

The following is a list of tasks where occupational exposure may occur or is likely to occur, and the job classifications normally responsible for the task:

TASK	JOB CLASSIFICATION
Cleaning and bandaging scrapes,	All Category 1 Employees cuts, and abrasions
Providing aid in case of accident or emergency	All Categories of Employees
Cleaning vomit from the floor	Custodians Maintenance Personnel
Cleaning or maintenance in restrooms or locker rooms	Custodians Maintenance Personnel

IMPLEMENTATION SCHEDULE AND METHODOLOGY

METHODS OF COMPLIANCE

"Universal Precautions" is an approach to infection control in which 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. # 321 to prevent contact with blood and other potentially infectious materials.

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 be used.

ENGINEERING CONTROLS

Engineering controls are controls, which isolate or remove the blood borne 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:

- Nurse's Area in each building
- Commons or Library in each building only when those areas are used for injections.

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 BY	TIMELINE
Sharps disposal containers	School nurse	As needed
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. # 321:

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 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 the 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 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.

In some situations, such as at athletic facilities or on field trips, hand washing facilities may not be available. In this case, the person in charge of the event (coach, teacher, sponsor, etc. who is taking the class on a field trip, event, etc.) shall ensure that antiseptic towelettes are available for use. Antiseptic towelettes, which may be used for this purpose, are stored in the building office and may be obtained through the building administrator. 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 administrator 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. These receptacles are located in the nurse's area. 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 feasible and placed in the appropriate receptacle.

Personal protective equipment is stored in the building office. The equipment may be checked out or obtained for use by contacting the building administrator. The following personal protective equipment is available in the district for use by its employees:

Gloves shall be worn by any employee when it is reasonably anticipated 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 building administrator who shall ensure that a new pair of utility gloves is assigned to the employee.

Masks, eye protection, and face shields 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 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 Superintendent of Schools 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 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.

The following cleaning schedule and method of decontamination will be implemented in the district:

AREA	SCHEDULED	METHOD
Areas Used by School Nurse	Daily Cleaned with disinfectant	All work surfaces
Any Area where Cleaning & Bandaging of scrapes, cuts & Abrasions	Daily Cleaned with disinfectant	All work surfaces
Restrooms & Locker rooms	Daily disinfectant	Clean with
All other Building Areas	Daily with standard procedures	Clean in accord

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, leak proof bags or containers shall be used. Such items shall not be sorted or rinsed at the site of the contamination. The bags shall be deposited in the appropriately labeled receptacle in the building.

Any employee who comes into contact with contaminated items or laundry shall wear gloves and other personal protective equipment as deemed necessary or appropriate.

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, indication 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 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. The Superintendent of Schools shall be responsible for assuring that the vaccine is offered, and 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.

Pottawatomie County Health Department will administer the vaccine to employees of the district. In case of exposure for employees in Categories II and III, the Superintendent of Schools will be notified immediately so the vaccine can be offered to the employee.

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 the building administrator before the end of the work shift during which the incident occurred. The employee must provide the building administrator 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 building administrator 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 a qualified licensed health care professional according to recommendations of the U.S. Health Service current at the time these evaluations and procedures take place. The district will make sure 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 administrator, 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 administrator will contact the Superintendent 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 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 the Superintendent 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 (characterized by fever) 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 Superintendent.

WORKING WITH THE HEALTH CARE PROFESSIONAL

The Superintendent will provide the licensed health care provider with a copy of the OSHA regulation governing bloodborne pathogens, a copy of this policy, and ensure that licensed health care professionals are provided with:

1. A description of the employee's duties as they relate to the exposure incident.
2. Documentation of the circumstances under which the exposure incident occurred.
3. 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 which 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 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 blood borne 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 work place that the training will address, and presented in a manner, which is understandable for all employees.

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

1. A copy of the OSHA standard and explanation of this exposure control plan and how to obtain a copy of it.
2. A general explanation of the epidemiology and symptoms of blood borne diseases.
3. An explanation of the modes of transmission of blood borne pathogens.
4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs.
5. 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.
6. 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.
7. Information on the appropriate actions to take and the persons to contact in an emergency involving blood or OPIMs.
8. 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.
9. Information on the post-exposure evaluation and follow-up following an exposure incident.

10. An explanation of labeling and color coding.
11. An opportunity for questioning the person conducting the training.

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 professional's written opinion following post-exposure evaluation and follow-up.
5. A copy of any information provided to the health care professional under the evaluation and follow-up procedures.

The medical records of employees maintained under this policy will be kept confidential and will not be disclosed to any person, 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 provided to all employees. 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.