134

Appendix H 1 of 2 EDWARDS-KNOX CENTRAL SCHOOL DISTRICT

P.O. BOX 630 RUSSELL, NEW YORK 13684-0630

BUS GARAGE: (315) 562-8133 NURSE'S OFFICE FAX: 562-2477 Page 29
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Teresa A. Hogle
Thomas O'Brien
Joseph Thomas
Thomas Whitmarsh
Kay C. Amo, Clerk

To: Laurie Maki – 386-2325

St. Lawrence County Health

Immunization Clinic Fax – 386-2744

Date:			

Re: Hepatitis B Series

The Edwards-Knox Central School District offers, to new interested employees, the opportunity to receive the hepatitis B series through the St. Lawrence Public Health Clinic. If you have any questions call Public Health Nurse at 386-2325. The school district will assume the cost of the immunizations. Could you please forward the billing statements to:

Ms. Suzanne Kelly, Superintendent of Schools Edwards-Knox Central School 2512 CR 24, PO Box 630 Russell, NY 13684

Listed below is the name of the interested employee who has been informed of the clinic date and time:

Thank you for your consideration in this matter. If you have any questions, please call me.

St. Lawrence Department of Public Health 80 State Highway 310, Suite 2 Canton, NY 13617

Appendix H 2 of 2 Page 30 ST. LAWRENCE COUNTY PUBLIC HEALTH DEPARTMENT IMMUNIZATION SCREEN

AGE	7_ 1	DIII	T
	/-/		41

Name: Address:			_ Age:	D:	ate of Birth:	e:	
Daront/Cuardi	an:			TATORIC	·•	T CHILDER	e:
Mother's Moi	den Name:			Fam	ily Physicia	n·	
Mother's Dete	of Rigth			1'4111	ny i nysicia		
Mother's Date	e of Birth:		, , , , , , , , , , , , , , , , , , , ,				
Vaccine	Manu- facturer	•Lot#	Site of Injection	Date Given	VIS Date	Date VIS Given	Administrator's Signature
Gardasil#l							
Gardasil#2							
Gardasil #3							
HepAtfl							. ,
Hep A #2							
HepB#l							
HepB#2							
HepB#3							
PV	<u> </u>						
Menactra							6
MR							
Pneumovax		,					
Γd						1	
Гdар							
Γwiniix#l							
Γwinrix#2							
Twinrix#3							
Varivax # I							
Varivax #2							
Zostavax							
Other							
had a chance and risks of t am authorize	to ask questi	ons that word ask that is request	ere answered the vaccines	d to my sati be given to	sfaction. I me or to t	believe I und he person na	eceive today. I have lerstand the benefits med below for whon guardian):
	Mary Districts					Date:	
<i>></i> *						Date:	

Appendix I 1 of 2 Exposure Incident Report Blood and Body Fluids Incident Report

Employee Name: Home Address School		Employee S.S. #		
		School Code		
Pos	sition	Supervisor / Nurse		
	Description of To			
٨	Description of Inc			
Α.	Briefly describe what happened :	(Use back if necessary)		
	Date of Incident :	(Ose back if flecessary)		
B.	Complete the following section :			
	1. Wounds			
'	a. Did the incident involve a wound () yes	s or () no?		
	b. Did the wound result in visible bleeding			
	c. Was the wound caused by () needle, (
	instrument (specify), (
	d. Was the object causing the wound cover			
	or () no?			
2	2. Blood / Body Fluids exposure to mucous me			
	a. Did the individual's blood / body fluids co or () no?	ome in contact with your body () yes		
	b. What was the substance to which you w	vore expected () N / A I ween't		
	exposed, () blood, () feces, () urine, ()	. , ,		
	sexual fluids?			
	c. If the substance was anything other than the fluid () N / A, () yes, () no or () unkr			
	d. What part of your body was exposed to			
	() mouth, () eyes, () nose, () ears, () so other (specify)	skin (specify location), () none, ()		
C.	How long was your body part in contact with	n the		
	substance?			
	1. If the exposure was to your skin, was you	ır skin bruised in any way () yes or (
) no?			
	What was the nature of your skin abrasio			
	due to dry skin, () unhealed cuts and scrat	ches, () no skin abrasion, () other		
D	(specify)	and the first of the last last		
D.	Which of the following procedures were being (check all that apply) () cuts / open wounds			
	(vinyl / latex), () goggles / glasses, () other	• , , ,		
E.	First line intervention - after exposure, what			
	exposed area, () changed clothes, () flushed	, ,		
	() other (specify)			

F.	The s	Appendix I 2 of upervisor / school nurse was no		Page 32	
	Date _	Time	······································		
G.	 Medical intervention - in the event of contact with blood and / or bod fluid it is suggested that you discuss with school nurse. 1. HBV antibody or previous vaccination status for HBV. 2. The need for HBV / HV antibody testing. 3. Notifying your physician or health care provider of the exposure immediately. 				
H.	Return this completed form to supervisor / school nurse.				
I.	In case of incident or injury to the school nurse / health professional: 1. Report incident to supervisor. 2. Complete form.				
Sign	ature o	of Employee	Date	Time	
Sign	ature o	f Supervisor / School Nurse	Date	Time	

Maintain for duration of employment plus 30 years.

Dear (Emergency Room Medical Director, Infection Control Practitioner):

During a recent transport to your facility, one of our pre-hospital care providers was involved in an event which may have resulted in exposure to a Bloodborne Pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event please determine whether our pre-hospital care worker is at risk for infection and / or requires medical follow-up.

Attached is a "Documentation and identification of source individual' form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings is to be handled at the medical provider level.

The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very matter.

Sincerely,

Confidential

Appendix J 2 of 2 (Form) Documentation and Identification of Source Individual

Name of Exposed Employee
Name & Phone Number of Medical Provider who should be contacted:
Name: Phone:
Incident Information
Date
Name or Medical Record Number of the Individual who is the Source of the
Exposure
Nature of the Incident
Contaminated Needle stick Injury
Blood / Body Fluids Splash onto Mucous Membrane or
Non-Intact Skin
Other
Report of Source Individual Evaluation
Chart Review by Date
Source Individual Unknown - Researched By
Date
Testing of Source Individual's Blood Consent Obtained Refused
Check one:
Identification of Source Individual infeasible or
prohibited by state or local law. State why if infeasible.
Evaluation of Source Individual reflected no
known exposure to Bloodborne Pathogen.
Evaluation of the Source Individual reflected
possible exposure to bloodborne Pathogens and medical follow-up is recommended.
Person completing report Date
NOTE: Deposit the accorder of the Course hadriduals blend to to the accident
NOTE: Report the results of the Source Individuals blood tests to the medical provider
named above who will inform the exposed employee. Do not report blood test findings
to the employer.
HIV-related information cannot be released without the written consent
of the Source Individual

Confidential

Appendix K Employee Exposure Follow-up Record

Employee's Name	Job Title	
Occurrence Date		
Occurrence Time		
Source Individual Follow-up:		
Request made to Date	Time	
Employee Follow-up:		
Employee's Health File Reviewed By		
Date		
Information given on Source Individual's blood	test results:	
Yes Not Obtained		
Referred to healthcare professional with re	equired information:	
Name of healthcare professional		
By Whom		
Blood Sampling / Testing Offered:		
By Whom	Date	
Vaccination Offered / Recommended:		
By Whom	Date	
Counciling Officered.		
Counseling Offered:	Б.,	
By Whom	Date	
Employee Advised of need for further eval	lation of medical condition:	
By Whom	. .	
	Duto	

Ms. Suzanne L. Kelly Superintendent of Schools (315)562-8130 Fax: (315)562-2477

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Mrs. Amy Lamitie

Appendix L EDWARDS-KNOX CENTRAL SCHOOL DISTRICT P.O. BOX 630 RUSSELL, NEW YORK 13684-0630

BUS GARAGE: (315) 562-8133 NURSE'S OFFICE FAX: 562-2477 Page 36
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Lynn C. Coller
Teresa A. Hogle
Thomas O'Brien
Joseph Thomas
Thomas Whitmarsh
Kay C. Amo, Clerk

To:

New Employee

From:

Health Services Department

Re:

HEPATITIS B VACCINATION INFORMATION

You, as a new employee in the Edwards-Knox Central School District, have the option of receiving the Hepatitis B Immunization Series. The district provides this service to you through the St. Lawrence County Public Health Clinic. You may receive this Series by calling the St. Lawrence County Public Health Department @ 386-2325 for an appointment. Please see the school nurse for assistance and referral form.

- The Hepatitis B Series consists of three intramuscular doses of the vaccine in the arm over a 6 month period to confer immunity. However, as with all medical treatments, there is no guarantee that you will become immune or that you will not experience adverse side effects from the vaccine.
- If you have previously received this immunization Series, it is NOT necessary to receive it again.
- Please not the enclosed information regarding the Hepatitis B Series. If you have any questions, please contact your healthcare provider or the St. Lawrence County Public Health Department at 386-2325.

Please complete the enclosed consent/waiver form and return it the Melissa Brown, BSN, school nurse at Edwards-Knox Central School.

Thank you.