

1. PURPOSE

1.1 To implement procedures which promote safe work practices in an effort to minimize the incidence of illness and injury experienced by District employees.

1.2 To reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

2. POLICY

2.1 OVERVIEW OF EXPOSURE CONTROL PLAN

The superintendent or designee shall implement and maintain the District Exposure Control Plan and ensure work is conducted in compliance with the plan.

2.1.1 The Exposure Control Plan shall 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.

2.1.2 The Exposure Control Plan shall be made available, upon request for examination and copying to the Assistant Secretary and the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services.

2.1.3 The Exposure Control Plan shall be designed to:

- [a] protect employees from health hazards associated with bloodborne pathogens; and
- [b] provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

2.1.4 The Exposure Control Plan shall be available to employees at any time.

- [a] Employees shall be advised of the Plan and its availability during a special detailed education course and during yearly training.
- [b] A copy of the Plan shall be kept at the District office and the principal's office of each school.

2.1.5 Employees are responsible for complying with the requirements of this plan and shall:

- [a] Consult with a supervisor when questions arise concerning bloodborne pathogens; and
- [b] Not underestimate the risk of exposure to bloodborne pathogens.

2.2 EXPOSURE DETERMINATION

2.2.1 Performance of the following tasks and procedures can result in occupational exposure for those employees who may be in contact with blood or other potentially infectious materials:

- [a] handling of blood;
- [b] care of wounds or injuries;
- [c] disposal of regulated waste; and
- [d] cleaning of contaminated surfaces.

2.2.2 Exposure determination in the list of jobs identified below is based on occupational risks that may occur.

2.2.3 All employees with the following job classifications (job titles are descriptive and do not indicate work level or grade) may experience occupational exposure to blood or other potentially infectious materials:

- a) Custodians;
- b) Playground Assistants
- c) School Nurses
- d) Designated First Responders
- e) Special Ed Teachers/Aides
- f) Coaches
- g) **Others**
 - School Aides;**
 - Resource Teachers;**
 - Teachers;**
 - Secretaries;**
 - Principals and Assistant Principals;**
 - Counselors;**
 - Bus drivers and bus assistants; and**

2.3 METHOD OF COMPLIANCE

2.3.1 Universal Precautions

All employees shall observe the practice of "Universal Precautions" to prevent contact with blood and other potentially infectious materials (OPIM).

[a] Universal Precautions is the practice of treating all human blood and the following body fluids as if they are known to be infectious for HBV, HIV, and other bloodborne pathogens.

- (i) saliva in dental procedures/or contaminated with blood;
- (ii) cerebrospinal fluid;
- (iii) synovial fluid;
- (iv) pleural fluid;
- (v) pericardial fluid;
- (vi) peritoneal fluid;

- (vii) amniotic fluid;
- (viii) blood;
- (ix) semen; and
- (x) vaginal secretions

[b] In circumstances where it is difficult or impossible to differentiate between body fluid types, employees shall assume all body fluids to be potentially infectious.

2.3.2 Work Practice Controls

Work Practice Controls eliminate or minimize employee exposure to bloodborne pathogens. All employees shall observe the following work practice controls in addition to other quality control measures governing their work duties:

[a] Hand Washing

Employees shall wash their hands with antibacterial soap and water:

- (i) Immediately after removing gloves or other personal protective equipment; or
- (ii) Following contact of body areas with blood or OPIM.

[b] Antiseptic Hand Cleanser and Clean Towels or Towelettes

- (i) Antiseptic hand cleanser and clean towels or towelettes shall be available for staff when handwashing facilities are not immediately available.
- (ii) Hands must be washed with soap and water as soon as feasible after use of hand cleanser or towelettes.

[c] Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses prohibited in work areas where there is potential for exposure to bloodborne pathogens.

[d] Food and drink shall not be kept in refrigerators, freezers, on counter tops or in other storage areas where blood or OPIM are present.

[e] Emergencies involving blood or OPIM shall be handled in a way to minimize splashing, spraying, spattering, and generation of droplets.

[f] Allow the injured person to care for wound as much as possible.

[g] Decontaminating equipment shall be done with a 1:10 dilution of chlorine bleach (such as Clorox or Purex) for ten (10) minutes, or other OSHA approved disinfectant.

[h] Attach an appropriate biohazard warning label to any contaminated equipment identifying the contaminated portions.

[i] Protective Gloves shall be used when necessary in the correct manner. (General rule - "If it's wet and not yours - glove!")

2.3.3 Engineering Controls

Engineering Controls eliminate or minimize employees exposure in the workplace by either removing or isolating the hazard. All employees shall observe the following engineering controls:

[a] Insure that handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes - no bar soap) are readily accessible to all employees who have the potential for exposure;

[b] Inspect equipment that may become contaminated for blood or OPIM after use in an emergency where it could be contaminated.

2.3.4 Personal Protective Equipment

Personal protective equipment shall be worn by employees for protection against exposure to bloodborne pathogens.

[a] The personal protective equipment shall be:

- (i) Provided at no cost to employees.
- (ii) Used if occupational exposure remains after instituting work practice and engineering controls or if those controls are not feasible.
- (iii) Located in work areas and other locations as close as possible to where it might be used.

[b] To insure proper use and maintenance of personal protective equipment all employees shall observe the following:

- (i) Disposable gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM.
- (ii) Disposable gloves are never washed and shall not be reused.
- (iii) Hypoallergenic gloves or other similar alternatives shall be available to employees allergic to regular gloves.
- (iv) Utility gloves shall be available for all custodial and other staff.
 - (1) Utility gloves shall be replaced when they show signs of cracking, peeling, tearing, puncturing, or deteriorating.
 - (2) Utility gloves may be decontaminated for reuse if their integrity is not compromised.
- (v) Face protection shall be worn when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth. As needed the District shall provide and employees shall use:
 - (1) Face masks and glasses with solid side shields.
 - (2) Respiratory equipment such as one way valve face mask.
- (vi) Personal protective equipment shall be available at all times for employees to utilize whenever potential exposure is anticipated.
 - (1) All personal protective equipment shall be removed prior to leaving work area.
 - (2) Any garments penetrated by blood or other infectious materials shall be removed immediately, or as soon as feasible and put in a red laundry bag.
- (vii) Exception to use of protective equipment.
 - (1) An employee may choose, temporarily and briefly, under rare and extraordinary

circumstances, to decline the use of protective equipment.

(2) If in the employee's professional judgment, the using of personal protective equipment would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or coworker, personal protective equipment may not be worn.

(3) If this occurs the employee shall notify his/her supervisor as soon as possible after the occurrence so a documented investigation can be conducted.

2.3.5 Workplace Controls - General Housekeeping/Custodial Services

Maintaining schools in a clean and orderly condition is an important part of this Exposure Plan. The following housekeeping/custodial procedures shall be implemented.

[a] Cleaning contaminated areas

(i) Areas contaminated with blood or other potentially infectious materials shall be cleaned. Areas shall be cleaned with the use of proper protective equipment and:

(1) with a solution that is effective against Hepatitis B, HIV and OPIM; and

(2) decontaminated with an appropriate disinfectant immediately after a spill or leakage occurs.

(ii) Broken glass which may be contaminated shall never be picked up by hand even if gloves are worn.

(1) Employees should use mechanical means such as a brush and dustpan, forceps or tongs to pick up broken glassware.

(2) The implements used must be cleaned and decontaminated if the glass container held any infectious material (blood or OPIM).

[b] Regulated Waste

Regulated waste that may be generated in School or District department facilities includes, but is not limited to, used gloves, soiled laundry, bandages, and gauze, saturated with blood or OPIM.

(i) Regulated waste shall be kept in closed containers which:

(1) can hold all contents without leakage during handling, storage, and transport; and

(2) are color coded or labeled.

(ii) Regulated waste disposal shall be in accordance with applicable state and local laws.

[c] Contaminated Laundry- Articles of Clothing

Contaminated laundry, which includes articles of clothing or linen contaminated with blood or OPIM, shall be handled as little as possible.

(i) Employees shall not take contaminated laundry home to clean.

(ii) The laundry shall be bagged at the location of use, placed in color coded or labeled bags, sorted, rinsed, and laundered off-site.

- (iii) Contaminated laundry which may leak through the container shall be stored and transported in bags which prevent soak-through or leakage.
- (iv) Employees who handle contaminated laundry shall wear protective gloves and handle the laundry as little as possible.
- (v) Other protective equipment shall be available when required.
- (vi) Laundry shall be washed by:
 - (1) an employee who has received blood borne pathogen training, hepatitis B vaccine, and uses protective equipment as required by OSHA; or
 - (2) a commercial laundry or independent contractor.

2.3.6 Biohazard Warning Labels and Signs

Biohazard Warning Labels and Signs provide the most obvious warning of possible exposure to bloodborne pathogens. Biohazard warning labels shall be:

- [a] Used to mark all regulated waste if not placed in a red bag; or
- [b] Coded in Red or orange colors.

2.4 HEPATITIS B VACCINATION

Hepatitis B vaccine shall be offered to designated employees and other employees who are at a significant level of risk at no charge to the employee.

2.4.1. The Superintendent shall designate which employees may receive the Hepatitis B vaccine.

- [a] Employees shall be given information regarding Hepatitis vaccination effectiveness, safety, method of administration, and benefits prior to receiving the vaccine.
- [b] The vaccine shall be given to all designated employees who have a high risk of occupational exposure, unless the employee has previously received the series, testing shows the employee is immune, or the vaccine is contraindicated.
- [c] The vaccine shall be given within ten (10) working days of initial employment and after the initial training has been provided.

2.4.2 Employees who decline the vaccine shall sign a Hepatitis B Declination Form.

2.4.3 A designated employee who initially declines the Hepatitis B vaccine may later receive it at no cost.

2.4.4 Booster doses of the vaccine shall be provided if recommended by the US Public Health Service.

2.5 POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident is defined as 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.

2.5.1. Employees involved in an incident where exposure to bloodborne pathogens may have occurred shall receive medical consultation and treatment as expeditiously as possible at no charge to the employee.

2.5.2. Procedures When an Exposure Incident Occurs

When an exposure incident occurs the following procedures shall be followed.

[a] Exposed Employee

The exposed employee shall:

- (i) Wash the affected area with soap and water or other appropriate solution;
- (ii) Flush exposed mucous membranes with water; and
- (iii) Report the incident to his/her supervisor immediately.

[b] Supervisor of Exposed Employee and Professional Health Care Provider

- (i) The supervisor shall inform the Health Department of the incident immediately.
- (ii) The Health Department shall provide the employee post-exposure evaluation and follow-up.
 - (1) The supervisor, in conjunction with the Davis County Health Department, shall prepare a written report documenting the route(s) of exposure and the circumstances surrounding the incident.
 - (iii) The source individual shall be identified and documented when possible.
 - (iv) Consent for HIV and HBV blood testing of the source individual is obtained, if possible.
 - (v) If the source's HIV and HBV status is known, testing is not necessary.
 - (vi) Consent, refusal, and blood test results of the source are documented.
 - (vii) Upon consent, the exposed employee's blood is collected as soon as feasible after the exposure incident and tested for HBV and HIV serological status.
 - (viii) The employee has the right to refuse either or both tests.
 - (ix) If the exposed employee consents to blood collection but not HIV testing, the blood is kept for ninety (90) days.
 - (x) The employee may elect to have the blood tested during this ninety (90) day period.
 - (xi) The employee shall be tested at time of incident and three to six months later.
 - (xii) Should the employee refuse baseline testing for HBV and HIV and later test positive while employed by the District, they may not be eligible for workers compensation or insurance benefits.

[c] Post-exposure Prophylaxis Offered Exposed Employee

Appropriate post-exposure prophylaxis shall be offered to the exposed employee.

- (i) These may include immune globulin for the Hepatitis B and/or vaccine for the Hepatitis virus.
- (ii) Guidelines of the US Public Health Service will be followed in providing treatment.
- (iii) Counseling and Evaluation Provided at No Charge to Exposed Employee
 - (1) Counseling and evaluation of any reported illnesses shall be provided at no charge to the exposed employee.
 - (2) The Health Department shall be used to provide counseling and evaluation.

2.5.3 Information Provided to the Health Care Professional

A licensed physician or health care professional shall perform a confidential evaluation and medical follow-up on the exposed employee at no charge to the employee. The following information will be provided to the health care professional:

- [a] A copy of the Bloodborne Pathogens Standard;
- [b] A description of the exposed employee's duties as they relate to the exposure incident;
- [c] Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- [d] Results of the source's blood tests, if available; and
- [e] All medical records relevant to the appropriate treatment of the employee including vaccination status.

2.5.4 Health Care Professional's Written Opinion

The Director of Human Resources shall obtain and provide to the employee a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

- [a] The written opinion shall be included in the employee's confidential medical record.
- [b] The opinion will not include findings or diagnoses which will remain confidential. Only the following information will be included:
 - (i) Whether the Hepatitis B vaccination is recommended for the exposed employee and if the employee received the vaccination.
 - (ii) That the exposed employee has been informed of the results of the evaluation.
 - (iii) That the exposed employee has been informed of any exposure related medical conditions that will need further evaluation and treatment.

2.5.5 Investigation of Exposure Incidents

Investigate every exposure incident that occurs.

- [a] Investigations are initiated within 24 hours after the incident occurs; and
- [b] Shall involve gathering the following information in written form:
 - (i) Date, time, and location of incident;
 - (ii) Name of individual exposed;
 - (iii) Name of exposure source;
 - (iv) What potentially infectious materials were involved in the incident;
 - (v) Type of work being done at time of incident;
 - (vi) What caused the incident;
 - (vii) Description of how the incident occurred;
 - (viii) Personal protective equipment being used at time of incident;
 - (ix) Actions taken as a result of the incident; and
 - (x) Written evaluation of exposure incident including suggestions for changes in School

Districts policy and procedures to prevent future incidents and a record of how these changes are implemented for each incident.

2.6 RECORD KEEPING

2.6.1. Incident Reports

Incident reports of occupational exposure and appropriate medical information shall be maintained by the School District.

2.6.2. Medical Records

Medical records shall be maintained by the Health Care Professional and kept for thirty (30) years after employment ends.

[a] These records are not stored in the employee's Personnel File.

[b] Medical records are treated in a confidential manner with access limited to the Health Care Professional.

[c] Medical records may be provided to the Director of OSHA and the assistant Secretary of OSHA and as otherwise provided by law.

[d] They may be disclosed to other individuals only with the employee's written consent. Information kept in a medical record includes:

(i) Employee's name and social security number;

(ii) Employee's Hepatitis B vaccination status including vaccination dates, medical records related to the employee's ability to receive the vaccine, or signed declination statement;

(iii) Results of examinations, medical testing, and post-exposure evaluation and follow-up procedures in the event of an exposure incident;

(iv) A copy of the health care professional's written opinion; and

(v) A copy of the information provided to the health care professional in the event of an exposure incident.

2.6.3 Training Records

Training records of all employees at risk of occupational exposure are kept by the Human Resources Director.

[a] These records shall be generated by the Health Department and delivered to the District Human Resources Director in a timely manner.

[b] Training records are available upon request to all employees or their representatives, supervisors, those with access to medical records, the Assistant Secretary and the Director of OSHA, and as otherwise required by law.

[c] Training records shall be kept for three (3) years and include the following:

(i) Dates of training sessions;

(ii) Content or a summary of the training;

- (iii) Names and qualifications of the trainers; and
- (iv) Names and job titles of all persons attending the sessions.

2.7 TRAINING

Employees who have a potential for exposure to bloodborne pathogens shall attend a training program at least annually covering the bloodborne pathogens standard and this exposure control plan. The following topics shall be covered in the program:

2.7.1 The Bloodborne Pathogens Standard.

2.7.2 The epidemiology and symptoms of bloodborne diseases.

2.7.3 The modes of transmission of bloodborne pathogens.

2.7.4 The District Exposure Control Plan and where employees can obtain a copy.

2.7.5 Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

2.7.6 A review of the use and limitations of methods that will prevent or reduce exposure including; engineering controls; work practice controls; and personal protective equipment.

2.7.7 Selection and use of personal protective equipment including:

- [a] types available;
- [b] proper use;
- [c] location within facility;
- [d] removal, handling, decontamination, and disposal.

2.7.8 Explanations of visual warning of biohazard including labels, signs, and "color-coded" containers.

2.7.9 Information on the Hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and the School District's free vaccination for designated high risk employees.

2.7.10 Actions to take and persons to contact in an emergency involving blood or OPIM.

2.7.11. Information on the post-exposure evaluation and follow-up, including medical consultation, that the Health Department will provide.

2.7.12. Time shall be allowed for employees to ask questions and interact with instructors.

DEFINITIONS

"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).

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

"Contaminated laundry" means laundry which has been soiled with blood or other potentially infectious materials..

"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.

"Engineering Controls" means controls (e.g., sharps disposal containers, self sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

"Exposure Incident" means 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.

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

"Health Department" means the Davis County Health Department who is responsible to coordinate the Exposure Control Plan.

"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 paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

"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.

"OPIM or Other Potentially Infectious Materials" 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.

"OSHA" is the Occupational Safety and Health Administration.

"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.

"Post-exposure Prophylaxis" means preventative procedures or treatment provided an exposed employee.

"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 wastes containing blood or other potentially infectious materials.

"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 may 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.

"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., allowing injured person to care for their own wound).

REFERENCES

DFR 1920 .1030. [Docket No. H-3701]. Department of Labor, Occupational Safety and Health Administration, Occupational Exposure to Bloodborne Pathogens OSHA Bloodborne Pathogens Standard.

Attachment

| Exposure Report Form