

Baldwin City USD 348

EXPOSURE CONTROL PLAN

FOR BLOODBORNE PATHOGENS IN

U.S.D. 348, DOUGLAS COUNTY, KANSAS

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. 348 to achieve compliance with the state directive.

EXPOSURE DETERMINATION

For purposes of this plan "occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing mucous membranes or the skin barrier through needle sticks, human bites, cuts, abrasions, etc.) contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of the employee's duties. OPIMs include body fluids such as semen, vaginal secretions, respiratory discharge, tears, vomitus, urine, feces, saliva in dental procedures, etc. For purposes of this plan, employees of the district, by job classifications have been divided into three categories:

Category I

All employees in the following job classifications at U.S.D. 348 have occupational exposure:

Custodians, school nurses, secretaries, transportation drivers, athletic trainers, coaches, and special education teachers or paraprofessionals who work with exceptional children who are at high risk for Hepatitis B are likely to fall in this category.

Category II

Some employees in the following job classifications in U.S.D. 348 may have an occasional occupational exposure:

Teachers, teacher aides, some paraprofessionals, principals, food service staff, maintenance staff and persons who occasionally render first aid are likely to fall in this category.

Category III

Some employees in U.S.D. 348 are unlikely to have occupational exposure. There job classifications include:

District office administrators and clerical personnel.

The following is a list of tasks and procedures or groups of closely related tasks and procedures in the school district in which occupational exposure occurs or is likely to occur, and by which employees in which job classifications such tasks are performed.

TASK OR PROCEDURE JOB CLASSIFICATION

1. care of minor injuries that will occur within a school setting (such as bloody nose, scrape, minor cut);
2. initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration);
3. care of students with medical needs (such as tracheotomy, colostomy, injections);
4. care of students who need assistance in daily living skills (such as toileting, dressing, hand-washing, feeding, menstrual needs);
5. care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching);
6. care of an injured person in laboratory settings, technical education settings, or art classes;
7. care of a n injured person during a sport activity;
8. care of students who receive training or therapy in a home-based setting; and/or
9. cleaning tasks associated with body fluid spills.

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 U.S.D. 348 to prevent contact with blood and OPIMs.

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 workplace. 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 following areas:

Nurses offices, Athletic training room

The district will maintain appropriate 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	BYTIMELINE
Sharps disposal containers	School nurse, athletic trainer	Monthly
Receptacles	Custodian	Daily

WORK PRACTICE CONTROLS

Work practice controls are those controls that reduce the likelihood of an exposure by altering the manner in which the task is performed.

The following work practice controls apply in U.S.D. 348 :

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 cannot be kept in any area where blood or OPIMs are present.

Procedures involving blood or OPIMs will be performed in a manner to minimize splashing, spraying, or spattering.

Mouth suctioning of blood or OPIMs is prohibited.

Specimens of blood or OPIMs should not be brought to or taken in the school. If specimens of blood or OPIMs are present in the school they should be in leakproof containers, appropriately labeled, and closed prior to storing or transporting.

Equipment which may become contaminated with blood or OPIMs shall be decontaminated, or appropriately labeled, as soon as is feasible after the contamination occurs. Affected employees and, if necessary, outside servicing agents, will be informed of the contamination of the equipment prior to any handling, servicing or shipping of the equipment.

HANDWASHING FACILITIES

Hand-washing facilities are provided for all students and employees of the district. Because 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 OPIMs, 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 hands or other skin with blood or OPIMs.

PERSONAL PROTECTIVE EQUIPMENT

It shall be the responsibility of each building principal to ensure that appropriate personal protective equipment is available and readily accessible for each employee's use at no cost to the employee. The principal shall also 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 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. 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 OPIMs should be removed as soon as is feasible and placed in the appropriate receptacle.

Personal protective equipment is stored in the AED boxes. 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, OPIMs, mucous membranes or non-intact skin. Gloves shall also be worn when handling or touching contaminated items or surfaces.

Disposable (single use) gloves are available for employee use in situations where such use is warranted or directed. These gloves should be deposited by the employee 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 employee 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 Director of Maintenance 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 OPIMs may be generated and eye, nose or mouth contamination can be reasonably anticipated.

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, and shall be left to the employee's judgment.

HOUSEKEEPING

It shall be the responsibility of the building Principal to see that each worksite 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 OPIMs.

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

All bins, pails, cans, and waste paper baskets shall be inspected, cleaned, and decontaminated on a regularly scheduled basis, or as soon as feasible upon visible contamination.

Broken glassware shall not be picked up by hand, but by using a broom and dustpan, tongs, vacuum cleaner or other mechanical means.

All contaminated and regulated waste will be disposed of in compliance with state and federal regulations.

LAUNDRY

The school district will use Universal Precautions with all soiled or contaminated laundry. Any contaminated items which can be laundered will be bagged at the site of the contamination and handled as little as possible. If

the items are wet, leakproof 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.

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 July, 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 of possible exposure to HBV.

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 contradicted for medical reasons.

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.) District Nurse 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.

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 potential exposure, the employee shall report the incident to immediate supervisor 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, and a determination of whether an exposure incident, as defined in the OSHA standard and this policy, has occurred. The information shall be reduced to writing by the immediate supervisor and maintained in the first aid incident report file. The district will maintain a list of such first aid incidents which will be readily available to all employees and provided to KDHR upon request. Any employee who renders first aid or other assistance in any situation involving the presence of blood or OPIMs, regardless of whether or not a specific exposure incident occurs, will be offered the full Hepatitis B immunization series as soon as possible, but in no event later than 24 hours 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 OPIMs. 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.

Post-exposure evaluation and follow-up shall be performed by the district nurse 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 district nurse, who will explain to the employee his or her right to a post-exposure evaluation and follow-up.

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 OPIMs 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 district 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, blood 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 employee 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. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. Reports should be made to the district nurse.

WORKING WITH THE HEALTH CARE PROFESSIONAL

The district will provide licensed health care professional(s) with a copy of the OSHA regulation governing bloodborne pathogens, and ensure that the licensed health care professional(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 the 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 OPIMs which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential between the employee and the health care provider and shall not be included in the written opinion.

COMMUNICATION OF HAZARDS TO EMPLOYEES

LABELING

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

Any equipment which is contaminated will be appropriately labeled.

TRAINING

A training program on bloodborne pathogens will be provided for all employees with occupational exposure. Training will be provided during working hours, and at no cost to the employee. Attendance at training sessions is mandatory.

Initial training will be provided for all employees within 60 days after the adoption of this exposure control plan. 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 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 a person who is knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address, and presented in a manner which is understandable 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 contents; (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 OPIMs; (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 OPIMs; (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 post-exposure evaluation and follow-up following an exposure incident; (11) An explanation of labeling and color coding; and (12) An opportunity for questioning the person conducting the training session.

RECORDKEEPING

MEDICAL RECORDS

The school district will establish and maintain a confidential medical record for 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; and (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, except as required by law, without the employee's express written consent. Medical records required under this plan will be maintained for the duration of 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 name(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 employees, anyone having the written consent of the affected employee, and to KDHR 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 KDHR 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 Superintendent shall be responsible for scheduling the annual review of this plan.

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be a risk of acquiring 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 vaccination at this time. I understand that by declining this 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.

Date

Signature of Employee

[NOTE: This waiver form is Appendix A to the OSHA standard. It must be signed in this form by any employee who has occupational exposure and who declines the vaccination after receiving training on the vaccination. If an employee decides to decline the vaccination, this form should be filed in the employee's medical record.]

HEPATITIS B VACCINE CONFIRMATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be a risk of acquiring hepatitis B virus (HBV) infection.

I have been vaccinated with hepatitis B vaccine.

Date of vaccine _____

Signature of Employee

Date

ATTACHMENT #2

FIRST AID EXPOSURE INCIDENT REPORT

1. Did an exposure incident occur? YES or NO
(if yes complete the rest of the form, if no, you are done)
 - a) (An **exposure incident** occurs when there is specific mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material that results from the performance of a workers duties. Parenteral contact means the piercing of mucous membranes or the skin barrier through needlesticks, human bites, cuts, abrasions, etc.)

2. Date and time of the first aid incident:

3. Names of all first aid providers:

4. Description of the accident or incident, and the circumstances surrounding it, which resulted in the need for first aid procedures:

5. Post-exposure evaluation and follow-up (were) (were not) offered.
 - a) [If the affected employee believes that an exposure incident has occurred, the employee should be offered post-exposure evaluation and follow-up and the post-exposure evaluation and follow-up form should also be completed.]

6. The affected employee was offered the full Hepatitis B immunization series at _____.
 - a) [NOTE: The Hepatitis B vaccine must be offered as soon as possible, but in no event later than 24 hours after the incident occurs. The vaccine must be offered whenever a first aid incident occurs, whether or not an exposure incident has occurred.]

Date and time of the report

Signature of responsible person

[This report will be filed in the employee's medical record. A copy of the report will be filed in the first aid incident report file.]

ATTACHMENT #3

POST-EXPOSURE EVALUATION AND FOLLOW-UP REPORT

1. Name of the employee who had an exposure incident.
2. Date, time, and place of the exposure incident.
3. A description of the circumstances under which the exposure incident occurred:
4. A description of the route(s) of the employee's exposure:
5. Information on the source individual:
 - a) The identity of the source individual (is) (is not) known. [If the answer is "is not" go to question 6.]
 - b) The source individual (is) (is not) known to be infected with HBV or HIV. [If the answer is "is" go to question 6.]
 - c) The school district, through the district nurse sought the consent of the source individual to blood testing. The source individual (did) (did not) consent to blood testing. [If the answer is "did not" go to question 6.]
 - d) The source individual (did) (did not) consent to having the results of the blood test released to the school district and to the affected employee.: {If the answer is "did not" go to question 6. If the answer is "did" the affected employee and any employee who receives the information on behalf of the district should be instructed that such information must be kept confidential pursuant to Kansas law.]
 - e) The district nurse made the results of the source individual's blood test available to the affected employee on _____.
6. _____ was informed of his/her right to post-exposure evaluation and follow-up by _____ on _____. _____ was informed that _____ would perform the evaluation at _____, at the expense of the district, and that _____ would arrange an appointment for the evaluation. _____ (declined) (accepted) the offer and the appointment (was) (was not) made.
7. _____ offered _____ post-exposure prophylaxis in accordance with current recommendations of the U.S. Public Health Service on _____.
8. _____ offered _____ counseling with _____ concerning precautions to take during the period after the exposure incident. Such counseling also included information on potential illnesses. _____ was instructed to report any related experiences to _____.

Date of report

Signature of Responsible Employee

[This report will be filed in the employee's medical record. A copy of this report will be provided to the health care professional doing the evaluation along with a copy of the OSHA regulation, a description of the employee's duties as they relate to the exposure incident, the result of the source individual's blood test, if available, and a copy of the employee's medical record.]

ATTACHMENT #4

DOCUMENTATION OF TRAINING

- 1 Date of training session.
- 2 Place that training was offered.
- 3 Summary of the contents of the training session: [In lieu of summarizing the materials the district may attach the materials to the training report.]

- 4 Names and job titles of all persons attending the training session.

[This report should be filed in the training file, and kept for at least three years after the training session occurs.]