CONNECTICUT TECHNICAL EDUCATION AND CAREER SYSTEM

HIV & OTHER COMMUNICABLE DISEASE

EXPOSURE CONTROL PLAN

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030
which may be viewed at
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

2026-2027

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A: Purpose

All students in Connecticut have a constitutional right to a free, suitable program of education. All children and youth with Hepatitis B virus (HBV), Hepatitis C virus (HCV) or Human immunodeficiency virus (HIV) infection have the same right as those without infection to attend school and receive high-quality educational services.

A student or staff infected with a blood borne pathogen such as HBV, HCV or HIV poses no risk of transmission through casual contact to other persons in a school setting. Transmission may occur with certain exposures to blood or other potentially infectious materials (OPIM).

The Federal Occupational Safety and Health Administration (OSHA) issued regulations that require employers to develop a plan to minimize employee occupational exposure to blood and OPIM.

Because some CTHSS students work in trade and technology environments that present the risk of potential exposure to blood and OPIM and/or participate in school sponsored activities such as athletics, it is also important to also address the minimization of student exposure and handling of exposure incidents.

This policy and procedure address what the Connecticut Technical Education and Career System (CTHSS) is doing to decrease potential exposures and the procedure for dealing with exposures should they occur.

B: Pertinent Law and Definitions:

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).

Confidentiality of Information Pertaining to a student's HIV status: In compliance with CGS 19a-583, any written information about a student's HIV status shall not be included in the child's educational record, routine school health records or other records accessible to a wide range of staff. HIV information on a specific student shall be kept in a separate locked file.

Confidentiality of Information pertaining to an Employee's HIV status: The identity of any employee with HIV or AIDS will remain confidential. HIV and AIDS-related information will not be disclosed without the written consent of the employee. Any unauthorized disclosure by an employee is strictly prohibited by the Connecticut General Statutes and may result in disciplinary action. (C.G.S. §§ 19a-585 through 19a-592). All employee records or information regarding life-threatening and communicable diseases will be confidentially maintained in a secure area apart from the employee's personnel file consistent with the State of Connecticut's Policy on Life-Threatening and Communicable Diseases (2006).

Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV or other blood borne pathogen status of a student or other staff member.

This policy is intended to be consistent with the Connecticut HIV/AIDS Testing and Confidentiality Law of 1989 (C.G.S. §§ 19a-585 through 19a-592).

Exposure Control Officer: in the CTHSS the Exposure Control Officer is the school nurse.

Exposure Incident: a specific eye, mouth or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material (OPIM).

Mucous membrane: the thin skin lining the body cavities and canals that come into contact with the air (for example, eyelids, breathing and digestive passages, genital tract). (RM, 2009. Helicon Publishing) http://www.tiscali.co.uk/

OSHA standard, 29 CFR 1910.1030 requires that school districts develop and review annually a written exposure control plan.

Parenteral: any piercing of the mucous membranes or skin barrier through such events as needle sticks, human bites cuts or abrasions involving blood or other body fluids. (OSHA standard Bloodborne pathogen 1910.1030)

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. (CDC 2008) http://www.cdc.gov/oralHealth/infectioncontrol/glossary.htm#R

Sharps: needles, syringes, razor blades, broken glass or any sharp instrument or tool that may have come in contact with blood or body fluids.

Specimen: for the purpose of this document "specimen" refers to blood, urine or swabs to be used in diagnostic test.

Standard Precautions: "are based on the principle that all blood, body fluids, secretions, excretions may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all [persons], regardless of suspected or confirmed infection status…. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient." (CDC, 2007)

Standard Precaution Kits: formerly known as Universal Precaution Kits in the CTHSS.

C. **Location of Plan**

Copies of this plan will be kept in the Health Office, Administrative Office and Building Maintainer's Office and are available on the CTHSS internal website policy and procedure page.

D: **Exposure Determination in the School Setting.**

Exposure Determination for full, part-time and long and short term substitute employees of the Connecticut Technical Education and Career System has been defined as follows:

Category I: Potential Exposure

Employees in this category are at a higher risk of exposure to blood or other potentially infectious material (OPIM) or to contaminated objects in the performance of their duties.

Duties that might result in possible exposure by employee:

School nurses:

- Direct care of the student or staff person with any injury/illness involving non-intact skin and mucous membranes.
- Direct care of the student with an illness that poses the potential for exposure to emesis, other body fluids or OPIM.
- Medical procedures including, but not limited to, injections, suctioning, catheterization, and blood glucose monitoring.
- Cleaning and/or disposal of equipment, instruments, surfaces and medical waste.

Health Related Trade Program Instructors:

- Direct care of the client with any injury/illness involving non-intact skin and mucous membranes in the clinical setting.
- Direct care of client with an illness or injury that poses the potential for exposure to emesis, body fluids or OPIM.
- Medical procedures including, but not limited to, injections, suctioning, catheterization, and blood glucose monitoring.
- Performance of dental procedures which pose a potential for an accidental bite or exposure to saliva.
- Cleaning and/or disposal of equipment, instruments, surfaces and medical waste.
- Providing first aid to student or client with a bleeding injury.

Hairdressing, Cosmetology and Barbering Instructors:

- Use of razors, scissors or clippers which can abrade or cut the skin accidentally.
- Cleaning and/or disposal of equipment, instruments, surfaces and medical waste.
- Provision of first aid to student or client with a bleeding injury.
- Laundering of potentially contaminated items.

Culinary and Baking Instructors and Food Service Personnel:

- Use of knives and other sharp utensils that can abrade or cut the skin accidentally
- Potential for burns from working with steam, hot equipment and hot surfaces.
- Provision of first aid to a student with a bleeding or burn injury
- Cleaning and/or disposal of equipment, instruments, surfaces and medical waste.

Maintenance Personnel:

- Clean-up of body fluid spills and emesis and other potentially contaminated surfaces.
- Disposal of regulated waste.
- General facility cleaning.
- Clean-up of contaminated broken glass.

Physical Education Instructors/Coaches:

- Provision of first aid to student with a bleeding injury.
- Clean-up of potentially contaminated equipment and surfaces.
- Laundering of potentially contaminated items.

Security Personnel:

- Intervention during physical altercation.
- Provision of first aid to student with a bleeding injury.

Trade Instructors:

- Use of tools and other equipment/machinery which can abrade or cut the skin accidentally.
- Provision of first aid to student with a bleeding injury.

Category II: Rare Exposure

These employees rarely come into contact with blood or body fluids, but may in a first aid or emergency situation, based on specific task assignment:

- Academic Instructors
- Cafeteria Personnel
- Student Support Personnel (Guidance Counselors, Social Workers, Psychologists)
- Teaching Assistants
- School Administrators
- Deans of Students
- Business Office and Clerical Personnel

E. Engineering & Workplace Controls:

Standard Precautions Protocol:

Standard Precautions: Refers to the use of barriers or protective measures when dealing with the following:

- Blood (e.g. lacerations, nose bleeds, abrasions, menstrual flow).
- All body fluids and secretions and excretions except for sweat whether or not they contain visible blood (e.g. urine, emesis, feces).
- Non-intact skin (e.g. cuts, scrapes, dermatitis).
- Mucous membranes (e.g. oral/nasal secretions).

Goal:
The Standard Precautions protocol is designed to minimize the risk of employee exposure to infected blood, body fluids or OPIM, thus decreasing the risk of contracting certain infections.

Rationale:
Having direct contact with body fluids or OPIM can potentially provide the means by which many different infectious diseases can spread. Any person can carry these disease-causing organisms in their body fluids even if they have no signs or symptoms of illness.

Examples of body fluids include, but are not limited to, the following:

- Blood
- Eye discharge
- Nose or throat discharge
- Emesis
- Feces
- Saliva
- Urine
- Semen
- Vaginal Secretions

Diseases that can spread through contact with body fluid include, but are not limited to, the following:

- Conjunctivitis (pink eye)
- Colds, influenza, Fifth's disease
- Hepatitis A, B and C
- Human Immunodeficiency Virus (HIV)
- Shigellosis, giardiasis
- Cytomegalovirus

Standard Precaution Procedures:

The following procedures must be implemented in all situations where there is the potential for contact with blood, body fluids or OPIM. Standard Precautions require that the blood and body fluids, of every individual are treated as potentially infectious.

Standard Precautions include:
1. The use of personal protective equipment (PPE) for contact or anticipated contact with blood or body fluids such as:
   - Wearing disposable gloves for contact or anticipated contact with any person's blood or body fluids.
   - Wearing protective gown/apron or clothing is soiling of clothes is likely.
   - Wearing goggles and/or a face mask when splashing of blood or body fluids is likely.
   - Using a resuscitation mask when performing CPR or rescue breathing.

2. Wash hands immediately after removing gloves.

   - Wash hands with soap and running water, vigorously scrubbing for 20 seconds is required before and after student/staff care or first aid and immediately following the removal of gloves (appendix a).
   - In the event that hand washing facilities are not immediately available, an alcohol-based hand sanitizer or antiseptic towelettes may be used, but must be followed-up by hand washing as soon as possible afterwards. (OSHA 2007)
   - Frequent hand washing is the first line of defense against the spread of many types of infections in the school setting.

3. Proper disposal of contaminated medical waste and objects (regulated waste)
   - Properly labeled step-on trash cans will be provided for bio-hazardous waste disposal in the health office.
   - Regulated waste (other than sharps) produced outside of the health office will be placed in a leak proof container (e.g. plastic bag) and given to nursing or maintenance personnel for proper disposal. These items will then be placed in a clearly marked biohazard container located in the health office.
   - Disposal of related waste shall be in accordance with applicable regulations of the United States and the State of Connecticut.
   - A State of Connecticut CTHSS approved vendor will be contacted as needed for bio-hazardous waste pickup.

4. Safe injection practices and proper handling and disposal of contaminated sharps:
   - The use of aseptic technique to avoid contamination of sterile injections and equipment.
   - All syringes/needles are single use.
   - Handle all sharps with care.
   - After use, sharps shall be immediately, or as soon as possible after use, be deposited into a puncture resistant, leak proof container designated for sharps.
   - Needles will not be bent or broken. Used needles will not be recapped (if there is absolutely no other option available, needles may be recapped by using a mechanical means such as forceps).
   - Consider all broken glass as potentially contaminated. Do not pick up with hands; use a brush and dust pan, forceps or tongs.
   - Full “sharps” containers will be closed and clearly marked as biohazard. They will be securely stored until bio-hazardous waste pickup occurs.

5. Specimen handling:
   - Gloves must always be worn when handling a specimen or specimen container.
   - The school nurse or other healthcare professional must collect the specimen under the specific order of a physician.
   - Staff members, other than the school nurse or a trained health office assistant, may not handle or collect specimens.
   - The specimen must be placed in a container that prevents leakage during collection, handling, and processing. This container will be labeled with a biohazard warning label.
   - When a specimen is not going to be processed, it must be disposed of immediately.

6. Cleaning of contaminated surfaces and equipment:
   - Decontamination of all equipment and work surfaces must be completed immediately

after contact with blood, body fluid or OPIM.

- Cover and contain the area or spill by using items such as paper towels or any other item that is handy and notify maintenance personnel, as soon as possible, of the accidental blood or body fluid spill.
- Maintenance personnel will disinfect the area using a broad-spectrum disinfectant registered as a turberculocide by the Environmental Protection Agency (EPA).
- The school nurse will maintain a small quantity of broad-spectrum disinfectant registered as a turberculocide by the EPA, on hand for immediate use on contaminated surfaces in the health office.
- Refer to custodial guidelines (appendix b).

7. Cleaning of contaminated medical devices:
   - Items that come in contact with blood, body fluids mucous membranes or OPIM (e.g.: tweezers, forceps, etc.) must be thoroughly washed with soap and water before exposure to chemical germicide registered as a turberculocide by the EPA.
   - Refer to custodial guidelines (appendix b**).**
8. Respiratory hygiene and cough etiquette (CDC 2007):
   - Education of staff and students and visitors on respiratory hygiene and cough etiquette through the use of signs/posters and other measures.
   - Covering the mouth /nose with a tissue when coughing or sneezing and prompt disposal of used tissues.
   - Use of surgical mask by school nurse when appropriate.
   - Thorough hand-washing after contact with respiratory secretions.
9. Personal hygiene and eating in the work environment:
   - Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupation exposure. OSHA1910.1030(d)(2)(ix)
10. Hazard communications:
    - Florescent orange or orange-red warning labels must be attached to regulated waste containers, including step-on trashcans used to collect bio-hazardous waste. Red plastic bags will be used for final disposal of regulated waste.

F. **Hand Washing Facilities and Procedures**

Hand washing facilities are available in all bathrooms, kitchens, science labs, health offices and in most shop areas. The first defense against the spread of many infectious diseases is thorough, frequent hand washing using soap and water (see proper hand washing technique, appendix a).

Hands must be washed as soon as possible after removing gloves and/or other PPE. Hands should be washed immediately following contact with blood, body fluids, mucous membranes or OPIM.

If exposure occurs to a skin area other than on the hands or mucous membrane those areas should be washed with soap and water or flushed with water as appropriate, as soon as possible following the contact.

When there are no hand washing facilities available, such as on a field trip or production job site, the use of waterless alcohol based sanitizers (Champion 2008) or antiseptic hand towelettes (OSHA 1910.1030) along with paper towels is acceptable.

The CTHSS supplies antiseptic towelettes in its standard precaution kits and in the first aid kits carried on the busses operated by the CTHSS system and maintained in the administrative office. The skin should be washed with soap and water as soon as possible after the use of these items.

Antibacterial hand gel dispensers will be made available to students/staff in the cafeteria area, guidance department waiting area, administrative office waiting area and health office waiting area in each school.

G. Personal Protective Equipment & Sharps Disposal Containers

Personal Protective Equipment (PPE) and Sharps Disposal Containers

School Districts are required to provide at no cost to the employee Personal Protective Equipment (PPE).

The CTHSS provides the following:

- Disposable, single use non-latex gloves and utility gloves
- Fluid repellent gowns
- Facemasks
- Goggles
- Resuscitation masks

Disposable gloves are located in the health office, the health office emergency bag, the custodial area, first aid kits on CTHSS busses, the first aid kit in the administrative office, and in standard precaution kits to be maintained in each classroom and shop.

Goggles are located in the health office, health office emergency bag and custodial area.

Fluid repellant gowns or aprons and facemasks are located in the health office and custodial areas.

Resuscitation masks are located in health office, health office emergency bag and in automatic external defibrillator (AED) cabinets.

Standard Precaution Kits will be made available to all staff at the beginning each school year by the School nurse. Kits must be placed in an easily accessible area and the location of the kit noted in the Substitute Teacher Folder (as applicable). Kits may be brought to the School nurse at any time during the school year to be refilled or replaced. Busses operated by the CTHSS will contain a standard precaution kit as part of the first aid kit. The first aid kit maintained in the administrative office will contain a standard precaution kit.

Standard Precaution Kits will include:
1. Three pair of disposable (single use) non-latex examination gloves
2. Paper towels
3. 4x4 gauze pads
4. 1" x 3" self-adhesive bandages
5. Plastic Bag
6. Antiseptic Towelettes
7. Instructions on how to use the kit (appendix c)

Protective Clothing such as lab coats and scrub jackets may be worn to protect the school nurse's clothing, scrubs or uniform, these items must be removed after possible contamination, placed in a leak proof plastic bag and transported home for laundering by the wearer.

Sharps Disposal Containers are located in the health office. Sharps containers may be borrowed from the health office for students with the need to dispose of sharps while on a school sponsored off campus activity. The instructor shall be responsible for maintaining control of the sharps container unless otherwise determined in advance of the activity

Procedure for use of PPE

1. All personnel must don gloves whenever it can be reasonably expected that an exposure to blood, body fluids, mucous membranes, non-intact skin, OPIM or contaminated surfaces is imminent. This includes while handling contaminated materials or cleaning contaminated surfaces and tools.

   - Single use gloves must be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured or their ability to function as a barrier is compromised. Single use gloves can not be washed or decontaminated.
   - Utility gloves may be decontaminated after use as long as the glove itself is not compromised.
   - See appendix c for proper glove removal technique.

2. Fluid Repellent gowns/aprons and gloves should be worn when there is an expectation of exposure to body fluids or other potentially infectious materials to clothing and skin from splashes, sprays and splatters.

3. Facemasks, eye protection, fluid repellent gowns/aprons and gloves should be worn anytime there is the potential for body fluids or OPIM to come in contact with the face, nose or eyes (this is rare in the school setting)

4. Resuscitation Masks, including pocket masks are used as a barrier from saliva, emesis or OPIM during CPR. Resuscitation masks are to be cleaned according to manufacturer's instructions. Single use devices should be disposed of appropriately.

5. All PPE should be removed immediately following contamination and placed in the designated receptacle for disposal or decontamination.

H. **Hepatitis B Vaccination**

The CTHSS provides the Hepatitis B vaccine series (a series of three immunizations) to all employees who have a potential for occupational exposure (exposure category 1 employees) at no cost to the employee.

Any **exposure category I employee** who does not wish to accept the Hepatitis B vaccination offered by the CTHSS must sign a vaccine declination form (appendix d) within 10 days of hire. This form need only be signed once during the staff person's employment with the CTHSS and will be placed in the employee's personnel record. If a category I employee initially declines the vaccination, but at a later date, while still covered under this standard, decides to accept the vaccination, the vaccination shall then be made available.

The school nurse will provide information concerning facilities contracting with CTHSS that offer the Hepatitis B vaccine (appendix e) along with a referral form to any **exposure category I employee** wishing to be immunized against Hepatitis B. Location of referral forms and instructions for completing can be found in appendix f.

An employee who has previously received the three-vaccination series, whose antibody testing has revealed that the employee is immune or has a medical contraindication, will not be eligible to receive the vaccine.

Following immunization, the **exposure category I employee's** Hepatitis B immunization record will be maintained in the employee's personnel file maintained by the school business office.

If a routine booster dose of the Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster shall be made available to **exposure category I** employees at no cost to the employee.

Employees falling into **exposure category II** will also receive the above information on Hepatitis B and HIV and will be encouraged to discuss the appropriateness of vaccination with their personal health care provider. **Exposure category II** employees are responsible for obtaining the immunization series and all costs associated with it, if they choose to be vaccinated. **Exposure category II** employees are encouraged to keep a copy of Hep B immunization record (if applicable) in their personnel folder for future reference.

I: Employee Training and Information:

All employees with the risk of occupational exposure to Bloodborne pathogens will participate in the SafeSchools exposure control computer training program **at the time of initial employment and at least annually** thereafter. The initial training will occur prior to assignment to any task where exposure could occur. This will be accomplished in the following manner:

Initial Training:
As part of the new employee checklist, all new employees (including part time, substitute, durational, classified, instructional and adult education program staff) will be directed by the business manager to schedule an appointment with the school nurse within 3 days of hire to review procedure for completing

SafeSchools exposure control training. SafeSchools exposure control training will then be completed by the new employee within the first 10 days of hire.

The school nurse will be available to meet with the new employee following the SafeSchools training to answer questions, refer for Hep B immunizations or obtain a signed vaccine waver (as applicable).

The school nurse supervisor will also review the Exposure Control Plan and Hepatitis B immunization information with any full-time school nurse new to the CTHSS.

Annual Refresher Training:

The school nurse will review instructions for completing SafeSchools exposure control training with all staff within the first 3 days of school. Completion of the SafeSchools exposure control plan module is mandated for all staff, (including part time, substitute, durational, classified, instructional and adult education program staff) within the first 10 days of school. The school nurse will be available to meet with employees following completion of the SafeSchools training to answer any questions.

Completion of the initial and refresher training modules will be tracked through the SafeSchools program. **A** report of staff not in compliance with exposure control training will be forwarded to the principal or his/her designee.

Components of New Employee and Annual Training*:

1. Information on the location of the CTHSS exposure control plan and applicable OSHA Standards.

2. A general explanation of the epidemiology, modes of transmission and symptoms of blood borne pathogen infectious diseases.

3. An explanation of the CTHSS Exposure Control Plan.

4. An explanation of how to recognize tasks and activities that present the potential for exposure to blood and OPIM. *

5. An explanation of standard precautions and the basis for selection of personal protective equipment. *

6. An explanation of engineering controls and work practices to reduce exposure.

7. Information on Hepatitis B and the Hepatitis B vaccine including its safety, efficacy and the benefits of being vaccinated.

8. Information on the confidentiality of records pertaining to a student's or staff person's HIV status

9. Information and printable fact sheets on prevention of hepatitis and HIV infections, including the Hepatitis B vaccine.

10. Information on procedure to follow if an exposure incident occurs, including reporting of the incident and medical follow-up that will occur following a true occupational exposure as defined by OSHA.

J: Other Measures

Signage/Posters/Educational Materials on standard precautions, proper hand washing technique, respiratory hygiene and cough etiquette will be strategically posted through out the school.

K: Exposure Incident:

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or OPIM that results from the performance of employee's duties. (OSHA, 2006)

When there is direct contact with blood or OPIM, all exposed skin areas should be scrubbed vigorously using copious amounts of antibacterial soap and running water for at least 10 minutes. If exposure involves mucous membranes, the exposed area should be flushed with water or eye irrigation fluid for 15 minutes (Champion, 2005). If the exposure involves the nose, in addition to irrigating the nasal passages, the nose should also been blown thoroughly.

Employee Exposure Incident

The school nurse will be responsible for determining whether a "true exposure" occurred. If the school nurse is not available, an administrator will contact the school nurse supervisor for a determination.

If it is determined that a true exposure **did not occur,** the reported exposure along with the school nurse's determination that a true exposure did not occur will be documented in the employee's SNAP health record by the school nurse. No other action will be necessary on the part of the school nurse, school or district.

If it is determined that a true exposure **did occur** the following actions will be taken:

Post Exposure Follow-up

1. When an employee incurs an exposure incident, it should be reported as soon as possible to the employee's immediate supervisor. The supervisor will immediately notify the school nurse, or if not available, the principal or other school administrator, of the exposure. When the school nurse is not available, the principal will consult with the school nurse supervisor to determine if there was a true occupational exposure as defined by OSHA.

2. The school nurse or principal will document the following using the Report of Employee Exposure to Blood or Body Fluids form (Appendix g):
    - Employee name
    - Route of exposure
    - Circumstances under which the exposure occurred
    - Equipment involved
    - Name of the source individual and HIV/HBV status if known.

A copy of this form will be maintained in the health office records, and copies forwarded to the school nurse supervisor, to the SDE personnel administrator, and to the health care provider conducting the medical evaluation and follow-up. All copies will be marked "Confidential".

3. In addition, the employee will complete DAS form: First Report of Injury, WC-207 located at: http://www.biznet.ct.gov/Images/4957/207%20MasterWritable.pdf within 24 hours of exposure and submit to the business manager of the school.

4. Following a report of a true exposure, the CTHSS shall make immediately available to the exposed employee a confidential medical evaluation and follow-up by a CTHSS contracted health care professional (appendix e) including the following elements:
   - The Report of Employee Exposure to Blood or Body Fluids (appendix g)
   - Testing of the source individual's blood (after consent is obtained—appendix i) to determine HBV, HCV, and HIV infectivity. If consent can not be obtained, this will be documented by the school nurse.
   - Referral (appendix f) of the exposed employee to a health care professional at the time of the exposure incident for evaluation and to determine the need for HIV prophylaxis
   - Collection and testing of the exposed individual's blood for HBV, HBC and HIV serological status.
   - Post-exposure prophylaxis when medically indicated, as recommended by the U.S. Public Health Service. In a severe exposure situation in which involves (1) a known infected individual or (2) copious amounts of blood or OPIM or (3) the exposed person is pregnant, the Centers for Disease Control's (CDC) most current recommendations for post exposure prophylaxis (PEP) will be followed.
   - Results of the source individual's testing shall be made available to the exposed employee's health care provider (appendix i) who will discuss the implications with exposed the employee.
   - Counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on signs and symptoms to be alert for, and instructions on reporting any signs and symptoms.

5. The Exposure Control Officer will provide the healthcare provider with the Bloodborne pathogens standard: (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051), a description of the employee's job duties as they relate to the incident, the completed Report of Employee Exposure to Blood or Body Fluids form (appendix g), and relevant employee medical records including Hepatitis B vaccine status. The Exposure Control Officer will use the post exposure checklist (appendix J) to assure that all of the necessary documentation is forwarded to the health care provider.

6. The Exposure Control Officer shall obtain and provide the exposed employee with a copy of the healthcare professional's written opinion (appendix j) within 15 days of the completion of the exposed employee's medical evaluation. The health care professional shall be instructed to limit his/her opinion to whether the Hepatitis B vaccine is indicated and date administered, whether the employee has been informed of the results of the evaluation and whether the employee has been told about any medical conditions resulting from the exposure to blood or other potentially infectious materials. All other findings or diagnoses will not be included in the written report. (Champion, 2005).

Student Exposure:

Students can be at risk for exposure to blood and OPIM in the following situations:

- While providing first aid.
- While participating in athletics/gym.
- During a physical altercation or biting incident.
- While handling sharp materials, tools and equipment in the trade/technology setting and/or on a production job site.

The health curriculum and exploratory safety curriculum provide all students with basic information regarding blood-borne pathogens and universal precautions. The Hairdressing and Barbering Curriculum and Health-Related Trade Curriculums provide more in-depth information on these topics and include information on the handling of sharps.

Student Procedures:

These procedures apply to all students **except** those who sustain an exposure while at a clinical site, in which case, the exposure control plan and recommendations of the clinical site facility will be followed. The CTHSS staff person supervising the student at the time of the incident is responsible for completing the CTHSS Student Incident Report and forwarding copies to the Principal and School nurse, as soon as possible after the incident.

1. Students will be directed to seek help from school staff in the event of an accident or injury rather than rendering assistance to other students by themselves.

2. The parent/guardian or student over age 18 is responsible for laundering clothing soaked with blood, body fluids or OPIM. Soiled student clothing will be placed in a leak proof container for transport home.

3. All potential student exposures will be reported to the school nurse or an administrator as soon as possible after the incident.

4. First aid following a student exposure incident will be the same as that following an employee exposure incident. If there is an injury associated with the exposure incident, the student will be referred for medical or emergency care as appropriate.

The school nurse will determine if a true exposure occurred. If the school nurse is not available, an administrator will contact the school nurse supervisor for a determination.

If it is determined by the nurse that a true exposure **did not occur,** the reported incident along with the school nurse's determination that a true exposure did not occur will be documented in the student's Cumulative Health Record (CHR) using the SNAP documentation system. The parent/guardian of a student under the age of 18 and an administrator will be also be notified. A student incident report will be completed as appropriate. The parent may choose to follow-up with the student's health care provider. No other action will be necessary on the part of the school nurse, school or district.

If it is determined by the nurse that a true student exposure **did occur,** the following actions will be taken:

1. The incident will be documented using the student exposure form (appendix h). Documentation will include the route of exposure and the circumstances under which the exposure occurred; the dates of Hepatitis B and Tetanus (if applicable) immunizations.

2. A Student Incident Report will be completed.

3. The Parent/Guardian of a student under age 18 and an Administrator will be notified.

4. The Parent/Guardian or student over age 18 will be asked to sign the Student Exposure Report, acknowledging receipt of a copy.

5. The original Student Exposure Report will be placed in the student's CHR. A copy of the Student Exposure Report will be given to the parent/guardian and forwarded to the school nurse supervisor. All copies will be marked "Confidential".

6. It is the responsibility of the parent or guardian to follow the school nurse's recommendations.

7. The school nurse will recommend that the parent notify/consult the student's health care provider. If the student does not have a regular health care provider the school nurse **may** assist the Parent/Guardian or student over age 18 to locate a provider who will see the child immediately or refer the student to the Emergency Department.

8. The school nurse will recommend that the parent provide a copy of the Student Exposure to Blood or Body Fluids Report to the healthcare provider.

9. The school nurse will request that both the source individual (if over 18) or the source individual's parent and the exposed individual (if over 18) or the exposed individual's parent sign the Consent to Share or Release Confidential Information form http://sde-cthsi/school-nurse/forms/1-08/exchange%20of%20confidential%20information.doc, so that the nurse may follow-up with the health care providers as needed.

10. The student's parent/guardian or student over age 18 will be responsible for any costs associated with medical consultation and/or treatment.

11. Requests for the medical history of the source individual should be initiated by the exposed student's healthcare provider and will be directed to the healthcare provider of the source individual. CTHSS employees may not release medical status of the source individual; all communications will take place through the involved parties' health care providers.

L. Evaluation Process

The SafeSchools exposure control plan module contains a post-test which all employees are required to pass. Any individual not passing the test will repeat the SafeSchools exposure control training and retake the test. Any individual not passing the test after repeating the SafeScohols exposure control

training will meet with the school nurse for further instruction.

Evaluation of the effectiveness of exposure control program will be determined by monitoring employee compliance with the Exposure Control Plan on an incident-by-incident basis by the school nurse supervisor and health and safety consultant.

M. References

The United States Department of Labor, Division of Occupational Health and Safety. Occupational Safety and Health Standards, Toxic and Hazardous Substances, 1910.1030, Bloodborne Pathogens. Retrieved January, 2009 from:
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Champion, C (2005). Occupational Exposure to Bloodborne Pathogens, Implementing OSHA Standards in a School Setting. Castle Rock: National Association of School Nurses, Inc.

Siegel, J., Rhinehart, E., Jackson, M. & Chiarello., L (2007) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. The Healthcare Infection Control Practices Advisory. Atlanta: Centers for Disease Control.

Jefferson County Joint School Duistruct #251. (2008, April 17). Bloodborne Pathogen Exposure Control Plan for Schools. Retrieved January 2009 from

N: Additional Resources:

HIV & AIDS:
www.AIDS.gov

www.CDC.gov/hiv

Appendix A:
Proper Hand Washing Technique

Hand washing is the single most important technique
For preventing the spread of infectious Disease

HANDS SHOULD BE WASHED:

Before:

- EATING
- APPLYING MAKEUP
- INSERTING CONTACTS
- BEFORE HANDS-ON STUDENT CARE

After:

- USING THE TOILET
- REMOVING GLOVES THAT WERE USED TO PERFORM FIRST AID OR OTHER HANDS-ON STUDENT CARE.
- REMOVING GLOVES THAT WERE USED TO CLEAN UP A BLOOD OR BODY FLUID SPILL
- ANY CONTACT WITH BLOOD, BODY FLUIDS OR SOILED OBJECTS

PROPER HANDWASHING TECHNIQUE:

1. Wet hands with running water.
2. Apply soap and lather well. Liquid soap is preferred.
3. Wash hands using a circular motion and friction for 15-30 seconds. Include the front and back surfaces of the hands, between the fingers and knuckles and around the nails and entire wrist. Wash under jewelry as well.
4. Rinse the hands well under warm running water.
5. Dry the hands well with paper towels, turn of the water faucet with a paper towel and discard the towel.

Adapted from: Occupational Exposure to Bloodborne Pathogens. Implementing OSHA Standards in a School Setting (Champion, 2005) p. 27

Appendix B: **Cleaning Guidelines (For Trained Maintenance Personnel Only):**

Procedures for Cleaning Body Spills on Washable Surfaces

- Always wear disposable or utility gloves to clean and disinfect all hard, soiled, washable surfaces immediately (or as soon as possible) after contamination.
- Clean the surface with soap and water and remove contaminants before applying disinfectant.
- Always use a broad-spectrum disinfectant registered as a turberculocide by the Environmental Protection Agency (EPA)

For Small Spills:

- use paper towels to wipe up soiled areas
- after soil is removed use clean paper towels, soap and water to clean area
- dispose of paper towels in a plastic bag
- disinfect area
- dispose of plastic bag in the biohazard waste container in the Health Office

For Large Spills:

- apply commercial sanitary absorbent agent on soiled area
- After soil is absorbed, sweep all material into a in a dust pan and dispose of in a plastic bag, taking care not to create any dust emissions
- disinfect area with clean mop
- disinfect dustpan, brush, mop and bucket
- dispose of plastic bag in the biohazard waste container in the Health Office

Procedures for Cleaning Body Spills on Carpet/Rugs:

- apply commercial sanitary absorbent agent on soiled area.
- after soil is absorbed, but still wet, sweep the spill toward the center of the spill, pick up the contents in a dust pan and dispose of in a plastic bag
- vacuum with a wet or dry vacuum extractor or a vacuum cleaner with a high efficiency filter
- spray the area with a white vinegar solution (1-ounce vinegar to one quart of water)
- blot the area repeatedly with white paper towels
- rinse the area with clean, cool water
- disinfect area
- apply a bacteriostatic rug shampoo
- disinfect vacuum cleaner, dustpan and brush
- dispose of plastic bag in the biohazard waste container in the Health Office

Procedures for Cleaning and Disinfecting Medical Devices:

- clean the device with soap and water to remove debris
- soak in appropriate chemical germicide for 15-20 minutes
- rinse with water and dry thoroughly

Laundry Procedures:

- soiled linen/clothing should be handled as little as possible
- all soiled linen should be placed in plastic bags at the location where it was used
- soiled laundry should be washed separately from other items
- pre-soak in cold water in washing machine to remove gross contaminated materials and blood
- wash in commercial laundry soap and the hottest water possible for at least 25 minutes
- bleach may be added for extra protection (if item is bleachable)
- dry on the hottest setting possible
- soiled personal clothing/uniforms will be double bagged and laundered by the owner of the item at home

Adapted from: Occupational Exposure to Bloodborne Pathogens. Implementing OSHA Standards in a School Setting (Champion, 2005) pp 11, 12 & 32

Appendix C:
Instructions for Use of Standard Precaution Kits

Standard Precautions
Blood and Body Fluid
Clean Up Kit

Keep this kit in a location that is easily accessible to you and any substitute teachers who may cover your room.

CONTENTS:

1. Three pair of disposable (single use) non-latex examination gloves
2. Paper towels
3. 4x4 gauze pads
4. 1" x 3" self-adhesive bandages
5. Plastic Bag
6. Antiseptic Towelettes
7. Instructions on how to use the kit

This kit is provided to all shops, classrooms, custodial department and offices. The contents are provided to protect you from blood-borne pathogens such as HIV and Hepatitis B viruses. Please bring this kit to the school nurse for refill or replacement as needed.

Students should be encouraged to tend to the situation themselves (i.e.: pinch both nostrils with a gauze, tissue or paper towel for a nose bleed or cover and apply pressure to a cut) **if possible**. For minor cuts/injuries, self adhesive bandages are included in the bag that may be used until the student can be seen by the School nurse for evaluation of the injury.

If the student needs your assistance and there is the potential for contact with vomitus, blood (i.e.: student has a cut or nose bleed), or other bodily fluids, you must put the gloves on to attend to the student.

If there are spills or drops of blood or other body fluid on the floor, cover them paper towels or other absorbent material. Maintenance must be called to clean up any blood or body fluid spills.

Materials contaminated with blood or body fluids need to be placed in a plastic bag prior to disposal in the Health Office. Extra bags are included in the kit for this purpose. If you have heavily saturated items, please call the maintenance department and they will bring them for disposal in the Hazardous Waste Disposal in the Health Office.

Gloves must be removed and hands must be washed immediately after disposing of the materials. Use the antiseptic wipes to clean hands following removal of gloves if there is no water source immediately available.

To Remove Gloves Correctly:

- Remove the first glove by grasping the outside with the other gloved hand
- Remove second glove by placing the ungloved hand inside the cuff
- Pull glove over hand, grasping the first glove within the second
- Pull gloves inside out while removing

Appendix D:

The Connecticut Technical Education and Career System offers the Hepatitis B vaccine series to all <u>Exposure Category I</u> employees at no cost to the employee. Employees in this category are at a higher risk of exposure to blood or Other Potentially Infectious Material (OPIM) or to contaminated objects in the performance of their duties.

<u>Exposure Category I Employees include</u>: School nurses, Health Related Trade Program Instructors, Hairdressing, Cosmetology and Barbering Instructors, Culinary Instructors, Maintenance Personnel, Physical Education Instructors/Coaches, Security Personnel & Trade/Technology Instructors.

<u>Hepatitis B Vaccination Declination Form</u>

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 have received and read the information provided regarding the Hepatitis B vaccine. I have been given the opportunity to receive the Hepatitis B vaccine series at no charge to me; however, I decline Hepatitis B vaccination at this time. I understand that by declining vaccination series, I continue to be at risk for acquiring Hepatitis B infection.

If at any time in the future, I wish to receive to Hepatitis B vaccine series, I will notify the School nurse of my desire to be vaccinated. The Hepatitis Vaccine series will then be provided at no cost to me.

Employee Signature: _____ Date: _____

Employee Name (Printed): _____ Date of Birth: _____

Job Title: _____

School nurse's Signature: _____

Date Received: _____

Optional: ☐ I am declining the Hepatitis B series because I have previously received the vaccine series.

***This form will be maintained in the employee's permanent health record at the BHR in Hartford (attn: Agency Personnel Administrator)**

*** All <u>Exposure Category I</u> employees who do not wish to receive the Hepatitis B vaccination series are to complete this form within 15 days of hire.**

*** Only one declination form is required to be completed for the duration of employment with the CTHSS.**

Appendix E

Concentra Sites for Hepatitis B Vaccination & Post Exposure Evaluation

Street Address	City	Zip Code	Phone	Fax / After Hours	Hours
701 Main St	East Hartford	06108	(860) 289-5561	(860) 291-1895	7:00 AM – 5:00 PM (Mon.–Fri.)
972 W Main St	New Britain	06053	(860) 827-0745	(860) 827-0824	8:00 AM – 5:00 PM (Mon.–Fri.)
370 James St, Suite 304	New Haven	06513	(203) 503-0482	(203) 503-0492	8:00 AM – 5:00 PM (Mon.–Fri.)
315 W Main St	Norwich	06360	(860) 859-5100	(860) 859-5110	8:00 AM – 5:00 PM (Mon.–Fri.)
15 Commerce Rd, 3rd Floor	Stamford	06902	(203) 324-9100	(203) 324-9400	8:00 AM – 5:00 PM (Mon.–Fri.)
60 Watson Blvd	Stratford	06615	(203) 380-5945	(203) 380-5953	8:00 AM – 5:00 PM (Mon.–Fri.)
333 Kennedy Dr, Suite 202	Torrington	06790	(860) 482-4552	(860) 496-1033	8:00 AM – 5:00 PM (Mon.–Fri.)
900 Northrop Rd	Wallingford	06492	(203) 949-1534	(203) 949-9036	8:00 AM – 5:00 PM (Mon.–Fri.)
8 S Commons Rd	Waterbury	06704	(203) 759-1229	(203) 759-0219	7:00 AM – 5:00 PM (Mon.–Fri.)
1080 Day Hill Rd, Suite 2	Windsor	06095	(860) 298-8442	(860) 298-9420	8:00 AM – 5:00 PM (Mon.–Fri.)

Current as of 06/26/2026

Appendix F

Instructions for Completing Concentra Authorization Form for Hep B Vaccination or Post Exposure Follow-up

Instructions:

1. Download and print the following form:

   http://www.concentra.com/Assets/PDF/Forms/EmployerAuthorizationForm.pdf

2. Complete employee and school information

3. Check "other" under special examination and write in "Hepatitis B Series" or "Post Blood/Body Fluid Exposure Exam and Treatment as indicated" (whichever applies).

4. For Hepatitis B vaccination indicate under "special comments or instructions" indicate that "proof of vaccination" must be forwarded to the School nurse at _____(fax number or address).

5. For a Post Exposure Exam, indicate under "special comments or instructions" indicate that the completed "Healthcare Professional Written Opinion Form" (appendix j) must be forwarded to the School nurse at _____(fax number or address) following completion of the examination.

6. School nurse or Principal must sign and date authorization section

7. For a post exposure exam, place all of the following in an envelope to be taken to Concentra site by employee :

   - Concentra referral form
   - Completed Confidential Report of Employee Exposure to Blood and Body Fluids (appendix g)
   - Completed Consent for Communication between Healthcare Providers (appendix i)
   - Blank Health Care Professional' Written Opinion Form (appendix j)

8. Provide employee with list of Concentra locations (appendix E), copy of authorization form & forms listed under #6.

9. Employee must present all applicable paperwork at time of visit to Concentra location of choice.

Appendix G: Confidential Report of Employee Exposure to Blood or Body Fluids

School Name: _____ **Date Written Report Initiated:** _____

Employee Name: _____ **DOB:** _____ **Job Title:** _____

Date & Time of Incident: _____ **Location of Incident** _____

Date & Time Incident Reported: _____ **Initial report made to:** _____

Reported to School nurse by _____ **on** _____
(or to Administrator in SN's Absence) (Name) (date)

Reported to District Medical Advisor by _____ **on** _____

Type of exposure: ☐ **Human bite** ☐ **Blood/body fluid splash** ☐ **needle stick** ☐ **open wound/scratch/abrasion**

contaminated with ☐ **blood** ☐ **stool** ☐ **urine** ☐ **other body fluid** _____

Brief Description of Incident: _____

_____

_____

First Aid Given: _____ **By whom:** _____

Was employee using PPE? ☐ **Yes** _____ ☐ **No** _____

Were Standard Precautions Observed by the Employee? ☐ **Yes** _____ ☐ **No** _____
(type) (reason not used)

Source Individual is a ☐ **Student** ☐ **Staff** ☐ **Visitor** ☐ **Unknown**

Name of source individual if known: _____ **DOB:** _____

Source individual's health care provider: Name: _____

HCP Address: _____ **HCP Phone number:** _____

Exposed Employee's Hepatitis B Vaccine History #1 _____ **#2** _____ **#3** _____ **Date of Last Tetanus:** _____

Exposed Employee referred to: _____ **on** _____
(Name of Facility & Town)

Source Individual Referred for Testing to: _____ **on** _____
(Name of Facility & Town)

Source individual's Hepatitis B Vaccine History: #1 _____ **#2** _____ **#3** _____

If source individual is a student, was parent/guardian notified of involvement in exposure incident? ☐ **yes** ☐ **no** ☐ **n/a**

Exposed Individual's Signature: _____ **Date:** _____

School Nurse's Signature: _____ **Date:** _____

Administrator's Signature: _____ **Date:** _____

School nurse Supervisor's Signature: _____ **Date:** _____

Appendix H:

Confidential Report of Student Exposure to Blood or Body Fluids

School Name: _____ **Date Written Report Initiated:** _____

Exposed Student's Name: _____ **Grade:** ___ **Trade:** _____ **DOB:** _____

Date & Time of Incident: _____ **Location of Incident** _____

Reported to school nurse by _____ **on** _____
(or to administrator in school nurse's absence) (Name) (date)

Reported to administrator by _____ **on** _____
(Name) (date)

Reported to District Medical Advisor by _____ **on** _____
(Name) (date)

Type of exposure: ☐ **Human bite** ☐ **Blood/body fluid splash** ☐ **needle stick** ☐ **open wound/scratch/abrasion**

contaminated with ☐ **blood** ☐ **stool** ☐ **urine** ☐ **other body fluid** _____

Brief Description of Incident: _____

_____

First Aid Given: _____ **By whom:** _____

Name of exposed student's parent/guardian: _____

Date & time of notification of parent/guardian: _____

Notification made by: _____ **Title:** _____

Exposed Student's Hepatitis B Vaccine History #1 _____ **#2** _____ **#3** _____

Date of Last Tetanus: _____ **Exposed student referred to his/her health care provider** ☐ **yes** ☐ **no**

Exposed student's health care provider: Name: _____

HCP Address: _____ **HCP Phone number:** _____ **Date of referral to HCP:** _____

Name of source individual if known: _____ **DOB:** _____

Source individual's health care provider: Name: _____

HCP Address: _____ **HCP Phone number:** _____ **Date of referral to HCP:** _____

Source individual is a ☐ **Student** ☐ **Staff** ☐ **Visitor** ☐ **Unknown**

Source individual referred to his/her health care provider for possible testing? ☐ **yes** ☐ **no**

If source individual is a student, was parent/guardian notified of involvement in exposure incident?: ☐ **yes** ☐ **no** ☐ **n/a**

Source individual's Hepatitis B Vaccine History: #1 _____ **#2** _____ **#3** _____

Exposed Student's Signature: _____ **Date:** _____

Parent/Guardian of Exposed Student Signature: _____ **Date:** _____

School Nurse's Signature: _____ **Date:** _____

Administrator's Signature: _____ **Date:** _____

School nurse Supervisor's Signature: _____ **Date:** _____

Appendix I

Consent for Communication between Health Care Providers

For Use in Employee Exposure Cases Only; not for Student Exposure Cases

☐ **Form not applicable, source individual unknown.**

Signature of School nurse: _____Date: _____

Regarding the exposure incident occurring on: _____

As the source individual (or source individual's parent/guardian), I hereby authorize an exchange of information to occur between my health care provider and the health care provider of the exposed person's.

Contact information for my/my child's health care provider:

Name:_____

Phone:_____

Address: _____

_____

Name of exposed individual: _____Date of Birth_____

Contact information for the exposed individual's health care provider:

Name: _____

Phone: _____

Address: _____

_____

☐ **I authorize Concentra to send my/my child's HBC, HCV and HIV testing results directly to my/my child's health care provider to be shared by my/my child's health care provider with the exposed employee's health care provider, who will discuss the implications with exposed the employee.**

☐ **I understand that I have declined testing for HBC, HCV and HIV of myself/my child. I am aware of the risks to the exposed employee and understand that if I had consented to testing that the results would only be released to my/my child's health care provider to be communicated to the exposed employee's healthcare provider.**

Printed Name of Source Individual: _____Date of Birth: _____

Signature of the Source Individual: _____Date: _____

When applicable:
Printed Name of Parent/Guardian of Source Individual: _____

Signature of the Parent/Guardian of Source Individual: _____Date: _____

Appendix J

Health Care Professional's Written Opinion

Patient Name: _____ Date of Report:_____

Date of Birth: _____

Is an HBV vaccination indicated for this employee? ☐ yes ☐ no

Post Exposure Follow-up

Has this employee of the Connecticut Technical Education and Career System been informed of the results of this evaluation?

☐ **Yes**

☐ **No**

Has this employee of the Connecticut Technical Education and Career System been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which will require further evaluation or treatment?

☐ **Yes**

☐ **No**

Note to Health Care Professional: In order to preserve the employee's confidentiality, no other information, findings or diagnoses (except as requested above) is to be included in this report.

Please mail this completed report to:

(Name and address of school nurse)

Appendix K:

Post Exposure Checklist (for school nurse/administration use only)

- **Copies of all forms and documentation are to be maintained in the school health office.**

Employee Exposure (see section for student exposure below)

☐ **The incident was reported to employee's immediate supervisor and an administrator**

☐ **The report of employee exposure to blood or body fluids was completed by the school nurse**

A copy of report of employee exposure to blood or body fluids was sent to ☐ the SDE personnel administrator ☐ the school nurse supervisor.

☐ **The DAS Form: First Report of Injury (WC-207) was completed by employee and submitted to business manager within 24 hours of exposure.**

☐ **A medical referral was made to Concentra for confidential medical evaluation of the exposed individual within 24 hours of exposure.**

☐ **The consent for communication of health care information was reviewed with the source individual and parent/guardian (as applicable) and signature(s) obtained.**

If consent has been obtained, the source individual was referred to Concentra for testing and given a copy of ☐ the Concentra referral form ☐ the completed consent for communication of health care information form.

The health care provider conducting the post-exposure evaluation of the exposed individual was provided:

☐ **a completed Concentra referral form**
☐ **a copy of the completed report of employee exposure to blood or body fluids form**
☐ **a copy of the Consent for Communication between Health Care Providers (when applicable)**
☐ **a copy of OSHA's bloodborne pathogens standard**
☐ **relevant health records pertaining to the exposed employee including Hepatitis B immunization status**
☐ **a blank post exposure follow-up form**

Within 15 days of the completion of the post-exposure medical evaluation, a copy of the completed post exposure follow-up form was ☐ given to the employee, ☐ sent to the school nurse supervisor ☐ sent to the SDE personnel administrator

Student Exposure:

☐ **The incident was reported to an administrator and a parent/guardian**

The report of student exposure to blood or body fluids form was completed and
☐ **placed in student's CHR**
☐ **given to the student or parent guardian**

☐ **The signature of the student and guardian (if student is less than 18 years of age) was obtained, acknowledging receipt of a copy of the report of student exposure to blood and body fluids form.**

☐ **Consent (using standard consent form)was obtained allowing school nurse to communicate with exposed student's and source individual's health care providers regarding exposure incident.**

☐ **The recommendation was made that the exposed student follow-up with own health care provider.**