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Personnel

Series 400

Policy Title: Exposure Control Plan

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OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

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**MARSHALLTOWN COMMUNITY SCHOOL DISTRICT  
EXPOSURE CONTROL PLAN FOR  
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

Bloodborne pathogens are micro-organisms sometimes found in human blood or other body fluids that can cause disease in humans. Hepatitis B Virus (HBV) and Hepatitis C (HCV) which cause liver disease and Human Immunodeficiency Virus (HIV) which causes AIDS are two such pathogens. The Occupational Safety and Health Administration (OSHA) has determined that employees face a significant health risk in jobs where they are in contact with or handle blood and other potentially infectious materials because they might contain pathogens. Employees must consider that blood and certain other body fluids from ALL individuals could be infectious. Exposure to bloodborne disease can be minimized or eliminated using a combination of work practice controls, engineering controls, universal and standard precautions, personal protective equipment, housekeeping, hazard communication, training, and Hepatitis B vaccination.

The Marshalltown Community School District establishes this written exposure control plan to comply with OSHA's Occupational Exposures to Bloodborne Pathogens in Title 29 Code of Federal Regulations 1910.1030 and as revised in 2001 by the Needlestick Safety and Prevention Act P.L. 106-430. The intent of this exposure control plan is to prevent bloodborne infections by eliminating or minimizing employee exposures to blood, blood products, and other potentially infectious materials (OPIM). A copy of this exposure control plan shall be accessible to all employees and shall be available for examination and copying by other persons upon request.

This exposure control plan will be reviewed annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**SCOPE AND APPLICATION**

The federal law applies to all employees who have occupational exposure to blood and other potentially infectious materials.

**PROGRAM ADMINISTRATION**

The Superintendent's designees (Health Office Staff, Buildings and Grounds Manager, Custodians, and the Principals) are responsible for the implementation of the Exposure Control Plan (ECP) and will maintain, review and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures.

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

Human Resource Manager, School Nurses, Buildings/Grounds Manager, & Custodians will be responsible for training, documentation of training, and making the written ECP available to all employees if requested.

### **EXPOSURE DETERMINATION**

The Marshalltown Community School District has identified classifications of employees who have occupational exposure. Occupational exposure is defined as those employees with reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

An employee considered to have occupational exposure is one who meets one or both of these conditions:

1. Is reasonably anticipated to come into contact with blood or OPIM as part of their job duties.
2. Is otherwise expected and/or is designated by Marshalltown Community School District to render medical assistance in the absence of the nurse or med certified staff.

This exposure determination is made without regard to use of personal protective equipment. All employees will utilize Universal Precautions and if an exposure should occur, notify the building nurse or if unavailable, another building nurse.

Job classifications in which **all** employees in those job classifications have occupational exposure include:

Health Office Staff  
All Special Education Teachers and Paras  
Building Crisis Response Teams  
Custodial Staff

Employees of these job classifications would have occupational exposure when they perform certain tasks and procedures as designated duties

### **Job Classifications in MCS D**

| <b>Position</b>   | <b>Tasks/Exposure Risks</b>   |
|---|---|
| School Nurse/Health Aides   | Direct care for injuries involving non-intact skin and mucous membranes and procedures that include, but not limited to, injections, suctioning, catheterization, blood glucose monitoring and providing assistance to students/staff with bleeding or OPIM injuries. |
| Teachers/Paraprofessionals who work in programs with emotionally, intellectually and physically disabled students | Changing menstrual pads, tooth brushing, biting incidents by students, providing assistance to students with bleeding or other potentially infectious materials injuries.   |

|   |   |
|---|---|
| Custodians  | Cleaning blood/OPIM fluid spills and disposal of regulated waste. Contaminated broken glass and sharps removal. |
| Other persons who have job descriptions which requires them to provide first aid to students/staff including building responders. | Providing assistance to students/staff with bleeding or OPIM injuries/occurrences                               |

### **METHODS OF IMPLEMENTATION AND CONTROL**

**UNIVERSAL PRECAUTIONS** - Universal precautions require that blood and certain body fluids of **all** persons are treated as if infected with bloodborne pathogens. All tasks involving blood and certain body fluids should be performed in a way that will eliminate or minimize the risk of exposure and disease.

Universal precautions require the use of barriers or protective measures when handling blood and bodily fluids containing visible blood. Universal precautions do not apply to saliva, feces, nasal secretions, sputum, sweat, tears, urine and vomit unless they contain visible blood. If it is difficult or impossible to differentiate between body fluid types in a particular circumstance, all body fluids must be considered potentially infectious material.

Disease transmission can occur when there is direct contact with blood or body fluids of an infected person. Transmission in the school setting could occur through the following exposures:

- direct contact with infectious body fluids to open skin lesions
- direct contact with infectious body fluids to mucous membranes
- puncture wounds with contaminated sharps

**ENGINEERING CONTROLS AND WORK PRACTICES** - Engineering and work practice controls will be used to eliminate or minimize employee exposure to bloodborne pathogens. The following engineering controls are used in the Marshalltown Community School District: sharps containers.

**HAND WASHING** - Marshalltown Community School District shall provide hand washing facilities which are readily accessible to employees. Hand washing is the single most important technique for preventing the spread of infectious diseases.

1. Hands (and other skin surfaces) must be washed thoroughly using soap and running water immediately following contact with blood or OPIM, before touching anything else.
2. Mucous membranes should be flushed thoroughly with water immediately following contact with blood or OPIM.
3. Hands should be washed whether gloves are worn or not and **after** gloves are removed.
4. Hands should be washed immediately after removing any personal protective equipment.

5. If no hand washing facility is immediately available hands or other skin surfaces should be cleaned with alcohol based hand sanitizers followed by washing with soap and running water as soon as possible.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)** - Marshalltown Community School District will provide at no cost to the employee, appropriate personal protective equipment including repair or replacement as needed. Training is provided in the use of the appropriate PPE for the tasks or procedures employees will perform. PPE will be accessible at the work site. PPE does not permit blood or OPIM to penetrate to employees clothing, skin or mucous membranes under normal conditions of use.

1. **Disposable single use gloves** must be worn in each situation when an employee has the potential to have direct skin contact with blood, other potentially infectious materials, mucous membranes, or non-intact skin, and when handling or touching items or surfaces soiled with blood or other potentially infectious materials.
  - Gloves must be changed as soon as possible when visibly soiled, torn, or punctured or when they no longer function as an adequate barrier.
  - Gloves shall not be washed or decontaminated for re-use. They must be removed without touching the outside and discarded after each individual contact.
2. **Masks and protective eyewear** must be worn whenever splashes, spray, splattering or droplets of blood or OPIM are likely to occur and contamination to eyes, nose or mouth can be reasonably anticipated. Single-use masks or shields are disposed of following use.
3. **Gowns or other protective clothing** which do not permit blood or OPIM to penetrate to employee's clothing or skin under normal conditions of use are indicated if blood splattering or smearing is likely.
4. **First Aid Packs** that contain gloves, paper towels, band aids, or other barriers in sealable plastic bags shall be available for use by staff supervising playgrounds, on field trips or in other situations where PPE and soap and water are not readily available.
  - o If a protective garment becomes penetrated by blood or OPIM the garment shall be removed immediately or as soon as feasible and properly disposed of in such a way as to avoid contact with the outer surface.

**HANDLING/DISPOSAL OF SHARP OBJECTS** - Sharp objects must be handled so as to prevent accidental cuts or punctures.

1. Used needles or other sharps must not be bent, broken, cut, or unnecessarily handled.
2. Used needles must not be recapped or removed from disposable syringes.
3. Used needles and syringes must be discarded immediately after use into a container which is closeable, puncture-resistant, leakproof, properly labeled and disposable.

4. Sharps disposal containers labeled as bio-hazardous waste will be placed in each building health office. Sharps containers are available in each health office. Sharps disposal containers must not be overfilled and must remain upright during use. Sharps disposal containers are changed when 2/3's full.

### GENERAL PRACTICES

1. All procedures involving blood or other potentially infectious materials shall be performed so as to minimize splashing, spraying, splattering or generation of droplets of these substances.
2. Food and drink shall not be kept on counter tops, cabinets, shelves or bench tops where blood or OPIM are likely to occur.

**CUSTODIAL** - Marshalltown Community School District ensures that the worksite is maintained in a clean and sanitary condition. The Marshalltown Community School District implements an appropriate written schedule for cleaning. All equipment, environmental, and work surfaces are promptly cleaned and decontaminated with an EPA approved germicidal, tuberculocidal disinfectant after contact with blood or other potentially infectious materials.

1. Gloves **must be worn** during cleanup of blood and any other body fluid spills. If splashing, spraying or generation of droplets of blood or OPIM is anticipated protective eyewear and masks should be worn. If saturation of employees clothing is likely to occur a disposable gown should be worn.
2. Blood and body fluid spills to **hard washable surfaces** must be cleaned Per school protocol, with soap and water, removing all contaminants **before applying an EPA approved disinfectant**.

**Large Spills:** commercial sanitary absorbent agent on soiled area

- after spill is absorbed, sweep all material into a plastic bag, taking care not to create any dust emissions, if spill contains blood the plastic bag should be labeled with a biohazard sticker and disposed of as regulated waste, if the spill is not blood and does not contain visible blood dispose of plastic bag in an appropriate waste container.
- disinfect area with clean mop
- disinfect mop and bucket

**Small Spills:**

- use paper towels or tissues to wipe up soiled areas
- after spill is removed, use clean paper towels, soap and water to clean area
- dispose of paper towels in a plastic bag
- disinfect area

3. Blood and body fluid spills to **rugs, carpets, or upholstery** must be cleaned immediately using an approved cleaner/disinfectant. Apply EPA approved cleaner/disinfectant with a brush. Vacuum with wet/dry vacuum.
4. Blood and body fluid spills to **outdoor surfaces** covered with wood chips, dirt, gravel, snow, etc., may be cleaned by flooding the contaminated area with 1:10 bleach/water solution and allowing it to absorb or scooping it up and discarding appropriately.
5. Contaminated equipment must be cleaned and disinfectant applied.
  - Brooms and dustpans should be cleaned using an EPA approved germicide.
  - Mops and sponges should be soaked in a cleaner/disinfectant solution and rinsed or washed in a hot water cycle after soaking.
  - Cleaner/disinfectant should be promptly disposed of down a drain.
6. Any contaminated disposable items not considered regulated waste such as gloves, other personal protective equipment, paper towels, or used bandages should be discarded into a plastic bag, sealed and discarded into trash dumpster.
7. Broken glassware which is contaminated should be swept up using mechanical means such as a broom and dust pan.
8. All bins, pails, cans which are likely to become contaminated with blood or OPIM shall be cleaned and treated with disinfectant as needed. Waste cans in health offices, locker rooms, and restrooms should be lined with plastic bags which are replaced daily.

**CONTAINMENT AND DISPOSAL - Regulated waste** is defined by OSHA as liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; or contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Other than sharps, it is anticipated that schools will have little regulated waste. Regulated waste must be properly disposed of.

1. All biohazardous waste will be handled with standard/universal precautions and double bagged.
  - Clear plastic bags shall be available for use in each health office. Each health office shall have, in addition to the sharps
  - A bandaid, towel, sanitary napkin or other material that absorbs the substance and does not have the potential to release the substance if compressed is not considered regulated waste. These contaminated materials should be disposed of in plastic lined garbage cans.
  - Disposable materials other than sharps which are contaminated with blood and OPIM which are non-absorbent or would release blood if compressed must be double bagged and sealed at the site of collection.
  - Used needles and syringes and other contaminated disposable sharps shall be discarded immediately or as soon as feasible in sharps disposal containers located in each health office. Sharps boxes shall not be reused



but shall be closed immediately prior to replacement and discarded when 2/3 full.

2. Disposal of all regulated waste is in accordance with applicable Iowa regulations and Marshalltown Community School District procedures.
  - Plastic bags holding regulated waste should be sealed immediately. The Custodial department should be contacted to arrange for transport of regulated waste.
  - Soiled tissue and flushable waste such as urine, vomit, or feces can be flushed in the toilet.
  - Body fluids may be poured down drains taking care to avoid splash incidents. Cleaning with proper disinfectant must follow.

#### **DISPOSAL OF SOILED CLOTHING**

Clothing contaminated with blood or OPIM shall be handled as little as possible with a minimum of agitation **while wearing gloves and other PPE as needed.**

- Contaminated laundry shall be bagged or put in a container at the location where it was used and shall not be sorted or rinsed.
- Student articles of clothing grossly contaminated with blood shall be removed, bagged, appropriately labeled and sent home for laundering.
- School owned articles of clothing grossly contaminated with blood shall be appropriately bagged and washed per protocol.
- Whenever outside contamination of a bag holding such laundry occurs it shall be placed inside a second bag, appropriately labeled, that prevents soak-through and/or leakage. Call the Custodial department to arrange for pick up.

### **HEPATITIS B VACCINATION PROGRAM**

The Marshalltown Community School District shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure to bloodborne pathogens by nature of their job duties.

#### **PROCEDURE**

1. All employees classified as at risk for occupational exposure will be offered the vaccine after training is received and prior to beginning their work assignment. Administration will inform employees of the availability of vaccine and furnish a refusal form (Appendix F). The employee may also provide proof that he/she has immunity, has been previously immunized, or has a medical contraindication to the vaccine.
2. Employees who initially decline Hepatitis B vaccination but at a later date decide to accept, will still be covered under the standard and may receive the vaccination.
3. The Marshalltown Community School District shall be responsible for the cost of the Hepatitis B vaccine (vaccine is covered by the school district's insurance) and medical evaluations and procedures related to exposure incidents.
4. The Hepatitis B vaccine will be administered to employees by their medical provide.
5. To receive the vaccination series employees should
  - contact their PCP to schedule an appointment
  - Notify your school nurse when completed

## **Employee Exposure to Blood/Body Fluids--Tips for Determining Exposure**

Marshalltown Community Schools-School Nurse

Definition:

***Exposure Incident*** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

In other words.... Another person's blood (or body fluid containing visible blood) got into your body or may have gotten into your body in one of the following ways:

Mouth

Eyes

Nose

Broken skin

Broken areas of skin include:

Cuts

Abrasions

Rash or dermatitis

Acne

**Examples of possible exposures:**

- Human bite that breaks the skin
- Blood that gets onto broken skin

- Spit, urine or other bodily fluid **with visible blood** that gets into your eyes, mouth, nose or broken skin
- Scratched with bloody fingernails

**Examples of injuries that are NOT considered an exposure:**

- Human bite that does not break the skin
- Blood on employees intact skin (no cuts, abrasions, rashes, dermatitis or acne)
- Spit, urine or other bodily fluid that does **not** contain visible blood
- Scratches with non bloody fingernails

**WHEN TO CONSULT THE** Nurse or immediate supervisor: **Anytime** you are not sure if there was an exposure to blood exposure to blood or body fluids that contain blood

**POST EXPOSURE EVALUATION AND FOLLOW-UP**

To any employee who experiences an exposure incident, the Marshalltown Community School District shall make immediately available a confidential medical examination as specified in the standard, including post-exposure evaluation, follow up, and treatment. MCSD will ensure that all related medical evaluations and procedures are made available at no cost to the employee.

**DEFINITION** - An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or OPIM that result from the performance of an employee's duties.

**PROCEDURE** - Any employee who receives any contact of blood or OPIM to eye, nose or mouth, needle stick injury, any break in the skin from a knife blade or sharp object contaminated with blood or OPIM, any bite that punctures the skin or any contact of skin with blood or OPIM when the skin is chapped, abraded, otherwise broken, or when dermatitis is present should follow this procedure:

**Employee will:**

1. Cleanse the exposed area immediately for 15 minutes.
  - flush eyes and mucous membranes with plain water
  - wash skin thoroughly with soap and water
2. Notify their school nurse or immediate supervisor of exposure. (See Flow Charts Appendix A, A-1, or A-2)

3. Complete worker's compensation telehealth report via Nurse Advantage injury triage line (844-891-6022).
4. Under the direction of the school nurse or with the assistance of building administrator, complete the following form:
  - MCSD Exposure Assessment Report (Appendix B)

**School nurse/Health Office Staff, or administration will:**

1. Assist employee to complete MCSD Exposure Assessment Report. (Appendix B)
2. Assist employee to complete worker's compensation phone triage injury report.
3. Send to MCSD Business Office – MCSD Exposure Assessment Report (Appendix B)
4. Evaluate exposure incidents to determine need for corrective action.

**Central Office Staff will:**

1. Receive and file records.
2. Maintain database.

**COMMUNICATION OF HAZARDS TO EMPLOYEES**

**INFORMATION AND TRAINING** - Marshalltown Community School District will ensure that all employees identified as having occupational exposure to bloodborne pathogens participate in a training program provided at no cost to employees and during work hours. Training will be provided annually. The training program will be conducted online via SafeSchools programming annually and upon hire. The training will contain the following about [blood borne pathogens](#):

- general explanation of bloodborne diseases, their symptoms, and modes of transmission
- explanation of the Marshalltown Community School District's Exposure Control Plan and where to obtain a copy of the plan
- explanation about how to recognize tasks and other activities that may involve exposure to blood or OPIM
- information on methods that prevent or reduce exposure including use of engineering controls, work practices, universal precautions and personal protective equipment
- information on the types, proper selection, location, proper use, removal, handling, decontamination and disposal of personal protective equipment

- appropriate actions to take and persons to contact/report to for an incident involving blood or OPIM and explanation of post-exposure medical follow up.
- opportunities for questions and answers

## **RECORDKEEPING**

**MEDICAL RECORDS** - Marshalltown Community School District will maintain an accurate record for each employee with occupational exposure that will include:

- employee's name and social security number
- employee's Hepatitis B vaccination records and any medical records relative to the employee's ability to receive HBV vaccine
- exposure incident results of exams, medical tests and follow-up procedures relating to post-exposure evaluation
- the District's copy of the doctor's visit for the exposure.

Medical records will be kept CONFIDENTIAL, stored in Infinite Campus. They will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this standard. These records must be kept for the duration of employment plus 30 years.

**TRAINING RECORDS** - Training records will be maintained for at least 3 years from the date on which training occurs. These records will include the date of training, a summary or contents of the training session, the name(s) and qualification(s) of person(s) conducting training and the name and job title of the person attending.

**OTHER RECORDS** - MCSD employees that are determined to have occupational exposure will have a record stored at the school that contains the following documents:

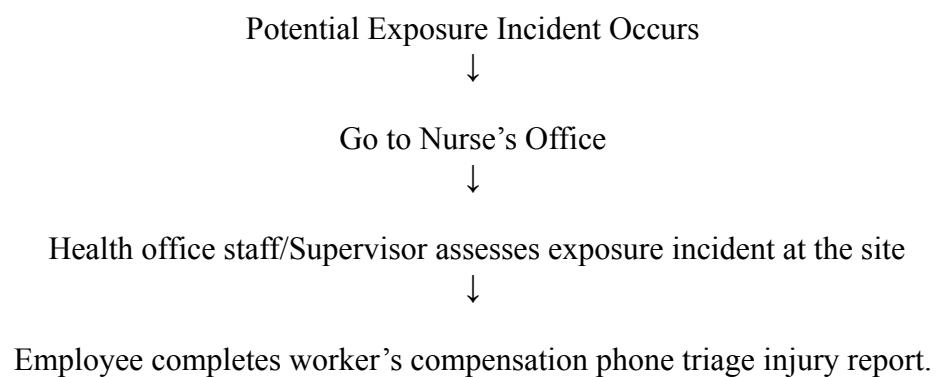
- Certificate of Completion of online training
- Hepatitis B Immunization Refusal (Appendix F)
- Medical records from exposure incidents as described above

**AVAILABILITY** - All required records will be available upon request to the regulatory agency for examination and copying. Employee training records will be provided upon request for examination and copying to employees, employee representatives, and the regulatory agency. Employee medical records required by this standard are provided upon request to the subject employee, anyone having written consent of the subject employee, and the regulatory agency.

**TRANSFER OF RECORDS**- Marshalltown Community School District will transfer employee records in a manner which complies with the standard's requirements.

**Appendix A**

**MARSHALLTOWN COMMUNITY SCHOOL DISTRICT  
EXPOSURE INCIDENT IN BUILDING DURING SCHOOL DAY – FLOWCHART**





Health office staff/Supervisor notifies MCSD Business office in the event of severe/catastrophic injury, otherwise will receive a report from phone triage injury line. If recommended by triage nurse, business office will schedule appointment at Occupational Medicine Plus clinic or UnityPoint Urgent Care/ED.



Employee to Occupational Medicine Plus clinic or UnityPoint Urgent Care/ED

**Appendix A-1**

**MARSHALLTOWN COMMUNITY SCHOOL DISTRICT  
BEFORE/AFTER SCHOOL EXPOSURE INCIDENT – FLOW CHART**

Exposure Incident Occurs



Employee contacts Supervisor/Health office staff



Supervisor/Health office staff will assist employee to complete worker's compensation phone triage injury report.





Health office staff/Employee complete Appendix B and worker's compensation phone triage injury report.



If recommended by triage nurse, business office will schedule appointment at Occupational Medicine Plus clinic or UnityPoint Urgent Care/ED.



Health office retains Appendix B

**Appendix B**

**MARSHALLTOWN COMMUNITY SCHOOL DISTRICT  
BLOODBORNE PATHOGENS EXPOSURE INCIDENT FORM**

Assessment of Possible Exposure Incident:

Today's date: \_\_\_\_\_

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

Building/Department \_\_\_\_\_

Exposure Date/Time: \_\_\_\_\_

Type of Exposure Incident:

Bite wound       Needle stick       Body fluid exposure to eyes/mucous membranes  
 Body fluid exposure to non-intact skin

Explain incident: \_\_\_\_\_  
\_\_\_\_\_

Body fluid involved: \_\_\_\_\_

Was visible blood present in the body fluid (circle)?    Yes      No      Unknown

Condition of skin in area of exposure: \_\_\_\_\_

Completed Hepatitis Series (circle)?    Yes      No      Unknown

First Aid given: \_\_\_\_\_

Time School Nurse/Health Office staff/Administration notified: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_      Date: \_\_\_\_\_

### Appendix C

#### **HEPATITIS B VACCINE INFORMATION, CONSENT FORM OF HEPATITIS B VACCINATION, and REFUSAL FORM OF HEPATITIS B VACCINATION**

##### **The Disease**

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1-2% of those infected. Most people with HBV recover completely, but approximately 5-10%

become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV may be a causative factor in the development of liver cancer. Immunization against HBV can prevent acute hepatitis and its complications.

### **The Vaccine**

The HBV vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials.

Approximately 90 percent of healthy people who receive two doses of the vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against the virus. The HBV vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three doses of the vaccine over a six-month period, although some persons may not develop immunity even after three doses.

There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

### **Dosage and Administration**

The vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

### **Possible Vaccine Side Effects**

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to 20 percent of persons experience tenderness and redness at the site of injection and low grade fever. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that other side effects may be identified with more extensive use.

## **CONSENT FORM OF HEPATITIS B VACCINATION**

I have knowledge of Hepatitis B and the Hepatitis B vaccination. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I give my consent to be vaccinated for Hepatitis B.

\_\_\_\_\_  
Signature of Employee (consent for Hepatitis B vaccination) Date

\_\_\_\_\_  
Signature of Witness Date

**REFUSAL FORM OF HEPATITIS B VACCINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus 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 vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Signature of Employee (refusal for Hepatitis B vaccination) Date

\_\_\_\_\_  
Signature of Witness Date

I refuse because I believe I have (check one)

\_\_\_\_\_ started the series                      \_\_\_\_\_ completed the series

**RELEASE FORM FOR HEPATITIS B MEDICAL INFORMATION**

I hereby authorize \_\_\_\_\_ (individual or organization

holding Hepatitis B records and address) to release to the Marshalltown Community School

District, my Hepatitis B vaccination records for required employee records.

I hereby authorize release of my Hepatitis B status to a health care provider, in the event of an exposure incident.

---

Signature of Employee

Date

---

Signature of Witness

Date

**Appendix D**

**MARSHALLTOWN COMMUNITY SCHOOL DISTRICT  
GUIDELINES FOR PREVENTION OF EXPOSURE TO BLOODBORNE DISEASE**

In the school setting, blood borne diseases like Hepatitis A, Hepatitis B, Hepatitis C and HIV, which causes AIDS, could be transmitted if the blood of an infected person were to enter the bloodstream of another person. Marshalltown Schools' employees can protect themselves from exposure to communicable disease by following Universal Precautions and using safe work practices.

### **USE UNIVERSAL PRECAUTIONS**

Consider **all** blood and other body fluids containing blood to be potentially infectious. Protect your skin and mucous membranes from contact with these fluids. "If it's not yours don't touch it!"

#### **USE PROTECTIVE BARRIERS - Help the injured person to care for themself**



Always put a barrier between you and the blood or body fluids of others. Wear latex or vinyl gloves. Use a thick layer of cloth, paper towels, or the injured person's own hand to apply pressure to a wound. Wear protective eyewear, masks or gowns to guard against splashes. Protective equipment can be found in the school health office.

#### **WASH HANDS**

Use soap and water after contact with blood or other body fluids and after removing gloves or other barriers. Use antimicrobial hand cleaner or towelettes if soap and water are not available. Washing your hands is the single, most important thing you can do to protect yourself!



#### **FOLLOW PROPER CLEANING PROCEDURES**

Spills of blood and other body fluids should be cleaned up immediately, using an EPA approved disinfectant and while wearing gloves. Refer to MCSD Exposure Control Plan for proper procedures. Copies are located in the Superintendent's/Nurse/Secretaries' offices.

#### **DISPOSE OF WASTE**

Place contaminated supplies including gloves and other barriers in plastic bags and seal before disposing in trash.

#### **DISPOSE OF SOILED LAUNDRY**

Handle blood-contaminated laundry carefully, wearing gloves and dispose of it by double bagging it.

#### **DISPOSE OF SHARPS /NEEDLES**

Sharps disposal containers should be located in each building where needed, i.e. nurse office, restroom, etc. All used needles or other sharps should always be discarded immediately after use in these designated sharps containers.



#### **EXPOSURE PROCEDURE**

**Anytime the blood or body fluid (with visible blood) from another person comes in contact with your skin, eyes, nose or mouth or you are bitten by another person do the following:**

1. Immediately: cleanse the exposed area for 15 minutes
  - flush mucous membranes with water
  - wash skin thoroughly with soap and water
2. Notify the school nurse, administrator, or immediate supervisor
3. In consultation with the school nurse/administration complete exposure assessment report, proceed to health care provider with appropriate completed form.