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| --- | --- | --- | --- |
| Policy Title: | Exposure Control Plan(Bloodborne Pathogen) | Revision Date: | 7/27/17 |
| Contact Person: | Health Manager,SPCAA Risk Officer | PC Approval Date: | 8/12/17 |
| Area: | Health | SPCAA Board Committee Approval Date: | 8/15/17 |
| Stakeholders: | All Staff attending school through SPCAA | SPCAA Board Approval Date: |  |
| References: | 1302.47(6)(iii) | Advisory Approval Date: |  |
| Related Documents: |  | | |

**Performance Objective:**

In order to provide a safe environment for children and staff members, an Exposure Control Plan will provide guidelines to minimize or eliminate exposure to blood and other body fluids. This plan is based on and follows OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030 and CDC recommendations. Exposure to blood products exists to some degree in all group children programs due to the increased risk for accidents (i.e., cuts, falls) along with greater exposure to infectious disease (i.e., bloody diarrhea). Because the potential for anybody fluid to contain infectious material exists, the Head Start and Early Head Start programs will view all body fluids as harmful. These precautions, called “Universal Precautions” are to be followed regardless of any lack of evidence of infection. All Head Start/Early Head Start staff members are required to comply with universal precautions. Head Start and Early Head Start staff will be trained on Bloodborne Pathogens/Universal Precautions annually and for any new staff training will occur at time of First Aid and CPR trainings.

**Procedures:**

1. **The purpose of this exposure control plan is to:**
2. Eliminate or minimize the risk to employees and volunteers from occupational exposure to blood or certain other body fluids.
3. Meet or exceed, OSHA Bloodborne Pathogens Standard, 29CFR 1910, 1030.

2. **Exposure Determination**

OSHA’s rule applies to all persons occupationally exposed to blood or other potentially infectious materials. Occupational exposure means reasonably anticipated skin, eyes, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of the employee’s duties. Blood means potentially infectious materials including the following.

1. Human body Fluids: semen, vaginal secretions, cerebrospinal fluid, amniotic fluid, saliva in dental procedures, and body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. HIV-containing culture medium or their solutions as well as blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Head Start staff and Volunteers may be called upon to administer first aid to children/staff at any time in the program. The incident nature of this circumstance effectively establishes first and as a collateral duty rather than the primary one.

The fact, under OSHA ruling, eliminates any kind of “routine” staff vaccination against Hepatitis B.

1. **Exposure Precautions**

The following work practice controls and procedures will be utilized to minimize the risk of contracting or transmitting an infectious disease. Each time an employee or volunteer prepares to provide care, they **MUST** follow basic universal precautions in the area of protective equipment, personal hygiene, engineering and work practice controls, and equipment cleaning and disinfecting.

1. **Protective Equipment**

Protective Equipment includes all equipment and supplies that keep you from direct contact with infected materials. These include but not limited to: disposable gloves, masks and shields, protective eyewear, and mouthpieces and resuscitation devices

* 1. Wear disposable (single-use) gloves, when it is possible you will contact blood or body fluids. This may happen directly through contact with a victim or indirectly through contact with soiled clothing other personal articles.
  2. Remove gloves by turning them inside out, beginning at the wrist, and peeling them off. When removing the second glove, do not touch the soiled surface with your bare hand. Hook the inside of the glove at the wrist and peel.
  3. Discard gloves that are peeling, discolored, torn, or punctured.
  4. Do not clean or reuse disposable gloves.
  5. Avoid handling items, such as pens, combs, or telephones when wearing soiled gloves.
  6. Discard soiled gloves immediately and wash your hands.
  7. Gloves can be found in each classroom through the center.
  8. Wear protective covering, such as a mask, eyewear, and gown, whenever you are likely to contact blood or other body fluids that may splash.
  9. Cover any cuts, scrapes, or skin irritations you may have with protective clothing and/or bandages.
  10. Use breathing devices, such as disposable resuscitation mask and airway devices.

1. **Personal Hygiene**

Personal hygiene habits, such as frequent hand washing, are as important in preventing infection as any equipment that might be used. Hand-washing facilities are readily accessible in each SPCAA Head Start site. The proper hand washing techniques poster will be posted at all washbasins and food preparation area.

1. The following supplies are to be available at hand-washing areas:

* Liquid or powdered soap in a dispenser
* Paper towels

1. Hand-washing techniques include:

* Turn on water.
* Wet hands with water.
* Apply soap. Soap must be available within child’s reach at each sink.
* Wash hands. Wash hands well for at least 10-15 seconds. Rub top and inside of hands, under nails and between fingers.
* Rinse soap off hands. Rinse hands under running water for at least 10 seconds.
* Dry hands with clean, disposable paper towel.
* Turn water off using the paper a towel.
* Throw paper towel away in a lined trash container.

1. Nailbrushes are not to be used.
   1. Regulated waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, or transportation. A small biohazardous container will be kept in the site office for storage of regulated waste until the site staff can dispose of it properly.
2. **Cleaning Requirements:**

There must be a thorough cleaning of surfaces contaminated with blood or other body fluids. A disinfectant (one part chlorine bleach to 10 parts water) will be used. This solution must be prepared daily. Instructions for cleaning work/ play surfaces and toys will be posted at washbasins in the classroom, bathrooms and food preparation areas.

Each site must develop and implement a cleaning schedule that includes appropriate methods of decontamination and tasks or procedures to be performed. This written schedule must be based on the location within the site, the type of surfaces to be cleaned, the type of contamination present, the task or procedure to be performed, and their location within the site.

The staff must ensure that the following housekeeping procedures are followed:

1. Clean and decontaminate all equipment, environment, and work surfaces that have been contaminated with blood or other potentially infectious materials.
2. Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
3. Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.
4. Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately or as soon as possible.
5. Always use mechanical means such as a brush and a dustpan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
6. Store or process reusable biohazardous containers in a way that ensures safe handling
7. Place other regulated waste such as liquid or semi-liquid blood or other potentially infectious materials that release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated biohazardous containers; and waste containing other potentially infectious materials, in closeable and label containers. When storing, handling, transporting, or shipping, place regulated waste in containers that are constructed to prevent leakage.
8. **Exposure Reporting and Referral**

Incidents of exposure to blood, tissue, and /or body fluids visibly contaminated with blood or other potentially infectious materials must be reported to the Human Resources and Risk and Safety Officer or Head Start Director before the end of the work shift during which the incident occurs. Reports of the first aid incidents must include the names of all first aid providers and a description of the circumstance of the accident, including date and time. A written copy of the report should be faxed to the Human Resources and Risk and Safety Officer immediately. This incident report will be kept on file in the Human Resources office. Exposure incident reports will be documented on a first aid log that will readily be available to all staff and provided to OSHA upon request.

Any SPCAA Head Start staff, or volunteers exposed to blood/blood-contaminated materials are to be referred to the nearest health department for evaluation and disposition as soon after exposure as possible. (See Appendix for locations) This referral MUST BE MADE WITHIN 24 HOURS after reported exposure. All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether or not a specific exposure incident occurs, must be offered the full immunization series, as soon as possible, but in no event later than 24 hours.

County Health departments shall be utilized to make available Hepatitis B vaccine and vaccination series. Post-exposure follow-up procedures must be initiated immediately. At a minimum the evaluation and follow-up must include these elements:

1. Document the routes of exposure and how exposure occurred.
2. Identify and document the source individual, unless it can be established that identification is not feasible or when prohibited by law.
3. Obtain consent and test source individual’s blood as soon as possible to determine HIV and HBV infectivity and document the source’s blood test results. If consent is not obtained, a signed statement denying consent should be obtained and/or appropriate documentation showing why legally required consent could not be obtained.
4. If the source individual is know to be infected with either HIB or HBV, testing need not be repeated to determine the know infectivity.
5. Provide the exposed individual with the source individual’s test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
6. After obtaining consent, collect exposed person’s blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.
7. If the individual does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If during this time, the exposed individual elects to have the baseline sample tested, testing shall be done as soon as feasible.
8. Provide HBV and HIV serological testing, counseling, and safe and effective post-exposure prophylaxis following the current recommendations of the U. S. Public Health Service.

SPCAA Health Manager shall be responsible for providing the health care professional responsible for the hepatitis B vaccination and post-exposure follow-up a copy of the OSHA standard. The Human Resources also must provide to the health care professional a description of the staff’s job duties relevant to the exposure, circumstances of exposure, and results of the source individual’s blood test, if available, an all relevant staff medical records, including vaccination status. The Human Resources shall be responsible for monitoring the actions for the health care professional providing care to ensure all requirements listed above are met.

Within 15 days after evaluation of the exposed individual, SPCAA Head Start will provide the individual with a copy of the health care professional’s opinion. The written opinion is limited to whether the vaccine is indicated and if it has been received. The written opinion for post-exposure evaluation must document that the staff member has been informed of the results of the medical evaluation and of any medical conditions resulting from the exposure incident that may require further evaluation or treatment. All other diagnoses must remain confidential and not be included in the written report.

All Medical evaluations and procedures, including the Hepatitis B vaccine, vaccination series, and post-exposure follow-up shall be:

1. Made available at no cost to the staff member, or volunteer. Expenses incurred shall be the responsibility of SPCAA Head Start, following the procedure of exhausting any alternate funding sources (i.e. private insure, Medicaid, etc.), and then using the Head Start funding.
2. Made available at a reasonable time and place.
3. Performed by or under the supervision of a licensed physician.
4. Provided according to the recommendations of the U. S. Public Health Service.
5. Documented per agency protocol. Medical records will be kept at the administering Health Department and are not to be kept in the individual personnel file.
6. All laboratory tests shall be conducted by an accredited laboratory at no cost to the staff, or volunteer.
7. If a routine booster dose of Hepatitis B vaccine is recommended by the U. S. Public Health Service at a future date, such booster doses shall be made available.

**8. Record keeping:**

An accurate record of occupational exposure must be preserved and maintained for each staff member, consultant, or volunteer. Under the bloodborne pathogens standard, medical records must include the following information:

1. Exposed individual’s name and social security number.
2. Individual’s Hepatitis B vaccination status including vaccination dates and any medical records related to the individual’s ability to receive vaccination;
3. Results of examinations, medical testing, and post-exposure evaluation and follow-up procedures;
4. Health care professional’s written opinion; and
5. A copy of the information provided to the health care professional.

Medical records must be kept confidential and maintained for at least the duration of employment plus 30 years. Medical records will be kept by the Human Resources office.

**9. Health Education on Bloodborne Pathogens**

SPCAA Head Start and volunteers will be trained annually on bloodborne pathogens and application of universal precautions techniques when dealing with blood or blood contaminated tissue/body fluids. SPCAA Head Start personnel will receive training annually with First Aid and CPR training. For any new employee, training is done during the week of orientation with First Aid and CPR.

All staff and volunteers who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal (See Appendix I). Accurate records of all training will be kept on file for a period of three years and will include:

1. Training Dates,
2. Content or a summary of the training,
3. Names and qualifications of trainer (s), and
4. Name and job titles of trainees.

Upon request, both medical and training records will be made available to the Director of the National Institute for Occupational Safety and Health (NIOSH) and the Assistant Secretary of Labor for Occupational Safety and Health. Training records will be available to any exposed individual or their representatives upon request. Medical records may b obtained by the exposed individual or anyone having that person’s written statement.

In the event SPCAA Head Start ceases to do business, medical and training records will be transferred to South Plains Community Action Association or the successor employer. If there is no successor employer, SPCAA Head Start will notify the Director, NIOSH, U.S. Department of Health and Human Services, for specific directions regarding disposition of the records at least three (3) months prior to the intended disposal.

## Forms



SPCAA Head Start

Injury Report Form

Complete within 24 hours of injury. For an injured child, obtain the signature of a parent or legal guardian. Submit the completed form to the Health Manager’s office.

Name of injured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of injured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of injury \_\_\_\_\_\_\_\_\_\_\_am /pm

Witness (es)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Where injury happened\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any equipment or product involved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of office personnel notified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time notified \_\_\_\_\_\_\_\_\_ am/pm Notified by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of injury and how it happened\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who gave first aid and what did they do

First aid given by medical personnel, tell who, what, when, and where

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Follow-up plan for the injured

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Injury prevention steps taken

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Employee completing form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date from Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature (if required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Office Use only**

Date Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Follow-up Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written Opinion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Injury Log

When did the injury happen? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_

Staff member reporting the injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What happened to cause the injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did it happen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Corrective Measures taken:

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When did the injury happen? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff member reporting the injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What happened to cause the injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did it happen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Corrective Measures taken:

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

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Exposure Incident Report

Confidential

Written permission from the employee required for access.

Program/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date and Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of possible exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of possible exposure incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Source of the material involved in the incident: (Do Not Include Confidential Information)

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

Suggested procedural, environmental, and/or policy changes:

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

Date changes completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report filed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Employee

Report received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Risk and Safety Officer

Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Post-Exposure Evaluator

Did an Exposure Occur: YES/NO Date: \_\_\_\_\_\_\_\_\_\_\_\_\_



Consent for Testing

I understand that due to the accidental exposure of others to blood or other potentially infectious materials, (by either an employee, volunteer or a child) SPCAA Head Start is hereby requesting my permission to perform a baseline blood test to determine whether or not any form of infectivity may be present.

I understand that all testing will be done at no cost to me and that all test results will be strictly confidential.

Name of Injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_

If a minor, name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I do hereby grant permission for baseline testing to be done.

\_\_\_\_\_ I do hereby deny permission for baseline testing to be done.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Injured, Parent or Guardian Date



SPCAA Head Start/Early Head Start

Bloodborne Pathogens

Declination Statement

An employee who chooses not to accept the vaccine must sign the following statement of declination of Hepatitis B vaccination. The statement can only by signed by the individual concerned following appropriate training requiring Hepatitis B, Hepatitis B vaccination, the efficacy, safety, method of administration and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; individuals can request and receive the Hepatitis B vaccination at a later date if they remain occupationally at risk for Hepatitis B.

Decline Statement

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

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Signature Date

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

Witness Date

State of Texas

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

Sworn to and subscribed before me on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Notary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Commission Expires