

ATLANTIC COMMUNITY SCHOOL DISTRICT EXPOSURE CONTROL PLAN

The Exposure Control Plan is intended to serve employers as an exposure control plan which is required by the Bloodborne Pathogens Standard. A central component of the requirements of the standard is the development of an exposure control plan (ECP).

POLICY

The Atlantic Community School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist Atlantic Community Schools in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Record keeping
- Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- A. The school nurse is responsible for the implementation of the ECP. The school nurse will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Laura Freund, Washington Elementary (712) 243-5234.
- B. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- C. The school nurse will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The school nurse will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- D. The school nurse will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
- E. The school nurse will be responsible for training, documentation of training, and

making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous, membrane, or parenteral contact with blood or other potentially infectious material (see table below) will be included in this exposure control plan. Exposure determination is made without regard to the use of personal protective equipment i.e. employees are considered to be exposed even if they wear personal protective equipment.

OTHER MATERIALS

Any unattached tissue or organ (other than attached skin) from a human (living or deceased)

HIV/HBV containing cell or tissue cultures, organ cultures and culture medium

Blood, organs or other tissues from experimental animals infected with HIV or HBV

BODY FLUIDS

Amniotic Fluid

Any body fluid visibly contaminated with blood

Cerebrospinal Fluid

Pericardial Fluid

Peritoneal Fluid

Pleural Fluid

Saliva

Semen

Synovial Fluid

Vaginal Secretions

LIST A

HIGH RISK OF EXPOSURE

All employees in the job categories listed below have been identified as being at high risk of exposure:

Athletic Coach

Athletic Trainer

Custodial Staff

Dean of Students

PE Teacher

Principal

School Bus Attendant

School Bus Driver

School Nurse

Special Education Teacher

LIST B

MODERATE RISK OF EXPOSURE

Job classifications in which some employees may have a moderate risk of occupational exposure are included on this list. Tasks or procedures that would qualify these employees are: responding to accidental injuries, providing immediate first aid when needed, and/or providing instruction in laboratory situations conducive to accidents.

Classroom teacher

Other School Staff

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees shall follow Universal Precautions. All blood or other potentially infectious materials shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the school nurse. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. The school nurse is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering and Work Practice Controls

Engineering and Work Practice Controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering controls shall be utilized:

- Sharps Containers shall be maintained in all school nurse's offices and other school sites as necessary.
- Regulated waste containers shall be located in all clinics and other assigned locations within each school. The above controls shall be maintained or replaced on regular schedule by the school nurse, who shall arrange for appropriate disposal.

Handwashing and Other General Hygiene Measures

Handwashing is a primary infection control measure which protects both the employee and the student. Appropriate handwashing shall be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water. Mucous membranes shall be flushed with water, as soon as possible. Handwashing facilities with antiseptic soap are present at all sites. Antiseptic towelettes or instant hand sanitizer shall be provided by Health Services, when contacted by department heads, for use when handwashing facilities are not available. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited. Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.

Sharps Management

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Contaminated disposable or reusable sharps and contaminated broken glass shall be discarded in the disposable sharps containers. Sharps containers shall be closable, puncture resistant, labeled or color-coded, leak proof on sides and bottom, and maintained in an upright position throughout use. Containers shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found. Sharps containers shall be available in the clinic in each school. Overfilling of sharps containers creates a hazard when needles protrude from openings. Nearly full containers shall be promptly disposed of and replaced. Through an agreement with a service company, sharps containers shall be removed and replaced routinely. Scheduling the removal and replacement of sharps containers is the responsibility of the school nurse in each school. Staff and students who have any health condition that requires the carrying of any medically necessary sharp (i.e. needles, lancets, etc.) shall carry or have access to an appropriate sharps disposal container.

Personal Protective Equipment

The body fluids of all persons must be considered potentially hazardous. Direct skin contact with all body fluids should be avoided. All personal protective equipment shall be provided, repaired, cleaned and disposed of by the employer at no cost to the employees. Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Hypoallergenic gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, and pocket masks are available to all employees as needed through the nurse's office. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work areas; it shall be placed in assigned containers for storage, washing, decontamination or disposal. Regulated waste containers shall be available in each schools nurse's office. Spill kits shall be available on all buses. Gloves shall be worn in the following situations: When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin;

Disposable Gloves

- When handling or touching contaminated items or surfaces.
- Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
- Do not wash or decontaminate single use gloves for re-use.

Utility Gloves

- Decontaminate for re-use if the gloves are in good condition.
- Discard when gloves are cracked, peeling, torn, punctured, or show other signs of deterioration (whenever their ability to act as a barrier is compromised).

Protection for Eyes/Nose/Mouth

Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields 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. Should Cardiopulmonary Resuscitation (CPR) be needed, a disposable mask with a one way valve should be used. Disposable CPR masks will be available in the "ERT members" emergency box in the classroom, every Automated External Defibrillator (AED) cabinet, and in the schools nurse's office.

Protection for the Body

A variety of garments including gowns, aprons, lab coats, clinic jackets, etc. are to be worn in occupational exposure situations. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

Housekeeping

General Policy

The principle task of custodians is to maintain a clean and sanitary workplace. A written housekeeping procedure guide for blood and body fluids must be followed.

Equipment and Environmental and Working Surfaces

- Clean contaminated reusable medical equipment (i.e. tweezers, otoscope probes, scissors, etc.) with soap and water followed by appropriate disinfectant.
- Clean contaminated work surfaces with appropriate disinfectant:
 - A. After completing procedures
 - B. Immediately or as soon as feasible when overtly contaminated or after any spill of blood or other potentially infectious material
 - C. At the end of the work shift if the surface may have become contaminated since the last cleaning
- Remove and replace protective coverings (e.g. plastic wrap, aluminum foil, etc.) over equipment and environmental surfaces as soon as feasible when overtly contaminated or at the end of the work shift if they may have become contaminated.
- Regularly inspect and decontaminate all reusable bins, pails, cans, and similar receptacles which may become contaminated with blood or other potentially infectious material. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible. Custodial personnel will inspect, clean, and decontaminate those bins, pails, trash cans, etc. in clinic areas and other areas as needed daily.

Special Sharp Precautions

- Clean up broken glass which may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. DO NOT pick up directly with hands.
- Sharps containers are not to be opened, emptied or cleaned manually or in any other manner which will expose employees to the risk of sharps or needle stick injury.

- **DO NOT** reach into a Sharps container.

Regulated Waste Containers

- Containers must be closed prior to moving or removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated, it is to be placed in a second container which must have the same characteristics as the initial container as discussed above.
- Regulated Waste containers are to be disposed of according to guidelines.
Regulated Waste includes:
 - A. Liquid or semi-liquid blood or other potentially infectious materials
 - B. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
 - C. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
 - D. Contaminated sharps
 - E. Pathological and microbiological wastes containing blood or other potentially infectious materials

Laundry

Employees who handle contaminated laundry are to wear protective gloves and other appropriate personal protective equipment to prevent exposure to blood and other potentially infectious material and utilize other universal precautions during and after handling.

- Contaminated laundry shall be handled as little as possible with minimum agitation
- Do not sort/rinse laundry in location of use
- Place in container/bag where it was used
- Wet, contaminated laundry, which may soak through, or cause leakage from bag or container, will be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior. If an employee's clothing is soiled the employee shall be sent home to change. If the clothing is a dry cleanable item, the employee shall have the clothing cleaned at a dry cleaner of their choice. The employee shall then submit a receipt to the Coordinator of Health Services for reimbursement of the expense of cleaning the soiled item. If clothing item cannot be appropriately cleaned, the School Nurse will work with the employee to replace the item.

Communication of Hazards to Employees

Employees will be informed of hazards through a training program. Atlantic Community Schools shall use the following measures for regulated waste designation:

- Warning labels shall be affixed to containers of regulated waste.

- Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
- The label is to be either an integral part of the container or affixed as close as feasible to the container by a method that prevents loss or unintentional removal of the label.
- The label shall have: the biohazard symbol and the text Biohazard.
- Red bags or red containers may be substituted for the warning label. The label color-coding as described above is not required when regulated waste has been decontaminated.

HEPATITIS B VACCINATION

General Statement

All employees who have been identified as having a moderate or high risk of exposure to bloodborne pathogens (see Exposure Determination) shall be offered the Hepatitis B vaccination series at no cost to them. Some job classifications may be prioritized. In addition, all employees shall be offered post-exposure evaluation and follow-up at no cost to the employee should the employee experience an exposure incident on the job. All medical evaluations and procedures, including the Hepatitis B vaccination series, whether prophylactic or postexposure, shall be made available to the employee at a reasonable time and place. This medical care shall be performed by, or under the supervision of, a licensed physician, physician's assistant, or nurse practitioner. Medical care and the vaccination series shall be administered according to the most current recommendations of the U.S. Public Health Service. A copy of the Bloodborne Pathogens Standard (29 CFR 1910.1030) will be provided to the healthcare professional responsible for the employee's Hepatitis B vaccination. All laboratory tests will be conducted at an accredited laboratory at no cost to the employee.

Hepatitis B Vaccination

The vaccination for Hepatitis B is a series of three injections following recommended timelines. At this time a routine booster dose is not recommended, but if the U.S. Public Health Service or CDC changes requirements in the future, boosters will be provided free of charge to employees with high to moderate risk of occupational exposure. The vaccination will be made available to eligible employees after they have attended training in bloodborne pathogens and within ten (10) working days of an initial assignment to a job category with a high to moderate risk of exposure. The vaccination series will not be made available to employees who have previously received the complete Hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated. Any eligible employee who chooses not to take the Hepatitis B vaccination shall be required to sign a declination statement. The Hepatitis B vaccination series shall be made available to an eligible employee who initially declines vaccination, but later decides to accept vaccination. All designated employees who choose to obtain the Hepatitis B vaccination shall be referred to the designated healthcare professional for evaluation of any contraindications to the vaccination. If no contraindications exist and the worker has no documentation of immunity, the employee will be allowed to start the vaccination series.

EXPOSURE INCIDENTS

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Employees who experience an exposure incident must immediately report their exposure to the principal, school nurse, or their immediate supervisor and follow procedures for Workers' Compensation and complete all forms required for blood exposure. When an employee reports an exposure incident, following the initial first aid treatment, he/she shall immediately be offered a confidential medical evaluation and follow-up at the employer's expense, including the following elements:

- Documentation and reporting of the route(s) of exposure, and circumstances under which the exposure incident occurred
- Identification and documentation of the source individual unless identification is not feasible. If the infectivity status of the source individual is unknown, the individual's blood shall be tested as soon as feasible after consent is obtained. The exposed employee shall be informed of the results of the source individual's testing. If the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HCV, or HIV status need not be repeated. The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV, and HIV serological status. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least ninety (90) days. If, within ninety (90) days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. The exposed employee shall be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee shall be offered counseling concerning precautions to take during the period after the exposure incident. The employee also shall be given information on what potential illnesses may result and instructions to report any related symptoms to the appropriate personnel. The following information shall be provided to the healthcare professional evaluating an employee after an exposure:
 - A copy of 29 CFR 1910.1030 Bloodborne Pathogens Standard
 - A description of the exposed employee's duties as they relate to the exposure incident
 - The documentation of the route(s) of exposure and circumstances under which the exposure occurred
 - The results of the source individual's blood testing, if available
 - All medical records relevant to the appropriate treatment of the employee including vaccination status

NOTE: All other findings shall remain confidential and shall not be included in the written report.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive on-line training through the GHAEA. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard

- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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 will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility an opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the Central Office. The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Central Office.

Medical Recordkeeping

A medical record shall be established and maintained for each employee with occupational exposure to bloodborne pathogens or other potentially infectious materials. The record shall be maintained for the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1020. The Central Office shall be responsible for maintaining confidential medical records. The record shall include the following:

- Name and social security number/employee ID number of the employee
- A copy of the employee's Hepatitis B vaccination status with dates of Hepatitis B vaccinations and any medical record relative to the employee's ability to receive vaccination
- A copy of examination results, medical testing, and any follow-up procedures
- A copy of the healthcare professional's written opinion

- A copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive the Hepatitis B vaccination after an exposure incident

Confidentiality of Medical Records

The medical record shall be held confidential. The contents shall not be disclosed or reported to any person within or outside the workplace without the employee's expressed written consent, except as permitted or required by law or regulation. Employee medical records required under 29 CFR 1910.1020 shall be provided upon request for examination and copying to the subject employee and the Assistant Secretary of Labor for the Occupational and Safety Administration and the Director of the National Institute for Occupational Safety and Health (NIOSH) in accordance with 29 CFR 1910.1020.

If you have any questions about blood-borne pathogens, the Exposure Control Plan, or the eligibility for Hepatitis B immunizations, please contact your school nurse.

CONSENT FOR BLOOD TESTING OF SOURCE INDIVIDUAL

I understand that my child or legal ward has been identified as a source individual where an employee of Atlantic Community Schools may have been exposed to blood or other potentially infectious materials. I am giving consent for blood testing for HBV, HCV, and HIV and the exchange of the results between the two agencies/persons listed below. I also authorize the School Nurse to exchange the results with the exposed Atlantic Community School District employee.

1. Atlantic Community School District
1100 Linn Street
Atlantic, IA 50022

2. Source Individual's Healthcare Provider:

Name: _____

Address: _____

Phone: _____

Source Individual's Name: _____

Source Individual's Date of Birth: _____

Parent/Guardian's Printed Name: _____

Signature of Parent/Guardian _____

Date: _____

Witness Signature: _____

Date : _____

REFUSAL FOR BLOOD TESTING OF SOURCE INDIVIDUAL

I have been informed by Atlantic Community Schools that my child or legal ward has been identified as being a source individual in an employee exposure incident to blood or other potentially infectious materials. I am aware of the risks to the employee and understand that, if tested, the results of the testing would have only been released to the Coordinator of Health Services and the exposed employee. I am also aware that the Code of Iowa § 32.1-45.1 Subsection K states that the school board may petition the Juvenile and Domestic Relations District Court for an order requiring this testing. Nevertheless, I am declining blood testing for HBV, HCV, and HIV.

Name of Source Individual: _____

Parent's/Guardian's Name: _____

Phone: _____

Address: _____

Date Employee Exposed: _____

Date parent/guardian notified: _____

Notifying Individual: _____

Signature: _____

Date: _____

Exposure Incident Report

Date of Incident: _____

Employee Name: _____

Employee Address: _____

Social Security Number (optional): _____

Employee Phone Number: _____

Employee Job Title: _____

Source Name: _____

Source Address: _____

Source Phone Number: _____

Exposure Incident Circumstances (describe what happened and route and place of exposure). Attach additional sheets if necessary.

Person(s) notified of exposure: _____

Employee's Hepatitis B Vaccine History:

___ **No Hepatitis B Vaccination history**

History of ___ Vaccines

Dates, if available: Dose #1 _____

Dose #2: _____

Dose #3: _____

Employee's Signature/Date: _____

School Nurse/Supervisor Signature/Date: _____

HEALTHCARE PROFESSIONAL WRITTEN OPINION

Patient Name: _____

Date: _____

Is the Hepatitis B vaccination indicated for this employee? _____

Has this employee ever received the Hepatitis B Vaccine before? _____

POST-EXPOSURE FOLLOW-UP

1. Would you please verify and provide a statement that this employee of Atlantic Community Schools has been informed of the results of this evaluation.

2. Would you please verify and provide a statement that this employee of Atlantic Community Schools has been informed about any medical conditions resulting from

exposure to blood or other potentially infectious materials which require further evaluation or treatment. (Attach additional pages if necessary)

Note: All other findings or diagnoses shall remain confidential and shall not be included in this written report.

INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

I, _____, am an employee of Atlantic Community Schools. My employer has provided Bloodborne Pathogens training to me.

On _____ (insert date), I was involved in an exposure incident. Please attach additional pages if necessary. (Describe incident below)

My employer has offered to provide follow-up medical evaluation (including testing for HBV immunity and HIV status) in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident. However, I, of my own free will and volition, and despite my employer's offer, have elected not to undergo a medical evaluation.

Employee's Signature

Print Name

Address

City State Zip Code

Date

Witness Date