

BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

U.S.D. 325

PHILLIPSBURG, KANSAS

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INTRODUCTION

The Occupational Safety and Health Administration (OSHA) has determined that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials (OPIM) because they may contain bloodborne pathogens, including the AIDS, Hepatitis B and C Viruses. OSHA concluded that this exposure could be minimized or eliminated by developing and implementing a bloodborne pathogen exposure control program in the work place.

In 1992 the Kansas Department of Human Resources, under authority granted by Kansas statute, announced that the OSHA Standard for Bloodborne Pathogens would be applied to public entities in Kansas. This Exposure Control Plan will be implemented in USD 325 to achieve compliance with the state directives.

EXPOSURE DETERMINATION

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 (OPIM) 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.

The following categories identify USD 325 employees according to their occupational exposure risk.

Category I - Occupational Exposure

Employees in the following job classifications at USD 325 have risk of occupational exposure to Hepatitis B and C, potentially serious liver diseases caused by the Hepatitis B and C Viruses:

Custodians
School Nurses
Secretaries

First Aid Responders
ECD Teachers & Paraprofessionals
Coaches

Category II - Occupational Exposure

Employees in the following job classifications at USD 325 may have occasional risk for Hepatitis B and C occupational exposure:

Teachers	Paraprofessionals	Teacher Aids
Administrators	Bus Drivers	Food Service Personnel
Clerical Staff	Central Office Staff	

Tasks and procedures in which occupational exposure occurs or is likely to occur:

- First aid for injuries and illnesses, such as wounds, vomiting and nosebleeds.
- Assisting in toilet training, diaper changing and personal hygiene.
- Handling and cleaning of items and surfaces contaminated with blood or other potentially infectious materials.
- Removal and appropriate disposal of solid waste.

CONTROL METHODS

UNIVERSAL PRECAUTIONS refer to a method of infection control in which all human blood and other potentially infectious materials (OPIM) are treated as if known to be infectious for HIV (Human Immunodeficiency Virus) and/or HBV (Hepatitis B Virus) and/or HCV (Hepatitis C Virus).

The use of universal precautions will be fully implemented throughout the school district.

Precautions include the following:

- Use an appropriate barrier.
- Wash hands thoroughly.
- Clean up spills immediately.
- Follow general guidelines for sterilization, disinfection, housekeeping, and waste disposal.
- Bag and dispose of waste.
- Use appropriate respirator technique when required.

Engineering Controls: The use of available technology and devices to isolate or remove hazards from the worker. These include, but are not limited to: puncture-resistant sharp containers and splashguards. Controls will be examined and maintained or replaced as needed to ensure their effectiveness.

Work Practice Controls: An altered manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure to blood or other potentially infectious materials.

USD #325 will follow the Communicable Disease Control guidelines:

- Protective gloves will be worn in all instances when rendering first aid.
- Utility gloves will be used when cleaning contaminated items or surfaces, repairing or working on pumps, lines, etc. that have contaminated areas. **IF IN DOUBT, USE GLOVES!!** If a glove is torn, or a puncture occurs, gloves will be changed.
- All blood/body fluid spills will be cleaned up immediately, using gloves and a bleach solution.
- Hands will be washed immediately after removing gloves.
- Sharps will be handled carefully and will be disposed of in an approved puncture-resistant container.
- Ingestion of food, application of cosmetics, or applying contact lenses are prohibited where there is reasonable likelihood of occupational exposure.
- Food and drink are prohibited where blood and OPIM are present.

Personal Protective Equipment: Equipment that protects from contact with blood or OPIM.

- Employees will use appropriate personal protective equipment.
- Appropriate personal protective equipment will be readily accessible to employees.
- The employer shall clean, repair, or replace equipment as needed to maintain its effectiveness at no cost to the employee.
- If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as is feasible.
- All personal protective equipment shall be removed prior to leaving the work area.
- When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing decontamination, or disposal.
- Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact; e.g. handling or touching contaminated items or surfaces.
- Utility gloves may be decontaminated for re-use unless cracked, peeling, torn, punctured, or exhibit other signs of deterioration.

Housekeeping:

- Universal precautions, where all blood and OPIM are treated as if known to be infectious, will be applied in all housekeeping duties.
- All equipment and environmental surfaces shall be cleaned and decontaminated as soon as feasible after contact with blood or OPIM.
- Broken glassware shall not be picked up by hand. Instead, a brush and dustpan, tongs, or vacuum cleaner will be used.
- Employees will minimize splashing, spraying, spattering, and generation of droplets in all procedures involving blood and OPIM.

- Disinfectants used for the purpose of decontaminating blood and OPIM will be tuberculocidal, bactericidal, and virucidal. A FRESH, 1 to 10 solution of household bleach and water is a recommended disinfectant.
- Bins, pails, cans and similar receptacles that are reused and have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis.

Laundry:

- All contaminated laundry will be handled as little as possible using universal precautions.
- Any employee responsible for laundering contaminated items shall wear gloves and any other personal protective equipment necessary for protection.
- Items suspected of contamination with blood or OPIM will not be sorted or rinsed. Will be placed in leak proof bags and promptly transported to the washing facilities. Normal laundry cycles should be used according to the washer and detergent manufacturer's recommendations.

HEPATITIS B VACCINE

All school employees who have been identified in Category I as having job classifications with High Risk Occupational Exposure will be offered the Hepatitis B Vaccination series at no cost to the employee.

When vaccine is declined, the declination form must be signed and maintained in the school files for 30 years beyond employment.

USD 325 will provide Hepatitis B Vaccine on later request even when initial declination occurred.

Should booster doses of Hepatitis B Vaccine be required in the future, these will be offered to Category I employees at no cost.

Post Exposure: USD 325 will make Hepatitis B Vaccine series available to unvaccinated employees within 1 day, if possible, but not to exceed 7 days, after exposure incident at no cost to the employee.*

*OSHA has ruled that Hepatitis B Vaccine must be received within 24 hours after exposure if possible. The U.S. Public Health Service recommends that the vaccine should be received as soon as possible after exposure but within 7 days of the exposure event (MMWR, May, 1999).

PROCEDURES FOLLOWING EXPOSURE

Potential Exposure:

- Immediate care of potential exposure injuries include:
 - Assisting wounds to bleed well.
 - Washing with soap and water for several minutes, followed by cleaning with an antiseptic skin cleaner.
 - Flushing with copious amounts of water if eyes or mucous membranes are involved.

Exposure Incident:

- An **Exposure Incident** occurs when there is specific mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials. Parenteral contact means the piercing of mucous membranes or the skin barrier through needles sticks, human bites, cuts, abrasions, etc.
- Any person experiencing an exposure incident will be offered Hepatitis B series as soon as possible if an exposure incident occurred and within 7 days of incident.
- An EXPOSURE INCIDENT form (see Attachment #2) will be filed if an exposure incident occurs.
- Post Exposure Evaluation and Follow-Up procedures will be implemented when an exposure incident has been identified.

Post Exposure Evaluation and Follow-Up:

- If an Exposure Incident occurs, the exposed employee will report to the school nurse who will explain the employee's right to Post Exposure Evaluation.
- The Phillips County Health Department is the health care professional facility available for Post Exposure Evaluation which includes medical evaluation, counseling, initial Hepatitis B Vaccine, testing, and follow-up.
- Post Exposure Evaluation and Follow-Up procedures will be confidential and provided at no expense to employee.

Written Opinion Of Health Care Professional:

- Following the Post Exposure Evaluation the school district shall receive, within 15 days, information contained on the HEALTH CARE PROFESSIONAL'S WRITTEN OPINION (Attachment #3) which includes:
 - Appropriateness of Hepatitis B Vaccination and whether received.
 - Statement that employee has been informed of evaluation results and medical conditions resulting from exposure that require further evaluation or treatment.
- All other medical information is strictly confidential and will not be provided to the school district.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labeling:

- An official fluorescent orange or orange-red "BIOHAZARD" label or red container will be used for contaminated sharp objects, blood, or OPIMs, such as blood soiled laundry.
- All contaminated equipment will be bagged, labeled, and sent to the custodians or school nurses for cleaning.

TRAINING OF EMPLOYEES

- Annual training on bloodborne pathogens for all school employees is mandatory.
- Training is free of cost and provided during work hours.
- Training will be conducted by the school nurse or other qualified individual and will be presented in an understandable manner for all employees.

Content of training is the following:

- OSHA standard and explanation.
- Epidemiology and symptoms of bloodborne diseases.
- Modes of transmission of bloodborne diseases.
- Detailed explanation of exposure control plan and how to obtain copy.
- Methods for recognizing tasks and activities that may involve exposure to blood and OPIM.
- Explanation of use and limitations of methods to prevent or reduce exposure.
- Opportunity for questioning person conducting the training.
- Hepatitis B Vaccine information.
- Post Exposure reporting.
- Hazardous labels and signs.

RECORD KEEPING

Medical Records:

- All medical records are confidential and will be filed at the Superintendent's Office.
- All records for each employee with occupational exposure are maintained for duration of employment and 30 years there after and will include:
 - Name and social security number.
 - Employee's hepatitis B vaccination status including dates given, information on employee's ability to receive vaccination or signed waiver.
 - Reports made regarding any medical condition resulting from the exposure that required further evaluation or treatment.
 - Copy of information provided to Health Care Professional for Post Exposure Evaluation.

- Health Care Professional's Written Opinion (Attachment #3). Records will not be disclosed, except as required by law, without the employee's written consent.

Training Records:

- Will be maintained for three years from date training occurred and include:
 - Dates of session.
 - Content of session.
 - Name(s) and qualifications of persons conducting training.
 - Names and titles of all persons attending training.

**ACCESSIBILITY AND REVIEW
OF EXPOSURE CONTROL PLAN**

- Exposure Control Plan:
 - Is accessible to all employees of the district in the central office and school nurse's office of each building.
 - Provided to employees and the Kansas Department of Human Resources upon request.
 - Reviewed and updated by the school nurse as needed to ensure effectiveness.

ATTACHMENT #1
HEPATITIS B VACCINATION

Name _____
(print)

Position _____

+++++

CONSENT STATEMENT

I have read the Hepatitis B vaccination Information on the reverse side of this page. I understand that I must have three (3) doses of vaccine to become immune. However, as with all medical treatment, there is no guarantee that I acquire immunity or that I will not experience an adverse side effect from the vaccine. If pregnant, I understand that my physician's permission to take the vaccine is required. (Copy of permission attached.)

I request that Hepatitis B Vaccination be given to me at no cost.

Signature of Employee

Date

HEPATITIS B VACCINE INFORMATION

ADMINISTRATION:

Intramuscular injection into arm

First dose: 0 months

Second dose: 1 month later

Third dose: 6 months after first dose

BENEFITS:

- Provides immunity to Hepatitis B disease in most cases.
- Offered free of charge to employees with occupational risk or post exposure risk to blood.

SAFETY and SIDE EFFECTS:

- Occasional soreness at injection site.
- Possibility of allergic reaction
- Getting hepatitis B vaccine is much safer than getting hepatitis B disease

Check with your health care provider for further information.

NOTE : You will be required to sign an informed consent statement prior to receiving Hepatitis B Vaccine.

ATTACHMENT #2

EXPOSURE INCIDENT

NAME OF EMPLOYEE _____
(last) (first) (MI)

DATE OF BIRTH: ___/___/___ SEX: ___ SSN: ___-___-_____

HOME ADDRESS: _____

HOME TELEPHONE: _____

SCHOOL: _____ SCHOOL PHONE: _____

PLACE OF EXPOSURE INCIDENT: _____

EXPOSURE INCIDENT DATE: ___/___/___ ROUTE OF EXPOSURE: _____

HBV VACCINATION DATES: 1st ___/___/___ 2nd ___/___/___ 3rd ___/___/___

NAME OF SOURCE INDIVIDUAL: _____

SOURCE INDIVIDUAL'S VERBAL CONSENT FOR BLOOD AND ANTIBODY TESTING:
(Parental consent required for all students)

___ YES (Note details) ___ NO (Give reason) _____

DESCRIBE NATURE OF EXPOSURE (Give details.) _____

WRITTEN DESCRIPTION OF EMPLOYEE DUTIES IN RELATIONS TO
EXPOSURE INCIDENT: _____

Signature of person completing Report _____/_____/_____
date

ATTACHMENT #3

**HEALTHCARE PROFESSIONAL'S WRITTEN OPINION
FOR POST EXPOSURE EVALUATION AND FOLLOW-UP**

YES **NO** Hepatitis B Vaccination is indicated for this employee.
 YES **NO** Employee has previously received HBV Vaccination.
 YES **NO** Employee is currently receiving HBV Vaccination series.
_____ **Date** Employee declined HBV Vaccination Series (if applicable).

Please enter date done:

_____ Employee has been informed of the results of the post exposure evaluation.
_____ Employee has been told about any medical conditions resulting from exposure incident that may require further evaluation or treatment.

YES **NO** Other relevant medical information is present:
See enclosed employee records.

Employee Signature

Employee name

Date

Signature of Physician

Reports regarding medical exposure which require further evaluation or treatment will be made to the Superintendent's Office, USD 325.