

Bloodborne Pathogen Vaccinations for Employees

Pre-Vaccination Plan

Employees deemed at potential risk for occupational exposure to bloodborne pathogens by job description or assignment will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine is offered after bloodborne pathogens training.

Employees who decline the Hepatitis B vaccine sign a declination statement.

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

Job Classifications with Potential for Occupational Exposure:

Job classifications in which all employees have potential for occupational exposure:

- School nurses
- Athletic trainers
- Vocational teachers (Ag & Home Ec)
- Maintenance personnel
- Police officers
- School Operations Personnel
- Special Education teachers and Aides
- Coaches

Some tasks and procedures in which occupational exposure to body fluids may occur and that are performed by the employees in the job classifications listed above are:

- Rendering first aid on a *regular basis* according to job description
- Rendering personal care to students on a *regular basis*, such as toileting, changing diapers and menstrual pads, feeding, suctioning
- Exposure because of aggressive behaviors (biting, scratching, use of weapons, etc.) of students

Part III: Implementation of the Exposure Control Plan

The Exposure Control Plan shall be reviewed and updated annually. Whenever necessary, it shall reflect the new or modified tasks or procedures which affect occupational exposure, and new or revised employee positions with occupational exposure. A copy of the Exposure Control Plan shall be accessible for review by all employees. Copies will be kept in the nurse's office, principal's office, operations director's office, and in the food service director's office.

When an employee incurs an exposure incident, it should be reported immediately to the principal and the school nurse. The school nurse will provide first aid treatment and document the incident. A copy of the incident will be sent to the Health Services Coordinator.

An exposure incident is when an employee has direct contact with blood or body fluids containing blood, semen, or vaginal secretions through a needle stick, bite, eye-splash, or a cut.

The employee will be encouraged to see his personal physician for a medical evaluation. The medical evaluation will be paid through Workers' Comp. A Workers' Comp form can be obtained in the office at each school. This form should be completed and sent to Craig Bessent at the Administration Building. All records related to the incident will be maintained in a confidential manner.

Date of last revision: March 2017

Documentation of Hepatitis B Immunization

Please check one of the following:

_____ I have received a series of three Hepatitis B vaccines on the dates listed below:

1. _____
2. _____ 3. _____
- _____

_____ I have received a series of three Hepatitis B vaccines, but I do not know the dates.

_____ I have not received the Hepatitis B vaccine series.

Employee Signature: _____ **Date:**

Hepatitis B Vaccine Request Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I accept the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. I understand that it is my responsibility to acquire the series of three Hepatitis B vaccines by contacting the District Coordinator of Health Services.

Signature: _____ Date:

Hepatitis B Declination

I understand that, due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring the Hepatitis B virus.

If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccine at no charge to me.

Employee Signature: _____ Date:

Witness:

Date: