

**EXPOSURE CONTROL PLAN  
FOR BLOODBORNE PATHOGENS IN  
U.S.D. #417, Council Grove, 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. #417 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, and saliva in dental procedures, etc. For purpose of this plan, employees of the district have been divided into three categories by job classification.

Category I

All employees in the following job classifications at U.S.D. #417 have occupational exposure: Principals, custodians, coaches, district nurse, nurse’s aide, teacher’s aide, building secretaries, physical education teachers, and district personnel who work with pre-school and developmentally delayed children.

Category II

Some employees in the following job classifications in U.S.D. #417 may have an occasional occupational exposure: Classroom teachers, bus drivers, counselors, librarians, itinerate personnel, and lunchroom personnel.

Category III

Some employees in U.S.D. #417 are unlikely to have occupational exposure. These job classifications include: Superintendent, Central Office clerical personnel.

The following is a list of tasks and procedures in the school district where occupational exposure occurs or is likely to occur. Job classifications that commonly perform such tasks are specified.

TASK OR PROCEDURE	JOB CLASSIFICATION
-Cleaning and bandaging scrapes, cuts or abrasions, stopping nose bleeds	-Teachers, teacher’s aide, school nurse, nurse’s aide, coaches, athletic trainers, secretaries
-Cleaning vomitus from the floor	-Custodians, bus drivers, school nurse, nurse’s aide

## 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. #417 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 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 following areas: Building administrative offices and/or nurses stations.

The district will maintain appropriate receptacles (leak-proof, red biohazard bags and covered containers) 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
Receptacles	Custodian	Daily
Sharps Containers	School Nurse	Weekly

#### *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. #417:

Contaminated needles will not be bent, recapped, or removed and will be disposed of in appropriately labeled containers.

Eating, drinking, applying cosmetics or lip balm, and 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 not to be done.

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 leak-proof 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 equipment prior to any handling, servicing, or shipping of the equipment.

#### *HAND WASHING 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 is advisable in many situations, it is required for employees to 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.

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 (football coach, teacher who is taking the class on a field trip, etc.) shall ensure that antiseptic towelettes are available for use. Antiseptic towelettes, which may be used for this purpose, are stored in bus first aide kits and athletic first aide kits and may be obtained through assigned sponsors. Whenever an employee uses an antiseptic towelette, the employee shall thoroughly wash his or her hands with soap and water as soon as it is feasible to get to a hand washing facility.

#### *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.

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. Gloves may normally be disposed of in regular trash disposal equipment. Cleaning materials (paper towels, towels, etc.), which contain substantial amounts of blood or OPIM's, must be placed in leak-proof containers labeled with the red biohazard sticker and disposed of through the Morris County Hospital or approved public disposal service. Personal protective equipment is stored in administrative offices and/or nurse's stations. The equipment may be checked out or obtained for use by contacting building office personnel. 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 shall be deposited by the employee in the appropriate container for disposal immediately following their use. Gloves may be disposed of through normal trash disposal. Hand washing after removing the gloves is required.

### *HOUSEKEEPING*

It shall be the responsibility of the Building Principal 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 OPIMS.

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

The following cleaning schedule and method of decontamination will be implemented in the district: Cleaning and decontamination will be done following contamination with a 10% Clorox and water solution or with an EPA-registered disinfectant that kills HBV, HCV, and HIV located in administrative offices and athletic kits.

### **HEPATITIS B VACCINATION**

The School District will make the Hepatitis B vaccine and vaccination series available to any employee in the district who has occupational exposure and falls within Category I of the exposure determination. **Level II and III may, at their discretion, have the vaccination as a precautionary measure.**

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.

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 building principal 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.

The Morris County Health Department will administer the vaccine to employees of the district at the Morris County Health Department following notification of numbers so vaccine can be ordered.

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 and are listed in category I of the Exposure Determination.

### **REPORTING PROCEDURES FOR FIRST AID INCIDENTS**

Whenever an employee in category II and III is involved in a first aid incident, which results in potential exposure, the employee shall report the incident to the building principal before the end of the work shift during which the incident occurred. The employee must provide the building principal with 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 building principal 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 OSHA 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 has been reported to a USD #417 administrator. 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 will be performed by the Family Health Center (Daniel R. Frese, M.D., county health officer) or the employee's family 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 building principal, who will explain to the employee his or her right to a post-exposure evaluation and follow-up. If the employee desires an evaluation, the building principal will contact the Family Health Center as soon as feasible to arrange for the post-exposure evaluation for the employee.

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

1. Unless the source individual is known to be infected with HBV or HIV, the school district through the Family Health Center will seek the consent of the source individual for blood testing for HBV and HIV. Failure to obtain consent will be documented by the district.

#### *WORKING WITH THE HEALTH CARE PROFESSIONAL*

The building principal will provide the Family Health Center with a copy of the OSHA regulation governing bloodborne pathogens, and ensure that the county health officer or employee's family physician is 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 the 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 contrasting color.

Any receptacle used for the disposal or deposit of contaminated materials for laundering or discard 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 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 contained in the training program as it relates to the work place that the training will address and be presented in a manner that 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 efficiency, safety, method of administration, benefits, and the conditions under which it is offered, free or 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 providing the training session.

## **RECORD KEEPING**

### ***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 professionals 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 be kept confidential and will not be disclosed to any person, except as required by law, without the employee's expressed written consent. Medical records required under this plan will be maintained for the duration of the employee's employment and for thirty years thereafter. Medical records will be housed in the USD #417 district office at 17 S. Wood, Council Grove, Kansas.

### ***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. Training records will be housed in the USD #417 district office at 17 S. Wood Street, Council Grove, Kansas.

### **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.



ATTACHMENT #1  
 USD #417  
 HEPATITIS B VACCINE  
 EMPLOYEE CONSENT OR NON-CONSENT FORM

Print Name	Date of Birth	Building Assignment
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**Non-Consent**

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 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.

Employee Signature	Date
Witness Signature	Date

**Consent**

By choosing to take the Hepatitis B vaccination, I understand that for the best immunity protection I will need to receive three injections at the following intervals:

- 1<sup>st</sup> injection- Month 1 (4 weeks between 1<sup>st</sup> and 2<sup>nd</sup> injection)
- 2<sup>nd</sup> injection- Month 2 (5 months between 2<sup>nd</sup> and 3<sup>rd</sup> injection)
- 3<sup>rd</sup> injection- Month 6

I also understand that it is my responsibility to report immediately any suspected adverse reactions from the injections to my personal physician and to the Morris County Health Department.

I HAVE NO ALLERGIES TO YEAST OR THIMEROSAL (MERCURY DERIVATIVE)

**I have chosen to take the Hepatitis B vaccine series at this time.**

Employee Signature	Date
Witness Signature	Date

Date	Manufacturer / Lot. No.	Injection Site	Administrator
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Reactions (if any): \_\_\_\_\_

ATTACHMENT #2  
USD #417  
HEPATITIS B VACCINE  
EMPLOYEE DECLINATION STATEMENT  
(Previously Vaccinated)

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 infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to me. I decline the Hepatitis B vaccine at this time because I received the complete Hepatitis B vaccine series in the past.

Employee's name \_\_\_\_\_

Employee's signature \_\_\_\_\_

Witness signature \_\_\_\_\_

Date \_\_\_\_\_

ATTACHMENT #3

FIRST AID INCIDENT REPORT

1. Date and time of the first aid incident:
  
2. Names of all first aid providers:
  
3. Description of the accident or incident, and the circumstances surrounding it, which resulted in the need for first aid procedures:
  
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 needle sticks, human bites, cuts, abrasions, etc.)
  
5. Post-exposure evaluation and follow-up (were) (were not) offered.
  
6. The affected employee was offered the full Hepatitis B immunization series at  
\_\_\_\_\_ (Date and time)

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

\_\_\_\_\_  
Signature of responsible person

ATTACHEMNT #4  
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) or (is not) known. **(If the answer is "is not" go to question 6.)**
  - b. The source individual (is) or (is not) know to be infected with HBV or HIV. **(If the answer is "is" go to question 6.)**
  - c. The school district, through the building principal sought the consent of the school individual to blood testing. The source individual (did) or (did not) consent to blood testing. **(If the answer is "did not" go to question 6.)**
  - d. The source individual (did) or (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 building principal made the result of the source individual's blood test available to the affected employee on \_\_\_\_\_(date.)
6. \_\_\_\_\_(Exposed employee) was informed of his/her right to post-exposure evaluation and follow-up by the building principal on \_\_\_\_\_(Date).  
\_\_\_\_\_(Exposed employee) was informed that the Family Health Center would perform the evaluation at \_\_\_\_\_(health care facility), at the expense of the district, and that the building principal would arrange an appointment for the evaluation. \_\_\_\_\_(Exposed employee) (declined) (accepted) the offer and the appointment (was) (was not) made.
7. The building principal offered \_\_\_\_\_ (exposed employee) counseling with the \_\_\_\_\_(name of nurse, physician or counselor) concerning precautions to take during the period after the exposure incident. Such counseling also included information on potential illnesses. \_\_\_\_\_(Exposed employee) was instructed to report any related experiences to the building principal.

(All of the above information and reports will be filed in the employee's medical record.)

Adopted 11-1-1993  
Amended 12-6-1993  
Amended 2-7-1994  
Amended 1-14-2013