

# **ARLINGTON CENTRAL SCHOOL DISTRICT**

## **EXPOSURE CONTROL PLAN**

### **INTRODUCTION**

Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C (HCV) warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated that more than 5.6 million workers in health care and public safety occupations potentially could be exposed. In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) has implemented a regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C (HCV) and other bloodborne diseases. The Occupational Safety and Health Administration (OSHA) estimates the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV, HBV and HCV. Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates a number of requirements. One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

## ACSD EXPOSURE CONTROL PLAN

The Arlington Central School District is committed to providing a safe and healthy 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 Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The ECP is a key document to assist our District in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

1. Employee exposure determination
2. The procedures for evaluating the circumstances surrounding an exposure incident, and
3. The schedule and method for implementing the specific sections of the standard, including:
  - Methods of compliance
  - Hepatitis B vaccination and post-exposure follow-up
  - Training and communication of hazards to employees
  - Recordkeeping

Exposure Control Plan developed

Signature or Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed/Revised Dates

Signature or Initials: \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_ :

Signature or Initials: \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_ :

Signature or Initials: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Signature or Initials: \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_ :

Signature or Initials: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

## **PROGRAM ADMINISTRATION**

- The Arlington Board of Education has adopted Policy 8123, Occupational Exposure to Bloodborne Pathogens, which addresses which employees are in Groups 1, 2, and 3 and which requires writing of and periodic review of the Exposure Control Plan (Appendix A).
- The Assistant Superintendent for Pupil Personnel Services and the Supervisor of Health and Safety are responsible for the implementation of the ECP. They will maintain the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.
- Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.
- The Director of Facilities and Operations will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.
- The Medical Director (School Physician) will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.
- The Assistant Superintendent for Pupil Personnel Services and the Supervisor of Health and Safety will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.
- The Assistant Superintendent for Pupil Personnel Services and the Supervisor of Health and Safety will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels, and red bags as required by the standard. They will ensure that adequate supplies of the aforementioned equipment are available.
- The Assistant Superintendent for Pupil Personnel Services and the Supervisor of Health and Safety will be responsible for the consideration and implementation of appropriate commercially available and effective safer medical devices to eliminate or control occupational exposure (to be performed at least annually.)

## METHODS OF IMPLEMENTATION AND CONTROL

### Universal Precautions

As of March 6, 1992, all employees will utilize Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV, HCV and other bloodborne pathogens (see Appendix A) and must be treated accordingly.

### Exposure Control Plan (ECP)

- Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting their direct supervisor or principal. Employees seeking copies of the Plan may contact the Office of Pupil Personnel Services. A copy of the Plan will be made available free of charge and within 15 days of the request.
- The Assistant Superintendent for Pupil Personnel Services and the Supervisor of Health and Safety will be responsible for reviewing and updating the ECP annually or sooner 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.
- The annual exposure control plan update will also include the following elements:
  - Any new technologies (e.g. engineering controls or work procedures) that reduce or eliminate exposure.
  - Documentation of how the employer considered and implemented the use of available safer medical devices, including:
    1. A list of devices or procedures that were considered;
    2. A description of the method(s) used to evaluate each device or procedure;
    3. A summary of the results of each evaluation.
    4. A statement of the reasons why each particular device or procedure was selected or rejected.
  - Documentation of how the employer solicited employee involvement in the identification, evaluation, and collection of effective engineering and work practice controls. Such input will be solicited from non-managerial employees who are responsible for direct patient care and are potentially exposed to injuries from contaminated sharps.

### Engineering Controls and Work Practices

- Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls we will use are listed below:
  - Providing puncture-resistant disposal containers for contaminated sharps, orthodontia wire or broken glass
  - Providing readily accessible hand washing facilities
  - Washing hands immediately or as soon as feasible after removal of gloves

- At non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible.
  - Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs
  - Prohibiting the recapping or bending of needles
  - Prohibiting the shearing or breaking of contaminated needles
  - Proper labeling
  - Equipment decontamination
  - Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure
  - Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present
  - Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner so as to minimize splashing, splattering, and generation of droplets of these substances
  - Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping
  - Examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated
- o New technology for needles and sharps will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts. Our engineering controls (i.e., sharps containers, etc.) will be inspected and maintained or replaced by the school nurses every semester.

### **Protective Equipment**

- Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by Dutchess County BOCES and the Supervisor of Health and Safety in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.
- Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.
- Appropriate personal protective equipment is **required** and is provided by the employer for the following tasks; the specific equipment to be used is listed after the task:
  - \_ Cleaning of blood and bodily fluids: Gloves, masks, eye protection, face shield
  - o CPR: Face shield
  - o Injections: Gloves

- PPE items include:
  - gloves
  - gowns
  - laboratory coats
  - face shields
  - masks
  - eye protection (splash-proof goggles, safety glasses with side shields)
  - resuscitation bags and mouthpieces
  
- As a general rule, all employees using PPE must observe the following precautions:
  - Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
  - Remove protective equipment before leaving the work area and after a garment becomes contaminated.
  - Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.
  - Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
  - Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
  - Never wash or decontaminate disposable gloves for reuse or before disposal.
  - Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, splatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
  - If a garment is penetrated by blood and/or other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees should be trained to remove the pull-over scrub in such a way as to avoid contact with the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal. However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut such a contaminated scrub to aid removal and prevent exposure to the face.
  - Repair and/or replacement of PPE will be at no cost to employees.

**Refer to Appendix I for additional information on PPE.**

## **Training**

- All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training conducted by Dutchess County BOCES or the Arlington Human Resources Department. Training will be provided at the time of initial assignment to tasks where occupational exposure may occur.
- Dutchess County BOCES or the Arlington Human Resources Department will provide training on the epidemiology of bloodborne pathogen diseases.
- Fact Sheets located in the Appendix Section and in the BOCES training documents will be used to inform employees of the epidemiology, symptoms, and transmission of bloodborne diseases.
- In addition, the training program will cover, at a minimum, the following elements:
  - A copy and explanation of the standard
  - Epidemiology and symptoms of bloodborne pathogens
  - Modes of transmission
  - Our Exposure Control Plan and how to obtain a copy
  - Methods to recognize exposure tasks and other activities that may involve exposure to blood
  - Use and limitations of Engineering Controls, Work Practices, and PPE
  - PPE - types, use, location, removal, handling, decontamination, and disposal
  - PPE - the basis for selection
  - Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration. (See Appendix 0)
  - Emergency procedures - for blood and other potentially infectious materials.
  - Exposure incident procedures
  - Post-exposure evaluation and follow-up
  - Signs and labels - and/or color coding
  - Question and answer session
- Annual training for all employees shall be provided within one year of their previous training. An Employee Education and Training Record (see Appendix B) will be completed for each employee upon completion of training. This document will be kept with the employee's records in the Human Resources Office.
- Highlights of Training Program Elements
  - Contents of standard
  - Epidemiology of bloodborne diseases
  - Exposure Control Plan
  - Job duties with exposure
  - Types of Control
  - Protective equipment
  - Hepatitis B vaccination program

- Emergency procedures
- Post exposure procedures
- Signs & labels (color coding)
- Question & answer session

### **Hepatitis B Vaccination**

- The Arlington Office of Pupil Personnel Services will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. A general overview of these considerations is given in Appendix L for review. The Hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment to Group 1 employees who have occupational exposure to blood or other potentially infectious materials unless:
  - the employee has previously received the series
  - antibody testing reveals that the employee is immune
  - medical reasons prevent taking the vaccination
  - the employee chooses not to participate
- All Group 1 employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.
- Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination (see Appendix CI) will be kept in the employee's personnel file with the employee's other medical records.
- Highlights of Hepatitis B Vaccination Requirements:
  - Group 1 employees who are eligible to receive the Hepatitis B vaccine are identified in Board Policy 8123
  - Participation in pre-screening is not a prerequisite for receiving the Hepatitis B vaccination
  - The Hepatitis B vaccination will be provided even if the employee declines but later accepts treatment
  - The employee must sign a statement when declining the Hepatitis B vaccination
  - The vaccine series is administered in accordance with the latest United States Public Health Service (USPHS) recommended protocol, under the direction of the School Physician

### **Post Exposure Evaluation and Follow-up and Procedures for Reporting, Documenting and Evaluating the Exposure**

- Should an exposure incident occur contact the school nurse or your direct supervisor immediately.
- Each exposure must be documented by the employee on an "Exposure Report Form" (see Appendix D). The school nurse or Supervisor of Health and Safety will add any additional information as needed.

- An immediately available confidential medical evaluation and follow-up will be conducted by the school physician. The following elements will be performed:
  - Document the routes of exposure and how exposure occurred.
  - Identify and document the source individual (see Appendix E), unless the employer can establish that identification is infeasible or prohibited by State or local law (See Note #1).
  - Obtain consent (See Note #2) and test source individual's blood as soon as possible to determine HIV, HBV and HCV infectivity and document the source's blood test results.
  - If the source individual is known to be infected with HIV, HBV or HCV, testing need not be repeated to determine the known infectivity.
  - Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
  - After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV, HIV and HCV serological status.
  - If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. (See Note #3).
  - Administer post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
  - Counseling.
  - Evaluation of reported illnesses.
- Appendix D "Exposure Incident Report" and Appendix E "Request For Source Individual Evaluation" and Appendix F "Employee Exposure Follow-Up Record" (see Note #4) will be provided to the employee so they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these appendixes will be maintained with employee's medical records.
- The School Physician and Supervisor of Health and Safety will review the circumstances of the exposure incident to determine if procedures, protocols and/ or training need to be revised.
- Notes:
  - #1. Public Health Law (Article 27-F) requires information about AIDS and HIV to be kept confidential. The law requires that anyone receiving an HIV test MUST sign a consent form first. The law strictly limits disclosure of HIV-related information. When disclosure of HIV-related information is authorized by a signed release, the person who has been given the information MUST keep it confidential. Redisclosure may occur only with another authorized signed release. The law only applies to people and facilities providing health or social services.
  - #2. If consent is not obtained, the employer must show that legally required consent could not be obtained. Where consent is not required by law, the source individual's blood, if available, should be tested and the results documented.
  - #3. If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as possible.
- Highlights of Post Exposure Evaluation and Follow-Up Requirements
  - Documentation of exposure routes and how exposure incident occurred
  - Identification and documentation of source individual's infectivity, if possible

- Collection and testing of employee's blood for HBV, HIV, and HCV serological status (employee's consent required)
- Post-exposure prophylaxis when medically indicated
- Counseling
- Evaluation of reported illnesses

### **Health Care Professionals**

- The Assistant Superintendent for Pupil Personnel Services and the Supervisor of Health and Safety will ensure that health care professionals responsible for employee's HB vaccination and post-exposure evaluation and follow-up be given a copy of the OSHA Bloodborne Standard.
- The Assistant Superintendent for Pupil Personnel Services and the Supervisor of Health and Safety will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:
  - a description of the employee's job duties relevant to the exposure incident
  - route(s) of exposure
  - circumstances of exposure
  - if possible, results of the source individual's blood test; and
  - relevant employee medical records, including vaccination status
- Healthcare Professional's Written Opinion
  - The School Physician will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.
  - For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.
  - The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.
  - All other diagnoses must remain confidential and not be included in the written report to the School District.

### **Housekeeping**

- The Director of Facilities and Operations has developed and implemented a written schedule for cleaning and decontaminating work surfaces in the district health offices as indicated by the standard.

- Health Office Cleaning Standards
  - Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
  - Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.
  - Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
  - Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
  - Store or process reusable sharps in a way that ensures safe handling.
  - Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
  - When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
  - Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, dosed when moved, and not allowed to overfill.
  - Never manually open, empty, or clean reusable contaminated sharps disposal containers. (See Appendix P -New York State Environmental-Conservation Regulations)
  - Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
  
- School Bus and Classroom Cleaning Standards
  - All Group 2 and group 3 employees, including teachers and bus drivers, should not clean any surface that is or may be contaminated with blood or body fluids. Group 1 custodial workers must be called to clean any such spill that occurs in a classroom or on a school bus.
  - Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
  
- For cleaning spills on school buses and in classrooms, De-Sorb is used to solidify the blood or body fluids, then area is cleaned with five percent bleach and water solution to disinfect surface.

## **Laundry**

- The District is not responsible for laundry of any employees.

## **Labeling**

- School nurses will ensure that red bags and red sharps containers are used for all waste that is contaminated with blood.
- Employees are to notify the Director of Operations and Maintenance if they discover unlabeled regulated waste containers.

## **Recordkeeping**

### **Medical Records**

- Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020 (formerly 1910.20).
- The Assistant Superintendent for Pupil Personnel Services is responsible for maintenance of the required medical records and they are kept in the Office of Human Resources.
- In addition to the requirements of 29 CFR 1910.1020, the medical record will include:
  - The name and date of birth of employee;
  - a copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
  - a copy of all results of examinations, medical testing, and follow-up procedures as required by the standard;
  - a copy of all healthcare professional's written opinion(s) as required by the standard.
  - a copy of the information provided to the health care professional.
- All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.
- Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.
- Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

### **Highlights of Medical Records**

- Employee name and date of birth
- Employee Hepatitis B vaccination status
- Medical testing and post-exposure follow-up results
- Healthcare professional's written opinion
- Information provided to the healthcare professional

### Training Records

- Bloodborne Pathogens training records will be maintained by the Assistant Superintendent for Pupil Personnel Services and will be maintained in the PPS Office.
- The training record shall 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.
- Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.
- Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

### Highlights of Training Records

- Training dates
- Training session content or summary
- Names and qualifications of trainers
- Names and job titles of all trainees

### Transfer of Records

- The employer shall comply with the requirements involving transfer of records as indicated in 29 CFR 1910.1020(h).
- If the Arlington Central School District ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

### Sharps Injury Log

- The Supervisor of Health and Safety will establish and maintain the sharps injury log for recording percutaneous injuries from contaminated sharps.
- The sharps injury log will contain at least the following information:
  - The type and brand of device involved in the incident
  - The department or work area where the exposure incident occurred
  - A description of how the incident occurred.

## First Aid Providers

This section only applies to employees who are designated to render first aid assistance, but this assistance is not their primary work assignment. First aid providers who are in this collateral duty category at this facility are considered to be Group 2 employees as per Policy 8123.

Our school district has decided to offer the hepatitis B vaccination to the first aid provider after a first aid incident.

- In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing the first aid assistance is (are) instructed to report to their immediate supervisor or the school nurse before the end of their work shift.
- The Supervisor of Health and Safety will maintain a report (Appendix D) which describes names of the first aid provider(s), date, time and description of the incident.
- The Supervisor of Health and Safety will ensure that any first aid provider who desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than twenty four hours after the incident.
- The Supervisor of Health and Safety will train first aid providers on the specifics of the reporting procedures, in addition to all the training required in Section 5.0. Training.

## APPENDIX A

### ARLINGTON CENTRAL SCHOOL DISTRICT BOARD OF EDUCATION POLICY 8123

#### **8123 OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

The Board of Education adopts the following "Exposure Control Plan" to eliminate or minimize an employee's risk of exposure to bloodborne pathogens in the workplace. For the purposes of this plan, a bloodborne pathogen is any pathogenic microorganism, present in human blood, capable of causing disease in humans. This group includes, but is not limited to, the hepatitis B virus (HBV) and human immunodeficiency virus (HIV). This plan outlines the steps that the district shall take to comply with the Occupational Safety and Health Administration (OSHA) standard. The plan is available for review by all employees and by the Assistant Secretary of Labor for Occupational Safety and Health, upon request. The plan will be reviewed and updated annually. The program under the plan will be coordinated through the administrator assigned by the Superintendent.

#### **Employee Exposure Determination**

All regularly appointed district employees classified as Group 1 for the purposes of this policy are considered to have routine occupational exposure to blood, body fluids or other potentially infectious materials. Accordingly, all employees in Group 1 shall receive appropriate training and be offered the hepatitis B (HBV) vaccine. Group 1 employees include:

- School nurse(s)
- Health office aide(s)
- School nurse substitute(s)
- Teachers, teaching assistants and aides working with students who have multiple disabilities as determined by the Committee on Special Education
- Athletic Trainer
- Bus driver(s) and monitor(s) transporting students with disabilities who reside in intermediate care facilities
- Coaches
- Physical Education Teachers
- Custodial and maintenance personnel
- Administrator(s) and Assistant Administrator(s)
- Other employees at the discretion of the Superintendent

All other regularly appointed employees, including teachers, cafeteria workers, secretaries, and bus drivers are classified as Group 2 for the purpose of this policy. Group 2 employees are not considered to have routine occupational exposure to blood, body fluids or other potentially infectious materials. However, Group 2 employees may be required to perform unplanned tasks relating to blood, body fluids or other potentially infectious materials.

Accordingly, all employees in Group 2 shall receive appropriate training and shall be offered post-exposure treatment for hepatitis B upon actual exposure to blood or body fluids in the course of their job duties.

All non-regularly appointed employees of the district are classified as Group 3 for the purposes of this policy. Group 3 employees are not considered to have routine occupational exposure to blood, body fluids or other potentially infectious materials. Accordingly, all employees in Group 3 shall receive appropriate training.

All costs for Group 1 and Group 2 employees relating to the administration of hepatitis B (HBV) vaccine from other than Arlington Central School District designated personnel will be solely responsible for the cost and are not eligible to claim reimbursement.

Ref:

OSHA Standard 29 CFR 1910, 1030 Occupational Exposure to Bloodborne Pathogens

Adoption date: May 9, 1995

Amended: May 28, 1996

Amended: May 8, 2001

Amended: February 11, 2003

**Arlington Central School District**

## APPENDIX A1

### DEFINITIONS

Before beginning a discussion of the standard there are several definitions that should be explained, which specifically apply to this regulation. These definitions are also included in paragraph (b) of the standard.

- A. Blood - human blood, human blood components, and products made from human blood.
- B. Bloodborne Pathogens - pathogenic micro-organisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV).
- C. Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. Exposure Incident - a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- E. Occupational Exposure - reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- F. Other Potentially Infectious Materials (OPIM)
  - 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 visibly contaminated with blood
    - all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - 2. Any unfixated tissue or organ (other than intact skin) from a human (living or dead)
  - 3. HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and
  - 4. Blood, organs, or other tissue from experimental animals infected with HIV or HBV.

#### G. Regulated Waste

1. Liquid or semi-liquid blood or other potentially infectious materials;
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
4. Contaminated sharps; and
5. Pathological and microbiological wastes containing blood or other potentially infectious materials.

**APPENDIX B**

**EMPLOYEE EDUCATION & TRAINING RECORD**

**EMPLOYEE** \_\_\_\_\_ **DATE OF HIRE** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_ **SCHOOL/SITE** \_\_\_\_\_

**INITIAL TRAINING: Date** \_\_\_\_\_ **Location** \_\_\_\_\_

**Trainer** \_\_\_\_\_

SUBJECT	EMPLOYEE INITIALS
a. The standard	
b. Epidemiology & symptoms of bloodborne diseases	
c. Modes of transmission	
d. Exposure Control Plan	
e. Recognizing potential exposure	
f. Use & limitations of exposure control methods	
g. Personal Protective Equipment (PPE)	
h. Selection of PPE	
i. HBV immunization program	
j. Emergencies involving blood or potentially infectious materials	
k. Exposure follow-up procedures	
l. Post exposure evaluation and follow-up	
m. Signs & labels	
n. Opportunity to ask questions	

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ADDITIONAL EDUCATION: Date** \_\_\_\_\_ **Location** \_\_\_\_\_

**Subjects:**

**ANNUAL RETRAINING:**

**Date** \_\_\_\_\_ **Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Employee Signature** \_\_\_\_\_

**APPENDIX C1**

*CONFIDENTIAL*

**HEPATITIS B VACCINE IMMUNIZATION RECORDS**  
**GROUP 1 EMPLOYEE**  
**CONSENT/REFUSAL FOR HEPATITIS B IMMUNIZATION**

**HBV VACCINATION CONSENT**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I have received background information about the hepatitis B vaccine and request to receive the hepatitis B vaccine series.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**HBV VACCINATION WAIVER**

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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPENDIX C**

*CONFIDENTIAL*

**HEPATITIS B VACCINE IMMUNIZATION RECORD**

**EMPLOYEE NAME** \_\_\_\_\_

**Date of First Dose** \_\_\_\_\_ **Lot #** \_\_\_\_\_

**Date of Second Dose** \_\_\_\_\_ **Lot #** \_\_\_\_\_

**Date of Third Dose** \_\_\_\_\_ **Lot #** \_\_\_\_\_

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**APPENDIX D**

*CONFIDENTIAL*

**EXPOSURE INCIDENT REPORT**  
**(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)**

Please Print

Date Completed \_\_\_\_\_

Employee's Name \_\_\_\_\_ S.S. # \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

DOB \_\_\_\_\_ Job Title \_\_\_\_\_

Employee Vaccination Status \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Time of Exposure \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Location of Incident (Home, Street, Clinic, Etc.) Be Specific \_\_\_\_\_

Nature of Incident (Auto Accident, Trauma, Medical Emergency). Be Specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe what task(s) you were performing when the exposure occurred. Be Specific:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you wearing Personal Protective Equipment (PPE)? YES \_\_\_\_\_ No \_\_\_\_\_

Did the PPE fail? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain how: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were you using Engineering Controls? YES \_\_\_\_\_ NO \_\_\_\_\_

Did the Engineering Controls Fail? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, explain how: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(continued from other side)

What body fluid(s) were you exposed to (blood or other potentially infectious material)?

Be Specific: \_\_\_\_\_

\_\_\_\_\_

What parts of your body became exposed? Be Specific: \_\_\_\_\_

\_\_\_\_\_

For how long? \_\_\_\_\_

\_\_\_\_\_

Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, what was the object? \_\_\_\_\_

Where did it penetrate your body? \_\_\_\_\_

Was any fluid injected into your body? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what fluid? \_\_\_\_\_

How Much? \_\_\_\_\_

Did you receive medical attention? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, where? \_\_\_\_\_

When? \_\_\_\_\_

By Whom? \_\_\_\_\_

Identification of Source Individual(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

Did you treat the patient directly? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what treatment did you provide? Be Specific: \_\_\_\_\_

\_\_\_\_\_

Other pertinent information \_\_\_\_\_

\_\_\_\_\_

Dear (Emergency Room Medical Director, Infection Control Practitioner)

One of our employees was involved in an event which may have resulted in exposure to a Bloodborne pathogen.

I am asking you to perform an evaluation of the source individual. Given the circumstances surrounding this event please determine if our employee is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of source individual" form which was initiated by the exposed employee. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed employee concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates the persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

**APPENDIX E**

*CONFIDENTIAL*

**DOCUMENTATION AND IDENTIFICATION  
OF SOURCE INDIVIDUAL**

Name of exposed Employee \_\_\_\_\_

Name and phone number of Medical Provider who should be contacted: \_\_\_\_\_

**Incident Information**

Date: \_\_\_\_\_

Name or Medical Record Number of the individual who is the source of the exposure

**Nature of Incident**

\_\_\_\_\_ Contaminated Needle stick Injury

\_\_\_\_\_ Blood or body fluid splash onto mucous membrane or non-intact skin

Other: \_\_\_\_\_

**Report of source individual evaluation**

Chart Review by \_\_\_\_\_ Date \_\_\_\_\_

Source Individual Unknown \_\_\_\_\_ Researched by \_\_\_\_\_ Date \_\_\_\_\_

Testing of Source Individual's blood      **Consent** Obtained \_\_\_\_\_ Refused \_\_\_\_\_

CHECK ONE:

\_\_\_\_\_ Identification of source individual infeasible or prohibited by state or local law. State why if infeasible \_\_\_\_\_

\_\_\_\_\_ Evaluation of the source individual reflected no known exposure to Bloodborne Pathogen

\_\_\_\_\_ Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended

Person Completing report: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Report the results of the source individuals blood tests to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

**HIV-related information cannot be released without the written consent of the source individual.**

**APPENDIX F**

*CONFIDENTIAL*

**EMPLOYEE EXPOSURE FOLLOW-UP RECORD**

Employee's Name \_\_\_\_\_ Job Title \_\_\_\_\_

Occurrence Date: \_\_\_\_\_ Reported Date: \_\_\_\_\_

Occurrence Time: \_\_\_\_\_

**SOURCE INDIVIDUAL FOLLOW-UP:**

Request made to \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sampling completed or refused: Date: \_\_\_\_\_

**EMPLOYEE FOLLOW-UP**

Employee's Health file reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Information given on source individual's blood test results.

YES \_\_\_\_\_ Not Obtained \_\_\_\_\_

**Referred to healthcare professional with required information:**

Name of healthcare professional: \_\_\_\_\_

By whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Blood Sampling/Testing offered:**

By whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Vaccination Offered/Recommended:**

By whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Counseling Offered:**

By whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee advised of need for further evaluation of medical condition:**

By whom: \_\_\_\_\_ Date: \_\_\_\_\_