

<b>Category:</b> <b>8000 STUDENTS</b>	<b>Policy Number:</b> <b>8442 (Page 1 of 3)</b>
<b>Policy Title: Bloodborne Pathogens</b>	<b>Effective Date:</b> <b>March 15, 2017</b>
<p>Snake River School District No. 52 is aware of the risk bloodborne pathogens pose and further recognizes the need to eliminate or minimize occupational exposure.</p> <p><b>DEFINITIONS</b></p> <p>For purposes of this policy, the following definitions apply:</p> <p>“Bloodborne pathogens” means infectious microorganisms present in blood that can cause disease in humans, including, but not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).</p> <p>“Contaminated sharps” means any contaminated object that can penetrate the skin, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.</p> <p>“Engineering controls” means controls that isolate or remove the blood borne pathogens hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles).</p> <p>“Occupational exposure” means the reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.</p> <p>“Other potentially infectious material (OPIM)” means (1) 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) 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> <p>“Personal protective equipment” means specialized clothing or equipment worn by an employee for protection against a hazard. Such equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields, masks, and/or eye protection.</p> <p>“Regulated waste” means 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.</p> <p>“Universal precautions” means an approach to infection control. According to the concept all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.</p> <p>“Work practice controls” means 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 (2) handed technique).</p> <p><b>EXPOSURE CONTROL PLAN (ECP)</b></p> <p>The district will develop a written exposure control plan (ECP) designed to eliminate or minimize occupational exposure to bloodborne pathogens (see Policy No. 8442F1, Bloodborne Pathogens: Exposure Control Plan). The ECP will contain the following:</p> <ul style="list-style-type: none"> <li>• General management and responsibilities</li> <li>• Exposure determination</li> <li>• Methods of compliance</li> <li>• Hepatitis B vaccination program</li> <li>• Post-exposure evaluation and follow-up</li> <li>• Communication of hazards</li> <li>• Annual training and review</li> <li>• Recordkeeping</li> <li>• Procedures for evaluating exposure incidents</li> </ul>	

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The ECP will identify tasks and procedures, as well as, job classifications where such exposures may occur without regard to the use of personal protective clothing and equipment. It will also set forth the schedule for implementing other provisions of this policy and specify the procedure for evaluating circumstances surrounding exposure incidents.

The ECP will be reviewed and updated annually, and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.

**METHODS OF COMPLIANCE**

The district and its employees will take proper precautions to eliminate or minimize contact with blood or other potentially infectious materials. Such precautions will include, but are not limited to:

1. All employees will utilize universal precautions to prevent contact with blood or other potentially infectious materials, and treat all bodily fluids as potentially infectious.
2. Engineering controls and work practice controls will be used to eliminate or minimize exposure to bloodborne pathogens.
3. Personal protective equipment designed to prevent blood or other potentially infectious materials from passing through an employee’s clothing, skin, or mucus membranes will be used when handling contaminated materials.
4. Housekeeping procedures will be utilized to decrease the opportunity for exposure to blood or other potentially infectious materials. These include a schedule for cleaning and decontaminating all contaminated equipment, surfaces, and waste receptacles; handling and discarding broken glass, and contaminated sharps; regulated wastes; and handling and labeling contaminated laundry.
5. Strict labeling procedures will be used to identify contaminated or potentially infectious material.

**HEPATITIS B VACCINATION**

The district will provide all employees who have occupational exposure with a hepatitis B vaccine at no cost to the employee and within ten (10) working days of their assignment. Employees who refuse the vaccination must sign a declination form (see Policy No. 8442F2, Bloodborne Pathogens: Hepatitis B Vaccine Declination Form). They may, however, opt to receive the vaccination at a later date.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

If bloodborne pathogen exposure occurs or if there is a breach in protocol, the employee will notify the superintendent or designee and complete the documentation. The district will arrange for medical evaluation and treatment by a licensed physician or healthcare professional, as needed. The confidential medical evaluation will include documentation regarding the circumstances of exposure; identification and testing of the source individual, if feasible; testing of the exposed employee’s blood, if he or she consents; post exposure prophylaxis; and/or counseling and evaluation of reported illnesses. The licensed physician or healthcare professional will provide a written opinion to the employee within fifteen (15) days of the completion of the evaluation. All diagnosis will remain confidential unless the employee files a Worker’s Compensation claim.

**EMPLOYEE TRAINING**

All employees having responsibilities that may result in occupational exposure will participate in training conducted by properly qualified individuals. The training will cover content as outlined in Policy No. 8442F1, Bloodborne Pathogens: Exposure Control Plan, and will be provided on the following occasions:

1. At the time of initial assignment to tasks where exposure may take place.
2. On an annual basis for employees with occupational exposure.
3. When changes or modifications of tasks or procedures affect the employee’s occupational exposure.

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**RECORD KEEPING**

The district will maintain an employee’s confidential medical records for the duration of their employment plus thirty (30) years. Medical records will be made available to the employee upon written request.

Training records will be maintained for each employee and kept for at least three (3) years. The training records will contain the following information:

1. Dates of training sessions.
2. Contents or a summary of the training sessions.
3. Names and qualifications of the individual(s) who conducted the training.
4. Names and job titles of all individuals who attended each training session.

The district will establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The log will be maintained for at least five (5) years, and the information will be recorded and maintained in such manner so as to protect the confidentiality of the injured employee. The sharps injury log will contain, at a minimum:

1. The type and brand of device involved in the incident.
2. The department or work area where the exposure incident occurred.
3. An explanation of how the incident occurred.



**LEGAL REFERENCE:**

Federal Occupational Safety & Health Administration (OSHA), 29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens Standard* (1991).

**ADOPTED: 03/15/2017**

**AMENDED:**

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### PROGRAM ADMINISTRATION

The Superintendent or designee is responsible for implementation of the ECP. The Superintendent or designee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: (208)684-3001

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Superintendent or designee will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Superintendent or designee will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: (208)684-3001.

The Superintendent or designee will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: (208)684-3001.

The Superintendent or designee will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: (208)684-3001.

### EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

Category I: Those personnel who come in direct contact with blood and body fluids for which precautions must be taken.

Category II: Activities without blood exposure, but exposure may occur in an emergency.

Category III: Tasks which do not entail predictable or unpredictable exposure to blood.

1. School nurse teachers assisting and treating injured students may come in contact with blood and other bodily fluids (Category I).
2. School staff, including physical education teachers, OT, PT, general aides, technical instructors, athletic coaches and principals may come in contact with blood and other bodily fluids in the performance of their jobs in treating injured students (Category I).
3. Elementary and middle school office staff may come in contact with blood and other bodily fluids in the performance of their jobs in treating injured students (Category I).
4. Special education teachers and aides in self-contained and behavioral programs, nursing program students, and janitorial staff, and other staff who substitute for them, may have to clean up after injured persons where they may come in contact with blood and other bodily fluids (Category I).
5. All staff certified in first aid may have contact with blood in an emergency (Category II).
6. All other certified and support staff are considered Category III.
7. Bus drivers and monitors (Category II).

### METHODS OF IMPLEMENTATION AND CONTROL

#### Universal Precautions

All employees will utilize universal precautions.

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<p><u>Exposure Control Plan (ECP)</u>  Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Superintendent or designee. If requested, we will provide an employee with a copy of the ECP free of charge and within fifteen (15) days of the request. (Go to Website)</p> <p>The Superintendent or designee is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.</p> <p><u>Engineering Controls and Work Practices</u>  Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:</p> <ul style="list-style-type: none"> <li>• Non-glass containers, SESIPs, needleless systems</li> <li>• Round tip scissors</li> <li>• Use of safety guards and goggles on equipment</li> <li>• Safe storage of sharps</li> <li>• Eye wash stations</li> <li>• Shattered glass must be placed in properly labeled disposal unit and properly disposed</li> <li>• Biohazard Containers will be placed in high risk areas and administrative offices</li> <li>• Biohazard cleanup and PPE (personal protective equipment) in high risk areas and administrative offices</li> <li>• Disposal of feminine hygiene products double bagged in appropriate container</li> </ul> <p>Sharps disposal containers are inspected and maintained or replaced by the Superintendent or designee every day or whenever necessary to prevent overfilling.</p> <p>This facility identifies the need for changes in engineering controls and work practices through (the review of employee interviews, committee activities, etc.). committee activity, reviewed annually.</p> <p>We evaluate new procedures and new products regularly by (describe the process, literature reviewed, supplier info, products considered) by committee, using OSHA requirements. Literature reviews will be done through Safe Schools.</p> <p>Both front-line workers and management officials are involved in this process in the following manner: (describe employees' involvement). Category 1 – High Risk will be trained annually. Category 2 – Risk in Emergency will be trained every other year, after initial training. Category 3 – Low Risk will be trained every other year after initial training.</p> <p>The Superintendent or designee is responsible for ensuring that these recommendations are implemented.</p> <p><u>Personal Protective Equipment (PPE)</u>  PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Superintendent or designee.</p> <p>The types of PPE available to employees are as follows: Gloves, eye protection, gowns, masks, and CPR masks.</p> <p>PPE is located at Bio Hazards Stations and may be obtained through <b>the Superintendent or designee</b> (Specify how employees will obtain PPE and who is responsible for ensuring that PPE is available.) PPE is located at the Bio Hazard stations in each building and will be monitored daily and replaced as needed.</p>	

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<p>All employees using PPE must observe the following precautions:</p> <ul style="list-style-type: none"> <li>• Wash hands immediately or as soon as feasible after removing gloves or other PPE for at least 2 minutes.</li> <li>• Remove PPE after it becomes contaminated and before leaving the work area.</li> <li>• Used PPE if uncontaminated can be disposed in normal trash receptacles. Contaminated PPE must be disposed of in biohazard bags.</li> <li>• Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.</li> <li>• Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.</li> <li>• Never wash or decontaminate disposable gloves for reuse.</li> <li>• Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.</li> <li>• Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.</li> </ul> <p>The procedure for handling used PPE is as follows: (May refer to specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment; etc.)  Used PPE if uncontaminated can be disposed in normal trash receptacles. Contaminated PPE must be disposed of in bio hazard bags. Procedure for removal (donning and removing) of contaminated PPE will be demonstrate in training</p> <p><u>Housekeeping</u>  Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.</p> <p>The procedure for handling sharps disposal containers is:  With cooperation of local medical facility.</p> <p>The procedure for handling other regulated waste is that proper PPE will be used and the bio hazard will be double bagged and disposed of in provided Bio Hazard Container.</p> <p>Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available Bio Hazard Stations at administrative locations.</p> <p>Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.</p> <p><u>Laundry</u>  The following contaminated articles will be laundered by this company: Contaminated items will be laundered by the school department heads, immediately</p> <p>Laundering will be performed by department heads.</p> <p>The following laundering requirements must be met:</p> <ul style="list-style-type: none"> <li>• Handle contaminated laundry as little as possible, with minimal agitation.</li> <li>• Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.</li> <li>• Wear the following PPE when handling and/or sorting contaminated laundry: (list appropriate PPE).</li> </ul>	
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Labels

The following labeling methods are used in this facility:

<b>Equipment to be Labeled</b>	<b>Label Type (size, color)</b>
Sharps	Biohazard label
Bio Hazard Bags/Waste	Biohazard label

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan. Building Administrator is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify Building Administrator if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

**HEPATITIS B VACCINATION**

The Superintendent or designee will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at District Office. Vaccination will be provided by local health care providers.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within fifteen (15) days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact the Superintendent or designee at the following number (208) 684-3001.

An immediately available confidential medical evaluation and follow-up will be conducted by local health care provider. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual.
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least ninety (90) days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

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<p><b>ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP</b></p> <p>The Superintendent or designee ensures that health care professional(s) responsible for employee’s hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA’s bloodborne pathogens standard.</p> <p>The Superintendent or designee ensures that the health care professional evaluating an employee after an exposure incident receives the following:</p> <ul style="list-style-type: none"> <li>• A description of the employee’s job duties relevant to the exposure incident</li> <li>• Route(s) of exposure</li> <li>• Circumstances of exposure</li> <li>• If possible, results of the source individual’s blood test</li> <li>• Relevant employee medical records, including vaccination status</li> </ul> <p>The Superintendent or designee provides the employee with a copy of the evaluating health care professional’s written opinion within fifteen (15) days after completion of the evaluation.</p> <p><b>PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT</b></p> <p>The Superintendent or designee will review the circumstances of all exposure incidents to determine:</p> <ul style="list-style-type: none"> <li>• Engineering controls in use at the time</li> <li>• Work practices followed</li> <li>• A description of the device being used (including type and brand)</li> <li>• Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)</li> <li>• Location of the incident</li> <li>• Procedure being performed when the incident occurred</li> <li>• Employee’s training</li> </ul> <p>The Superintendent or designee will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.</p> <p>If revisions to this ECP are necessary, the Superintendent or designee will ensure that appropriate changes are made.</p> <p><b>EMPLOYEE TRAINING</b></p> <p>All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Superintendent or designee. Attach a brief description of their qualifications.</p> <p>All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:</p> <ul style="list-style-type: none"> <li>• A copy and explanation of the OSHA bloodborne pathogen standard</li> <li>• An explanation of our ECP and how to obtain a copy</li> <li>• An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident</li> <li>• An explanation of the use and limitations of engineering controls, work practices, and PPE</li> <li>• An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE</li> <li>• An explanation of the basis for PPE selection</li> <li>• Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.</li> <li>• Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM</li> <li>• 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</li> <li>• Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident</li> </ul>	

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<ul style="list-style-type: none"> <li>• An explanation of the signs and labels and/or color coding required by the standard and used at this facility</li> <li>• An opportunity for interactive questions and answers with the person conducting the training session</li> </ul> <p>Training materials for this facility are available at the District Office.</p> <p><b>RECORDKEEPING</b></p> <p><u>Training Records</u>  Training records are completed for each employee upon completion of training. These documents will be kept for at least three (3) years at the District Office.  The training records include:</p> <ul style="list-style-type: none"> <li>• The dates of the training sessions</li> <li>• The contents or a summary of the training sessions</li> <li>• The names and qualifications of persons conducting the training</li> <li>• The names and job titles of all persons attending the training sessions</li> </ul> <p>Employee training records are provided upon request to the employee or the employee’s authorized representative within fifteen (15) working days. Such requests should be addressed to the Superintendent or designee.</p> <p><u>Medical Records</u>  Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.”</p> <p>The Superintendent or designee is responsible for maintenance of the required medical records. These confidential records are kept in the district office for at least the duration of employment plus thirty (30) years.</p> <p>Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within fifteen (15) working days. Such requests should be sent to the Superintendent, 103 South 900 West, Blackfoot, Idaho 83221.</p> <p><u>OSHA Recordkeeping</u>  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 by the Superintendent or designee</p> <p><u>Sharps Injury Log</u>  In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:</p> <ul style="list-style-type: none"> <li>• Date of the injury</li> <li>• Type and brand of the device involved (e.g., syringe, suture needle)</li> <li>• Department or work area where the incident occurred</li> <li>• Explanation of how the incident occurred.</li> </ul> <p>This log is reviewed as part of the annual program evaluation and maintained for at least five (5) years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.</p> <p style="text-align: center;"><b>Snake River School District 52, 103 South 900 West, Blackfoot, Idaho 83221</b></p>	

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<b>Policy Title:</b> Bloodborne Pathogens: Hepatitis B Vaccine Declination Form	<b>Effective Date:</b> March 15, 2017
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**HEPATITIS B VACCINE DECLINATION FORM**

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

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

\_\_\_\_\_  
Date

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