



# EXPOSURE CONTROL PLAN

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## **I. INTRODUCTION**

The Katonah-Lewisboro School District is committed to providing a safe and healthy environment for all our students and staff. High levels of occupational exposure to bloodborne pathogens are not normally expected in the school setting. The Katonah-Lewisboro School District has developed this Exposure Control Plan (ECP) in accordance with 29 CFR 1910.1030, the OSHA Bloodborne Pathogens Standard. The intent of this Exposure Control Plan is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. In implementing this plan, each school/department shall comply, in a prudent manner, with all occupational safety and health regulations. The OSHA Bloodborne Pathogens Standard is expected to reduce and prevent employee exposure to bloodborne pathogens. For the purposes of this plan, a bloodborne pathogen is any pathogenic microorganism, present in human blood, capable of causing disease, dysfunction, or premature death in humans. This group includes, but is not limited to, the Hepatitis B Virus (HBV), the Hepatitis C Virus (HCV), the Human Immunodeficiency Virus (HIV) and other bloodborne diseases.

The standard requires that all employers follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV, HBV, or HVC. Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates a number of requirements.

The Exposure Control Plan mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, training, and recordkeeping.

This plan is available for review by all employees of the Katonah-Lewisboro School District, and any duly authorized representatives of the NYS Department of Labor, Division of Safety and Health. This plan will be monitored and revised as needed by the District's Safety Committee.

## **II. EXPOSURE DETERMINATION**

All district employees in the following job classifications (Group 1) may have occupationally-related exposure to blood and other potentially infectious materials (OPIMs). OPIMs shall include all body fluids contaminated with visible blood. Accordingly, all shall be offered reimbursement for the Hepatitis B vaccination series and post-vaccination titer at district cost (see section D)

### **Group 1**

<b>Job Titles</b>	<b>At Risk Duties (Examples)</b>
	<ul style="list-style-type: none"><li>•</li></ul>
School Nurses and Nurse Substitutes	<ul style="list-style-type: none"><li>• Direct contact with blood or OPIMs while performing duties.</li><li>• Involvement with injectable medication and/or blood testing.</li><li>• CPR and First Aid Procedures.</li></ul>
Physical Education Teachers, Coaches and Athletic Trainer	<ul style="list-style-type: none"><li>• Direct contact with blood or OPIMs while performing CPR or First Aid procedures during practice and interscholastic sports.</li></ul>
Custodians, Custodial Workers, Maintenance, Mechanics	<ul style="list-style-type: none"><li>• Clean up of body fluids spills and cleaning restrooms.</li><li>• Disposal of infectious waste.</li></ul>
Special Ed Teachers / Teacher Assistant	<ul style="list-style-type: none"><li>• Caring for some high risk students.</li></ul>

Some district employees in the following job classifications (Group 2) may have an occasional occupationally-related exposure to blood and other potentially infectious materials (OPIMs). OPIMs shall include all body fluids contaminated with visible blood. These employees shall be offered reimbursement for the Hepatitis B vaccination series on a post exposure incident (Refer to Section VII).

### **Group 2**

<b>Job Titles</b>
Administrators/Directors
Teachers
Teacher Aides
Teaching Assistants
School Monitors
Bus Monitors
Bus Drivers
Therapists (such as OT, PT)
Cafeteria Staff

## **III. EMPLOYEE PROTECTION**

The Katonah-Lewisboro School District shall impress upon all at risk employees the importance of observing universal precautions. Under circumstances in which contact with blood or OPIMs is possible, the employee shall assume that the material to be potentially

infectious. When it is not possible for an employee to differentiate between bodily fluid types, the employee shall also assume that the material to be potentially infectious.

#### **IV. ENGINEERING AND WORK PRACTICE CONTROLS**

The use of engineering controls for the purpose of infection control in a school is limited; however, engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

The District's engineering controls include, but are not limited to:

- Self-sheathing needles
- Puncture-resistant disposal containers for contaminated sharps or broken glass
- Bio-safety Cabinets

The specific engineering controls that the District will use and where they will be used are listed below.

##### **A. Universal Precautions**

Universal Precautions is an approach to infection control, in which all human blood and body fluids, except sweat, are treated as if they are in fact contaminated with bloodborne pathogens. Potentially infectious materials include blood, all body fluids except sweat, non-intact skin, and mucous membranes. Universal precautions refer to the use of barriers or protective measures when dealing with blood or other potentially infectious materials.

##### **B. Hand Washing**

Hand washing facilities are located throughout the various district buildings. All persons who may have exposure are to wash their hands by using a proper technique immediately or as soon as possible after contact with blood or other infectious material or after removing gloves. Whenever possible, running water and soap are to be used for a minimum of 20 seconds, if there are no hand washing facilities available, the use of waterless antiseptic may be used. Hands should still be washed as soon as feasible.

Employees are required to wash all other skin with soap and running 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. Personal Protective Equipment**

When there is a reasonable likelihood of occupational exposure, the school district shall provide, at no cost to the employee, and make readily available appropriate personal protective equipment such as: gloves, laboratory coats, masks, face shields, eye protection, and resuscitation bags and mouthpieces. Hypoallergenic versions of these products are used.

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The district shall clean, launder, repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

The employee is responsible to remove a garment as soon as feasible if it is penetrated by blood or other potentially infectious materials.

The employee shall remove all personal protective equipment prior to leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

### **D. Gloves**

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for reuse.

Failure on the part of an employee to use the provided personal protective equipment except as outlined above will result in disciplinary actions as outlined by the District's policies and procedures.

### **E. Sharps/Biohazardous Waste**

Sharps containers will be located in each school nurses' office and will conform to NYS 29 CFR 1910.1030.

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless no feasible alternative exists, or if such action is required by a special

medical procedure. Sharps will be put into appropriate sharps containers immediately or as soon as feasible after use.

The determination of whether materials are regulated medical waste shall only be determined by a Katonah-Lewisboro School District Nurse. The Director of Operations and Maintenance shall be contacted to arrange for the proper disposal.

## **F. Housekeeping**

The Operations and Maintenance Department has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicted by the standard.

Nurses are required to comply with the following:

- Contaminated work surfaces shall be decontaminated with appropriate disinfectant after completion of procedures
- All equipment and working surfaces shall be cleaned and disinfected after contact with blood or other infectious materials
- Broken glassware shall not be picked up directly with the hands; it shall be cleaned up using a broom and dust pan or tongs
- All sharps shall be handled and disposed in the sharps containers purchased for this task. The containers shall meet regulatory mandates

Custodial and Maintenance Staff shall take the following precautions when cleaning up areas that can contain blood or potentially infectious materials:

- Careful procedures for cleanup and decontamination must be followed
- All employees performing cleanup and decontamination SHALL wear all appropriate personal protective equipment
- Soak up the blood/body fluid with appropriate materials (i.e. paper towels, absorbents etc.)
- Thoroughly clean the area with soap and water
- Disinfect the area with a District supplied disinfectant – follow instructions as to appropriate leave time
- Place all materials in a plastic bag
- Remove all personal protective equipment using proper techniques to avoid spread of contamination and dispose of disposable item and decontaminate reusable items
- Seal and dispose of plastic bag in accordance with appropriate regulations
- Wash thoroughly with soap and water using proper hand washing techniques

For large spills of blood/body fluids the infection control officer should be contacted for guidance and all personnel should be kept out of the area.

Disinfectants are to be hydrogen peroxide based (.5% ).

## **V. EXPOSURE INCIDENT**

Should an exposure incident occur contact the school nurse immediately. Each exposure must be documented by the employee on an “Exposure Incident Form” (Appendix III). The school nurse will add any additional information as needed. The School Nurse shall also complete the Source Individual Documentation (Appendix IV) and the Request for Source Individual Evaluation (Appendix V).

An exposure incident means specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties (Federal Register, Vol. 56, No. 235). The exposed individual shall go to a health care provider for further evaluation.

## **VI. POST-EXPOSURE EVALUATION & FOLLOW-UP**

Post-exposure evaluation shall be conducted according to the below-listed guidelines and Appendix VI shall be completed by the School Nurse.

- a. Katonah-Lewisboro School District shall ensure that the route of exposure and associated circumstances are documented for each exposure incident.
- b. If the source of individual is known, that individual shall be identified in writing unless such documentation is prohibited by law.
- c. Once consent is obtained, the source individual’s blood shall be tested for HIV and HBV infection as soon as possible. If consent cannot be obtained, this shall also be documented.
- d. Results of the source individual’s testing shall be made available to the exposed employee along with any applicable regulations regarding confidentiality.
- e. The exposed employee’s blood shall be collected as soon as feasible and tested as soon as consent is obtained.
- f. If the exposed employee consent baseline blood collection, but not HIV testing, the sample shall be preserved for 90 days. If within that 90-day period the employee elects to have the baseline sample tested, this shall be performed as soon as possible.
- g. Post-exposure prophylaxis, when medically indicated, shall include:
  - HBV vaccination series
  - Evaluation of the reported illness; and
  - Counselling



- h. Within 15 days of the completion of a post-exposure evaluation, the Katonah-Lewisboro School District shall obtain a copy of the healthcare professional's written opinion. This shall be provided, in a timely manner, to the exposed employee. This written opinion shall be limited to the type of post -exposure prophylaxis indicated and the types of information that have been provided to the exposed employee. All other findings shall remain confidential.

## **VII. HEPATITIS B VACCINE**

The District recommends the employee consult with his/her physician concerning the Hepatitis B vaccine.

The Katonah-Lewisboro School District shall reimburse the HBV vaccination series to any employee with occupational exposure to blood or OPIMs. The District shall also provide, reimbursement, post exposure evaluation and follow up to all employees who may have had an exposure incident.

- a. The vaccination series will be made available at no cost to the employee through reimbursement within a reasonable time and place and under the supervision of a licensed health care professional, according to USPHS guidelines.
- b. The vaccination series shall be made available to all affected employees after the initial training and /or within 10 days of initial job assignment.
- c. The vaccination series must be made available to all affected employees as described in D (a) and D (b) unless: the employee declines; the employee has previously received the entire vaccination series; the employee has been shown to be immune via antibody testing; or, the vaccination series has been contradicted due to medical reasons.
- d. Participation in pre-screening program cannot be made a prerequisite for receiving the vaccination series.
- e. Employees declining the HBV vaccination series must sign a waiver (Appendix II) indicating that they have been offered the vaccine, but have declined to receive it. The waiver shall be filed in Human Resources.
- f. If an employee initially declines to be vaccinated, but at a later date decides to accept, the Katonah-Lewisboro School District shall make the vaccine available at that time.

The Katonah-Lewisboro School District shall ensure that the healthcare provider responsible for a district employee's HBV vaccination series is provided with the below-listed information.

- a. A copy of 29 CFR 1910.1030

- b. For Post-Exposure only – A description of the employee’s duties as they relate to the exposure incident.
- c. For Post-Exposure Only – Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
- d. For Post-Exposure Only- If available, results of the source individual’s blood testing.
- e. Any relevant medical records which are the district’s responsibility to maintain.

## **VIII. EMPLOYEE TRAINING**

Annually all employees shall partake in the Global Compliance Network (GCN) on-line training session dealing with the hazards associated with and the methods of protection available from the occupational exposure to bloodborne pathogens. This training shall be provided during working hours at no cost to the employee.

At a minimum the training shall contain the following items:

- An explanation of the district’s Exposure Control Plan and the OSHA standard
- Information regarding warning labels and signs
- Epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- Explanation of how an employee may recognize tasks that may involve exposure to blood or OPIMs
- Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- Use and limitations of engineering controls, work practices, and personal protective equipment
- PPE – Types, uses, decontamination, and disposal
- Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be reimbursed to employees in Group I job titles.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

- After reviewing the GCN compliance video, please direct any questions to the Assistant Superintendent for Human Resources.
- The Exposure Control Plan is available to employees on the District's website.

## **IX. RECORD KEEPING**

### **A. Training Records:**

The Human Resources Department shall retain training records for a minimum of **three** years and shall contain the following information:

- Method of conducting training.
- Contents or a summary of training session.
- Names and job titles of persons completing the GCN training sessions.
- Date of employee completion.

### **B. Medical Records**

The Katonah-Lewisboro School District shall establish and maintain a confidential file containing accurate medical records for each **exposed** district employee in accordance with 29 CFR 1910.1920 and requirements as set forth in 29 CFR 1910.1030. These confidential records must be kept for at least the duration of employment plus 30 years and shall be maintained in the Human Resources Department.

These records must include the below listed information:

- Employee's name and Employee Identification Number
- A copy of each employee's HBV vaccination status, including the dates all vaccinations were given and any medical records regarding an employee's ability to receive the vaccine.
- If necessary, a signed declination form.
- Information provided to the evaluating health care professional.
- A copy of the evaluating health care professional's written opinion

### **C. OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done at the building level.

#### **D. Sharps Injury Log**

In addition to the 1904 Record Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log (Appendix VII). All incidents must include at least:

- The date of injury.
- The type and brand of the device involved.
- The department or work area where the incident occurred.
- An explanation of how the incident occurred.

The log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least **five** years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

#### **E. Availability of Records**

The Katonah-Lewisboro School District will make records required under this regulation available, upon request, to a representative of the Labor for Occupational Safety and Health for examination and copying.

Written permission from the employee is required for access to medical records.

## APPENDIX I – DEFINITIONS

Before beginning a discussion of the standard there are several definitions that should be explained which specifically apply to this regulation. These definitions are also included in paragraph (b) of the standard.

- a. **Blood** - human blood, human blood components, and products made from human blood.
- b. **Bloodborne Pathogens** - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- c. **Clinical Laboratory** - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- d. **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- e. **Contaminated Laundry** - laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- f. **Contaminated Sharps** - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- g. **Decontamination** - the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- h. **Engineering Controls** - controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

- i. **Exposure Incident** - a specific eye, mouth, other mucous membrane, nonimpact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- j. **Hand washing Facilities** - a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- k. **Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post exposure Evaluation and Follow-up.
- l. **HBV** - hepatitis B virus.
- m. **HIV** - human immunodeficiency virus.
- n. **Occupational Exposure** - reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- o. **Other Potentially Infectious Materials (OPIM):**

The following qualify as OPIMs

- a Human body fluids including: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
- b Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- c HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

- p. **Parenteral** - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- q. **Personal Protective Equipment** - specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- r. **Regulated Waste** - liquid or semi liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- s. **Source Individual** - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- t. **Sterilize** - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- u. **Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- v. **Work Practice Controls** - controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

## APPENDIX II - CONSENT/WAIVER FORM FOR HEPATITIS B VACCINATION

I understand the benefits and risks of a hepatitis B vaccination.

I understand that participation in the Hepatitis B Vaccine is voluntary and my consent or refusal of the vaccination does not waive any rights under my employment contract. In addition, I can withdraw from the vaccination at any time.

I understand that I must receive at least three (3) intramuscular doses in the arm over at least a six (6) month period to cover immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse effect from the vaccine.

Hepatitis B Vaccine will be made available at no charge to employees. I understand that a pre-vaccine blood test is available at my own expense. Any questions I have can be answered by my building nurse.

### CHECK ONE

	I have been offered the HBV vaccination series at no cost to me but have declined because I have already received the series through a previous employer or through my primary health care provider.
	I Grant permission for my Health Care Provider to Administer the three (3) doses of Hepatitis B Vaccine*
	I decline to be immunized at this time. I may decide at a later date to receive this vaccine. In the event of an accidental exposure, I will report the incident immediately to the school health office and consult with my health provider regarding post exposure prophylaxis.
Date	Signature
*All appointments should be made directly with your Health Care Provider.	

Return this form to Human Resources:



### APPENDIX III – EXPOSURE INCIDENT REPORT

#### (ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

Please Print

Date Completed			
Employee's Name		Job Title	DOB
Home / Cell Phone		Business Phone	
Employee Vaccination Status			
Date of Exposure	Time of Exposure	AM	PM
Location of Incident (Home, Street, Clinic, etc.-Be Specific):			
Nature of Incident (Auto Accident, Trauma, or Medical Emergency)-Be Specific:			
Describe What Task(s) You Were Performing When the Exposure Occurred (Be Specific):			
Were You Wearing Personal Protective Equipment (PPE)?		YES	NO
If yes, List			
Did the PPE Fail?		YES	NO
If yes, explain how:			
What Body Fluid(s) Were You Exposed To (Blood or Other Potentially Infectious Material)? Be Specific:			
What Parts Of Your Body Became Exposed? Be Specific:			
Estimate The Size Of The Area Of Your Body That Was Exposed.			

For How Long?		
Did A Foreign Body (Needle, Nail, Auto Part, Dental Wires, Etc.) Penetrate Your Body?	Yes	No
If Yes, What Was The Object?		
Where did It Penetrate Your Body?		
Was Any Fluid Injected Into Your Body?	Yes	No
If Yes, What Fluid	How Much?	
Did You Receive Medical Attention?	Yes	No
If Yes, Where?	When?	
By Whom?		
Identification of Source Individual(s)		
Name(s)		
Did You Treat The Patient Directly?	Yes	No
If Yes, What Treatment Did You Provide? Be Specific:		
Other Pertinent Information:		

## APPENDIX IV – SOURCE INDIVIDUAL DOCUMENTATION

### CONFIDENTIAL - DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

Name of Exposed Employee\_\_\_\_\_

Contact: Chief Medical Officer

#### INCIDENT INFORMATION

Date:	Name/Medical Record Number of the Individual Who is the Source of the Exposure:
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#### NATURE OF THE INCIDENT

	Contaminated Needle stick Injury
	Blood or Body fluid Splash onto Mucus Membrane or Non-Intact Skin
	Other (specify)

#### REPORT OF SOURCE INDIVIDUAL EVALUATION

Chart Reviewed By:		Date:
Source Individual Unknown-Researched By:		Date:
Testing Source Individual's Blood	Consent Obtained	Refused
<b>CHECK ONE</b>		
	Identification of source individual infeasible or prohibited by state or local law. State why if infeasible.	
	Evaluation of the source individual reflected no known exposure to Bloodborne Pathogens.	
	Evaluation of the source individual reflected possible exposure to Bloodborne Pathogens and medical follow-up is recommended.	
Person completing report:		Date:

Report the results of the source individual's blood tests to the District's Chief Medical Officer, who will inform the exposed employee. Do not report blood test findings to the school district, or the employer.

HIV-related information cannot be released without the written consent of the source individual.

## **APPENDIX V – REQUEST FOR SOURCE INDIVIDUAL EVALUATION**

Attach a copy of Appendix III and deliver to appropriate person at Hospital Emergency Room.

Copy the letter below onto District Letterhead

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

One of our employees 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 employee 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 to the designated medical provider.

The evaluation form has been developed to provide confidentiality assurance for the source individual 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 the disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

## APPENDIX VI- EMPLOYEE EXPOSURE FOLLOW UP RECORD

### CONFIDENTIAL

#### EMPLOYEE EXPOSURE FOLLOW-UP RECORD

Employee's Name		Job Title	
Occurrence Date	Occurrence Time		Reported Date

#### 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 REQUIRED INFORMATION:			
Name of Healthcare Professional			
By Whom		Date	
BLOOD SAMPLING /TESTING OFFERED:			
By Whom		Date	
VACCINATION OFFERED/RECOMMENDED:			
By Whom		Date	
COUNSELING OFFERED			
By Whom		Date	
EMPLOYEE ADVISED OF NEED FOR FURTHER EVALUATION OF MEDICAL CONDITION:			
By Whom		Date	

## APPENDIX VII – SHARPS INJURY LOG

Katonah-Lewisboro School District Sharps Injury Log Year _____					
Date	Case/ Report No.	Type of Device	Brand name of device	Work area where injury occurred	Brief description on how the incident occurred

## **RESOURCES:**

### **New York State Department of Health**

Prevention, Control and Post Exposure Prophylaxis for Bloodborne Pathogens

[HTTPS://WWW.HEALTH.NY.GOV/DISEASES/AIDS/PROVIDERS/STANDARDS/POST\\_EXPOSURE\\_PROPHYLAXIS.HTM](https://www.health.ny.gov/diseases/aids/providers/standards/post_exposure_prophylaxis.htm)

### **Occupational Safety and Health Administration Resources (OSHA)**

[https://www.osha.gov/OshDoc/data\\_BloodborneFacts/bbfact01.pdf](https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf)

<https://www.osha.gov/Publications/osha3186.pdf>

[https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne\\_quickref.html](https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_quickref.html)