

EXPOSURE CONTROL PLAN

All elementary and secondary schools shall implement the exposure control plan to minimize the risk of occupational exposure to bloodborne pathogens and other potentially infectious materials. The principal shall ensure that training on universal precautions is provided at the time of hire and at least annually thereafter to all employees who in the performance of their duties may have reasonably anticipated contact with blood and other potentially infectious materials.

EXPOSURE CONTROL PLAN This should also be in faculty/staff handbooks

I. Introduction

The intent of this standard summary is to offer an overview of the Occupational Safety and Health Administration (OSHA) standard to eliminate or minimize occupational exposure to Hepatitis B virus (HBV), which causes Hepatitis B, a serious liver disease; Human Immunodeficiency Virus (HIV), which causes Acquired Immuno-deficiency Syndrome (AIDS) and other bloodborne pathogens. Based on a review of the information in the rule-making record, OSHA has made a determination that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain pathogens. OSHA further concludes that this exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels, and other provisions. This summary includes scope and application, definitions, exposure control, methods of compliance, Hepatitis B vaccination and post-exposure evaluation and follow-up, communication of hazards to employees, record keeping, and effective dates. Not included are the Research Laboratories and Production Facilities portion of the standard. This summary is not a substitute for the OSHA standard and for further clarification, refer to the OSHA standard, Federal Register, CFR 1910.1030.

II. Scope and Application

The federal law applies to all occupational exposure to blood and other potentially infectious materials. With the increasing prevalence of HIV and HBV and the possibility of undiagnosed infections, this standard requires employees consider blood and certain other body fluids from ALL individuals to be infectious. Reasonably anticipated contact with blood and other potentially infectious materials is what places an individual at risk of exposure to bloodborne pathogens not the type of facility in which one works.

III. Definitions

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health,

or designed representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials or may contain sharps.

Contaminated laundry means laundry which has been soiled with blood or other potentially infectious materials on an item or surface.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls mean controls (e.g., sharps disposal containers, self-sheating needles, safer medical devices, such as sharps with engineered sharps injury protection and needless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skins, or parenteral contact with blood or other potentially infectious materials that results from the performance of any employee's duties.

Hand washing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV means Hepatitis B virus.

HIV means human immunodeficiency virus.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up.

Needless Systems means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medical fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM) means (1) The following human body fluids; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly

contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids: (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV - or HBV - containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV .

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials.

Sharps with Engineered Sharps Injury Protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

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 HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles of a two-handed technique).

Name of School _____ City _____

IV. Exposure Control Plan

A. Purpose

The Diocese of Peoria, Office of Catholic Schools, establishes this written exposure control plan on November 2, 1992 (updated September 2007) to eliminate or minimize district occupational exposure to bloodborne pathogens and to meet the requirements of the Department of Labor, Occupational Safety and Health Administration, 29 Code of Federal Regulations (CFR), Part 1910.1030. The exposure control plan includes:

- A. Purpose
- B. Exposure Determination
- C. Methods of Compliance
- D. Hepatitis B Vaccination Program and Post-Exposure Evaluation and Follow-up
- E. Communication of Hazards to Employees - Labels and Signs
- F. Record Keeping
- G. Appendix
- K. Hepatitis B Virus and Human Immunodeficiency Virus Information
- I. Hepatitis B Immunization Consent
- J. Refusal of Hepatitis B Vaccine
- K. Post-Exposure Incident Report/Follow-up
- L. Consent or Declination to HIV and HBV Testing Following Employee Exposure
- M. Post Exposure Medical Examination - Physician's Report
- N. Release for Hepatitis B Medical Information
- O. Checklist for Healthcare Providers

B. Exposure Determination

The Diocese of Peoria Office of Catholic Schools has identified the following classification of employees who, in the performance of their duties may have reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (blood, semen, vaginal secretions, internal body fluids, body fluids visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids). The exposure determination was made without regard to the use of personal protective equipment.

1. The following are job classifications in which diocesan employees in those job classifications have occupational exposure: nurses, coaches, trainers, physical education instructors, industrial education instructors, and instructors and paraprofessionals of students who are developmentally delayed and require assistance with personal and health care procedures.

2. The following are job classifications in which specific building employees have occupational exposure, building administrators, first aid trained designees, nurses, custodians representing each building, and secretaries representing each building.
3. The following is a list of all tasks and procedures or groups of closely related task and procedures in which the employees identified above may reasonably anticipate occupational exposure to blood and other potentially infectious materials (OPIM):
 - a. Responding to injury or administering first aid;
 - b. Responding to illness;
 - c. Performing certain personal and health care procedures;
 - d. Cleaning up blood or other potentially infectious materials (OPIM)

C. Methods of Compliance

The general overview of the methods of compliance are as follows:

1. The local school will provide in service training for all employees within ten days of employment. This in service will include information on the OSHA regulations, the methods of Universal Precautions, work practice controls, personal protective equipment, training in cleaning and disposal of waste and the availability of the Hepatitis B vaccine.

It is the responsibility of the local principal to schedule the initial in service and annually thereafter. See Appendix for sample Implementation and Training Procedures.

2. Methods of Compliance
 - a. General - Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
 - b. “Universal precautions” means:
 - 1) All persons’ blood and certain body fluids should be considered infected with HIV, HBV and/or bloodborne pathogens regardless of the perceived status of the source individual.
 - 2) Infection-control precautions should be maintained to minimize the risk of exposure to these specimens.
 - i. These “universal precautions” should be used when handling blood and body fluids containing visible blood. Universal precautions do not apply to saliva, feces, nasal secretions, sputum, sweat, tears, urine and vomit unless

they contain visible blood. If it is difficult or impossible to differentiate between body fluid types in a particular circumstance, all body fluids must be considered potentially infectious materials.

- ii. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or potentially infectious body fluids.
- iii. Gloves must be worn when the employee has the potential to have direct skin contact with blood or potentially infectious body fluids or materials, mucous membranes, non-intact skins, and when handling items or surfaces soiled with blood or other potentially infectious body fluids or materials. Hands must be washed immediately after gloves are removed.

c. Engineering and work practice controls

- 1) Engineering and work practice controls are used to eliminate or minimize employee exposure in the local school. Where occupational exposure remains after institution of these controls, personal protective equipment is also used.
- 2) Engineering controls are examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- 3) The local school provides hand-washing facilities which are readily accessible to employees. Following are hand-washing facilities through the local school:

- 4) When provision of hand-washing facilities is not feasible, the local school provides either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, hands are washed with soap and running water as soon as feasible.
- 5) The local school shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

- 6) The local school shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- 7) Contaminated needles and other contaminated sharps are not to be bent, recapped, or removed (except as noted below). Shearing or breaking of contaminated needles is prohibited.
 - a. Contaminated needles and other contaminated sharps are not to be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
 - b. Such bending or recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- 8) Immediately or as soon as possible after use, contaminated reusable sharps, are to be placed in appropriate containers until properly reprocessed. These containers are:
 - a. Puncture resistant;
 - b. Labeled or color-coded, in accordance with this standard;
 - c. Leakproof on the sides and bottom;
 - d. In accordance with the requirements for reusable sharps; and
 - e. Found in the following location:
- 9) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- 10) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- 11) All procedures involving blood or other potentially infectious materials are performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- 12) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- 13) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection,

handling, processing, storage, transport or shipping.

- 14) The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with the Act is required when such specimens/containers leave the facility.
- 15) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
- 16) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.
- 17) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
 - a. A readily observable label as required shall be attached to the equipment stating which portions remain contaminated.
 - b. The local school shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.
 - c. Personal protective equipment.
 - i. Provision. When there is occupational exposure, the local school provides, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or

other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment shall be used.

- Gloves are provided for each employee at the annual training.
- Replacement and other personal protective equipment is provided at each local school as listed:

- ii. Use. The local school ensures that the employee uses appropriate personal protective equipment unless the local school shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the work or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- iii. Accessibility. The local school ensures that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- iv. Cleaning, Laundering and Disposal. The local school will clean, launder, and dispose of personal protective equipment at no cost to the employee.
- v. Repair and Replacement. The local school will

repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

- vi. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) is removed immediately or as soon as feasible.
- vii. All personal protective equipment is removed prior to leaving the work area.
- viii. All personal protective equipment is removed it is placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- ix. Gloves. Gloves are worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified; and when handling or touching contaminated items or surfaces.
 - Disposable (single use) gloves such as surgical or examination gloves are replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - Disposable (single use) gloves are not washed or decontaminated for re-use.
 - Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- x. Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- xi. Gowns, Aprons, and other Protective Body Clothing. Appropriate protective clothing such as,

but not limited to, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

- d. Housekeeping.
 - a. General. The local school ensures that the worksite is maintained in a clean and sanitary condition. The local school shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location with the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
 - b. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - i. Contaminated work surfaces are decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
 - ii. Protective coverings, such as plastic wrap, aluminum foil, or imperiously backed absorbent paper used to cover equipment and environmental surfaces is removed and replaced as soon as feasible when they become overly contaminated or at the end of the work shift if they have become contaminated during the shift.
 - iii. All bins, pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon

- as feasible upon visible contamination.
 - iv. Broken glassware which may be contaminated is not to be picked up directly with the hands. It is cleaned up using mechanical means such as brush and dust pan, tongs, or forceps.
 - v. Re-usable sharps that are contaminated with blood or other potentially infectious materials are not to be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
 - e. Regulated Waste.
 - a. Contaminated Sharps Discarding and Containment.
 - i. Contaminated sharps are discarded immediately or as soon as feasible in containers that are:
 - Closable;
 - Puncture resistant;
 - Leakproof on sides and bottom; and
 - Labeled or color-coded in accordance with this standard.
 - ii. During the use, containers for contaminated sharps are:
 - Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).
 - Maintained upright throughout use; and
 - Replaced routinely and not (be) allowed to overfill.
 - iii. When moving containers of contaminated sharps from the area of use, the containers are:
 - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
 - Placed in a secondary container if leakage is possible. The second

container is:

- Closable;
- Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
- Labeled or color-coded according to this standard.

iv. Re-usable containers are not opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

f. Other Regulated Waste Containment

a. Regulated waste shall be placed in containers which are:

- i. Closable;
- ii. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- iii. Labeled or color coded (in accordance with this standard;) and
- iv. Closed prior to removal to prevent spillage (or protrusion) of contents during handling, storage, transport or shipping.
- v. If outside contamination of the regulated waste container occurs, it is placed in a second container. The second container meets the above requirements [b.1)i. - iv].

g. Disposal of all regulated waste is in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

h. Contaminated laundry is handled as little as possible with a minimum of agitation.

- a. Contaminated laundry is bagged or containerized at the location where it is used and is not sorted or rinsed in the location of use.
- b. Contaminated laundry is placed and transported in bags or containers labeled or color coded in accordance with the standard. When a facility utilizes Universal Precautions in the handling of all

soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

- c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry is placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- d. When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accord with the standards.
- e. The local school ensures that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

D. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up

General Overview

1. The local school provides the Hepatitis B vaccine and vaccination series to all employees designated in the occupational exposure list (IV., B) and post-exposure evaluation and follow-up for all employees designated in the occupational list (IV.,B) who have an exposure incident.
2. The local school ensures that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up including prophylaxis, are:
 - a. Made available at no cost to the employee;
 - b. Made available to the employee at a reasonable time and place;
 - c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
 - d. Provided according to recommendations of the U. S. Public Health Service current at the time these evaluations and procedures take place (except as specified in this section).
 - e. The local school ensures that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
3. Hepatitis B Vaccination
 - a. Hepatitis B vaccination is made available after the employee has received

the required training and within ten working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

- b. The local school will not make participation in a pre-screening program a pre-requisite for receiving Hepatitis B vaccination.
 - c. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decided to accept the vaccination, the local school provides for the Hepatitis B vaccination at that time.
 - d. The local school assures that employees who decline to accept Hepatitis B vaccination offered by the local school sign the statement.
 - e. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U. S Public Health Service at a future date, such booster dose(s) will be made available.
4. Post-Exposure Evaluation and Follow-up. Following a report of an exposure incident, the local school will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
- a. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 - b. Identification and documentation of the source individual, unless the local school can establish that identification is infeasible or prohibited by state or local law:
 - i. The source individual's blood is tested as soon as consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the local school shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - ii. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - iii. Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - iv. Collection and testing of blood for HBV or HIV serological status:
 - The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
 - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least ninety days. If,

within ninety days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

- v. Post-exposure prophylaxis, when medically indicated, as recommended by the U. S. Public Health Service;
- vi. Counseling; and
- vii. Evaluation of reported illnesses.

5. Information and Training

- a. The local school requires all employees with occupational exposure to participate in a training program which is provided at no cost to the employee and during working hours.
- b. Training is provided as follows:
 - i. At the time of the initial assignment to tasks where occupational exposure may take place; and
 - ii. At least annually thereafter.
- c. Annual training for all employees is provided within one year of their previous training.
- d. The district provides additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- e. Materials are appropriate in content and vocabulary to educational level, literacy, and language of employees.
- f. The training program contains at a minimum the following elements:
 - i. An accessible copy of the standard regulatory text and an explanation of its contents;
 - ii. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - iii. An explanation of the modes of transmissions of bloodborne pathogens;
 - iv. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - v. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 - vi. An explanation of the use and limitation of methods that shall prevent or reduce exposure including appropriate engineering controls, work practices, and personal protecting equipment;
 - vii. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protecting equipment;
 - viii. An explanation of the basis for selection of personal protective equipment;
 - ix. Information on the Hepatitis B vaccine, including information on

its efficacy, safety, method of administration, the benefits of being vaccinated, and the vaccine and vaccination shall be offered free of charge;

- x. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - xi. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up (that shall be made available);
 - xii. Information on the post-exposure evaluation and follow-up for the employee following an exposure incident;
 - xiii. An explanation of the signs and labels and or color coding required; and
 - xiv. An opportunity for interactive questions and answers with the person conducting the training session.
- g. The person conducting the training is knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace.
6. Healthcare Professional's Written Opinion. The local school will obtain and provide the employee with a copy of the evaluation healthcare professional's written opinion within fifteen days of the completion of the evaluation.
- a. The healthcare professional's written opinion for Hepatitis B vaccination is limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
 - b. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:
 - i. That the employee has been informed of the results of the evaluation; and
 - ii. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 - iii. All other findings or diagnoses remain confidential and will not be included in the written report.
7. Medical Record keeping. Medical records by this standard shall be maintained in accordance with the section on record keeping.

E. Communication of Hazards to Employees - Labels and Signs

- 1. Warning labels are affixed to containers of regulated waste refrigerators and

freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials, expected as provided under the standards..

2. Labels required by this section have the following legend: BIOHAZARD.
3. These labels are fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
4. Required labels are affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
5. Red bags or red containers may be substituted for labels.
6. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
7. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
8. Information Provided to the Healthcare Professional.
 - a. The local school ensures that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.
 - b. The local school ensures that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - i. A copy of this regulation;
 - ii. A description of the exposed employee's duties as they relate to the exposure incident;
 - iii. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - iv. Results of the source individual's blood testing, if available and;
 - v. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the local school's responsibility to maintain.

F. Record keeping

1. Medical Records
 - a. The local school (shall establish and) maintains an accurate record for each employee with occupational exposure.

- b. This record (shall) include:
 - i. The name and social security number of the employee;
 - ii. A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required;
 - iii. A copy of all results of examinations, medical testing, and follow-up procedures as required;
 - iv. The local school's copy of the healthcare professional's written opinion as required; and
 - v. A copy of the information provided to the healthcare professional as required.
 - c. Confidentiality. The local school ensures that employee-required medical records are:
 - i. Kept confidential; and
 - ii. Are not disclosed or reported without the employee's express, written consent to any person within or outside the workplace except as required by this section or as may be required by law.
 - d. The local school shall maintain the required records for at least the duration of employment, plus thirty years.
2. Training Records
- a. Training records include the following information;
 - i. The dates of the training sessions;
 - ii. The contents or a summary of the training sessions;
 - iii. The names and qualifications of persons conducting the training; and
 - iv. The names and job titles of all persons attending the training sessions.
 - b. Training records are maintained for three years from the date on which the training occurred.
3. Availability
- a. All required records are available upon request to the Director and to the Assistant Secretary for examination and copying.
 - b. Employee training records are provided upon request for examination and copying to employees, to employee representatives, to the Director and to the Assistant Secretary.
 - c. Employee medical records required by this paragraph are provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director and to the Assistant Secretary.
4. Transfer of Records
- a. The local school transfers employee records regarding the standard to comply with the requirements set forth in 29 CFR 1910.20 (h).

- b. If the local school ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the local school will notify the Director at least three months prior to their disposal and transmit them, if required by the Director to do so, within that three month period.

- 5. Sharp injury log. The employer shall establish and maintain a sharps injury log for the recoding of percutaneous injury from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:
 - a. The type and brand of device involved in the incident;
 - b. The department or work area where the exposure incident occurred; and
 - c. An explanation of how the incident occurred.

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under the section. The sharps injury log shall be maintained for the period required by the section.

- 6. Copies of the Plan. A copy of this exposure control plan is accessible in each building to employees and is available upon request for examination and copying.

- 7. Plan Review and Update. The exposure control plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

APPENDIX

Information about Hepatitis B Vaccine

The Disease

Hepatitis B is a viral infection caused by Hepatitis B Virus (HBV) which causes in death in 1 - 2% of patients. Most people with Hepatitis B recover completely, but approximately 5 - 10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV may be a causative factor in the development of liver cancer. Immunization against the Hepatitis B Virus can prevent acute hepatitis and its complications.

The Vaccine

Hepatitis B vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials.

Approximately 90% of healthy people who receive two doses of vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBS) and protection against Hepatitis B Virus. Hepatitis B vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three doses of vaccine over a six month period, although some persons may not develop immunity even after three doses.

There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

Dosage and Administration

The Hepatitis B vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to twenty percent of persons experience tenderness and redness at the site of injection and low grade fever. Rarely rash, nausea, joint pain, and mild fatigue have been reported. The possibility exists that other side effects may be identified with more extensive use.

**HEPATITIS B IMMUNIZATION
CONSENT**

Employee Name (Please Print)

I have read the information about Hepatitis B and the Hepatitis B vaccine which is in Appendix A. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from that vaccine.

Signature of Person Consenting to Receive Vaccine

Date Signed

Witness

Date Signed

	<u>Date Vaccinated</u>	<u>Lot No.</u>	<u>Site</u>	<u>Administered by:</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

REFUSAL OF HEPATITIS B VACCINE

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.

I refuse because I believe I have (check one):

- started the series
- completed the series
- other _____

Signature of Employee

Date Signed

Signature of Witness

Date Signed

POST-EXPOSURE INCIDENT REPORT/FOLLOW-UP

To: Administration Office Attention: _____

PROMPTLY REPORT ALL INCIDENTS OF EXPOSURE TO POTENTIALLY INFECTIOUS MATERIALS: BLOOD, MUCOUS, AND NON-INTACT SKIN, VOMIT AND SALIVA.

Name _____

Address _____ City _____ Zip _____

Telephone _____ Date/Time of Accident _____

Describe incident, nature of events and activity at the time of exposure (be specific):

Nature of exposure:

Name of source of exposure:

Injury report filed? Yes _____ No _____

Health Response Team contacted? Yes _____ No _____

Do you consent to a blood test for HBV and HIV serological status? Yes _____ No _____

Signature of Employee

Follow-up:

Post-exposure prophylaxis? Yes _____ No _____

Counseling? Yes _____ No _____

Evaluation of employee's physical condition (Attach physician's report)

CONFIDENTIAL

CONSENT OR DECLINATION TO HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND HEPATITIS B VIRUS (HBV) TESTING FOLLOWING EMPLOYEE EXPOSURE

EXPLANATION

A member of the school’s staff was accidentally exposed to your blood or body fluid. In order to comply with recommendations of the Centers for Disease Control, we are requesting your consent to test your blood for the antibody to the Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). This test will show whether or not you yourself have been exposed to HIV or HBV. It will not show whether or not you actually have AIDS or hepatitis.

Your consent will enable us to provide the necessary care and assist in the proper medical management of the exposed employee. It is important that you understand the following:

1. We cannot test for HIV or HBV without your consent.
2. You will not be charged for this test.
3. This signed consent form and the test results will be kept confidential.
4. Should the test results be positive, you will be notified.
- 5.

I have been informed about the implications and limitations of the test for the antibody to HIV and HBV. I have been able to ask questions about the test. Those questions were answered to my satisfaction. I understand the benefits and risks of the test.

_____ I consent to have my blood tested for the HIV/HBV antibody. I hereby authorize release of HIV and HBV test results to _____

_____ I decline to have my blood tested for the HIV/HBV antibody.

_____ Date _____
Signature

_____ Date _____
Signature of Parent/Guardian if Minor

PHYSICIAN'S REPORT

**POST EXPOSURE MEDICAL EXAMINATION
(To be filed within fifteen working days after incident)**

**IN COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH
ADMINISTRATION (OSHA) 29 CODE OF FEDERAL REGULATIONS (CFR) PART
1910.1030 OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

Exposure is defined by OSHA as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, or other potentially infectious materials that may result from the performance of an employee's duties.

Name of Employee _____

Address _____ City _____ Zip _____

Occupation _____ Age _____ Height _____ Weight _____

See attached copy of Exposure Incident Report.

Physician's Written Opinion and Medical Evaluation:

Include in the space below an opinion of the employee's ability to receive Hepatitis B vaccination, results of the medical evaluation, and information about potential BBD and treatments. **Note: Other findings and diagnosis remain confidential.**

Signature of Physician

Typed/Printed Name of Physician

Date

Address

Phone Number

City, State, Zip

CHECKLIST FOR HEALTHCARE PROVIDERS

Reminder: The main object is to create and maintain a barrier between the student's blood and the person providing assistance.

Please fill out this checklist after you have cared for a person who needs first aid assistance. File the report in the office.

To the best of my knowledge I have followed the universal precautions while administering first aid to:

Student's Name

Signature of first aid provider

Did you follow these procedures:

Wear protective gloves Yes_____ No_____

Use bandages or gauze to control bleeding Yes_____ No_____

Clean area if blood spill occurred Yes_____ No_____

Disinfected surface with Isopropyl alcohol or a solution of bleach Yes_____ No_____

Used proper disposal procedures Yes_____ No_____

Washed hands with warm water and liquid soap for 15 seconds Yes_____ No_____

Other:
