

**BLOODBORNE  
PATHOGENS  
EXPOSURE  
CONTROL  
PLAN**

Revised July 29, 2013

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## **HANDLING BLOOD AND BODY FLUIDS**

### **BOARD POLICY**

All building administrators and/or supervisors shall be thoroughly informed regarding Universal Precautions and be responsible for the implementation of the Exposure Control Plan for Bloodborne Pathogens.

#### Administrative Implemental Procedures

1. All appropriate elements of the Exposure Control Plan shall be in place and implemented at each site within the District.
2. Any and all observed deviations to the enactment of the plan shall be reported immediately to the Director of Environmental Services.

# ***Bloodborne Pathogens***

## **Definitions, Guidelines**

### **DEFINITIONS:**

**Blood** is human blood, blood components, and products made from human blood.

**Bloodborne Pathogens** are microorganisms that are present in human blood and can cause disease in humans.

**Contaminated** is the presence or the reasonably anticipated presence of blood or potentially infectious materials on an item or surface. This includes laundry contaminated with blood or sharps.

**Decontaminate** is the removal or inactivation of bloodborne pathogens to the point where they are no longer capable of transmitting infectious particles on articles or surfaces.

**Engineering Controls** are controls that isolate or remove the bloodborne pathogens hazard from the work place, i.e., sharps disposal containers.

**Exposure Incident** is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties.

**Licensed Healthcare Professional** is one whose legally permitted scope of practice allows him or her to independently perform the activities necessary to determine an exposure incident, provide Hepatitis B vaccine and follow-up.

**HBV** is Hepatitis B Virus.

HCV is Hepatitis C Virus

**HIV** is Human Immunodeficiency Virus.

**Occupational Exposure** is reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials and may result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM)** are semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, and body fluid that is visibly contaminated with blood, and all fluids where it is difficult or

impossible to differentiate between body fluids or any unfixed tissue or organ from a human.

**Personal Protective Equipment** is clothing or equipment worn by an employee for protection against a hazard. General work clothing is not considered personal protective equipment.

**Regulated Waste** is liquid or semi-liquid blood or other potentially infectious material; items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed, items 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.

**Sharps** are contaminated objects that can penetrate the skin including needles and broken glass.

**Sharps Container** is a disposable container that is closeable, puncture resistant, labeled with a biohazard sign, leak proof, and sealed before removal for proper disposal.

**Source Individual** is any individual whose blood or other potentially infectious materials may be a source of occupational exposure to employee. In schools, this would include students who have been institutionalized for the developmentally disabled and students released from drug and alcohol treatment facilities.

**Universal Precautions** are the infection control measures whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** are those that reduce the likelihood of exposure by altering the manner in which a task is performed.

Compliance Calendar	
Effective Date of the Standard	8/1/93
Exposure Control Plan	8/1/93
Revision Date	7/11/94
Employee Hazard Communication And Training	8/20/93
Recordkeeping	8/20/93
Engineering/Work Practices	8/20/93
Personal Protective Equipment	8/20/93
Hepatitis Vaccination and Post-Exposure Follow up	8/20/93
Labels and Signs	8/20/93
Housekeeping	8/20/93
Other Provisions	8/20/93

# ***Exposure Control Plan***

## ***For Bloodborne Pathogens***

### Introduction

In late 1991 the Occupational Safety and Health Administration issued safety standard regulations for the handling of bloodborne pathogens by entities subject to its control. Although public entities in the State of Kansas are not subject to OSHA, state statutes give the Kansas Department of Human Resources the authority to inspect public entities, such as school districts, for safety. In the spring of 1992, KDHR announced that it would apply the OSHA standard for bloodborne pathogens to public entities in the State of Kansas. This Exposure Control Plan will be implemented in U.S.D. 259 to achieve compliance with the state directive.

### Exposure Determination

For purpose of this plan “occupational exposure” means reasonable anticipated skin, eye, mucous membrane, or parenteral (piercing mucous membranes or the skin barrier through needlesticks, human bites, cuts, abrasions, etc.) contact with blood or other potentially infectious material (OPIM) that may result from the performance of the employee’s duties. OPIM include body fluids such as semen, vaginal secretions, respiratory discharge, or any body fluid that is visually contaminated with blood.. For purposes of this plan, employees of the district, by job classification have been divided into three categories:

#### Category 1

Employees in the following job classifications at U.S.D. 259 have occupational exposure:

1. School Nurses
2. Custodian
3. Health Occupations
4. Elementary School Secretaries

#### Category 2

Some employees in the following job classifications in U.S.D. 259 whose essential job functions involve no exposure to blood, body fluid, or tissue but may require performing unplanned Category 1 tasks.

1. Building administrators

2. Teachers (elementary)
3. Security Personnel
4. Some Paraprofessional (as identified by supervision)
5. Coaches and Athletic Trainers
6. Special education teachers/personnel
7. Middle school secretaries

Category III

Some employees in U.S.D. 259 whose essential job functions involve no exposure to blood, body fluids, or tissues.

1. Central Office Administrators
2. Clerical Personnel
3. School Service Center Personnel
4. Food Service Workers
5. Any other classifications not named above

The following is a list of task or procedures or groups of closely related tasks and procedures in the school district in which occupational exposure occurs or is likely to occur, and which employees whose essential job functions require such tasks.

<b>TASK OR PROCEDURE</b>	<b>JOB CLASSIFICATION</b>
Cleaning and bandaging scrapes, cuts, and abrasions	School nurses, elementary school secretaries
Cleaning vomit from the floor if there is visible sign of blood	Custodian
Cleaning urine, feces or the changing of diapers and underwear if there is visible sign of blood	Nurses, custodian, elementary school secretaries
Cleaning blood from body, floors, mats, or disposing of blood soiled materials	Nurses, custodians, elementary school secretaries
Supervising students in laboratory or clinical sites	Health Occupations Instructor
Removal and disposal of bio-hazardous waste	Contracted Vendor

## ***Implementation Schedule***

***And***

## ***Methodology***

## ***Methods of Compliance***

“Universal Precautions” is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV). Universal Precautions shall be observed in USD 259 to prevent contact with blood and OPIM.

### **Universal Precautions**

Universal precautions are intended to prevent occupational exposure to a bloodborne infectious agent through contact with blood and other potentially infectious materials. Since blood is the single most important source of a bloodborne infectious agent (such as HIV or HBV) in the occupational setting, one should assume that ALL blood, or body fluids containing visible blood, may carry an infectious agent. Universal precautions also apply to non-excretory body fluids, such as cerebrospinal fluid, but these are not considered a source of transmission in the school setting.

Universal precautions require that disposable gloves be used for touching blood, or body fluids that contain visible blood. Gowns or protective clothing should be used if soiling of clothing with blood or blood-containing body fluids is likely. Protective eyewear or face shields should be used if there is a risk of spattering or splashing blood or body fluids containing blood into the eyes, mouth, or nose.

Disposable gloves (non-sterile or sterile), either latex or vinyl, provide barrier protection for both the student and the hands of the caregiver during performance of tasks when contact with blood, or body fluids containing blood is likely. These gloves must never be washed or cleaned with the intent to reuse. Soaps and disinfectants can cause deterioration or increase permeability of disposable gloves. Clean disposable gloves must be used for each task, removed as soon as the task is completed and disposed of appropriately. This activity should be immediately followed by routine hand-washing.

General purpose utility gloves (rubber gloves) for housekeeping chores which involve contact with blood or body fluids may be decontaminated after contact and reused, but should be discarded if there are any signs of deterioration such as holes, peeling, cracking, or discoloration.

Universal precautions do not apply to saliva. General infection control practices do recommend the use of disposable gloves for examination of the mucous membranes, endotracheal suctioning, or when caregiver's hand(s) must enter a student's mouth to perform a specific treatment. Disposable gloves need not be worn when feeding or wiping saliva or nasal discharge with a tissue.

Universal precautions do not apply to urine, feces, nasal secretions, sputum, sweat, tears, or vomit unless visible blood is present. However, general infection control practices (for the prevention of transmission of other types of infectious agents) do recommend the use of disposable gloves when diapering, assisting with toileting, changing a dressing on a draining wound, or cleaning soiled articles of clothing. In addition, the Hepatitis A Vaccination is recommended for workers who may be exposed to enteric forms of disease.

Universal precautions include good hand washing techniques. Good hand washing techniques include the following guidance from the Centers for Disease Control:

- 1. Hands should be washed using soap and warm, running water**
  - a. Hands should be rubbed vigorously during washing for at least 20 seconds with special attention paid to the backs of the hands, wrists, between the fingers and under the fingernails**
  - b. Hands should be rinse well while leaving the water running**
  - c. With the water running, hands should be dried with a single-use towel**
  - d. Turn off the water using a paper towel, covering washed hands to prevent re-contamination.**
- 2. Hands should be washed after the following activities:**
  - a. After touching bare human body parts other than clean hands and clean, exposed portions of arms**
  - b. After using the toilet**
  - c. After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating or drinking**
  - d. After handling soiled equipment or utensils**
  - e. After food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks**
  - f. After switching between working with raw food and working with ready-to-eat food**
  - g. After engaging in other activities that contaminate the hands.**

Note: USD 259 does not recommend the use of hand sanitizers in lieu of hand washing with soap and warm, running water. Hand sanitizers containing 60-90% ethyl alcohol or isopropanol in concentration with equivalent sanitizing strength, may be used as an adjunct to proper hand washing.

## Engineering and Work Practice Controls

Engineering and work practice controls will be used to eliminate or minimize all employee exposure. Where exposure potential remains, personal protective equipment shall also be used.

### Engineering Controls

Engineering controls are controls which isolate or remove the bloodborne pathogen hazard from the work place. The following engineering controls will be used in the district:

- The district will maintain appropriate containers for the disposal of needles or sharps in the Health Room and/or in the place provided by each site.
- Injections will be administered only in the nurse's office. All sharps will be disposed of in the special sharps container.
- Environmental Services/Contracted Vendor personnel will be responsible for the removal of regulated waste from each site.
- The district will maintain appropriate bio hazard receptacles for the deposit of contaminated clothing, protective clothing, and other articles.
- Engineering controls will be examined, maintained or replaced on a regularly scheduled basis.

Control	Inspected By	Timeline	Replaced By
Sharps disposal containers	School Nurse and Health Occupations Professional	Monthly/ as needed	Environmental Services Personnel
Bio hazard receptacles	Designated Environmental Services Personnel	As needed	Contracted Vendor

### Work Practice Controls

Each site administrator is responsible for ordering personal protective equipment from stock and for making this equipment available for use by site employees.

Training sessions are required within ten (10) days for all new employees. Annual reviews will be conducted at a faculty meeting or in district wide in-services for only the parts of the federal regulations that have changed.

Work practice controls are those controls that reduce the likelihood of an exposure by altering the manners in which the task is performed. The following work practice controls apply in U.S.D. 259:

- Contaminated needles will not be bent, recapped, or removed and will be disposed of in appropriately labeled containers
- Eating, drinking, smoking, applying cosmetics, applying lip balm, and the handling of contact lenses is prohibited in areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in any area where blood or OPIM is present.
- Procedures involving blood or OPIM will be performed in a manner to minimize splashing, spraying, or spattering.
- Mouth suctioning of blood or OPIM is prohibited.
- If specimens of blood or OPIM are present in the school, they should be in leak proof containers, appropriately labeled and closed prior to storage or transportation. Equipment that may become contaminated with blood or OPIM shall be decontaminated, or appropriately labeled, as soon as possible after the contamination occurs. Affected employees and, if necessary, outside servicing agents, will be informed to check for a bio hazard label before handling, servicing or shipping of the equipment.

### **Hand Washing Facilities**

Hand washing facilities are provided for all students and employees of the district. Washing one's hands with soap and running water is one of the most effective ways to prevent the spread of disease through blood or OPIM/s, employees shall wash their hands with soap and water whenever exposure occurs. Although hand washing may be advisable in other situations, employees must thoroughly wash their hands, or any other exposed or contaminated skin with soap and water in these situations:

1. Immediately after the removal of gloves or other personal protective equipment.
2. Following contact of hand or other skin with blood or OPIM.

In some situations, such as on athletic facilities or field trips, hand washing facilities may not be available. In this case, the person in charge of the event (i.e.: coach, teacher, etc. who is taking the class on a field trip) shall ensure that antiseptic towelettes or appropriate antiseptic hand cleanser in conjunction with clean cloths/paper towels are available for use. Hands will be washed with soap and water as soon as feasible. Antiseptic towelettes which may be used for this purpose are stored in the nurses office area and in general supply in each attendance center and may be obtained through the nurse or person designated

for the overall responsibilities of the facility. Remember, antiseptic towelettes and hand sanitizers are not a substitute for effective hand washing.

### **Personal Protective Equipment**

It shall be the responsibility of each building principal or supervising committee to ensure that appropriate personal protective equipment is available and readily accessible for each employee's use at no cost to the employee. Procedures shall be implemented to ensure that all employees use personal protective equipment when there is occupational exposure. In the event that an employee, exercising his or her personal judgment, fails to use protective equipment, the circumstances will be investigated at the site and documented in order to determine whether changes can be instituted to prevent future occurrences.

It shall be the responsibility of any employee who uses personal protective equipment to place the equipment in the appropriately designated receptacle for storage, washing, decontamination or disposal after its use. These receptacles are located in the health room of all attendance centers and designated locations at all other sites. The school district shall be responsible for storing, cleaning, laundering, decontaminating, repairing, replacing or disposing of such equipment.

All personal protective equipment which is penetrated by blood or OPIM should be removed as soon as is feasible and placed in the appropriate receptacle.

Personal protective equipment is stored in the office of each attendance center and in a location designated and communicated by the appropriate administrators in all other sites. The equipment may be checked out or obtained for use by contacting the building administrator. The following personal protective equipment is available in the district for use by its employees:

#### **Gloves**

Gloves shall be worn by any employee when it is reasonably anticipated that there will be hand contact with blood, OPIM mucous membranes, or non-intact skin. Gloves shall also be worn when handling or touching contaminated items or surfaces.

Disposable gloves are available for employee use in situations where such use is warranted or directed. These gloves should be deposited by the employees in the appropriate container for disposal immediately following their use. Hand washing after removing the gloves is required.

Utility gloves are assigned to some employees. These gloves may be decontaminated for reuse, and should be deposited in the appropriate container for washing or decontamination. Any employee to whom utility gloves are assigned shall be responsible for regularly inspecting these gloves for punctures, cracking, or deterioration. The employees shall dispose of such gloves when

their ability to function as a barrier is compromised. The employee shall report the disposal of the gloves to the immediate supervisor who shall ensure that a new pair of utility gloves is assigned to the employee.

### **Masks, eye protection, and face shields**

This type of protective equipment shall be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated. (This procedure is applicable to the health occupation program at Central Vocational or any attendance center where students must undergo tracheal suctioning).

### **Gowns, lab coats, aprons, and other protective body clothing**

This type of protective clothing shall be worn in occupational exposure situations. The type of protective clothing necessary will depend on the degree of exposure.

### **Housekeeping**

It shall be the responsibility of the building principal or supervising committee and the Executive Director of Plant Facilities to see that each work site and building in the district is maintained in a clean and sanitary condition.

All equipment and environmental and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant as soon as feasible after contact with blood or OPIM.

Protective coverings used to cover equipment and environmental surfaces shall be removed and decontaminated or replaced as soon as feasible when they become contaminated with blood.

All bins, pails, cans, and waste paper baskets shall be inspected, cleaned, and decontaminated on a regularly scheduled basis, and immediately after contamination.

Broken glassware shall not be picked up by hand, but by using a broom and dustpan, tongs, vacuum cleaner, or other mechanical means and isolated or placed in a leak proof sharps container.

The following disinfectants are approved for the district:

<b>Product Name</b>	<b>Manufacture/Distributor</b>
ARSENAL RE-JUV-NAL	Hillyard Industries
BIOCIDE	Biotrol, 2561 S 1560 West, Woods cross UT 84087
BLEACH, LIQUID	Treat-Rite Water Laboratories, Inc.
BLUE SKIES II DISINFECTANT CLEANER	Massco
CETYLCIDE	Cetylcide Industries, Inc.
DISINFECTANT CLEANER DEODORANT, #800	Spurrier Chemical Co.
GREEN SOLUTIONS NEUTRAL DISINFECTANT	Spartan Chemical Company, Inc.
MORNING MIST	The Butcher Company
PINEX	Summit Industries
PROFESSIONAL LYSOL BRAND DISINFECTANT DEODORINZING CLEANER	National Laboratories
RE-JUV-NAL	Hillyard Industries
SANICARE LEMON QUAT	Buckeye International, Inc.
SANICARE QUAT-256	Buckeye International. Inc.
SEA BREEZE (GLYBET, CITRUS BOUQUET)	Massco
SPARQUAT PLUS	Spartan Chemical Co.
STERIPHENE II BRAND DISINFECTANT DEODORANT	Spartan Chemical Company, Inc.
TERMINATOR	Buckeye International, Inc.
TRACER	The Butcher Company
VINDICATOR+	Hillyard Chemical Co.
VIREX II 256	S.C. Johnson Professional
WAVE / AF315	Massco
WEX-CIDE	Wexford Labs, Inc.

### **Disinfecting of Hard Surfaces and Care of Equipment**

After removing the soiling material, a disinfectant is applied. Mops should be soaked in disinfectant after use and washed thoroughly. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (dust pans, buckets) should be thoroughly rinsed in a disinfectant. The used disinfectant solution should be promptly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles.

### **Disinfection of Rugs/Carpet**

Apply sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove with dust pay and broom, then apply rug shampoo (a germicidal

detergent) with a brush and re-vacuum. Rinse dust pan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.

### **Laundry Instructions for Clothing Soiled with Body Fluids**

The school district shall use Universal Precautions with all soiled or contaminated laundry. Any contaminated items that may be laundered will be bagged at the site of the contamination. If the items are wet, leak proof bags or containers shall be used. Such items shall not be sorted or rinsed at the site of the contamination. The bags shall be deposited in the appropriately labeled receptacle in the building.

Any employee who comes into contact with contaminated items or laundry shall wear gloves and other personal protective equipment as deemed necessary or appropriate. Any contaminated laundry will be transported in red or appropriately labeled leak proof bags. The district will provide the laundry service with a copy of the OSHA bloodborne pathogen standard. All contaminated and regulated waste will be disposed of in compliance with state and federal regulations.

The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add ½ cup household bleach to the wash cycle. If the material is colorfast, add ½ cup non Clorox bleach to the wash cycle.

### **Hepatitis B Vaccination**

The School District will make the Hepatitis B vaccine and vaccination series available to any employee of the district who has occupational exposure and falls within Category I of the exposure determination. In light of the OSHA directive in early June 1992, indicating that persons who render first aid only as a collateral duty, responding solely to injuries resulting from work place incidents, generally at the location where the injury occurred may be offered post-exposure vaccination rather than pre-exposure vaccination. The district will make the Hepatitis B vaccine and vaccination series available to employees in categories II and III within 24 hours, but not more than 7 days, of possible exposure to HBV.

### **Category I Employees**

The Hepatitis B vaccination and any medical evaluation required before the vaccine can be administered will be provided to the employee at no cost. No employee shall be required to participate in a prescreening program as a prerequisite for receiving the Hepatitis B vaccination. The vaccine will be offered after the employee has received training on bloodborne pathogens and within 10 working days of an employee's initial assignment to work involving the potential

for occupational exposure, unless the employee has previously been vaccinated, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

All employees in Category I will receive a form at the time of the in-service to show they have been provided the training and will have the opportunity to request or reject the Hepatitis B vaccine.

Employees who decline the Hepatitis B vaccine will sign a waiver form as required by Appendix A of the OSHA standard. (A copy of the required waiver form is attached to this plan.) The Assistant Superintendent for Personnel Services or designee shall be responsible for assuring that the vaccine is offered, and that the necessary waiver is signed and appropriately filed for any employee who declines to accept the Hepatitis B vaccination which was offered.

Any employee who initially declines the Hepatitis B vaccination may later request the vaccination. The district will provide the vaccination for the employee at that time as soon as scheduling permits.

An approved Board of Education Health Care Provider will administer the vaccine to employees of the district. An approved Board of Education physician (as named by the Personnel Services Division) will administer vaccines to all new employees in Category I as part of the Board of Education physical. All other employees requiring Hepatitis B vaccine will be referred by the Assistant Superintendent for Personnel Services to an approved Health Care Provider for the vaccine.

Although booster doses of Hepatitis B vaccine are not currently recommended by the U.S. Public Health Service, if such booster doses are recommended in the future, the district will make the booster doses available at no cost to all employees who have occupational exposure.

### **Reporting Procedures for First Aid Incidents**

Whenever an employee in Category II or III is involved in a first aid incident which results in an exposure incident, the employee shall report the incident to their immediate supervisor and Risk Management before the end of the work shift during which the incident occurred. The employee must provide the immediate supervisor with the names of all first aid providers involved in the incident, a description of the circumstances of the accident, the date and time of the incident, as defined in the OSHA standard and this policy, has occurred. The information shall be reduced to writing by the supervisor and maintain a list of such first aid incidents which will be readily available to appropriate regulatory agencies. Any employee who renders first aid or other assistance in any situation involving the presence of blood or OPIM, and has a specific exposure incident, will be offered the Hepatitis B immunization series within 24 hours if possible, but in no event later than 7 days after the incident occurs. If an

exposure incident has occurred, other post-exposure evaluation and follow-up procedures will be initiated as well.

### **Post-Exposure Evaluation and Follow-Up**

An exposure incident occurs when there is specific mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. Whenever an employee has an exposure incident in the performance of his or her duties, an opportunity for a confidential post-exposure evaluation and follow-up will be provided to the employee at the expense of the district.

Based on exposure guidelines, an exposure incident determination can be rendered by the school nurse on site. The school nurse has the option of referral for determination to the Board of Education Physician. Post-exposure and follow-up evaluation shall be performed by an approved and licensed Board of Education physician according to recommendations of the U.S. Health Service current at the time these evaluations and procedures take place. The district will make sure that any laboratory tests required by the evaluation or follow-up procedures are conducted at an accredited laboratory at no cost to the employee.

Whenever an exposure incident occurs, the exposed employee shall report the incident to the immediate supervisor and Risk Management, who will explain to the employee his or her right to post-exposure evaluation and follow-up. If the employee desires an evaluation, the Assistant Superintendent for Personnel Services or designee will contact an approved physician who will do the evaluation as soon as feasible to arrange for the post-exposure evaluation of the employee.

A post-exposure evaluation and follow-up will include the following elements:

1. Documentation of the circumstances under which the exposure incident occurred, including the route(s) of the employee's exposure.
2. Identification and documentation of the source individual whose blood or OPIM caused the exposure, unless identification is infeasible or prohibited by law.
3. Unless the source individual is known to be infected with HBV or HIV, the school district through the principal or nurse will seek the consent of the source individual for blood testing for HBV or HIV. Failure to obtain consent will be documented by the district.
4. If the source individual consents, results of the source individual's blood testing will be made available to the exposed employee, along with information on laws concerning the disclosure of the identity and infectious status of the source individual.

5. If the exposed employee consents, testing of his or her blood will be completed as soon as possible. If the employee consents to baseline blood collection, but not to HIV serologic testing, the blood sample will be retained for 90 days. The employee may request testing of the sample at any time during the 90 day period.
6. The exposed employee will be offered post-exposure prophylaxis in accordance with current recommendations of the U.S. Public Health Service. These recommendations are currently as follows: If the source individual has AIDS, is HIV positive, or refuses to be tested, the employees should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The employee should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Retesting on a periodic basis may be necessary. During this follow-up period, especially the first 6-12 weeks after exposure, the employee should follow recommendations for preventing the transmission of the virus.
7. The exposed employee will be offered counseling concerning precautions to take during the period after the exposure incident by a school nurse or other approved health care providers. The employee will also be given information on what potential illness to be alert for and to report any related experiences to appropriate personnel. Reports should be made to the Assistant Superintendent for Personnel Services or designee.

### **Working With the Health Care Professional**

The Administration will provide the approved Board of Education physician with a copy of the OSHA regulation governing bloodborne pathogens, and ensure that the physician(s) are provided with: a description of the employee's duties as they relate to the exposure incident, documentation of the circumstances under which the exposure incident occurred, results of the source individual's blood test (if available), and all medical records which the district is required to maintain which are relevant to the appropriate treatment of the employee, including the employee's vaccination status.

### **Written Opinion of the Health Care Professional**

Following post-exposure evaluation, the health care professional shall provide the school district with a copy of his or her written opinion within 15 days after completion of the evaluation. This opinion shall include:

1. An opinion on whether Hepatitis B vaccination is indicated for the employee, and if the employee has received the vaccination.
2. A statement that the employee has been informed of the results of the evaluation and about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential.

## **Communication of Hazards to Employees**

### **Labeling**

Any container which contains used needles, blood or OPIM in the district shall be appropriately labeled with a "BIOHAZARD" label, or shall be red in color. All "BIOHAZARD" labels will have a florescent orange or orange-red background and have the biohazard symbol and the word 'BIOHARD" in a contrasting color.

Any receptacle used for the disposal or deposit of contaminated materials for laundering or disposal will be red in color, appropriately labeled or lined with red bags.

Any equipment which is contaminated will be appropriately labeled.

### **Training**

A training program on bloodborne for an employee within 60 days after the adoption of this exposure control plan shall be provided. Thereafter, an employee will be provided with training at the time of initial assignment to tasks where occupational exposure may occur. Annual training for all employees with occupational exposure will be provided within one year of their previous training. Additional training will be provided if changes in an employee's assignments affect the employee's occupational exposure.

The training program will be conducted by individuals who are knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the work place. Training will be presented for all employees.

The training program will contain, at a minimum, the following elements:

1. A copy of the OSHA standard and explanation of its content.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.;
3. An explanation of the modes of transmission of bloodborne pathogens.;
4. An explanation of the exposure control plan and information on how the employee may obtain a copy of the plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
6. An explanation of the use and limitations of methods, such as engineering controls, work practices, and personal protective equipment that will prevent or reduce exposure.

7. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits, and the conditions under which it is offered, free of charge, to employees.
8. Information on the appropriate actions to take and the persons to contact in an emergency involving blood or OPIM.
9. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and the medical follow-up that will be made available at no charge.
10. Information on the pos-exposure evaluation and follow-up following an exposure incident.
11. An explanation of labeling and color coding of bio hazards.
12. An opportunity for questioning the person conducting the training session regarding bloodborne pathogens.

## **Recordkeeping**

### **Medical Records**

The school district will establish and maintain a confidential medical record on each employee with occupational exposure. This record will include:

1. The name and social security number of the employee.
2. A copy of the employee's Hepatitis B vaccination status, including the dates the vaccination was given, any medical records relative to the employee's ability to receive the vaccination, or the employee's signed waiver;
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 following post-exposure evaluation and follow-up.
5. A copy of any information provided to the health care professional under the evaluation and follow-up procedures.

The medical records of employees maintained under this policy will be kept confidential and will not be disclosed to any person outside Environmental Services, Personnel or Risk Management, except as required by law, without the employee's employment, and for thirty years thereafter.

### **Training Records**

The school district will maintain records of all training sessions offered to employees under this plan. Such records will include: The dates of the training session; a summary of the contents of the session; the names(s)

and qualifications of the persons conducting the training; and the names and job titles of all persons attending the training sessions. Training records will be kept for at least three years from the date on which the training occurred. Employee training records will be made available for inspection to the employee or to anyone having the written consent of the affected employee, and to appropriate State and Federal officials upon request.

### **Accessibility and Review**

A copy of this Exposure Control Plan will be accessible to all employees of the district in the central office of each building in the district. Any employee will be provided with a copy of the plan at no cost upon request. A copy of this plan will also be made available to appropriate State and Federal officials upon request.

This Exposure Control Plan will be reviewed and updated at least annually, or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, or to reflect new or revised employee positions with occupational exposure. The Assistant Superintendent for Personnel Services or designee shall be responsible for scheduling the annual review of this plan.

# Appendix

## Bloodborne Pathogen Program

### Forms

**ACKNOWLEDGMENT OF TRAINING**

I have received bloodborne pathogen training as provided by USD 259.

Print Name ▶	(1)	Employee ID Number ▶	(2)
Employee Signature ▶	(3)		
Base Building ▶	(4)	Training Date mm/dd/yyyy ▶	(5)

**PRE-EXPOSURE HEPATITIS B VACCINATION ELIGIBILITY ANALYSIS**

If you are in one of the following employee groups, place a check mark beside the group.

- (6)  Nurse                      (7)  Custodian                      (8)  Work in a Special Ed Facility
- (9)  Elementary School Clerk/ Secretary With Health Related Responsibilities
- (10)  Health Occupations Employee

**If you do NOT belong to one of the above employee groups, you are finished with this form.**

(11) If you checked any of the above employee groups and you received one or more Hepatitis B vaccinations enter the exact or estimated date of each vaccination below. Your signature acknowledges receipt of these vaccinations.

Vaccination #1 Date: (12)	Vaccination #2 Date: (13)	Vaccination #3 Date: (14)
Employee Signature ▶	(15)	Date ▶ (16)

(17) If you checked any of the above employee groups and you need one or more Hepatitis B vaccinations to complete a series of three vaccinations, read the acceptance statement and sign below:

**Hepatitis B Vaccine Acceptance:** 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). I hereby request the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me.

Employee Signature ▶	(18)	Date ▶	(19)
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(20) If you checked any of the above employee groups, and need one or more Hepatitis B vaccinations to complete a series of three vaccinations but you wish to decline the Hepatitis B vaccination(s), read the declination statement and sign below:

**Hepatitis B Vaccine Declination:** I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection which is a serious disease. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I decline Hepatitis B vaccinations at this time. 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.

Employee Signature ▶	(21)	Date ▶	(22)
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**POST EXPOSURE TREATMENT ELIGIBILITY**

(23) All employees are eligible for post exposure treatment provided an exposure incident has occurred.