

EMPLOYMENT REQUIREMENTS AND RESTRICTIONS
MEDICAL EXAMINATIONS AND COMMUNICABLE DISEASES

DBB
(EXHIBIT)

See the following pages for exhibits regarding:

Exhibit A: Hepatitis B - Consent to Vaccination [English and Spanish]

Exhibit B: Hepatitis B - Declining Vaccination [English and Spanish]

Exhibit C: Contaminated Sharps Injury Reporting Form

~~Exhibit D: Documentation of Annual Training - Bloodborne Pathogens Exposure Control
Plan~~

Exhibit ~~D~~ E: Bloodborne Pathogens Action Plan Summary

EXHIBIT A

HEPATITIS B CONSENT/RECORD

Employee Name _____
(Print) Last, First, MI

Social Security # _____

School/Unit _____

Job Title _____

Consent

I have chosen to receive the hepatitis B vaccination due to my possible occupational exposure to blood or other potentially infectious material that may place me at risk for hepatitis B virus (HBV) infection. I have no known sensitivity to yeast or any other preservatives, am not pregnant, have not had a previous hepatitis B infection, or am not currently receiving immunosuppressive therapy. I have been given written informational materials explaining the benefits and risks involved in receiving the hepatitis B vaccination. I understand that the District is not responsible for any reactions caused by this vaccine.

Employee Signature

Date

Record of HBV Vaccination

Dose Number	Date	Lot Number	Given By	Next Dose Due
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Other

Documentation of Previous Vaccination:

Copy Attached _____ Date _____

Results of Antibody Testing:

Copy Attached _____ Date _____

Documentation of Medical Contraindication:

Copy Attached _____ Date _____

(Forward completed form to unit/school administrator)

CONSENTIMIENTO/ARCHIVO DE HEPATITIS B

Nombre de Empleado _____
(Letra de Molde) Apellido, Primer Nombre, Inicial de Segundo Nombre

Numero de Seguro Social _____

Escuela/Departamento _____ Titulo de Empleo _____

CONSENTIMIENTO

Yo he elegido recibir la vacuna de la hepatitis B debido a la posibilidad que existe en mi trabajo a la exposicion de sangre o otros materiales posiblemente contagiosos que me puedan poner a riesgo a la infeccion de la virus de hepatitis B (HBV). Que yo sepa, no tengo ninguna sensibilidad a levadura o a ningun otro preservativo, no estoy embarazada, no he tenido una infeccion de hepatitis B anteriormente, y no estoy ahora recibiendo terapia inmunosupresiva. Me han dado materiales informativos explicando los beneficios y riesgos involucrados al recibir la vacuna de hepatitis B. Yo entiendo que el distrito no es responsable por ninguna reaccion causada por esta vacuna.

Firma de Empleado

Fecha

Archivo de Vacuna HBV

Dosis	Fecha	Lote	Fecha de Siguiete Dosis	Dado por
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Other

Documentacion de Anterior Vacuna:

Copia Adjunta _____ Fecha _____

Resultados de Examen Anticuerpo:

Copia Adjunta _____ Fecha _____

Documentacion de Contraindicacion Medica:

Copia Adjunta _____ Fecha _____

(Envie esta forma a su departamento/director escolar)

EXHIBIT B

HEPATITIS B VACCINATION
DECLINATION STATEMENT

Employee Name _____
(Print) Last, First, MI

Social Security # _____

School/Unit _____

Job Title _____

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 the hepatitis B vaccine at no charge to myself. 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Employee Signature _____

Date _____

Witness _____

Witness Job Title _____

Date _____

(Forward completed form to unit/school administrator.)

VACUNACION DE HEPATITIS B
DECLARACION DE RECHAZO

Nombre de Empleado _____
(Letra de Molde) Apellido, Primer Nombre, Inicial de Segundo Nombre

Numero de Seguro Social _____

Escuela/Departamento _____

Titulo de Empleo _____

Yo entiendo que debido a la exposicion de sangre o otros materiales contagiosos que existen en mi trabajo, puedo estar a riesgo de contraer la virus de hepatitis B (HBV). Me han dado la oportunidad de ser vacunado contra hepatitis B sin ningun costo para mi. Sin embargo, yo voy a rechazar la vacuna por ahora. Yo entiendo que al rechazar la vacuna sigo teniendo el riesgo de contraer la hepatitis B, una enfermedad muy grave. Si en el futuro, yo sigo estando expuesto en mi trabajo, a sangre o otros materiales contagiosos y quiero ser vacunado contra la hepatitis B, yo puedo recibir la serie de vacunas sin ningun costo para mi.

Firma de Empleado _____

Fecha _____

Firma de Testigo _____

Fecha _____

Titulo de Empleo de Testigo _____

(Envie esta forma a su departamento/director escolar)

El Paso ISD
071902

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EXHIBIT C

TEXAS DEPARTMENT OF HEALTH
Contaminated Sharps Injury Reporting Form

Click or enter the URL below to view and/or print the Injury Reporting Form:

http://www.tdh.state.tx.us/ideas/report/sharps_e.pdf

To view the document you must have [Acrobat Reader](#) installed.

~~EXHIBIT D~~

~~DOCUMENTATION OF ANNUAL TRAINING
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN~~

~~By my signature below, I acknowledge that I have received information and training regarding:~~

- ~~1. Chapter 96, Bloodborne Pathogen Control;~~
- ~~2. OSHA Bloodborne Pathogen Final Rule;~~
- ~~3. Epidemiology and symptomatology of bloodborne diseases;~~
- ~~4. Modes of transmission of bloodborne pathogens;~~
- ~~5. EPISD Exposure Control Plan;~~
- ~~6. Procedures which might cause exposure to blood or other potentially infectious materials at EPISD;~~
- ~~7. Control methods which are used to control exposure to blood or other potentially infectious body fluids;~~
- ~~8. Personal protective equipment available;~~
- ~~9. Hepatitis B vaccine program offered;~~
- ~~10. Procedures to follow in an emergency involving blood or other potentially infectious body fluids;~~
- ~~11. Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Postexposure Prophylaxis Guidelines;~~
- ~~12. Postexposure evaluation and follow up; and~~
- ~~13. An opportunity to ask questions with the individual conducting the training.~~

~~The training session was conducted by _____~~

~~Qualifications of individual conducting training session _____~~

~~Training Date _____~~

~~Length of Training Session _____~~

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EXHIBIT D

BLOODBORNE PATHOGENS ACTION PLAN SUMMARY

Action	Targeted Employees	Accountable Administrator	Schedule
Follow Standard Precautions. Avoid direct contact with potentially hazardous blood and body fluids of others. Wash hands frequently. Use personal protective equipment when contact with blood or other potentially infectious body fluids is anticipated.	All employees in EPISD.		Daily.
Provide in-service on BBP upon employment. Hepatitis B vaccine series started, or proof of previous vaccination, or declination obtained upon employment.	School nurses and substitutes. Trainers. Select paraprofessionals in special education. Health occupations teachers, SPED TEACHERS, CUSTODIANS.	Asst. Director, Health Services. Director, Athletics. Executive Director, Special Services. Silva Management and CCTE principals. DIRECTOR HEALTH SERVICES	Within ten working days of employment and prior to initial assignment to tasks involving exposure.
Report exposure incident to school nurse or Asst. Director, Health Services.	All employees who have been exposed to blood/body fluids.		Immediately following exposure incident.
Assess exposure, thoroughly cleanse exposed body part, and administer first aid.	All employees who have been exposed to blood/body fluids.	School nurse. Asst. Director, Health Services.	Immediately following exposure incident.
Complete Contaminated Sharps Injury Reporting Form. Call Risk Mgmt.	All employees who have had an exposure incident caused by a sharp.	School nurse. Asst. Director, Health Services.	Immediately following exposure incident. Follow with call to Risk Mgmt.

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Action	Targeted Employees	Accountable Administrator	Schedule
Complete On the Job Injury Form. Call Risk Mgmt.	All employees who have been exposed to blood/body fluids by means other than a sharp.	School nurse. Asst. Director, Health Services AND PRINCIPAL	Immediately following exposure incident. Follow with call to Risk Mgmt.
Forward a copy of the Contaminated Sharps Injury Reporting Form to local TDH office.		Director, Risk Mgmt.	Not later than ten working days after the end of the calendar month in which the employee's exposure occurred.
Offer confidential medical evaluation as specified in BBP plan.	All employees who have been exposed to blood/body fluids.	Director, Risk Mgmt.	Upon notification that an exposure has occurred.
Obtain written opinion of healthcare professional. Provide a copy to employee who had exposure incident.	All employees who have been exposed to blood/body fluids.	Director, Risk Mgmt.	Copy to employee within 15 days of completion of medical evaluation.
Maintain medical records of employee who had exposure incident.	All employees who have been exposed to blood/body fluids.	Director, Risk Mgmt.	Records are to be kept separate from personnel records and kept for five years.
Provide annual training of BBP and the BBP plan.	School nurses and substitutes. Trainers. Select paraprofessionals in special education. Health occupation teachers. SPED TEACHERS, CUSTODIANS	Asst. Director, Health Services. Director, Athletics. Exec. Dir., Special Services. Silva Magnet and CCTE principals.	Mandated annually.
Provide annual training of BBP and the BBP plan.	Recommended by TDH for all other district employees.	Unit administrators. School nurses and principals.	Recommended annually, preferably at the beginning of the new school year.

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Action	Targeted Employees	Accountable Administrator	Schedule
Maintain annual training records.	School nurses and substitutes. Trainers. Select paraprofessionals in special education. Health occupations teachers.	Asst. Director, Health Services. Director, Athletics. Exec. Dir., Special Services. Silva Magnet and CCTE principals. DIRECTOR HEALTH SERVICES	Mandated to be maintained for three years.
	All other employees not listed above.	Unit administrators. School nurses and principals.	Mandated to be maintained for three years.
Maintain immunization records/declinations.	All immunized employees.	Associate Superintendent, Human Resources.	Mandated to be maintained for duration of employment or at least five years.
Maintain exposure incident and medical treatment records.	All employees with an exposure incident.	Director, Risk Mgmt.	Mandated to be maintained for duration of employment or at least five years.
Dispose of sharps containers and/or hazardous materials waste.	School nurses. Trainers. Asst. Dir., Health Services.	Hazardous Materials Officer.	At the end of each semester and as needed throughout the school year.