

PERSONNEL

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

The Board of Education is committed to protecting employees at risk of occupational exposure to bloodborne pathogens in accordance with state and federal law. The term “bloodborne pathogen” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). “Occupational exposure” means 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. Employees who are at risk of occupational exposure to bloodborne pathogens shall be provided with appropriate training, protective equipment and offered the vaccine for hepatitis B virus at no cost.

Exposure Control Plan

The Superintendent of Schools shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure to bloodborne pathogens. The Exposure Control Plan shall contain at least the following elements:

- (A) Determination of employee exposure (containing a list of all job classifications in which all employees in those job classifications have occupational exposure; a list of job classifications in which some employees have occupational exposure, and a list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed);
- (B) Implementation of various methods of exposure control, including: universal precautions, engineering and work practice controls, personal protective equipment and housekeeping;
- (C) Hepatitis B vaccination;
- (D) Post-exposure evaluation and follow-up;
- (E) Communication of hazards to employees and training;
- (F) Recordkeeping;
- (G) Procedures for evaluating circumstances surrounding an exposure incident

Employees must be permitted access to the Exposure Control Plan in a reasonable time, place and manner. Employees may, upon request, receive free copies of the Exposure Control Plan.

The Exposure Control Plan shall be reviewed and updated at least 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.

Vaccination

Hepatitis B vaccination shall be made available to all employees who have occupational exposure after such employees have received the required training and within 10 working days of initial assignment 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. Employees who decline to accept hepatitis B vaccination offered by the Board must sign the statement in appendix A.

Legal References:

Connecticut General Statutes:

31-372 Adoption of federal and state standards. Variances

Regulations Connecticut State Agencies § 31-372-101-1910-1030

29 U.S.C. §§ 653, 655, and 657, Occupational Safety and Health Act of 1970

29 CFR 1910-1030 Occupational exposure to bloodborne pathogens

Appendix A to Section 1910.1030--Hepatitis B Vaccine Declination (Mandatory)

29 CFR 1910.1020(e) Access to records

REGIONAL SCHOOL DISTRICT NO. 14
TOWNS OF BETHLEHEM AND WOODBURY
5 Minortown Road, P.O. Box 469
Woodbury, Connecticut 06798-0469
(203) 263-4330

To All Staff:

It is an OSHA law that all employees exposed to incidents involving blood, body fluids or tissue be given the opportunity to be inoculated against the Hepatitis B Virus at district expense. The Pomperaug Health District will be distributing the inoculations. If you are interested in receiving the vaccine please contact the Pomperaug Health District, Public Health Nurse to arrange an appointment, for your convenience the contact information is listed below.

Region # 14 must keep your response to this invitation on file in case OSHA inspectors wish to see evidence of offered inoculations.

Please respond by either requesting the inoculations or signing the waiver. Please mail or return this form to the school nurse.

Yes, I wish to be inoculated.

| | | |
|-----------|--------------|------|
| Signature | Printed Name | Date |
|-----------|--------------|------|

No, I waive the option for Hepatitis B inoculations.

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 (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 vaccine 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.

| | | |
|-----------|--------------|------|
| Signature | Printed Name | Date |
|-----------|--------------|------|

I have already been inoculated for Hepatitis B.

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|-----------|--------------|------|
| Signature | Printed Name | Date |
|-----------|--------------|------|

If you are interested in being inoculated please call: The Pomperaug Health District
800 Main Street South
Southbury, CT 06488
203 264-9616