

# Hampton City

## Schools

### Exposure Control

#### Plan

Copies of this plan are available in the following locations:

**Hampton City Schools website**  
Health Services Department  
Human Resources Department  
Individual School Clinics  
Operations and Maintenance Department  
Transportation Department  
Adult Education Office

# HAMPTON CITY SCHOOLS

## EXPOSURE CONTROL PLAN

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### Appendices

Title:	Hampton City Schools Bloodborne Pathogens Standard Exposure Control Plan
Status	Active
Legal	Code of Virginia, as amended, § 22.1-272 Code of Virginia, as amended, § 22.1-301 Code of Virginia, as amended, § 32.1-36.1 Code of Virginia, as amended, § 32.1-37 Code of Virginia, as amended, § 32.1-38 <a href="#">Code of Virginia 32.1-45.1</a> . Deemed consent to testing <a href="#">OSHA 1910.1030</a> Bloodborne Pathogen Standard <a href="#">OSHA 1910.1020</a> Access to employee exposure and medical Records GBEE Communicable Bloodborne Diseases JHCCA Communicable Bloodborne Diseases Virginia Department of Health (VDH) Communicable Disease Reference Chart for School Personnel

## I. Purpose:

The OSHA/VOSH 29 CFR 1910.1030 Bloodborne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses. In the course of their work, workers may be exposed to such viruses through routes such as needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials. Occupational transmission of HBV occurs much more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the nature of HIV requires that all possible measures be used to prevent the exposure of workers to bloodborne pathogens.

Hampton City Schools (HCS) is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following exposure control plan has been provided to (1) eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standards; (2) in the event of exposure to blood or bodily fluids, provide guidance on what steps need to be taken by the employee and HCS.

All Hampton City School (HCS) employees or staff who may be exposed to blood and other potentially infectious materials (OPIM) in the performance of tasks and procedures as part of their duties as described by their job classification are included in this exposure control plan. This plan will be reviewed and updated as necessary by the Director of Health Services. Copies of this plan are available for review by any employee.

## II. EXPOSURE DETERMINATION

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (see table below) will be included in this exposure control plan. Exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). For more specific information see Appendix A: Potentially Infectious Material, their Potential Infective Agents, and Concerns for Transmission.

### Other Potentially Infectious Materials (OPIM) as defined by 29 CFR 1910.1030

BODY FLUIDS	OTHER MATERIALS
Amniotic Fluid Any body fluid visibly contaminated with blood Cerebrospinal Fluid Pericardial Fluid Peritoneal Fluid Pleural Fluid Saliva Semen Synovial Fluid Vaginal Secretions	Any unfixed tissue or organ (other than intact skin) from a human (living or dead) HIV/HBV containing cell or tissue cultures, organ cultures, and culture medium Blood, organs or other tissues from experimental animals infected with HIV or HBV

- A. The following job categories in lists A and B encompass the potential occupational exposure risks and will be offered the pre-exposure hepatitis B vaccine series if they have not had Hepatitis B vaccination accomplished. (Please note that ANY HCS employee who has an exposure incident during working hours will be offered a post-exposure evaluation and medical treatment, if indicated, up to and including the hepatitis B vaccine series):
- a. **LIST A HIGH RISK OF EXPOSURE:** All employees in the job categories listed below have been identified as being at high risk of exposure:
    - i. Assistant Principal
    - ii. Athletic Coach
    - iii. Athletic Trainer
    - iv. Day Custodial Staff
    - v. Evening Custodial Staff--Middle and High School only
    - vi. First responders who may not qualify otherwise
    - vii. Health Clerk
    - viii. Occupational Therapist
    - ix. PE Teacher
    - x. Physical Therapist
    - xi. Plumber
    - xii. Principal
    - xiii. School Bus Attendant
    - xiv. School Bus Driver
    - xv. School Nurse

- xvi. School Security Officer
- xvii. Special Education Teacher or Instructional Assistant for Autism, Severe Learning Disabilities, MR Functional, Emotional Disturbance, and Early Childhood
- xviii. Speech Pathologist
- xix. Teacher or Instructional Assistant for classrooms or students, who have been identified by Human Resources as having the expectation for exposure.

b. **LIST B MODERATE RISK OF EXPOSURE:** Job classifications in which some employees may have a moderate risk of occupational exposure are included on this list. Tasks or procedures that would qualify these employees are: responding to accidental injuries, providing immediate first aid when needed, and/or providing instruction in laboratory situations conducive to accidents.

- i. Classroom teacher
- ii. Instructional Assistant
- iii. Evening Custodial Staff-Elementary Schools
- iv. Other School Staff

### III. METHODS OF COMPLIANCE

#### A. Universal (Standard) Precautions

All blood or OPIM shall be handled as if contaminated by a bloodborne pathogen according to OSHA 29 CFR 1910.1030 Bloodborne Pathogens Standard. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials to include but not limited to clothing. This will apply to all HCS employees.

#### B. Hand washing and other general hygiene measures

1. Hand washing is a primary infection prevention/control measure. Appropriate hand washing must be diligently practiced.
  - a. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated as as soon as possible after removing gloves or other personal protective equipment (PPE).
  - b. Employees shall wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
  - c. Employees shall remove gloves and wash immediately following any diabetic monitoring procedure and shall put on new gloves before handling any medical items for application to another student.
  - d. In work areas where provision of hand washing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean paper towels or antiseptic towelettes or waterless disinfectant will be available. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as possible.
2. Generally, eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work space/areas where there is a reasonable likelihood of occupational exposure.

- a. However, we know that in some regular ed and SPED classes the students do eat and drink in the classroom, as well as staff. As much as possible, give some distance between each student while eating to avoid contamination. Staff who also eat in the classroom, should avoid placement of their food and drink near students eating.
  - b. Clinic settings do require that the nurse stay in the clinic during her/his eating. Food and drink should be covered/removed that is close to interaction with students or staff, each time to avoid contamination.
3. Food and drink shall not be permitted in refrigerator, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present (i.e. sharp containers).

### C. Sharps Management

1. Consideration of appropriate commercially available and effective safe needle systems is encouraged to minimize occupation risk of exposure.
2. Contaminated needles and other contaminated sharps shall not be bent, or removed. Shearing or breaking of contaminated needles is prohibited. Contaminated disposable or reusable sharps and contaminated broken glass shall be discarded in the disposable sharps containers.
3. Sharps containers shall be closeable, puncture resistant, labeled or color-coded, leak proof on sides and bottom, and maintained in an upright position throughout use. Containers shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found.
4. Sharps containers shall be available in the clinic in each school.
5. Overfilling of sharps containers creates a hazard when needles protrude from openings. Nearly full containers shall be promptly disposed of and replaced.
6. Through an agreement with a service company, sharps containers shall be removed and replaced routinely. Scheduling the removal and replacement of sharps containers is the responsibility of the school nurse in each school and/or HCS Health Services.
7. Staff and students who have any health condition that requires the carrying of any medically necessary sharp items (i.e. needles, lancets, etc.) shall carry or have access to an appropriate sharps disposal container; utilizing the school clinic if present or if non-school building may bring own sharps container or discard once home.

### D. Personal Protective Equipment (PPE)

1. All PPEs will be provided, repaired and disposed of by the employer at no cost to HCS employees. Employees shall wear PPEs when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure.
  - a. Disposable gloves: All HCS employees will wear gloves when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, or nonintact skin; will contact mouth, nose or eyes; when handling or touching contaminated items or surfaces; and/or when handling or touching food or other items to be ingested. Vinyl powder-free gloves are available.
    - i. Disposable gloves shall be replaced immediately as feasible when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

- ii. Disposable gloves are NOT to be reused.
- iii. Utility gloves: Utility gloves may be decontaminated for reuse if the gloves are in good condition. Gloves shall be discarded when cracked, peeling, torn, punctured, when they show other signs of deterioration, or when their ability to function as a barrier is compromised.
- b. Masks and Eye Protection:
  - i. Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields 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.
  - ii. Should Cardiopulmonary Resuscitation (CPR) be needed, a disposable mask with a one way valve should be used. Disposable CPR masks will be available in the “To-Go” emergency bags in each school clinic, every Automated External Defibrillator (AED) cabinet, and in other designated locations in each building as necessary.
- c. Protection for the Body:
  - i. A variety of garments including gowns, aprons, lab coats, clinic jackets, etc. are to be worn in occupational exposure situations.
  - ii. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

E. General Workplace Maintenance/Custodial Services:

1. Workplace: The workplace will be maintained in a clean and orderly condition.
  - a. All equipment and work surfaces shall be cleaned and maintained in a safe and orderly manner.
  - b. Medical Equipment: Clean contaminated reusable medical equipment (i.e. tweezers, otoscope probes, scissors, etc.) with soap and water followed by appropriate disinfectant.
  - c. Broken Glass: Clean up broken glass using mechanical means such as a brush and dustpan, tongs, or forceps. DO NOT pick up directly with your hands.
  - d. Clothing:
    - i. Contaminated clothing or materials shall be handled as little as possible with a minimum of agitation.
    - ii. All contaminated clothing or materials shall be placed in the container/bag and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
  - e. Sharps Containers: Sharps containers can remain open until they are full. Sharps containers are not to be reopened (once full), emptied or in any other manner which will expose employees to the risk of sharps or needlestick injury. DO NOT reach into a sharps container.
  - f. Disposal of Regulated Waste Containers: All school clinics are supplied with Regulated Waste Containers. When sharps containers are full, they should be securely closed and placed in the Regulated Waste Containers. The school nurse is responsible for mailing Postage Paid mailing sharp containers or Health Services will properly destroy regulated waste at the end of the school year.
  - g. OSHA Bucket: A bucket labeled with a biohazard symbol will be in each

school clinic. The bucket will contain: gloves, sharps container, red bag, fluid control solidifier solution and a spill clean-up kit. Restocking supplies for this bucket is done through Health Services. This bucket will be available for custodial services use, should they need it.

2. Custodial Services: A written custodial procedure, prescribing the appropriate methods and frequency of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil/contamination present, and tasks for procedures being performed, shall be followed. Guidelines will be available for each custodian and may be found in Operations and Maintenance and the HCS Custodial Standard Operating Procedures Manual.
  - a. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when surfaces are contaminated or after any spill of blood or OPIM.
  - b. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.
  - c. Broken Glass: Clean up broken glass that may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. DO NOT pick up directly with your hands. These items should be cleaned with disinfectant after use.
  - d. All custodial or designated personnel must wear appropriate PPEs while cleaning restrooms and having contact with blood and/or OPIM.
  - e. OSHA Bucket: A bucket labeled with a biohazard symbol will be in each school clinic. The bucket will contain: gloves, sharps container, red bag, fluid control solidifier solution and a spill clean-up kit. This will be available for custodial services use, should they need it for cleaning up blood or OPIM.

#### **IV. EXPOSURE INCIDENT PROCEDURES:**

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties.

- A. Employee: When an exposure to blood or OPIM occurs the following steps should be taken:
  - a. Perform immediate First Aid procedures (such as thoroughly washing skin or flushing of mucous membranes, or encouraging bleeding from puncture wound(s).)
  - b. If possible, identify the source or keep the syringe/needle for possible testing.
  - c. Report immediately to the principal, school nurse or Director of Health Services if no nurse is available, or supervisor.
  - d. Complete Exposure Incident Report (Appendix B)
  - e. Follow the required protocol for reporting a workplace injury.
    - i. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred. This form should be given to the provider chosen from the doctors available through the Workers Compensation Provider list;
    - ii. Choose a doctor from the approved Workers Compensation form.
    - iii. Print out the Post Exposure Medical Provider Evaluation form (Appendix C)



and take the form to the provider picked from Workmans' Compensation Provider list.

- f. Refusal of Medical Provider examination: The employee, if after being offered to seek follow-up with a medical provider after an exposure, needs to complete Appendix D: Informed Refusal of Post-Exposure Medical Evaluation.
- g. Fax the Employee Injury Report 1000 from the Workers Compensation Paperwork and the Exposure Incident Report to Hampton Risk Management office, 757-727-1470 and Health Services, 757-727-2364. If the employee refuses medical care, fax also the Informed Refusal of Medical Examination to the above listed departments.
- h. If it is recommended by the medical provider to get permission to test the source individual if known, the school nurse at the school where the exposure occurred or the Director of Health Services or school administrator will contact the individual, or parent/guardian if the student is a minor, and obtain consent for testing of their blood. The source individual, or their parent, if a minor, may decline blood testing. Signed documentation of consent or declination must be obtained. (See Appendix E and F for the forms.)
- i. All completed forms shall be forwarded to the Director of Health Services via fax, 757-727-2364.

**B. Custodial Services:**

- a. The custodial services staff for the building should be notified by the administrator/designee or nurse informing them that the exposure incident occurred if:
  - i. Blood or OPIM is present in the area and needs to be cleaned up.
  - ii. Glass has been broken containing blood and/or OPIM.
- b. Custodial services can utilize the OSHA bucket that is kept in the clinic to clean up, if they don't have the supplies needed to clean blood or OPIM.

**C. The City of Hampton's Risk Management office:**

- a. Fax to Hampton Risk Management office the Workman's Compensation Employee Injury Report 1000 and Exposure Incident Report, with 24 hours of incident. If unable to get the reports done before the employee left, contact via phone, 757-727-6617, to let them know the employee's name and incident. As soon as possible send forms via interoffice pony and fax.
- b. Risk Management will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion shall be limited to the following information (See Appendix C for form):
  - i. The employee has been informed of the results of the evaluation.
  - ii. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.
  - iii. NOTE: All other findings shall remain confidential and shall not be included in the written report.

## **V. HEPATITIS B VACCINATION**

### **A. General Statement**

- a. All employees who have been identified as having a moderate or high risk of exposure to bloodborne pathogens (see Section II Exposure Determination) shall be offered the Hepatitis B vaccination series at no cost to them. Some job classifications may be prioritized. In addition, all employees shall be offered post-exposure evaluation and follow-up at no cost to the

employee should the employee experience an exposure incident on the job.

- b. All medical evaluations and procedures, including the Hepatitis B vaccination series, whether prophylactic or post-exposure, shall be made available to the employee at a reasonable time and place. This medical care shall be performed by, or under the supervision of, a licensed physician, physician's assistant, or nurse practitioner. Medical care and the vaccination series shall be administered according to the most current recommendations of the U.S. Public Health Service.
- c. All laboratory tests will be conducted at an accredited laboratory at no cost to the employee.

#### **B. Hepatitis B Vaccination**

- a. The vaccination for Hepatitis B is a series of three injections following recommended timelines. At this time a routine booster dose is not recommended, but if the U.S. Public Health Service or CDC change requirements in the future, boosters will be provided free of charge to employees with high to moderate risk of occupational exposure.
- b. The vaccination will be made available to eligible employees indicated by Human Resources after they have processed and given their initial assignment to a job category with a high to moderate risk of exposure.
- c. The vaccination series will not be made available to employees who have previously received the complete Hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated.
- d. Any eligible employee who chooses not to take the Hepatitis B vaccination shall be required to sign a declination statement (Appendix G). This decline statement will be placed in their employee folder in the Human Resources office. The Hepatitis B vaccination series shall be made available to an eligible employee who initially declines vaccination, but later decides to accept vaccination.
- e. All designated employees who choose to obtain Hepatitis B vaccination shall be referred to Health Services for review of immunization status. Once confirmed the employee has not had the Hepatitis B series, they will be given a sheet authorizing the Hampton Health Department to begin the series of Hepatitis B vaccinations at no cost to the employee.

## **VI. EMPLOYEE TRAINING**

- A. All HCS employees shall be trained regarding bloodborne pathogens at the time of initial assignment and annually thereafter during work hours. This is accomplished through online program employees are monitored and given access to the training by Human Resources. Additional training may be needed whenever there are changes in tasks or procedures that affect employees' exposure to bloodborne pathogens.
- B. Training shall consist of media presentation, lecture, demonstration, and/or written materials. Human Resources will ensure all employees accomplish the annual training. The Director of Health Services will accomplish annual training to HCS Transportation staff utilizing lecture presentation and Q&A.

## **VII. RECORD-KEEPING PROCEDURES**

Procedures are in place for maintaining both medical and training records. If HCS should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) will be notified at least three (3) months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three-month period.

- A. Documentation of the exposure will be completed and maintained for each employee with an exposure event. The record shall be maintained for the duration of the employment plus thirty (30) years in accordance with 29 CFR 1910.1020. This documentation will be kept by HCS Human Resource Department
- B. Confidentiality of medical records/documentation: The records will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's expressed written consent, except as required by law or regulation. Employee medical record required under 29 CFR 1910.1030 shall be provided upon request for examination and copying to the subject employee and the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.1020.
- C. Training records: Training records shall be maintained for three (3) years from the date on which the training occurred.
- D. Training records shall be provided upon request for examination and copying to the employees, employee representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

## Appendices

Appendix A: [Potentially Infectious Materials Chart](#)

Appendix B: [Exposure Incident Report](#)

Appendix C: [Post Exposure Medical Provider Evaluation and Follow-up](#)

Appendix D: [Informed Refusal of Post-Exposure Medical Evaluation](#)

Appendix E: [Consent for Blood Testing of Source Individual](#)

Appendix F: [Refusal for Blood Testing of Source Individual](#)

Appendix G: [Hepatitis B Vaccination Forms](#)

## **Appendix A**

### **Potentially Infectious Materials Chart**

**Potentially Infectious Materials,  
Their Potential Infective Agents, and Concerns for Transmission**

<b>Body Fluids</b>	<b>Potential Organisms</b>	<b>Transmission</b>
Blood cuts/abrasions nosebleed menses used needles	Hepatitis B	Person to person by direct inoculation with secretions containing blood or by needle stick.
	HIV (Human Immunodeficiency Virus/AIDS)	Only documented transmission is by inoculations through needle stick or direct introduction through lacerations
	Cytomegalovirus (CMV)	Risk is to pregnant women and immune-compromised individuals
Respiratory Secretions nasal discharge sputum	Mononucleosis Virus Common Cold Virus Influenza Virus CMV	Secretions to hands, nose, mouth or eyes  Bloodstream inoculation and perhaps oral inoculations from hands
Saliva	Hepatitis B	Bloodstream inoculation through cuts and abrasions, bites
	HIV	No evidence of transmission through this fluid. Caution should be followed.
	CMV	Bloodstream inoculation and perhaps oral inoculations from hands
Vomit Feces	Gastrointestinal Virus Norwalk Agent Rotavirus Salmonella Bacteria Shigella Bacteria Rotavirus Hepatitis A Virus	Fluid/food to hands to mouth
Urine	CMV	Bloodstream inoculation and perhaps oral inoculations from hands
Semen Vaginal Secretions	AIDS Hepatitis B Gonorrhea and other STDs	Bloodstream inoculation through sexual contact or perhaps other intimate contact

**Appendix B**

**Exposure Incident Report**

## Exposure Incident Report

(This form must be completed by each employee involved in an incident)

Date of Incident \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Address \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Employee Phone Number \_\_\_\_\_

Employee Job Title \_\_\_\_\_

Employee Job Site \_\_\_\_\_

Source Name \_\_\_\_\_

Source Address \_\_\_\_\_

Source Phone Number \_\_\_\_\_

**Exposure Incident Circumstances (describe what happened, if PPE utilized, note blood or other infectious material and route and place of exposure):**

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Person(s) notified of exposure:

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Employee's Hepatitis B Vaccine History:

\_\_\_\_\_ No Hepatitis B Vaccination history

\_\_\_\_\_ History of Vaccination; Dates of Dose 1 \_\_\_\_\_

Dose 2 \_\_\_\_\_

Dose 3 \_\_\_\_\_

I (do) (do not) request to be evaluated and tested for HIV and hepatitis B and C viruses by a physician designated by one of HCS Workers' Compensation Physicians. I understand that the testing is not mandatory and that all expenses for the testing will be paid by HCS. Following the initial testing, additional testing may be scheduled per the Workmans' Compensation physician. I understand that I will be provided the test results, counseled by a physician designated by HCS and that all information regarding the exposure, HIV/HBV testing and test results will remain confidential.

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Employee's Signature/Date

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School Nurse/Supervisor Signature/Date

Cc: HCS Risk Management - fax  
Health Service - fax

## **Appendix C**

### **Post Exposure Medical Provider Evaluation and Follow-up**

## Post Exposure Workmans' Compensation Medical Provider Evaluation and Follow-up

Employee Name \_\_\_\_\_

\_\_\_\_\_ Employee has been informed of the results of the post exposure evaluation.

\_\_\_\_\_ Employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

\_\_\_ Yes \_\_\_ No      Has this employee ever received the Hepatitis B vaccine?

\_\_\_ Yes \_\_\_ No      Is the Hepatitis B vaccine indicated for this employee?

**HCS Employee must take this form to Workmans' Compensation Physician selected, for them to complete and return to school nurse or Director of Health Services.**

\_\_\_\_\_  
**Workmans' Compensation Health Care Professional Signature**

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

\_\_\_\_\_  
**Employee Signature**

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

## **Appendix D**

### **Informed Refusal of Post-Exposure Medical Evaluation**

**INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION**

I, \_\_\_\_\_, am an employee of Hampton City Schools. My employer has provided Bloodborne Pathogens training to me.

On \_\_\_\_\_ (insert date), I was involved in an exposure incident when I (describe incident):

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My employer has offered to provide follow-up medical evaluation (including testing for HBV, HBA, and HIV status) in order to assure that I have full knowledge of whether I have been exposed to or contracted and infectious disease from this incident.

However, I, of my own free will and volition, and despite my employer’s offer, have elected not to undergo a medical evaluation.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Employee’s Printed Name

\_\_\_\_\_  
Employee’s Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Appendix E**  
**Consent for Blood Testing of Source Individual**

## CONSENT FOR BLOOD TESTING OF SOURCE INDIVIDUAL

I understand that my child or legal ward has been identified as a source individual where an employee of Hampton City Schools may have been exposed to blood or other potentially infectious materials. I am giving consent for blood testing for HBV, HCV, and HIV and the exchange of the results between the two agencies/persons listed below. I also authorize the Director of Health Services to exchange results with the exposed Hampton City School employee.

Director of Health Services  
Hampton City Schools  
One Franklin Street, Suite 363  
Hampton, VA 23669

Source Individual's Healthcare Provider:

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Source Individual's Name \_\_\_\_\_

Source Individual's Date of Birth \_\_\_\_\_

Parent/Guardian's Printed Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Appendix F**

### **Refusal for Blood Testing of Source Individual**



## REFUSAL FOR BLOOD TESTING OF SOURCE INDIVIDUAL

I have been informed by Hampton City Schools that my child or legal ward has been identified as being a source individual in an employee exposure incident to blood or other potentially infectious materials. I am aware of the risks to the employee and understand that, if tested, the results of the testing would have only been released to the Director of Health Services and the exposed employee. I am also aware that Code of Virginia 32.1-45.1 states that the school board may petition the Juvenile and Domestic Relations District Court for an order requiring this testing. Nevertheless, I am declining blood testing for HBV, HCV, and HIV for my child or legal ward.

Name of Source Individual \_\_\_\_\_

Parent's/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Date Employee Exposed \_\_\_\_\_

Date parent/guardian notified \_\_\_\_\_

Notifying Individual \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

## **Appendix G**

### **Hepatitis B Vaccination Forms**

To assist the Health Services Department in identifying eligible employees, please **completely** fill out the following information and return with your new employee packet:

**Please Print Legibly or Type:**

Complete Name:
Home address:
Home/cell phone number:
Work phone number:
School/ Department/Site Assignment:
Job Title:
Have you ever had ANY Hepatitis B immunizations? Yes No
If yes, did you complete the 3 shot series? Yes No
If no, how many in the series did you complete?
If yes, do you know the dates of your immunization series?

An employee who meets the eligibility criteria as designated by the Exposure Control Plan will be offered the Hepatitis B vaccination series at no cost to them. The vaccination is a series of three injections. You should not consent to receiving the vaccine if you have had a serious allergic reaction to a prior dose of Hepatitis B vaccine or if you are allergic to common baker’s yeast. If you have ever had the Hepatitis B series, you do not need to receive any further booster doses. If you have started, but not completed, the three shot series, you do not have to start the series over, only finish the remaining doses.

*Please check your immunization record before signing. If you have been a member of any military service, police, fire, or EMT organization, or are a college graduate, you may have already received the series.*

Please check one of the below and sign.

<input type="checkbox"/> I would like to be considered for the Hepatitis B series if my job category and exposure determination makes me eligible.
<input type="checkbox"/> I have already completed the Hepatitis B series.
<input type="checkbox"/> I am declining the Hepatitis B series at this time. I understand that if I am eligible and decide to receive the series at a later date, I will contact the Health Services Department of Hampton City Schools.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Employee Declination of Hepatitis B Immunization**

I understand that due to potential 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 or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge.

Employee's Name \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_