

**EXPOSURE CONTROL PLAN  
FOR  
BLOODBORNE PATHOGENS**

**U.S.D. 489  
HAYS, KANSAS**

**Revised: August 2002**

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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 489 to achieve compliance with the state directives.

## **EXPOSURE DETERMINATION**

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of the employee's duties. The following categories identify USD 489 employees according to their occupational exposure risk.

### **Category I - HIGH RISK Occupational Exposure**

Employees in the following job classifications at USD 489 have high risk for occupational exposure to Hepatitis B and C, potentially serious liver diseases caused by the Hepatitis B and C Viruses:

School Nurses and Delegated First Aid Responders; Secretary to Health Services; Custodians; Athletic Trainer; First Aid Provider(s) for all athletic teams when trainer is not available; First Aid Provider(s) at each attendance center when the school nurse is not on site; Teachers, Professionals, and Paraprofessionals in Individual Instructional, Interrelated Self-Contained, and English as a Second Language (ESL) Classrooms; and Early Childhood and Head Start Direct Teaching Staff.

## **Category II - LOW RISK Occupational Exposure**

Employees in the following job classifications at USD 489 have low risk for Hepatitis B and C occupational exposure:

Teachers, Paraprofessionals, Teacher Aids, Administrators, Special Service Staff, Bus Drivers, Maintenance and Food Service Personnel, Secretaries, Clerical Staff, and Central Office Staff, unless designated as First Aid Provider when school nurse is not on site.

Tasks and procedures in which occupational exposure occurs or is likely to occur and job classifications in which such tasks are performed are:

### **Job Classification**

### **Task and Procedure**

A. School Nurses and Delegated Staff.

A. First aid for injuries and illnesses, such as wounds, vomiting, and nosebleeds. Any special health related procedure such as insulin injections, blood sugar monitoring, tracheal suctioning, and urinary catheterization.

B. Secretary to Health Services, Athletic Trainer, Designated First Aid Providers.

B. First aid for injuries and illnesses, such as wounds, vomiting, and nose bleeds.

C. Teachers, Professionals, & Paraprofessionals in Individual Instructional, Interrelated Self-Contained & ESL Classrooms; and Early Childhood & Head Start Direct Teaching Staff.

C. First aid for minor injuries. Assisting in toilet training, diaper changing and personal hygiene.

D. Custodians

D. Handling and cleaning of items and surfaces contaminated with blood or other potentially infectious materials.

## 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).

**OPIM (Other Potentially Infectious Materials)** includes: Blood products, plasma, semen, vaginal secretions, fluid in the uterus of pregnant women, fluids surrounding the brain, spine, heart, and joints; fluids in the chest and abdomen; and other fluids containing visible blood.

**Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomitus unless they contain visible blood.**

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

- A. Handwashing:** One of the most effective practices of control.
1. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other potentially infectious materials. Wash hand immediately after removing gloves.
  2. School facilities will maintain sinks, soap, and running water for handwashing throughout their buildings.
  3. Antiseptic towelettes or hand cleaners will be provided for off-campus activities. They will be stored in the school nurse office.
- B. Engineering Controls:** Physical or mechanical systems that eliminate hazards at their source.
1. Sharps containers will be maintained in the nurse's office of each school attendance center. The school nurse will be responsible to inspect the sharp containers on a weekly basis.
  2. Receptacles for depositing contaminated articles for disposal will be located in the school nurse office.
  3. Regulated school waste will be transported, on an as needed basis, to Ellis County Health Department for incineration. ECHD will charge a nominal fee.
- C. Work Practice Controls:** An altered manner in which a task is performed which reduces or eliminates the likelihood of an exposure.
1. Protective gloves will be worn in all instances when rendering first aid.
  2. Contaminated needles will be disposed of in an officially labeled "BIOHAZARD" sharps container without recapping.
  3. Other sharp objects exposed to contaminants will be disposed of in the "Biohazard" sharps container.

4. Ingestion of food or application of cosmetics, smoking, or applying contact lenses are prohibited where there is reasonable likelihood of occupational exposure.
5. Food and drink are prohibited where blood and OPIM are present.

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

1. School administrators are responsible to ensure appropriate and easily accessible equipment. Personal protective equipment will be available from the school nurse office.
2. Employees will be trained in use and disposal of equipment.
3. Protective equipment includes gloves which are available to all school employees. Custodial staff will be provided heavy rubber gloves with proper cleansing between uses.
4. A special **BIOHAZARD KIT** will be stored in each school nurse office. This kit will contain biohazard clean-up materials, gloves, mask, goggles, apron, and CPR shield.
5. Bus Drivers will have available gloves, spill kits, CPR shield, surface and skin disinfectant wipes.

**E. Housekeeping:** It shall be the responsibility of the building principal or superintendent to see that each building is maintained in a clean and sanitary condition.

1. Universal precautions, where all blood and OPIM are treated as if known to be infectious, will be applied in all housekeeping duties.
2. All equipment and environmental surfaces shall be cleaned and decontaminated as soon as feasible after contact with blood or OPIM and at the end of the work shift if contamination might have occurred.
3. Broken glassware shall not be picked up by hand. Instead, a brush and dustpan, tongs, or vacuum cleaner will be used.
4. Employees will minimize splashing, spraying, spattering, and generation of droplets in all procedures involving blood and OPIM.
5. All contaminated surfaces must first be **CLEANED before** they can be **disinfected**.
6. 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. This solution cannot be kept over 24 hours.
7. 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 daily.

**F. Laundry:**

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

### **HEPATITIS B VACCINE**

- A. 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.
1. The employee's supervisor is responsible for assuring the Hepatitis B Vaccine is offered and the appropriate forms signed and filed. (See Attachment #1: HEPATITIS B VACCINATION and INFORMATION form.)
  2. Testing for immunity after HBV vaccination is not recommended by CDC and is therefore not provided by USD 489.
- B. When vaccine is declined, the declination form must be signed and maintained in the school files for 30 years beyond employment.
1. USD 489 will provide Hepatitis B Vaccine on later request even when initial declination occurred.
- C. Should booster doses of Hepatitis B Vaccine be required in the future, these will be offered to Category I employees at no cost.
- D. Post Exposure: USD 489 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

### A. Potential Exposure:

1. Immediate care of potential exposure injuries include:
  - a. Assisting wounds to bleed well.
  - b. Washing with soap and water for several minutes, followed by cleaning with an antiseptic skin cleaner.
  - c. Flushing with copious amounts of water if eyes or mucous membranes are involved.
2. Report all potential exposures to the building principal or supervisor and the school nurse prior to the end of the school day or the school-sponsored activity beyond the normal school day.
3. The employee shall document and report details of potential exposures, including persons involved, date, time, and determination of exposure incident. (See Attachment #2: EMPLOYEE REPORT OF POTENTIAL EXPOSURE.)
4. The EMPLOYEE REPORT OF POTENTIAL EXPOSURE will be filed with the Superintendent of Business, maintained, and made available to employees and the Kansas Department of Human Resources.
5. Any person experiencing an exposure incident, as defined below, will be offered Hepatitis B series as soon as possible if an exposure incident occurred and within 7 days of incident.

### B. Exposure Incident:

1. 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.
2. An EXPOSURE INCIDENT form (see Attachment #3) will be filed if an exposure incident occurs.
3. Post Exposure Evaluation and Follow-Up procedures will be implemented when an exposure incident has been identified.

### C. Post Exposure Evaluation and Follow-Up:

1. 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.
2. **Hays Medical Center (HMC) WorkSMART** is the health care professional facility available for Post Exposure Evaluation which includes medical evaluation, counseling, initial Hepatitis B Vaccine, testing, and follow-up.

3. The school nurse will make arrangements with WorkSMART to consult with the exposed employee as soon as feasible.
4. Post Exposure Evaluation and Follow-Up procedures will be confidential and provided at no expense to employee.
5. Post Exposure Evaluation and Follow-Up includes:
  - a. Review of the EMPLOYEE REPORT OF POTENTIAL EXPOSURE and EXPOSURE INCIDENT forms (Attachment #2 and #3).
  - b. Identification and documentation of source individual that caused exposure, unless identification is not feasible or prohibited by law.
  - c. If requested by the exposed individual, or recommended by HMC WorkSMART, a school representative will contact the source individual, or parent or guardian when source individual is a student, for verbal consent for blood and antibody testing. WorkSMART will secure written consent prior to venipuncture.
  - d. With exposed employee consent, baseline blood testing will be provided. HMC WorkSMART consent forms will be used. Without consent to do HIV testing, the sample will be retained in the laboratory for 90 days. Testing at employee request can be done within that period or as recommended by HMC WorkSMART.
  - e. Exposed employee will be offered post-exposure prophylactics and counseling on risks and encouraged to report acute febrile illnesses that occur within 6 months after exposure.
  - f. Six months post-exposure exam for HIV, HBV and HCV is recommended. It will be the school nurse's responsibility to facilitate scheduling this exam.
  - g. All records and reports will be confidential. All communications will be made to the Assistant Superintendent of Business regarding any medical condition resulting from the exposure which requires further evaluation or treatment.

**D. School District Responsibility with Health Care Professional Facility:**

1. The school nurse will provide HMC WorkSMART professionals with:
  - a. OSHA regulation governing bloodborne pathogens.
  - b. Description of employee's duties as they relate to exposure incident.
  - c. EMPLOYEE REPORT OF POTENTIAL EXPOSURE and EXPOSURE INCIDENT forms. (Attachments #2 & #3)
  - d. Results of source individual's blood test, if available.
  - e. Medical records maintained by district that relate to treatment of employee including employee's HBV Vaccine status.

**E. Written Opinion Of Health Care Professional:**

1. Following the Post Exposure Evaluation the school district shall receive, within 15 days, information contained on the HEALTH CARE PROFESSIONAL'S WRITTEN OPINION (Attachment #4) which includes:
  - a. Appropriateness of Hepatitis B Vaccination and whether received.
  - b. Statement that employee has been informed of evaluation results and medical conditions resulting from exposure that require further evaluation or treatment.
2. All other medical information is strictly confidential and will not be provided to the school district.

**COMMUNICATION OF HAZARDS TO EMPLOYEES**

**A. Labeling:**

1. 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.
2. All contaminated equipment will be bagged, labeled, and sent to the custodians or school nurses for cleaning.

**TRAINING OF EMPLOYEES**

- A. Annual training on bloodborne pathogens for all school employees is mandatory.
- B. Training is free of cost and provided during work hours.
- C. Training schedule is:
  1. Initial training provided for all employees within 60 days of the adoption of this plan.
  2. Annual training provided for all employees within one year of previous training.
  3. Training on bloodborne pathogens will occur within 10 days of job assignment for all new school employees.
  4. Training as necessary upon initial assignment of an employee to tasks where exposure may occur.
- D. Training will be conducted by the school nurse or other qualified individual and will be presented in an understandable manner for all employees.

- E. Content of training is the following:
1. OSHA standard and explanation.
  2. Epidemiology and symptoms of bloodborne diseases.
  3. Modes of transmission of bloodborne diseases.
  4. Detailed explanation of exposure control plan and how to obtain copy.
  5. Methods for recognizing tasks and activities that may involve exposure to blood and OPIM.
  6. Explanation of use and limitations of methods to prevent or reduce exposure.
  7. Opportunity for questioning person conducting the training.
  8. Hepatitis B Vaccine information.
  9. Post Exposure reporting.
  10. Hazardous labels and signs.

## **RECORD KEEPING**

### **A. Medical Records:**

1. All medical records are confidential and will be filed with the Assistant Superintendent of Business.
2. All records for each employee with occupational exposure are maintained for duration of employment and 30 years there after and will include:
  - a. Name and social security number.
  - b. Employee's hepatitis B vaccination status including dates given, information on employee's ability to receive vaccination or signed waiver.
  - c. Reports made to Assistant Superintendent of Business regarding any medical condition resulting from the exposure which required further evaluation or treatment.
  - d. Copy of information provided to Health Care Professional for Post Exposure Evaluation.
  - e. Health Care Professional's Written Opinion (Attachment #4).
3. Records will not be disclosed, except as required by law, without the employee's written consent.

### **B. Training Records:**

1. Will be maintained for three years from date training occurred and include:
  - a. Dates of session.
  - b. Content of session.
  - c. Name(s) and qualifications of persons conducting training.

- d. Names and titles of all persons attending training.
- 2. Will be made available for inspection to employees, those with written consent of affected employee and to the Kansas Department of Human Resources upon request.

**ACCESSIBILITY AND REVIEW  
OF EXPOSURE CONTROL PLAN**

- A. Exposure Control Plan is accessible to all employees of the district in the central office and school nurse office of each building.
- B. Provided to employees and the Kansas Department of Human Resources upon request.
- C. Annual review and updating will occur with this plan.
- D. School Nurses are responsible for scheduling the annual review.

**Board Approved** \_\_\_\_\_  
**(date)**

**USD # 489**

**ATTACHMENT #1  
HEPATITIS B VACCINATION**

**Name** \_\_\_\_\_  
(print)

**Position** \_\_\_\_\_

**Social Security** \_\_\_\_\_

**Building** \_\_\_\_\_

+++++

**DECLINATION STATEMENT**

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) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccine 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.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

+++++

**CONSENT STATEMENT**

I have read the Hepatitis B vaccination Information on the reverse side of this page. I have attended the required educational training on Bloodborne Pathogens, have had an opportunity to ask questions, and understand the benefits and risks of Hepatitis Vaccination. 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 VACCINATION STATEMENT**

I \_\_\_\_\_, AFFIRM THAT I HAVE RECEIVED THE  
(Name)  
HEPATITIS B VACCINE ON THE FOLLOWING DATES:

DOSE 1 \_\_\_\_\_, DOSE 2 \_\_\_\_\_, Dose 3 \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**ATTACHMENT #1**

(Back Page)

## **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

### EMPLOYEE REPORT OF POTENTIAL EXPOSURE

#### TO BE COMPLETED BY EMPLOYEE:

1. Date and time of the potential exposure:
2. Names of all individuals involved in the potential exposure:
3. Description of the potential exposure, and the circumstances surrounding it, which resulted in the need for this report.
4. Did an EXPOSURE INCIDENT occur?    YES    or    NO

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 needlesticks, human bites, cuts, abrasions, etc.

I have filed the above EMPLOYEE REPORT OF POTENTIAL EXPOSURE and understand and agree with the above stated exposure determination as defined above according to this policy and OSHA standards.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date and time of the report

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date and time of the report

## ATTACHMENT #3

# 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 #4**

# 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 Assistant Superintendent of Business, USD 489.