

# HUTCHINSON PUBLIC SCHOOLS

## Bloodborne Pathogen Exposure Control Plan

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# Hutchinson Public Schools

## Exposure Control Plan for Bloodborne Pathogens

### **Introduction**

In late 1991 the Occupational Safety and Health Administration issued safety standard regulations for the handling of bloodborne pathogens by entities subject to its control. Although public school entities in the State of Kansas are not subject to OSHA, state statutes give the Kansas Department of Human Resources (KDHR) the authority to inspect entities, such as school districts for safety. Therefore, the District shall adopt an exposure control plan which conforms to current Occupational Safety and Health Administration (OSHA) standards and regulations of the KDHR. The plan shall be accessible to all employees and shall be reviewed and updated at least annually. All staff shall receive the training and equipment necessary to implement the plan.

### **Exposure Determination**

For purpose of this plan "occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing, cut with contaminated object) contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of the employee's duties. This evaluation was made without regard to the use of personal protective equipment. Appendix A contains a list of job classifications, tasks and procedures or groups of closely related tasks and procedures in the school district in which occupational exposure occurs or is likely to occur.

### **Implementation Schedule and Methodology**

#### **Methods of Compliance**

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are to be treated as if known to be infectious for Human Immunodeficiency Virus (HIV) or Hepatitis B (HBV). Universal Precautions shall be observed in USD 308 to prevent contact with blood and OPIMs. Engineering, work area restrictions and work practice controls will be used to eliminate or minimize all employee exposure. If exposure remains, personal protective equipment shall be used.

#### **Engineering Controls**

Engineering controls are controls which isolate or remove the bloodborne pathogen hazard from the workplace. The following engineering controls will be used in the district:

- The district will maintain appropriate containers for the disposal of needles or sharps in the following areas: see Appendix C
- The district will maintain appropriate receptacles for the deposit of contaminated clothing, protective clothing, and other articles: see Appendix C
- The district will maintain appropriate containers for the disposal of regulated wastes: see Appendix C
- Engineering controls will be examined, maintained, or replaced on a regularly scheduled basis: see Appendix C

#### **Work Practice Controls/Work Area Restrictions**

Work practice controls are those controls that reduce the likelihood of an exposure by

altering the manner in which the task is performed. Work area controls are those controls that reduce the likelihood of an exposure by controlling activity in work areas.

The following work practice controls apply:

- Contaminated needles will not be bent, recapped, or removed and will be disposed of in appropriately labeled containers.
- Eating, drinking, smoking, applying cosmetics, applying lip balm, and the handling of contact lenses, is prohibited in areas where there is a reasonable likelihood of occupational exposure.
- Food and drink cannot be kept in any area where blood or OPIMs are present.
- Procedures involving blood or OPIMs will be performed in a manner to minimize splashing, spraying, or spattering.
- Mouth suctioning of blood or OPIMs is prohibited.
- Specimens of blood or OPIMs should not be brought to or taken in the school.

### **Hand Washing Facilities**

Hand washing facilities are provided for all students and employees of the district. Because washing one's hands with soap and running water is one of the most effective ways to prevent the spread of disease through blood or OPIMs, employees shall wash their hands with soap and water as soon as possible whenever exposure occurs. Although hand washing may be advisable in other situations, employees must thoroughly wash their hands or any other exposed or contaminated skin with soap and water in these situations:

1. Immediately after the removal of gloves or other personal protective equipment.
2. Following contact of hands or other skin with blood or OPIMs.

### **Personal Protective Equipment**

It shall be the responsibility of the Director of Operations and Building Principals to ensure that appropriate personal protective equipment (PPE) is available and readily accessible for each employee's use at no cost to the employee. The Superintendent shall ensure that all employees use personal protective equipment when there is occupational exposure. In the event that an employee, exercising his or her personal judgment, fails to use protective equipment, the circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent future occurrences.

It shall be the responsibility of any employee who uses personal protective equipment to place the equipment in the appropriately designated receptacle for storage, washing, decontamination or disposal after its use. For the location of these receptacles, see Appendix C. The school district shall be responsible for storing, cleaning, laundering, decontaminating, repairing, replacing, or disposing of such equipment (see laundry). All PPE which is penetrated by blood or OPIMs should be removed as soon as is feasible and placed in the appropriate receptacle.

Personal protective equipment is stored in various locations. See Appendix B for the personal protective equipment that is available in the district for use by its employees and also for the location of the PPE.

## **Gloves**

Gloves shall be worn by any employee when it is reasonably anticipated there will be hand contact with blood, OPIMs, mucous membranes, or non-intact skin. Gloves shall also be worn when handling or touching contaminated items or surfaces. Disposable (single use) gloves are available for employee use in situations where such use is warranted or directed. These gloves should be deposited by the employee in the appropriate container for disposal immediately following their use. Hand washing after removing the gloves is required. See Appendix B for the location of these materials.

Utility gloves may be assigned to some employees. These gloves may be decontaminated for reuse, and should be deposited in the appropriate container for washing or decontamination. Any employee to whom utility gloves are assigned shall be responsible for regularly inspecting these gloves for punctures, cracking, or deterioration. The employee shall dispose of such gloves when their ability to function as a barrier is compromised. The employee shall report the disposal of the gloves to the head custodian who shall ensure that a new pair of utility gloves is assigned to the employee. For the locations of these materials, see Appendix B.

## **Masks, eye protection, and face shields**

This type of protective equipment shall be worn whenever splashes spray, splatter, or droplets of blood or OPIMs may be generated and eye, nose, or mouth contamination can be reasonably anticipated. For the locations of these materials, see Appendix B.

## **Gowns, lab coats, aprons, and other protective body clothing**

This type of protective equipment shall be worn in occupational exposure situations. The type of protective clothing necessary will depend on the degree of exposure, and shall be left to the employee's judgment. For the locations of these materials, see Appendix B.

## **Housekeeping**

It shall be the responsibility of the Director of Operations and the Building Principals to see that each work site and building in the district is maintained in a clean and sanitary condition. A schedule for the cleaning of building elements included in the district plan is included in Appendix C.

All accidentally contaminated surfaces will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. Contaminated surfaces will be disinfected by a designated person (covered under this standard) by using an approved process. Used clean-up materials, if saturated, will be disposed of in identified waste containers (red bags). If an absorbent containing a decontaminant, a chlorine solution, or an approved cleaning substance that renders viruses inactive is used to clean up spills, the blood or OPIM are no longer considered regulated wastes and do not need to be placed in red bags.

Equipment which may become contaminated with blood or OPIMs shall be decontaminated, containerized, or appropriately labeled, as soon as is feasible after the contamination occurs. Affected employees and, if necessary, outside serving agents, will be informed of the contamination of the equipment prior to any handling, servicing, or shipping of the equipment. All equipment and environmental and working surfaces shall be cleaned and

decontaminated with an appropriate disinfectant *as* soon as feasible after contact with blood or OPIMs.

Protective coverings used to cover equipment and environmental surfaces shall be removed and decontaminated or replaced as soon as feasible when they become overly contaminated. All bins, pails, cans, and waste paper baskets shall be inspected, cleaned, and decontaminated as soon as feasible upon visible contamination.

Broken glassware or other sharps shall not be picked up by hand, but by using a broom and dustpan, tongs, vacuum cleaner, or other mechanical means. Broken glassware and other sharps shall be placed in a "sharps" container.

Personal care areas for students (diaper changing, suctioning, catheterizations, etc.) will be in a designated area to avoid exposure of blood and/or other infectious materials to other personnel and students. Involved or contaminated surfaces will be disinfected after each use.

Decontamination will be carried out by personnel using the area and will be accomplished by utilizing a bleach solution or EPA registered germicides. Protective coverings (plastic, foil, etc.) will be removed and replaced as soon as feasible if they become contaminated. Used clean-up materials will be disposed of in identified waste containers in each work area.

### **Disposal Methods**

Sharps will be deposited in an identified "sharps" container for disposal. Containers should be closable, leak proof, puncture resistant, and correctly labeled or color coded. The container should be closed before disposal. A second container must be used if leakage is possible.

Regulated waste, other than sharps, are materials that are saturated with blood or OPIMs that would release blood when compressed or that would allow dried blood to flake off, and shall be placed in appropriate leak-proof containers. Warning labels including the orange or orange-red biohazard symbol should be affixed to containers of regulated waste. Red containers may be used instead of labeling. Containers should be plastic lined and when ready for final disposal (removal from the building), double bagged (two bags) and closed to prevent leakage.

Blood or OPIM soiled waste materials that can safely be decontaminated or that are no longer capable of releasing those substances, may be disposed of in the ordinary building waste stream. All contaminated and regulated waste will be disposed of in compliance with State and Federal regulations under the direction of the Building Principal.

### **Laundry**

The school district will use Universal Precautions with all soiled or contaminated laundry. Any employee who comes into contact with contaminated items or laundry shall wear gloves and other personal protective equipment as deemed necessary or appropriate. Persons who will process potentially contaminated laundry will be classified Category I and will receive training in universal precautions.

## **Hepatitis Vaccination**

USD 308 will make the Hepatitis B vaccine and vaccination series available to any employee of the district who has occupational exposure and falls within Category I of the exposure determination, at no cost to the employee.

In light of OSHA directive in early July 1992, indicating that persons who render first aid only as a collateral duty and responding solely to injuries resulting from work place incidents, generally at the location where the injury occurred, may be offered post-exposure vaccination rather than pre-exposure vaccination. The Hepatitis B vaccine should be received as soon as possible after exposure but within 24 hours.

The Hepatitis B vaccination and any medical evaluation required before the vaccine can be administered will be provided to the employee at no cost. No employee shall be required to participate in a prescreening program as a prerequisite for receiving the Hepatitis B vaccination. The vaccine will be offered after the employee has received training on bloodborne pathogens and within ten working days of an employee's initial assignment to work involving the potential for occupational exposure, unless the employee has previously been vaccinated, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

The Superintendent or designee shall be responsible for assuring that the vaccine is offered, and that the necessary waiver is signed and appropriately filed for any employee who declines to accept the Hepatitis B vaccination which was offered. Any employee who initially declines the Hepatitis B vaccination may later request the vaccination. The district will provide the vaccination for the employee at that time. The county health department will administer the vaccine to employees of the district.

## **Reporting Procedures for Incidents**

Whenever an employee is involved in an incident which results in potential exposure, the employee shall report the incident to their supervisor before the end of the work shift during which the incident occurred or within 24 hours of exposure. The employee must provide their supervisor with the names of all first aid providers involved in the incident, a description of the circumstances of the incident, the date and time of the incident. The employee will complete the Accident Report form and submit it to the human resources office.

Any employee who renders first aid or other assistance in any situation where a specific exposure incident occurs, will be offered the full Hepatitis B immunization series (if they have not previously received it), as soon as possible, but in no event later than 24 hours after the incident occurs. If an exposure incident has occurred, other post-exposure evaluation and follow-up procedures will be initiated as well.

## **Post-Exposure Evaluation and Follow-up**

An exposure incident occurs when there is specific mucous membrane, non-intact skin or parenteral contact with blood or OPIMs. Whenever an employee has an exposure incident in the performance of his or her duties, an opportunity for a confidential post-exposure evaluation and follow-up will be provided to the employee at the expense of the district.

Post-exposure evaluation and follow-up shall be performed by the district's designated Workers

Compensation physician. The district will make sure that any laboratory tests required by the evaluation or follow-up procedures are conducted at an accredited laboratory at no cost to the employee. The employee will be directed to get an evaluation and the human resources department will contact the Workers Compensation physician as soon as feasible to arrange for the post-exposure evaluation. It is important this contact be made within the first 24-hours after exposure to provide the best care for the employee. A minimum of two (2) attempts will be made by the supervisor or the human resources department to have the person (student or staff) tested whose blood was involved. This could eliminate the need for the employee to continue in the BBP testing protocol.

A post-exposure evaluation and follow-up will include the following elements:

1. Documentation on the Accident Report form of the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual whose blood or OPIMs caused the exposure, unless identification is infeasible or prohibited by law.
3. Unless the source individual is known to be infected with HBV or HIV, the school district through the school nurse or other district staff, as appropriate, will seek the consent of the source individual for blood testing for HBV or HIV. Failure to obtain consent will be documented by the district.
4. If the source individual consents, results of the source individual's blood testing will be made available to the exposed employee, along with information on laws concerning the disclosure of the identity with infectious status of the source individual.
5. If the exposed employee consents, blood testing of his or her blood will be completed as soon as possible. It is imperative to give the employee the best care the testing begin within the first 24-hours. If the employee consents to baseline blood collection, but not to HIV serologic testing, the blood sample will be retained for 90 days. The employee may request testing of the sample at any time during the 90-day period.
6. The exposed employee will be offered post-exposure prophylaxis when tested within 24-hours. If the source individual has AIDS, is HIV positive, or refuses to be tested, the employee should be counseled regarding the risk of infection and evaluated clinically and will be the testing protocol. This includes the initial test, plus follow up tests at intervals determined by the doctor. The employee will be given appropriate medical and related information by the doctor.

### **Written Opinion of the Health Care Professional**

Following post-exposure evaluation, the health care professional shall provide the school district Superintendent a copy of his or her written opinion within 15 days after the completion of the evaluation. This opinion shall include:

1. An opinion on whether Hepatitis B vaccination is indicated for the employee, and if the employee has received the vaccination.
2. A statement that the employee has been informed of the results of the evaluation about any medical conditions resulting from exposure to blood or OPIMs which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential between the employee and the health care provider and shall not be included in the written opinion.

## **Communication of Hazards to Employees**

### **Labeling**

Any container which contains used needles, blood, or OPIMs in the district shall be appropriately labeled with a "BIOHAZARD" label, or shall be red in color. All "BIOHAZARD" labels will have a fluorescent orange or orange-red background and have the biohazard symbol and the word "BIOHAZARD" in a contrasting color. Any receptacle used for the disposal or deposit of contaminated materials for laundering or discard will be red in color, appropriately labeled or lined with red bags. Any equipment which is contaminated will be appropriately labeled.

### **Training**

A training program on bloodborne pathogens will be provided for all employees with occupational exposure. Training will be provided during working hours, and at no cost to the employee. A new employee will be provided with training at the time of initial assignment to tasks where occupational exposure may occur. Re-training for all employees will be provided as deemed necessary. Additional training will be provided if sufficient changes in assignments occur.

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

1. A general explanation of the epidemiology and symptoms of bloodborne diseases;
2. An explanation of the modes of transmission of bloodborne pathogens;
3. An explanation of the exposure control plan and information on how the employee may obtain a copy of the plan;
4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs;
5. An explanation of the use and limitations of methods, such as engineering controls, work practices, and personal protective equipment, that will prevent or reduce exposure;
6. Information on the appropriate actions to take and the persons to contact in an emergency involving blood or OPIMs;
7. An opportunity for questioning the person conducting the training session.

## **Record Keeping**

### **Medical Records**

The Director of Human Resources will establish and maintain a confidential medical record for each employee with occupational exposure. This record will include:

1. the name and social security number of the employee;
2. a copy of the employee's Hepatitis B vaccination status, including the dates the vaccination was given, any medical records relative to the employee's ability to receive the vaccination, or the employee's signed waiver;
3. a copy of all results of examinations, medical testing, and follow-up procedures;
4. a copy of the health care professional's written opinion following post-exposure evaluation and follow-up; and
5. a copy of any information provided to the health care professional under the evaluation and follow-up procedures.

The medical records of employees maintained under this policy will be kept confidential and will not be disclosed to any person, except as required by law, without the employee's express written consent.

### **Training Records**

The human resources department will maintain records of all training sessions offered to employees under this plan. Such records will include:

- the dates of the training session;
- the names(s) and qualifications of the persons conducting the training; and
- the names and job titles of all persons attending the training sessions.

Training records will be kept for at least three years from the date on which the training occurred. Employee training records will be made available for inspection to employees or anyone having the written consent of the affected employee.

### **Accessibility and Review**

A copy of this Exposure Control Plan will be accessible to all employees on the district website. Any employee will be provided with a copy of the plan at no cost upon request. This Exposure Control Plan will be reviewed and updated at least annually, or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure. The Director of Human Resources shall be responsible for scheduling the annual review of this plan.

**APPENDIX A**  
**Category I Occupational Exposure**

All employees in this classification have occupational exposure. Responsibility includes discarding contaminated materials, when necessary.

Job Classification	Task #	Tasks
Custodians	2,7	1. Cleaning or bandaging scrapes and cuts. 2. Cleaning blood, OPIMs from surfaces. 3. Caring for injuries to teeth or mouth. 4. Caring for nosebleeds. 5. Changing diapers or soiled clothing. 6. Administering injections. 7. Processing soiled laundry. 8. Medical procedures for student care
Athletic Coaches	1,2,3,4	
Nurses/Assistants	1,2,3,4,6,8	
Daily care teachers/ paraprofessionals responsible the following tasks:	5,7,8	

**Category II Occupational Exposure**

Employees in this classification do not generally have occupational exposure.

Secretaries

Teachers

Principals

General Classroom Paraprofessionals and Aides

Nutrition Services Employees

**APPENDIX B  
Maintenance and Location of Supplies**

Supplies will be inspected and maintained according to the schedule indicated in the following table.

The Director of Operations is responsible for the maintenance of these materials.

Frequency of maintenance: Daily: 1, Weekly: 2, Monthly: 3, Quarterly: 4

Supply Type	Supply Location	Maintenance Schedule
Gloves Antiseptic wipes Compresses Red Bags Bandages Body fluid absorbent kit CPR masks	Bus Kit, Transportation Office	3
Gloves Antiseptic wipes Compresses Red Bags Bandages Body fluid absorbent kit CPR masks Face shield w/ mask Impervious clothing cover Impervious shoe covers	Medical Emergency Kit	2

**Maintenance and Location of Facilities**

Facilities will be inspected and maintained according to the schedule indicated in the following table.

The building Head Custodian is responsible for the maintenance of these facilities.

Frequency of maintenance key: Daily: 1, Weekly: 2, Monthly: 3, Quarterly: 4

Facility type	Facility location	Maintenance schedule
Hand washing sinks	All Sites	1
Hand washing sinks	Locker rooms	1

**APPENDIX C**  
**Maintenance and Location of Containers**

Containers will be inspected and maintained according to the schedule indicated in the following table.

The building Head Custodian is responsible for the maintenance of these containers.

Frequency of maintenance key: Daily: 1, Weekly: 2, Monthly: 3, Quarterly: 4

Type of container	Container location	Frequency
Sharps container	Nurse's office	3

Type of container	Container location	Frequency
Soiled clothing, other laundry	Locker rooms	1
	Custodial storage closet	1
	Nurses station	1

Type of container	Container location	Frequency
Regulated	Custodian closet	1
	Locker room	1
	Nurses station	1