



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
699 Old Orchard Drive, Danville, California 94526
(925) 552-5500
www.srvusd.net

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

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EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

1.0 Purpose

To establish a plan to meet the requirements of a Bloodborne Pathogens Exposure Control Plan as defined in OSHA's Bloodborne Pathogens Standard 29 CFR 1910.1030 and CCR Title 8, Section 5193.

To establish a plan and procedures to meet the requirements of SRVUSD BP and AR 4119.42, Exposure Control, Bloodborne Pathogens.

2.0 Scope

The requirements of this Exposure Control Plan apply to district employees in job classifications, which have routine job duties and tasks with reasonably anticipated occupational exposures to blood or other potentially infectious materials (OPIMs).

3.0 Definitions

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood, which can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus and human immunodeficiency virus (HIV).

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIMs) on an item or surface.

Engineering Controls: are controls, such as sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection, that isolate or remove the bloodborne pathogens hazard from the workplace. (8 CCR 5193(b))

Engineered Sharps Injury Protection: is a physical attribute built into a needle device or into a non-needle sharp, which effectively reduces the risk of an exposure incident. (8 CCR 5193(b))

Exposure Incident: means a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. (8 CCR 5193 (b))

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. (8 CCR 5193(b))

Other Potentially Infectious Materials (OPIM): Includes the following human body fluids: 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, and all body fluids.

Parenteral Contact: means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. (8 CCR 5193(b))

Sharp: is any object that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident. (8 CCR 5193(b))

Sharps Injury: is any injury caused by a sharp, including but not limited to cuts, abrasions or needlesticks. (8 CCR 5193(b))

Work Practice Controls: are controls that reduce the likelihood of exposure by defining the manner in which a task is performed. (8 CCR 5193(b))

4.0 Responsibilities

The district's Human Resources Department is responsible for coordinating the implementation of the Exposure Control Plan's requirements.

The district's EH&S Specialist is responsible for performing an annual review and for monitoring the effectiveness of the Exposure Control Plan's implementation.

Supervisors of employees determined to fall within the scope of this Exposure Control Plan, are responsible for ensuring that employees are provided with the required training, for establishing departmental safe work practices and exposure control measures and for providing PPE.

5.0 Exposure Determination

The district has made an exposure determination of which employees have occupational exposures to blood or other potentially infectious materials. This exposure determination was made without regard to the use of personal protective equipment.

Group A: Job classifications in which all employees have routine job duties with reasonably anticipated exposures to blood or OPIMs are:

Custodial Employees

Custodial employees have routine duties, which may include, but are not limited to, the cleaning and sanitizing of surfaces and areas which may be contaminated with blood or OPIMs.

Special Program Employees (working in moderate to severe classrooms)

Routine duties may include, but not limited to the toileting of students, the handling of contaminated laundry and the cleaning and sanitizing of surfaces and areas, which may be contaminated with blood or OPIMs. These employees also have reasonably anticipated exposures to bites.

Special Program Bus Drivers

Special Program Bus Drivers that have routine job duties which may include, but not limited to, the transport and care of special program students and the cleaning and sanitizing of vehicle surfaces which may be contaminated with blood or OPIMs.

Maintenance Plumbers

These employees have reasonably anticipated exposures when working in and around surfaces that may be contaminated with blood or OPIMs.

Designated Primary First Aid Providers

Routine job duties include, but not limited to, providing first aid treatment to injured students and employees. This duty may involve treatment during the presence of blood or OPIMs.

Nurses

These employees have reasonably anticipated exposures when providing routine health care services and/or first aid to students.

Group B: Job Classifications where some employees may have possible exposures to blood or OPIMs when performing non-routine collateral job duties:

Physical Education Job Classifications

These employees have a non-routine collateral duty to provide first aid to students.

Campus Security / Some Administrative Staff

These employees have non-routine job duties with possible exposure risks when responding to behavior, security or emergency incidents that may involve exposures to blood or OPIMs.

First Aid Trained Employees

These are employees who are trained by the district in First Aid / CPR but are not designated as Primary First Aid Providers, that have a non-routine collateral duty to provide emergency first aid / CPR treatment to injured students and employees. This duty may involve providing treatment during the presence of blood or OPIMs.

Please Note: Although the pre-exposure Hepatitis B vaccine series is not required to be offered to Group B employees, OSHA does require that these employees receive the training required by the standard. If one of these employees renders emergency first aid assistance during the presence of blood, regardless of whether or not an exposure incident occurs, OSHA requires that the employee be offered the Hepatitis B vaccine within 24 hours.

6.0 Employee Training Requirements

The training content required by the OSHA BBP Standard will:

Be provided to all employees identified above before performing their routine job duties where exposures are reasonably anticipated. Training will be provided at least annually thereafter.

Provide an explanation of the content of the OSHA Standard and explain how employees can access a copy of the regulatory text of the Standard.

Explain the contents of the district's Exposure Control Plan and how employees can obtain a copy of the plan.

Explain the epidemiology, symptoms and modes of transmission of bloodborne pathogens.

Instruct employees on how to recognize tasks and procedures which may involve exposures.

Instruct employees on the methods and limitations to control exposures (engineering controls) and the required use, selection, limitations, care, maintenance, decontamination and/or disposal of personal protective equipment.

Provide employees with information regarding the availability and benefits of the Hepatitis B vaccine (see Form C requirement below) and provide the opportunity for employees to ask questions of the person(s) providing the training.

Inform employees of the procedures to be followed after an occupational exposure incident.

Form A, *Bloodborne Pathogens Training Session Attendance Roster* will be completed to document training session attendance.

Form B, *Bloodborne Pathogens Training Session Content*, shall be completed to provide a summary of the topics and procedures covered during each training session.

These training records will be maintained by the employees' supervisor for three years from the date the training was provided.

Training will be provided annually.

7.0 Hepatitis B Vaccination

The district shall make available, at no cost, to all employees identified above (Group A) as having job duties with reasonably anticipated exposures, the Hepatitis B vaccination series, after the required training has been completed and within 10 days of job duty assignment.

If the employee declines to accept the vaccination, the OSHA Standard requires the employee to sign a statement acknowledging that the vaccination was made available and that the employee chose to decline at that time.

If the employee initially declines the vaccination, but at a later date, while still covered by the Standard, decides to accept the vaccination, the district shall make the vaccination available to the employee at no cost to the employee.

Any employee involved in an occupational exposure incident, who has not been vaccinated, must be offered, when medically indicated, a post-exposure protective vaccination, at no cost to the employee. (see section 11)

The district will ensure that the vaccinations, evaluations and any lab tests are performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional.

Form C, *Hepatitis B Vaccination Consent / Decline Statement*, will be used to document the employee's consent or decline of the vaccine series. This form is to be completed at the end of the employee's initial Bloodborne Pathogens training session and sent to HR.

8.0 Engineering and Work Practice Controls

Department Supervisors are responsible for identifying currently available engineering and work practice controls and for selecting such controls as appropriate for the procedures performed by employees in their work areas or departments. Supervisors must obtain the active involvement of employees in reviewing and updating the exposure control plan with respect to the controls for the procedures performed by employees in their respective work areas or departments.

Universal Precautions: All employees are to observe "Universal Precaution Practices" which assume that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. It is best to avoid direct skin contact with body fluids especially if breaks in the skin are present.

Hand washing Facilities and Procedures: The district will provide hand-washing facilities, which are readily accessible to employees. When the provision of hand washing facilities is not feasible, the district will provide antiseptic hand cleansers in conjunction with clean cloth/paper towels or antiseptic wipes. Employees will wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible after the removal of gloves or other protective equipment following any potential exposure.

Containment of Contaminated Needles and Sharps: Contaminated needles and sharps will be placed in designated puncture-resistant, labeled, leak-proof, and closable containers. The district will provide these containers and make them readily accessible to trained personnel as close as is feasible to the immediate area where needles and sharps are found. Contaminated needles and sharps are to be considered "regulated wastes" and will be disposed of as bio hazardous waste.

Containment of Other Contaminated Wastes: All other contaminated wastes will be placed in sealed, leak-proof and labeled containers. The district will provide these containers and make them readily accessible to designated personnel.

Eating, Drinking, Smoking, Applying Cosmetics or Lip Balm, and Handling Contact Lenses: These practices are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

9.0 Personal Protective Equipment

The appropriate personal protective equipment will be provided by the district at no cost to the employee and will be accessible to applicable employees. Use of this personal protective equipment will be required whenever there is the potential for exposure.

Gloves: Gloves shall be used when it can be reasonably anticipated that the employee may have hand contact with contaminated materials. Disposable (single use) gloves shall not be washed or decontaminated for reuse. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.

Masks, Eye Protection, and Face Shields: Masks in combination with eye protection devices, such as goggles or glasses, with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Aprons and Other Protective Body Clothing: Depending upon the task and the degree of exposure-anticipated employees shall wear protective aprons or similar protective outer garments to prevent skin contamination and the contamination of the employee's regular clothing.

The district will make provisions for the laundering, cleaning, repairing, replacing and/or disposing of required personal protective equipment to maintain its effectiveness.

10.0 Housekeeping

Sanitation procedures and schedules will ensure a clean and sanitary worksite environment.

Written decontamination procedures will be appropriate for the type of contamination present on contaminated surfaces and/or on equipment intended for reuse.

11.0 Bloodborne Pathogens Occupational Exposure Incident Procedure

Any employee involved in an occupational exposure incident, as defined above, must inform his/her Supervisor and Human Resources immediately (prior to the end of the work shift).

REPORT OF EXPOSURE INCIDENT

Following a report of an exposure incident, the Supervisor and Human Resources will document the route of exposure and the circumstances under which the exposure incident occurred and identify the source individual (unless the district can establish that identification is infeasible or prohibited by state or local law). **Form D, *Bloodborne Pathogens Incident Post Exposure Report* will be used to document this requirement.**

POST EXPOSURE MEDICAL EVALUATION / TREATMENT

The district will make immediately available to any employee who has had an occupational exposure incident, a confidential post-exposure medical evaluation, counseling and follow-up, and when medically indicated offer a post exposure protective vaccine at no cost to the employee. Human Resources will use **Form E, *Bloodborne Pathogen Exposure Incident - Employee's Consent for Exchange of Information***, to document exposure information, which will be provided to the employee's designated physician, and to document the employee's consent for the exchange of information between Human Resources and the designated physician.

SOURCE INDIVIDUAL HISTORY / CONSENT FOR TESTING AND EXCHANGE OF INFORMATION

Human Resources will seek to obtain consent of the source individual (or that of the source individual's parent or legal guardian if the source individual is a minor):

- To exchange information between the source individual's physician, the exposed employee's physician and the SRVUSD Human Resources Department, AND
- To test the source individual to determine HBV or HIV infectivity. If the source individual's infectious status is already known then the test process need not be repeated.

If consent is given, the infectivity status shall be made available to the exposed employee's health provider. **Form F, *Source Individual History and Consent for Testing and Exchange of Information***, will be used to document the requirements of this section.

If the test to determine infectivity is performed on the source individual, the results will be documented by the source individual's physician on **Form G *Physician Statement on Source Individual***.

The exposed employee shall be informed of the laws and regulations relating to the confidentiality and disclosure of the identity and infectious status of the source individual.

REFUSAL OF CONSENT BY SOURCE INDIVIDUAL

Should the source individual (or the source individual's parent or legal guardian if the source individual is a minor) refuse consent for testing, Human Resources shall document the refusal on **Form H, *Source Individual Refusal for Blood Testing***.

SHARPS INJURY REPORTING

An exposure incident involving a sharp (see definition) shall be recorded within 14 working days of the date the incident is reported to the district.

The Supervisor of the department where the exposure incident occurred shall complete **Form I** and send the completed form to Human Resources where it will be entered into the Sharps Injury Log.

The information recorded on **Form I** shall include the following, if known or reasonably available:

1. Date and time of the exposure incident
2. Type and brand of sharp involved in the exposure incident
3. A description of the exposure incident, including:
 - a. Job classification of the exposed employee
 - b. Department or work area where the exposure incident occurred
 - c. The procedure that the exposed employee was performing at the time of the incident
 - d. How the incident occurred
 - e. The body part involved in the incident
 - f. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated and whether the injury occurred before, during or after the protective mechanism was activated
 - g. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury
 - h. The employee's opinion about whether any other engineering, administrative or work practice could have prevented the injury

EXPOSURE INCIDENT RECORDS

All records and copies of forms related to exposure incidents and follow-up procedures will be maintained by the SRVUSD Human Resources Department.

12.0 OSHA Regulated "Biohazard" Wastes

Regulated Biohazard Wastes found in school settings include:

Contaminated Gloves, Gowns or Aprons

Contaminated Cleaning Rags or Paper Towels

Contaminated Absorbents

Contaminated Bandages

Contaminated Disposable Table Covers

Contaminated Needles and Sharps

Contaminated Mop Heads, Laundry, Clothing or other OPIM not intended for reuse.

Biohazard Regulated waste shall be placed in containers (plastic bags) which are closable, leak-proof, and labeled or color-coded as containing biohazard materials.

Contaminated sharps and needles shall be placed in puncture resistant, leak-proof closable containers that are identified by red color or labeled with biohazard identification. Containers with sharps and needles will be disposed of according to district procedures.

Each site shall have a specially designated, labeled trash container for the disposal of biohazard materials in a secure area. The contents in these containers will be disposed of routinely according to applicable regulations.



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FORMS

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

FORM / TITLE

- A BLOODBORNE PATHOGENS TRAINING SESSION ATTENDANCE ROSTER**
- B BLOODBORNE PATHOGENS TRAINING CONTENT CHECKLIST**
- C HEPATITIS B VACCINE CONSENT / DECLINE STATEMENT**
- D BLOODBORNE PATHOGENS INCIDENT - POST EXPOSURE REPORT**
- E EMPLOYEE'S CONSENT FOR EXCHANGE OF INFORMATION**
- F SOURCE INDIVIDUAL'S HISTORY AND CONSENT FOR EXCHANGE OF INFORMATION**
- G PHYSICIAN'S STATEMENT ON SOURCE INDIVIDUAL**
- H SOURCE INDIVIDUAL'S REFUSAL FOR BLOOD TESTING**
- I SHARPS INJURY INCIDENT REPORT**



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FORM B

BLOODBORNE PATHOGENS TRAINING CONTENT CHECKLIST

Classification of Employees Trained: _____

Date of Training: _____ **Trainer:** _____

Required Topics (General)

- ___ **OSHA Standard Summary and Access to Information**
- ___ **District Exposure Control Plan Summary and Access to Information**
- ___ **Bloodborne Pathogens: Epidemiology, Symptoms and Modes of Transmission**
- ___ **Hepatitis B Vaccinations**
- ___ **Recognizing Occupational Exposure Hazards and Situations**
- ___ **Engineering Controls (Hand Washing Facilities, Containers)**
- ___ **Personal Protective Equipment**
- ___ **Universal Precautions** ___ **Housekeeping Procedures**
- ___ **Work Practice Controls** ___ **Exposure Incident Procedures**
- ___ **Regulated Wastes and Disposal Procedures**

Required Topics (Job Specific):

- ___ **Custodial Procedures** ___ **First Aid / CPR Precautions**
- ___ **Special Programs Procedures and Precautions**
- ___ **Other:** _____



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FORM C

HEPATITIS B VACCINE CONSENT / DECLINE STATEMENT

Employee: _____ SS#: _____

Job Classification: _____ Location: _____

Date of Bloodborne Pathogens Training: _____ Trainer: _____

During the Bloodborne Pathogens, training session I was informed that due to my job duties or procedures, I have reasonably anticipated occupational exposures to blood or other potentially infectious materials and that I have the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself.

Check one below:

I wish to receive the Hepatitis B vaccination series (three doses). I have no known sensitivity to yeast or any preservatives. Also (for women only) if I am pregnant, I am advised to consult with my private medical practitioner regarding the administration of the Hepatitis B vaccine.

I do not wish to receive the Hepatitis B vaccination series (three doses). I have been informed that by declining this vaccine, I may have an occupational exposure risk of acquiring the Hepatitis B infection, which can be a serious disease.

Employee's Signature: _____ Date: _____

CONSENT AFTER INITIAL WAIVER DOCUMENTATION

After initially declining the vaccine, I have now decided to receive the Hepatitis B vaccination series (three doses).

Employee's Signature: _____ Date: _____



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FORM D

BLOODBORNE PATHOGENS INCIDENT POST EXPOSURE REPORT

Date of Exposure: _____ Time of Exposure: _____

Reported By: _____ Date Reported: _____

EXPOSED EMPLOYEE

Exposed Employee: _____ Job Classification: _____

District Location: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

SOURCE INDIVIDUAL

Source Individual: _____ Employee Student Other

District Location: _____

Home Address: _____ Home Phone: _____

EXPOSURE CIRCUMSTANCES

Description of incident including route(s) and circumstances of exposure:

Report Completed By: _____ Date: _____



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FORM E

BLOODBORNE PATHOGENS EXPOSURE INCIDENT
EMPLOYEE'S CONSENT FOR EXCHANGE OF INFORMATION

Exposed Employee: _____ Job Classification: _____

Home Address: _____ Home Phone: _____

EXPOSURE HISTORY

Date of Exposure: _____ Time of Exposure: _____

Description of incident including route(s) and circumstances of exposure:

EXPOSED EMPLOYEE'S CONSENT FOR EXCHANGE OF INFORMATION

I hereby authorize an exchange of information pertaining to my occupational exposure to blood or OPIMs to occur between SRVUSD's Human Resources Department and my designated health provider.

My Health Provider's Name: _____

Health Provider's Address: _____

Health Provider's Phone: _____

San Ramon Valley Unified School District, Human Resources Department
699 Old Orchard Drive, Danville, CA 94526

Employee's Signature: _____ Date: _____



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FORM F

BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE INCIDENT

SOURCE INDIVIDUAL'S HISTORY AND CONSENT FOR EXCHANGE OF INFORMATION

I am aware that I, or my child, have been identified as a source individual in an occupational exposure incident where a school district employee may have been exposed to blood or other potentially infectious body fluids.

I hereby authorize an exchange of information to occur between my or my child's health provider, the SRVUSD's Human Resources Department and the exposed employee's health provider.

CONSENT TO EXCHANGE INFORMATION BETWEEN:

- A. San Ramon Valley Unified School District, Human Resources Department

699 Old Orchard Drive, Danville, CA 94526

- B. Exposed Employee's Health Provider: _____

Address: _____ Phone: _____

- C. Source Individual's Health Provider: _____

Address: _____ Phone: _____

I am aware of the risks to the exposed employee and I have agreed to blood testing to be performed for Hepatitis B and HIV. I have been informed that in consenting to this testing, this information will be released to the exposed employee's physician, to the exposed employee and to the SRVUSD HR Dept.

Signature of Source Individual / Parent / Guardian: _____

Date: _____



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FORM G

BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE INCIDENT

PHYSICIAN'S STATEMENT ON SOURCE INDIVIDUAL

To: Source Individual's Designated Physician

Name: _____

Source Individual: _____

Address: _____ **Phone:** _____

The above source individual has been identified as a source in a potential bloodborne pathogens exposure incident. The source individual or the individual's parent / guardian has been informed of the required OSHA procedure following such an incident and has given consent for the exchange of information and for the testing of the source individual to determine the Hepatitis B / HIV infectivity status.

Please see the attached consent form F.

As the source individual's designated physician, please provide the following results of the source individual's infectivity to the San Ramon Valley Unified School District's Human Resources Department and to the exposed employee's physician (see form D).

Results of:

HBsAG _____ **Date:** _____

HIV: _____ **Date:** _____

Physician Signature: _____

Date: _____



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FORM H

BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE INCIDENT

SOURCE INDIVIDUAL'S REFUSAL FOR BLOOD TESTING

Source Individual: _____

Parent or Guardian (if source individual is a student): _____

Address: _____ Phone: _____

Date that Source Individual, Parent or Guardian was notified: _____

Notified By: _____, SRVUSD HR Dept.

Please read, sign below and return to SRVUSD

I have been informed by the SRVUSD that I / my child 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 have been released to the exposed employee, to the exposed employee's physician and to the SRVUSD HR Dept.

 Signature of Source Individual, Parent or Guardian

Date: _____

Please Return to: San Ramon Valley Unified School District, Human Resources Department
 699 Old Orchard Drive, Danville, CA 94526



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FORM I

BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE INCIDENT

SHARPS INJURY INCIDENT REPORT

Exposed Employee: _____ Classification: _____

Department or Work Area where Incident Occurred: _____

Type of Sharp Involved: _____

Procedure Involved: _____ Body Part Involved: _____

Description of the Incident: _____

Supervisor's or Employee's opinion on how this sharps injury could have been prevented: _____

Report Completed By: _____ Date: _____

Please Send To: SRVUSD Human Resources Department
699 Old Orchard Drive, Danville, CA 94526

Action by HR: Enter this report into the District's Sharps Injury Log