PROCEDURES FOR IMPLEMENTING BOARD POLICY: **COMPLIANCE WITH**   **6140**
                                             BLOODBORNE PATHOGENS
                                             STANDARD

1.   The district shall develop a written Exposure Control Plan.

2.   The district shall provide annual inservice education programs for employees on universal precaution practices.

3.   The district shall offer, at no charge, the Hepatitis B vaccine to employees who are considered at high-risk for occupational exposure to body fluids and provide post-exposure follow-up to all employees who have an exposure incident. High risk employees shall include physical education and special education teachers, instructional assistants in physical education and special education teachers, instructional assistants in physical education and special education, custodial staff members, nursing/athletic training staff, and those paraprofessionals who are responsible for security and student supervision.

       The required inoculation program will be administered through the district's corporate health provider. Should an employee identified as "high risk" decline the inoculations, the employee must provide a signed statement indicating that the series was offered to him/her but subsequently denied.

       Qualifying employees who have already received the Hepatitis B vaccination will be considered in compliance upon proof of immunization.

4.   The district shall provide employees with protective clothing, such as gloves, gowns, masks, etc. All classrooms, teaching stations, and office areas will be provided with at least one Infection Control Kit. These kits will be replaced immediately upon use.

5.   The district shall provide for safe disposal of contaminated waste.

6.   The district shall keep records of staff training and immunizations, waste disposal, blood exposures, etc.

7.   The district's corporate health provider will maintain immunization records, monitor follow-up dates for inoculations, and assist with the implementation and record keeping of all post-exposure protocols.

Adopted: September 25, 2000