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**Name School District**

**Bloodborne Pathogens Exposure**

**Control Plan**

(4/11/2022)

Revised July 31, 2017

# Title 8 California Code of Regulations Section 5193

**Bloodborne Pathogens Exposure Control Plan**

**NAME School District**

(Rev 4/11/2022)

This program includes protections and safeguards for District employees who are exposed to blood and other potentially infectious materials as part of their normal job duties.

**I.  Purpose/Scope**

It is the goal of **NAME** School District to maintain, insofar as is reasonably possible, an environment that will not adversely affect the health, safety and well being of students, employees, visitors and the surrounding community.  To this end, the District has established a Bloodborne Pathogens program, which includes protections and safeguards for District employees, exposed to blood and other potentially infectious materials during their normal job duties.

* Purpose:  To establish a program that reduces the risk of occupational exposure to blood and other potentially infectious materials, which also comply with the requirements, specified in California Code of Regulations Title 8 §5193 “Bloodborne Pathogens”.
* Scope: The Bloodborne Pathogens Program applies to all District employees who have potential for occupational exposures to blood or other potentially infectious materials during their normal job duties.

**II. Definitions**

* **Bloodborne Pathogen**:  Pathogenic microorganisms that are present in human blood and can cause disease in humans.  The pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
* **Contaminated**:  The presence or the reasonably anticipated presence of blood or Other Potentially Infectious Materials on a surface or in or on an item.
* **Engineering Controls**:  Controls (e.g. sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the Bloodborne pathogen(s) hazard from the workplace.
* **Engineered Sharps Injury Protection**:  A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.
* **Exposure Incident**:  A 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.
* **Other Potentially Infectious Materials (OPIM)**:
* The following human body fluids:  semen, vaginal secretions, and other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
* Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
* **Personal Protective Equipment**:  Specialized clothing or equipment worn or used 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.
* **Sharp**:  Any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass.
* **Universal Precautions**:  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 HCV, and other Bloodborne pathogens

**III.  References**

[**California Code of Regulations Title 8, Section 5193**](http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/BloodbornePathogensStd.pdf)

**IV.  Responsibilities**

* Human Resources:
* Establish and update the written “Exposure Control Plan”.
* Provide employee training as necessary.
* Maintain copies of any “Exposure Incident Report” (See Forms Used).
* Provide consultation to departments that have employees who may be exposed to Bloodborne Pathogens.
* Human Resources:
* Provide availability of Hepatitis vaccinations as necessary.
* Maintain a “Sharps Injury Log” for all District exposure incidents involving a sharp (See Forms Used).
* Provide annual training for District employees.
* Directors, managers and other heads of administrative units:
* Provide the resources necessary to ensure that Personal Protective Equipment (PPE) is available for affected employees.
* Ensure that all employees whose exposure determination is identified as Category I (Section 5.0) are offered Hepatitis B vaccinations in accordance with Section 9.0.
* Ensure that all exposure incidents are documented on the Exposure Incident Report Form (See Appendix A, Forms Used) and reported to Human Resources.
* Following an incident, ensure that the “Post Exposure Evaluations and Follow-up” provisions are completed and documented (Section 10.0).
* Employees covered by the Exposure Control Plan:
* Understand the applicable components of the Exposure Control Plan.
* Adhere to the practices and procedures of Universal Precautions.
* Report any exposure, accident, injury or illness to their supervisor or Human Resources.

**V.  Exposure Determination**

Exposure determinations are based on an employee’s reasonable potential for occupational exposure to blood or OPIM.  The following exposure determination and task assessments shall be made without regard to the use of personal protective equipment.

* **Category I:**Tasks that involve direct contact with blood, body fluids, or tissues.  All procedures, or other job-related tasks that involve an inherent potential for percutaneous, mucous membrane, or skin contact with blood or OPIM, are Category I tasks.  The use of appropriate protective measures will be required for every employee engaged in Category I tasks.
* **Category II:** Tasks that involve no exposure to blood or OPIM, but may require performing unplanned Category I tasks.  The normal work routine involves no contact with blood or OPIM, but contact may be required as a condition of employment.  Appropriate protective measures shall be readily available for every employee engaged in Category II tasks.
* **Category III:**District employees not classified in Category I or II of this section.  These employees do not perform tasks that involve contact with blood or OPIM, and Category I tasks are not a job requirement.  The normal work routine does not involve contact with blood or OPIM.  Persons who perform these duties are not called upon as part of their job responsibilities, to perform any category I tasks or assist in emergency medical care or first aid.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **Job Classification** | **Category I** | **Category II** | **Tasks** |
| Academic Departments | Teachers  Teachers Aides Office Staff |  | X | First Aid as needed |
| Physical Plant Management | Custodians  Grounds  Plumbers  Maintenance |  | X | Unplanned Tasks |
| Athletics | Coaches, Trainers | X |  | First Aid as needed |
| Student Health | Nurses, Clinical Aides | X |  | First Aid as needed |
| Campus | Campus Safety Supervisors |  | X | First Aid as needed |
|  |  |  |  |  |
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**VI.  Universal Precautions**

**NAME** School District adheres to the practice of “Universal Precautions” to prevent contact with blood and other potentially infectious materials.  Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials, regardless of the perceived status of the source individual.

**VII.  Engineering & Work Practice Controls**

Whenever practical and feasible, engineering controls shall be used as a first line of defense against occupational exposure to Bloodborne pathogens.  Work practice controls reduce employee exposure in the workplace by either removing or isolating the employee from exposure.

* Needleless systems (Specific Engineering Requirements):
* Technology is not currently available for needleless systems.  Until such time that needless systems are utilized, needles with Engineered Sharps Injury Protection (E.S.I.P.) shall be used.
* Prohibited practices:
* Shearing or breaking of contaminated needles and other contaminated sharps.
* Contaminated sharps shall not be bent, recapped, or removed from the devices.
* Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
* Disposable sharps shall not be reused.
* Broken glassware, which may be contaminated, shall not be picked up directly with the hands.  It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
* The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
* Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of sharps injury.
* Mouth pipetting/suctioning of blood or OPIM is prohibited.
* Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
* Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.
* Handling Contaminated Sharps:
* Procedures involving the use of sharps in connection with care/treatment shall be performed using effective care/treatment-handling techniques and other methods designed to minimize the risk of a sharps injury.
* Contaminated sharps shall be discarded immediately or as soon as possible after use.
* All sharps containers for contaminated sharps shall be easily accessible to personnel and located close to the immediate area where sharps are used.
* Sharps Containers:
* All sharps containers for contaminated sharps shall be rigid, puncture resistant, leak proof on the sides and bottom, and must be properly labeled.
* All sharps containers shall be maintained upright throughout use, and replaced when necessary.
* Sharps containers shall not be filled beyond the line indicated on the container itself, or no more than ¾ full.
* Sharps containers shall not be reused.
* When moving containers of contaminated sharps from the area of use, the containers shall be closed prior to removal or replacement to prevent spillage or protrusion of contents.
* If leakage of the primary container is possible, a secondary container must be used to prevent leakage during transport and handling.  The secondary container must be properly labeled to identify the contents.
* Regulated Waste:
* Refer to **NAME** School District Medical Waste Management Plan
* Cleaning and Decontamination of Worksite:
* Disinfectants and/or germicides shall be applied to working area surfaces to ensure the area is maintained in a clean and sanitary condition.
* Each Department is responsible for maintaining an appropriate cleaning and decontamination schedule.
* Working surfaces and equipment shall be cleaned after completion of working procedures, when these items are overtly contaminated, immediately after a spill of blood or OPIM, routinely after the end of the work shift, or prior to maintenance or servicing.
* Protective clothing shall be worn during cleanup procedures (i.e. gloves, goggles).
* Reusable items that may be potentially infectious will be decontaminated before washing or reprocessing.
* All containers, bins, pails, cans or similar receptacles intended for use in the disposal of infectious waste shall have a lid or top on the container.  These containers should be collected on a daily basis or when the container becomes full.
* Hygiene:
* Employees shall wash their hands immediately, or as soon as possible, after the removal of gloves or other personal protective equipment.
* Following any contact of skin with blood or any other infectious materials, employees shall wash the affected area with soap and water as soon as possible.  Mucous membranes must be flushed with water if exposed.
* Laundry: (If Applicable)
* Contaminated laundry shall be handled as little as possible.
* Universal Precautions shall be utilized in the handling of all potentially contaminated laundry.
* Employees within the Health Office are to place contaminated laundry in designated receptacles.

**VIII.  Personal Protective Equipment (PPE)**

* Wearing personal protective equipment can greatly reduce potential exposure to all Bloodborne pathogens.
* All personal protective equipment required for use must be readily accessible to employees and is chosen based on the anticipated exposure to blood or other potentially infectious materials.
* Protective equipment is considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees’ clothing, skin, eyes, mouth, or other mucous membranes under the normal conditions of use and for the duration of use.
* Personal protective clothing and equipment must be removed before leaving the work area or when the PPE becomes contaminated.
* If a garment is penetrated, workers must remove it immediately or as soon as feasible.
* When removed, PPE shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
* Gloves:
* If an employee is expected to have direct hand contact with blood or OPIM or contaminated surfaces, gloves **must** be worn.
* Single use gloves cannot be washed or decontaminated for reuse.
* Disposable gloves shall be properly disposed of if visibly soiled, torn, or damaged.
* Gloves are not to be removed or worn outside the work area.
* Masks, Eye Protection, Face Shields:
* This PPE will be worn singularly or in combination as guidelines specify.  They will be worn when the potential exists for spattering, spraying, splashing droplets or aerosols of blood or any other potentially infectious materials may be present.  Use of this PPE applies when the employee’s eyes, nose, or mouth are potentially exposed to contamination.

**IX.   Hepatitis B Vaccination**

All employees who have been identified as having possible exposure to blood, human body fluids, or potentially infectious materials will be offered the Hepatitis B vaccine, at no cost.

The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood, human body fluids, or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which may show the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine will sign a waiver that uses the specialized CAL-OSHA wording.

The employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

Human Resources has the responsibility for assuring that the vaccine is offered and that acceptance forms or waivers are signed. The vaccine will be administered by a **NAME** School District selected clinic.

**X.   BBP Post Exposure Evaluation & Follow-Up**

* Procedures:

All exposure incidents shall be reported, investigated, and documented. Following a report of an exposure incident, the following procedures must be adhered to:

* The exposure incident must be reported immediately to your supervisor, and Human Resources.
* The” Exposure Incident Report Form” (See Forms Used) must be filled out.
* A report of employee injury must be filed with Human Resources.
* A Post-Exposure Evaluation and Follow-up form (See Forms Used) must be completed.
* A confidential medical evaluation and follow-up will be made available to the employee.
* A full HBV vaccination series will be made available within 24 hours to affected employees that have not received the pre-exposure vaccination series.
* Identification of the source individual must be made, if possible.  The source individual’s blood must be tested if consent can be obtained.  Source testing is not needed if it is already known that the individual is infected with HBV or HIV.  Results of the test must be made available to the exposed employee.
* The exposed employee’s blood shall be collected as soon as feasible and tested after consent is obtained.  If the employee consents to blood collections, but does not give consent for testing, the sample must be preserved for 90 days.  The employee may elect, during that time, for testing to be done.  Additional testing and collection will be made available as recommended by the U.S. Public Health Service.
* The following information shall be provided to the attending physician:
* A copy of the Bloodborne Pathogen Standard CCR Title 8, 5193.
* Description of the affected employee’s job duties and history regarding the occupational exposure.
* Documentation of the route of exposure and circumstances under which exposure occurred (Exposure Incident Report Form. (See Forms Used).
* Results of the source individual’s blood testing, if available.
* All medical records relevant to the appropriate treatment of the employee including vaccination status.
* The attending physician shall provide the District with the following information in writing within 15 days from completion of the evaluation:
* An opinion whether or not a vaccination for Hepatitis B is indicated and the series has been initiated.
* That the employee has been informed of the results of the evaluation.
* That the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

**XI.  Communication of Hazards to Employees**

Communicating hazards to employees who may potentially come into contact with Bloodborne pathogens is a vital component of this program in order to eliminate or minimize exposure.

* Signs and Labels:
* The proper biohazard labels shall be affixed to all collection or storage containers of potentially infectious materials.  This includes regulated waste, refrigerators, freezers, equipment and other containers used to store, transport or ship blood or other potentially infectious materials.
* The labels shall include the universal biohazard symbol and the legend BIOHAZARD. In the case of regulated waste BIOHAZARDOUS WASTE may be substituted.
* The labels shall be fluorescent orange or orange-red.
* Information and Training:
* Employee training will be conducted prior to assignment of tasks where the potential for occupational exposure to Bloodborne pathogens are present.    Additional, these employees will be retrained at least annually on the following elements:
* An accessible copy of Title 8, California Code of Regulations, Section 5193, “Bloodborne Pathogens” and an explanation of its contents.
* A general explanation of the epidemiology and symptoms of Bloodborne diseases.
* Information regarding the modes and methods of transmission of Bloodborne disease.
* An explanation and an accessible copy of the District Exposure Control Plan.
* Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
* Use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and personal protective equipment.
* Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
* The basis for selection of personal protective equipment.
* Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
* Appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
* Procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log.
* Information on the post-exposure evaluation and follow-up that is provided following an exposure.
* An explanation of the signs, labels, and color-coding requirements.
* An opportunity for interactive questions and answers.
* All training shall be documented and maintained for a period of at least 3 years.

**XII.  Recordkeeping**

* All records should be maintained on the forms noted in this document.
* Training records and exposure incident/accident reports will be maintained in Human Resources.
* Medical records and exposure incident reports shall be maintained in Human Resources.
* All medical records shall be confidential and will not be disclosed to any person except where regulation requires.  Each record will be maintained for the duration of employment plus 30 years in accordance with Section 3204.  The records shall include the following:
* The name and social security number of employee.
* A copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
* A copy of all results of examination, medical testing, and follow-up procedures.
* A copy of the information provided to the healthcare professional.
* A confidential copy of the healthcare professional’s written opinion.

**Appendix A.**

**FORMS USED**

**Exposure Incident Report Form**

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

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accident Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a description of exposed employee’s duties as they relate to the exposure incident: (Attach additional information, if necessary)

How did the accident occur? Please provide an explanation of the route(s) of exposure and the circumstances under which the exposure incident occurred: (Attach additional information, if necessary)

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Post-Exposure Evaluation & Follow-Up Form**

As part of my employment with **NAME** School District, I may have been exposed to blood or potentially infectious materials on the following date: \_\_\_\_\_\_.

**Injured Employee’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Route of Exposure was:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ **Exposure Incident Report Form** has been completed. (Copies forwarded to Risk Management and Human Resources).

\_\_\_\_\_ Source individuals’ blood has been tested. (Provided consent is obtained).

\_\_\_\_\_ Exposed employee has been notified of result.

I further understand that, as a result of this exposure, I may require evaluation or treatment due to the potential risk of acquiring Hepatitis B Virus, HIV, or other Bloodborne infection. I was offered and encouraged to have a confidential evaluation and follow-up and have been given the opportunity to be vaccinated with Hepatitis B vaccine and/or Hepatitis B Immune Globulin at no charge to myself.

*Please initial here: \_\_\_\_\_\_\_\_\_\_\_\_*

**Please check all that apply to you:**

\_\_\_\_\_ I accept the Hepatitis B vaccination series.

\_\_\_\_\_ I accept the Hepatitis B Immune Globulin.

\_\_\_\_\_ I decline the Hepatitis B vaccination series.

\_\_\_\_\_ I decline the Hepatitis B Immune Globulin.

\_\_\_\_\_ I consent to baseline blood collection and HBV serological testing.

\_\_\_\_\_ I do not consent to baseline blood collection.

\_\_\_\_\_ I consent to baseline blood collection, but do not consent to any testing at this time. I understand that the blood sample shall be preserved fro at least 90 days. If, within 90 days of the exposure incident, I elect to have baseline samples tested for either HBV or HIV, such testing shall be done as soon as feasible.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sharp’s Injury Log**

**I. EXPOSED EMPLOYEE INFORMATION:**

Exposed Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. EXPOSURE INCIDENT INFORMATION:**

1. Date & Time of exposure incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type and Brand of sharp involved in the exposure incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Department of work area where the exposure incident occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Procedure that the exposed employee was performing at the time the incident occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How did the incident occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What was the body part involved in the exposure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Did the sharp have engineering sharp’s injury protection?

\_\_\_\_\_ NO - (Proceed to question #9)

\_\_\_\_\_ YES – Was the protective mechanism activated? YES\_\_\_\_\_ NO\_\_\_\_\_

\_\_\_\_\_ Did the injury occur before, during or after the protective mechanism was activated?

BEFORE\_\_\_\_ DURING\_\_\_\_\_ AFTER\_\_\_\_\_

1. If the sharp did not have an engineered sharps injury protection, the injured employee’s opinion as to whether and how such a mechanism could have prevented the injury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The employee’s opinion about whether any other engineering, administrative or work practice control could have prevented the injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Hepatitis B Vaccine Declination Form**

**NAME** School District is required by law to assure that employees who decline to accept the hepatitis B vaccination offered by the District, sign the following statement as required by California Code of Regulations, Title 8, section 5193, subsection (f) (2) (D):

I understand that, due to my occupational exposure to blood or other potentially infectious materials (OPIM), 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 the hepatitis B vaccine 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 (OPIM), and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(Authority Cited: Section 142.3 and 144.7, California Labor Code)

1. I have been advised that, in the course of my employment as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with **NAME** School District, I may be exposed or have the potential for exposure with hepatitis B Virus (HBV).
2. The risks associated with receiving or not receiving the vaccination has been explained to me.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID: \_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Sample Letter for Hepatitis B Vaccination**

FROM: Human Resources

RE: Hepatitis B Vaccine

Hepatitis B is a liver disease caused by infection with the Hepatitis B Virus (HBV), commonly caused by contact with blood or other body fluids that contain the virus. For prevention, a series of three (3) vaccine injections are given at approximately two-month intervals. Time frame may vary depending on your health provider.

Immunizations will be made available to those employees deemed to be at high risk for exposure and specifically those identified as Category I (Section 5.0), Hepatitis B vaccinations and in accordance with Section 9.0 of **NAME** School District’s Bloodborne Pathogen Plan.

It is strongly suggested that you take advantage of this opportunity. If you wish to do so, please see the instructions attached.

**If you wish to decline at this time**, you must complete the Declination Form (attached) and return it as soon as possible.

If you have proof of past Hepatitis B inoculation, please bring or send a copy to Human Resources for our files.

Should you have any questions, please don’t hesitate to call Human Resources at: XXX-XXX-XXXX, ext. XXXX.

**Sample Procedure for Hepatitis B Inoculations**

Remember, there is a series of 3 injections that need to be given at specific intervals. It will be your responsibility to follow the time line set up by your doctor’s office or clinic.

For those with **Kaiser Insurance**, see a Treatment Nurse at the clinic; there will be no charge. Bring the attached Verification forms with you to each visit. Bring it to Human Resources as soon as possible after your visit.

For those with **Other Medical Insurance**, **NAME** School District will reimburse you for your co-payment. Contact your doctor’s office and bring the attached Verification forms with you to each visit. Bring copy to Human Resources as soon as possible after your visit, including your receipt for payment.

For those **Without Medical Insurance**, please contact the County Health Department for an appointment. It is very important that you take on of the attached Voucher forms with you each time you go to the clinic. At your first visit you will be given a yellow card which verifies your injection. Bring copy to Human Resources as soon as possible after your visit

Thank you,

Human Resources Department

**NAME** School District

XXX-XXX-XXXX, ext. XXXX

**Sample Voucher Form**

County of \_\_\_\_\_\_\_\_\_

Department of Health

Address

City, Zip Code

To Whom It May Concern:

Please accept this letter as authorization for the following employee to receive a Hepatitis B inoculation:

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

Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send a bill for this service to:

**NAME** School District

Attention: Human Resources Dept.

School District Address

CITY, CA XXXXX

**Sample Verification Form**

This is to certify that: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, received a Hepatitis B inoculation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

at a cost of $ \_\_\_\_\_\_\_\_\_\_ at the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Employee is to return this form to **NAME** School District, Human Resources Department.

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This is to certify that: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, received a Hepatitis B inoculation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

at a cost of $ \_\_\_\_\_\_\_\_\_\_ at the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Employee is to return this form to **NAME** School District, Human Resources Department.

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This is to certify that: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, received a Hepatitis B inoculation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

at a cost of $ \_\_\_\_\_\_\_\_\_\_ at the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Employee is to return this form to **NAME** School District, Human Resources Department.