

# Lane Education Service District Administrative Rule

Code: **JHCCBA/EBBAB/  
GBEBAA-AR**

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Orig. Code(s): JHCCBA/EBBAA/  
GBEBAA-AR

## **Bloodborne Pathogen Exposure Control Plan** For Compliance with OR-OSHA Standard - OAR 437-002-0360 to -0375

### **Definitions**

The following definitions apply to this document and the OR-OSHA administrative rules on bloodborne pathogens:

“Blood”: Human blood, human blood components and products made from human blood.

“Bloodborne Pathogens”: Pathogenic micro-organisms 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).

“Clinical Laboratory”: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

“Contaminated”: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

“Contaminated Laundry”: Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

“Contaminated Sharps”: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

“Decontamination”: The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

“Engineering Controls”: Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Exposure Incident”: A specific eye, mouth or other mucous membrane, nonintact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of any employee’s duties.

“Handwashing Facilities”: A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

“Licensed Health-Care Professional”: A person whose legally permitted scope of practice allows him/her to independently perform the activities required by OAR 437-002-0360 (f) (Hepatitis B Vaccination of Post-Exposure Evaluation and Follow up).

“HBV”: Hepatitis B Virus.

“HIV”: Human Immunodeficiency Virus.

“Hazard”: An actual or potential exposure to risk.

“Occupational Exposure”: 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.

**Other Potentially Infectious Materials:**

- Semen;
- Vaginal secretions;
- Cerebrospinal fluid;
- Synovial fluid;
- Pleural fluid;
- Pericardial fluid;
- Peritoneal fluid;
- Amniotic fluid;
- Saliva in dental procedures;
- Any body fluid that is visibly contaminated with blood;
- All body fluids where it is difficult to differentiate between body fluids;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

“Parenteral”: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

“Personal Protective Equipment”: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment (PPE).

“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.

“Source Individual”: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to:

- Hospital and clinic patients;
- Clients in institutions for the developmentally disabled;
- Trauma victims;
- Clients of drug and alcohol treatment facilities;
- Residents of hospices and nursing homes;
- Human remains;
- Individuals who donate or sell blood or blood components.

“Sterilize”: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

“Standard Precautions”: An approach to infection control. All human blood and certain human fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

“Work Practice Controls”: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

**BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN  
LANE EDUCATION SERVICE DISTRICT (LANE ESD)**

In accordance with OR-OSHA Bloodborne Pathogens Standard, OAR 437-002-0360 to -0375 the following Exposure Control Plan has been developed:

1. Purpose

The purpose of this Exposure Control Plan is to:

- a. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
- b. Comply with the OR-OSHA Bloodborne Pathogens Standard, OAR 437-002-0360 to -0375.

2. Exposure Determination

OR-OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials or high risk occupations. Lane ESD does not have any occupations that are in a high-risk category.

However, when a contact has been made with infectious materials, fluids or persons with Hepatitis B, Lane ESD will make available, at no cost to the employee, any necessary, confidential medical evaluation and follow-up as required by OSHA. Also, Lane ESD will provide training in prevention of exposure to infectious situations and how to dispose of contaminated waste.

In addition, OR-OSHA requires a listing of job classifications in which some employees may have occupational exposure. Not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials. Job classifications and tasks or procedures that would cause these employees to have occupational exposure are listed as follows:

JOB CLASSIFICATION	TASK/PROCEDURE
Directors and Supervisors	Program Dependent
Custodian(s) working at ESD	General facility cleaning
Teachers/Educational assistants for Lane School, Skipworth and the MSMR Program staff as well as support personnel, such as speech and language therapists and adaptive PE teacher	Changing menstrual pads Tooth brushing Emesis clean-up Cleaning nose/mouth secretions General health care Blood glucose monitoring
Persons who may provide first aid to students/staff	First aid for injuries

3. Implementation Schedule and Methodology

OR-OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

4. Compliance Method

Standard precautions will be observed at Lane ESD in order to prevent contact with blood or other potentially infectious materials.

Engineering controls and work practices will be utilized to eliminate or minimize exposure to employees at Lane ESD. Injured parties will be encouraged to care for themselves when feasible. Where occupational exposure remains after institution of these controls, personal protective equipment will also be utilized. At Lane ESD, the following engineering controls and work practices will be utilized:

- a. Leak-proof containers lined with a red plastic bag for disposal of bloody waste;
- b. Sharps containers for needle, blade and lancet disposal;
- c. Students will cleanse their own bloody wounds when possible, using gauze, soap and water;
- d. Pressure will be applied using gauze and gloved hands when the student needs assistance.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

- a. On a daily basis as needed, the custodian will remove the red plastic bag, clean and decontaminate the container as necessary. A new red plastic bag will be put in place;
- b. A custodian will take filled sharps containers to Lane County Health Department for proper disposal;
- c. Hand washing facilities will be made available to employees who incur exposure to blood or other potentially infectious materials. OR-OSHA requires that these facilities be readily accessible after incurring exposure. (If hand washing facilities are not feasible, Lane ESD will provide antiseptic towelettes or an antiseptic cleanser and paper towels. The hands are to be washed with soap and running water as soon as possible. Playground aides will be provided with packets which will contain latex gloves, paper towels, antiseptic towelettes, gauze pads and a plastic sack for waste materials.);
- d. Supervisors will ensure that after the removal of gloves, employees will wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water;
- e. Supervisors will ensure that employees who incur exposure to their skin or mucous membranes will wash or flush exposed areas with water as soon as feasible following the contact;
- f. The use of disposable gloves is necessary for care givers who give first aid when body fluids are present (cleaning cuts and scrapes, helping with a bloody nose, examining secreting rashes). When applicable, those care givers who handle diapers or student's clothing soiled by feces or urine must take similar precautions and wear protective clothing (a vinyl apron, for example) if contamination is anticipated;
- g. If unanticipated contact with body fluids occurs, hands and all other affected skin areas must be washed thoroughly with soap and running water as soon as possible. Effective hand washing requires the use of soap and vigorous washing under a stream of running water for at least 30 seconds. Use paper towels to dry hands well and to turn off hand-operated faucet;
- h. Any articles used to clean body fluid spills must be handled with gloved hands and disposed of in a plastic bag or a receptacle labeled with a biohazard sign. If an absorbent agent is used, sweepings must be disposed of in a similar manner. Brooms and dust pans must be cleaned with a disinfectant;
- i. Freshly mixed household bleach in a 1:10 solution (one part bleach to nine parts cool water) is recommended for sanitizing. Bleach solution should be made fresh every 24 hours in order to be effective. A tightly sealed bottle marked with a line for one part bleach and another line for nine parts water can be kept handy. The fresh solution can be stored out of direct light. The bottle must be clearly labeled;
- j. Wash contaminated surfaces with soap and water to remove all visible contamination. The surface to be sanitized must be visibly clean and free of all soap residue. Do not mix bleach with soap or detergent, as any organic material will inactivate the active ingredient. The contaminated surface must be in contact with bleach solution for at least 10 minutes.

## 5. Needles

Contaminated needles or other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OR-OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by a mechanical device or a one-handed technique. Empty immunization vials will be disposed of in the sharps container.

6. Work Area Restriction

Employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses in the health room. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present. Hands must be washed before and after assisting with first aid, before and after meals and after toileting.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials. Methods employed to accomplish this goal are:

- a. The custodian will be called when body fluids need to be cleaned up;
- b. Employees involved in activities which might cause splattering of infectious materials will wear gloves and/or vinyl aprons as necessary.

7. Contaminated Equipment

The custodian is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials will be examined and decontaminated as necessary as soon as possible.

8. Personal Protective Equipment (PPE)

- a. General: Supervisors are responsible for ensuring that latex gloves are provided without cost to employees. The nature of anticipated exposure to body fluids at a school requires latex gloves (and when applicable, a vinyl apron) to be the only personal protective equipment that is generally needed. If the employee's clothing should become contaminated with body fluids, the employee will be given time to change clothing. Soiled clothing will be placed in a plastic bag and sent home with the owner and handled in accordance with standard precautions.

A CPR mask with a one-way valve will be provided at each instructional site.

- b. PPE Use (Personal Protective Equipment): Supervisors will ensure that the employee uses appropriate PPE unless it is shown that the employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- c. PPE Accessibility: Supervisors will ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.
- d. PPE Cleaning, Laundering and Disposal: All personal protective equipment will be cleaned, laundered and/or disposed of by the employer at no cost to the employees. All repairs and replacements of PPE will be made by Lane ESD at no cost to the employees. All garments which are penetrated by blood will be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. Reusable items, such as CPR masks and vinyl aprons will be sanitized using a freshly made 1:10 (one part bleach, nine parts cool water) bleach solution.

- e. Gloves: Gloves will be worn when it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, nonintact skin or mucous membranes; when handling or touching contaminated items or surfaces.

Disposable latex gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical if they are torn, punctured or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Disposable latex gloves will be removed by grasping the cuff and pulling them wrong side out. Soiled gloves will be placed in the plastic bag with other contaminated waste material, double bagged and disposed of according to state and local regulations.

- f. Eye and Face Protection: A CPR mask with a one-way valve is to be used in the event of cardiac or respiratory arrest. Ordinary school activities do not require other masks, goggles or face shields to prevent splashes, splatter or droplets of blood.
- g. Additional Protection: The need for additional protective clothing is not anticipated in the normal course of school activities. (Vinyl aprons are to be made available for staff when appropriate.)

#### 9. Housekeeping

All bins, pails, cans and similar receptacles will be inspected and decontaminated on a regularly scheduled basis once a month by the custodian and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Decontamination will be accomplished by utilizing the following materials:

- a. Blood or body fluid spills: A Quaternary disinfectant or a freshly made 1:10 bleach solution (one part bleach and nine parts cool water);
- b. Counters and sink: A Quaternary disinfectant or bleach solution;
- c. Broken glassware: Not to be picked up directly with the hands.

#### 10. Regulated Waste Disposal

Gauze and other first-aid products used to cleanse bloody wounds in the health room will be placed in a plastic bag-lined waste can. The bag will be securely tied and disposed of daily. The state of Oregon does not require special disposal practices for this type of waste.

#### 11. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials generated in school or at a work site will be handled using standard precautions. Such laundry will be placed in a plastic bag and sent home with the owner, if possible, to be handled according to standard precautions.

#### 12. Hepatitis B Vaccine and Exposure Evaluation and Follow-Up

- a. General: Lane ESD will make available the Hepatitis B vaccine and post-exposure follow-up to all employees who have occupational exposure as determined by the district and/or to all employees who have had an exposure incident.

Lane ESD will ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure follow-up including prophylaxis, are:

- (1) Made available at no cost to the employee;
- (2) Made available to the employee at a reasonable time and place;

- (3) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional;
- (4) Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

- b. Hepatitis B Vaccination: The human resources administrator is in charge of the Hepatitis B vaccination program, if any are needed.

Hepatitis B vaccination will be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure, unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program will not be a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination, but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination will be made available.

All employees who decline the Hepatitis B vaccination offered will sign the OR-OSHA required declination statement indicating their refusal. (See Hepatitis B Declination Statement form, page 11-19). If the employee refuses to sign the declination statement, the supervisor will make a notation on the form and sign as a witness to the employee's refusal.

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 will be made available.

- c. Post-Exposure Evaluation and Follow-Up: All exposure incidents will be reported, investigated and documented. When the employee incurs an exposure incident, it will be reported to the immediate supervisor and an incident report will be completed immediately, conjointly with a health professional.

Following a report of an exposure incident, the exposed employee will immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- (1) Documentation of the route of exposure and the circumstances under which the exposure incident occurred;
- (2) Identification and documentation of the source individual, unless it can be established that identification is not feasible or prohibited by state or local law;
- (3) The source individual's blood will be tested as soon as possible and after consent is obtained in order to determine HBV and HIV infectivity. Laboratory tests requested by Lane ESD will be paid for by the ESD. If consent is not obtained, the human resources manager will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented;
- (4) When the source individual is already known to be infected with HBV or HIV, status need not be repeated;
- (5) Results of the source individual's testing will be made available to the exposed employee and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
- (6) The exposed employee's blood will be collected and tested for HBV and HIV status as soon as possible after exposure and consent is obtained. The employee will have the option of having the blood sample preserved for up to 90 days to allow the employee time to consider the ramifications of testing. Any employee who wants to participate in the medical evaluation program must agree to have blood drawn.

All employees who incur an exposure incident will be offered post-exposure evaluation testing and treatment in accordance with OR-OSHA standard. All post-exposure follow-up will be performed by a physician under contract with Lane ESD.

- d. Information Provided to the Health Care Professional: The human resources administrator will ensure that the physician responsible for the employee's Hepatitis B (HBV) vaccination is provided with the following:
  - (1) A copy of OAR 437-002-0360 with confidentiality being emphasized;
  - (2) A written description of the exposed employee's duties as they related to the exposure incident;
  - (3) Written documentation of the route of exposure and circumstances under which exposure occurred;
  - (4) Results of the source individual's blood testing, if available;
  - (5) All medical records relevant to the appropriate treatment of the employee including HBV vaccination status, the staff member's current emergency information record and the most recent medical occurrences.
  
- e. Health Care Professional's Written Opinion: The human resources administrator will obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. The information in the report will be confidential. The health care professional's written opinion for post-exposure follow-up will be limited to the following information:
  - (1) A statement that the employee has been informed of the results of the evaluation;
  - (2) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment;
  - (3) Whether the Hepatitis B vaccination is recommended;
  - (4) Whether the employee has received the Hepatitis B vaccination.

NOTE: All other findings remain confidential and will not be included in the written report.

13. Labels and Signs

Lane ESD will not ordinarily produce regulated waste products. Plastic or biohazard labeled waste containers that are leakproof, with lids, will be used to collect absorbent gauze pads, disposable gloves and contaminated paper. These plastic bags will be removed when filled, tied in a knot at the top and disposed of.

14. Information and Training

In accordance with applicable regulations, the human resources administrator will ensure that training is provided at the time of initial assignment to tasks potentially involving occupational exposure. Review will be provided annually for all returning employees. Additional training will be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure. Training and review will be tailored to the employee's education and language level and will be offered during regular work hours at no cost to the employee. The training will be interactive and will cover the following:

- a. Where a copy of the OR-OSHA standard is available and an explanation of its contents;
- b. A discussion of the epidemiology and symptoms of bloodborne diseases;
  
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. An explanation of Lane ESD Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy;
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- f. An explanation of the use and limitations of methods to reduce exposure, for example: engineering controls, work practices and personal protective equipment (PPE);
- g. Information of the types, use, location, removal, handling, decontamination and disposal of PPE's;
- h. An explanation of the rationale for selection of PPE's;



- i. Information regarding the Hepatitis B vaccination including efficacy, safety, method of administration, benefits and that it will be offered free of charge;
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- k. An explanation of the procedures to follow if an exposure incident occurs including the method of reporting and medical follow-up;
- l. Information regarding the post-exposure evaluation and follow-up required after an employee exposure incident;
- m. An explanation of the signs, labels and color-coding systems.

The person conducting the training will be knowledgeable in the subject matter.

15. Record Keeping

- a. Medical Records: Medical records will be maintained by the human resources department in accordance with OAR 437-002-0015 in a locked file cabinet in the human resources office area. These records will be kept confidential and must be maintained for at least the duration of employment plus 30 years. (Long-term storage will be in the human resources office.) The records will include the following:
  - (1) The name and social security number of employee;
  - (2) A copy of the employee's HBV vaccination status including the dates of vaccination and any medical records related to the employee's ability to receive vaccination;
  - (3) A copy of all results of examinations, medical testing and follow-up procedures;
  - (4) A copy of the health care professional's written opinion - whether Hepatitis B vaccination is indicated and if the employee has received such vaccination;
  - (5) A copy of the information provided to the health care professional including a description of the employee's duties as they related to the exposure incident and documentation of the routes of exposure and circumstances of the exposure.
- b. Training Records: The human resources administrator is responsible for maintaining the training records. These records will be kept in the human resources office. Training records will be maintained for three years from the date of the training. The records will document the following:
  - (1) The dates of the training session;
  - (2) An outline describing the material presented;
  - (3) The names and qualifications of persons conducting the training;
  - (4) The names and job titles of all persons attending the training session.
- c. Availability: All employee records will be made available to the employee in accordance with OAR 437-002-0015. All employee records will be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.
- d. Transfer of Records: If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the director of the NIOSH will be contacted for final disposition.

16. Evaluation and Review

The safety committee is responsible for reviewing this program, its effectiveness and for updating this program as needed on an annual basis.

17. Dates

All provisions required by this standard will be implemented by June 1, 1993.

18. Consents and Waivers

If employees, source individuals or parents of source individuals refuse to sign any form requested, a Lane ESD employee will make a notation on the form that the individual refused to sign. The employee will then date and sign the form as a witness to this refusal.

19. Outside Contractors

Outside contractors will be responsible for meeting OR-OSHA requirements for their employees.

**LANE EDUCATION SERVICE DISTRICT  
HEPATITIS B DECLINATION STATEMENT**

The following statement of declination of Hepatitis B vaccination must be signed by an employee who chooses not to accept the vaccine. The statement can only be signed by the employee following appropriate training regarding 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; employees can request and receive the Hepatitis B vaccination at a later date if they remain occupationally at risk for Hepatitis B.

**DECLINATION 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 me; however, I decline Hepatitis B vaccination at this time. I understand that by declining the 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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Print Employee's Name

Employee's Social Security Number

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Employee's Signature

Date



**LANE EDUCATION SERVICE DISTRICT  
HEPATITIS B VACCINATION RECORD**

Employee's Name: \_\_\_\_\_ School/Facility: \_\_\_\_\_

Job Classification: \_\_\_\_\_ Social Security #: \_\_\_\_\_

<u>Series</u>	<u>Date</u>	<u>Administered By</u>	<u>Lot #</u>
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____
#5	_____	_____	_____

**ANTIBODY/LAB TEST RESULTS**

Indicate any Hepatitis B lab results and dates done:

HBsAg + \_\_\_\_\_ Date: \_\_\_\_\_

HBsAg - \_\_\_\_\_ Date: \_\_\_\_\_

HBsAg + \_\_\_\_\_ Date: \_\_\_\_\_

HBsAg - \_\_\_\_\_ Date: \_\_\_\_\_

HBsAg + \_\_\_\_\_ Date: \_\_\_\_\_

HBsAg - \_\_\_\_\_ Date: \_\_\_\_\_

**LANE EDUCATION SERVICE DISTRICT  
SOURCE INDIVIDUAL HISTORY AND CONSENT**

I hereby authorize an exchange of information to occur between the agencies/physicians listed below. I am aware that I, or my child, have been identified as a source individual where an employee may have been exposed to blood or other potentially infectious body fluids.

1. Lane Education Service District  
1200 Highway 99 North  
PO Box 2680  
Eugene OR 97402

2. Employee's Medical Practitioner:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. Student's Medical Practitioner:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I authorize a release of any or all information contained in the record of:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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Dr. \_\_\_\_\_: This student or employee is a source individual of a bloodborne pathogen or other potentially infectious body fluid exposure incident. The above-named employee, parent or guardian has been notified of OAR 437-002-0360 to -0375, exposure guideline on bloodborne pathogens. Please return the following medical information.

Results of:

HBsAg: \_\_\_\_\_ Date: \_\_\_\_\_ HIV: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
M.D. Signature

\_\_\_\_\_  
Date

**LANE EDUCATION SERVICE DISTRICT  
SOURCE INDIVIDUAL REFUSAL FOR BLOOD TESTING**

Lane Education Service District  
1200 Highway 99 North  
PO Box 2680  
Eugene OR 97402

Source Individual Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date Employee Exposed: \_\_\_\_\_ Date Parent/Guardian Notified: \_\_\_\_\_

\_\_\_\_\_  
School Health Official Signature Date

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Please read, sign below and return to the human resources administrator at the address listed above.

I have been informed by \_\_\_\_\_ that I/my child have/has been identified as being a source individual in an employee exposure incident to blood or other potentially infectious body fluids.

I am aware of the risks to the employee and I have declined blood testing to be performed for Hepatitis B and HIV. I have been informed that if I had consented to this testing, this information would be released to the employee's medical provider and to Lane ESD's human resources administrator.

\_\_\_\_\_  
Signature Date





**PHYSICIAN'S STATEMENT AND WRITTEN OPINION**

Lane Education Service District  
1200 Highway 99 North  
PO Box 2680  
Eugene OR 97402

Please complete the following information and return to the human resources administrator at the address listed above. OR-OSHA requires that the employer will obtain and provide the employee with a copy of this written opinion within 15 days of completion of this medical evaluation. Please note that the following records are accompanied with this form to assist in your medical evaluation:

- OR-OSHA regulation regarding post-exposure protocol;
- Bloodborne pathogen exposure report;
- Hepatitis B vaccination history/waiver;
- Source individual's medical information and release of confidential information.

**Hepatitis B Prophylaxis**

1. Is Hepatitis B vaccination indicated?  YES  NO
2. If so, was vaccination given?  YES  NO DATE GIVEN: \_\_\_\_\_  
If yes, projected date for next dose: \_\_\_\_\_
3. Are there any medical contraindications?  YES  NO  
If yes, please explain: \_\_\_\_\_
4. Was HBIG given?  YES  NO  
If yes, date received: \_\_\_\_\_

**Antibody Testing**

1. Date blood drawn: \_\_\_\_\_
2. Baseline Hepatitis B result: \_\_\_\_\_
3. Baseline HIV completed: \_\_\_\_\_  
(If employee does not give consent initially for HIV serologic testing, the sample must be preserved for at least 90 days. The employee may later elect to have the baseline done during this 90-day period.)

**Post-Exposure Counseling and Follow-Up**

Further recommendations: \_\_\_\_\_

I certify that the employee has been informed of the results of this medical evaluation, has been advised about any medical conditions resulting from exposure to blood or other potentially infectious materials and has been advised about any further evaluation or treatment.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**LANE EDUCATION SERVICE DISTRICT  
ACCIDENTAL BODY FLUID EXPOSURE LOG**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

School Health Official: \_\_\_\_\_

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Name of Exposed: \_\_\_\_\_ Student  Staff  DOB: \_\_\_\_\_

Source Individual, if known: \_\_\_\_\_

Reported By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was consultation with health care provider sought:       YES       NO

If so, name of health care provider: \_\_\_\_\_

Recommendation of health care provider: \_\_\_\_\_  
\_\_\_\_\_

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Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

School Health Official: \_\_\_\_\_

---

Name of Exposed: \_\_\_\_\_ Student  Staff  DOB: \_\_\_\_\_

Source Individual, if known: \_\_\_\_\_

Reported By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was consultation with health care provider sought:       YES       NO

If so, name of health care provider: \_\_\_\_\_

Recommendation of health care provider: \_\_\_\_\_  
\_\_\_\_\_

