

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS FOR MCPHERSON USD 418

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 entities in the State of Kansas are not subject to OSHA, state statutes give the Kansas Department of Human Resources the authority to inspect public entities, such as school districts, for safety. In the spring of 1992, KDHR announced that it would apply the OSHA standard for bloodborne pathogens to public entities in the State of Kansas. This Exposure Control Plan will be implemented in McPherson USD 418 to achieve compliance with the state directive.

EXPOSURE DETERMINATION

For purpose of this plan "occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing mucous membranes, etc.) contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of the employer's duties. This evaluation was made without regard to the use of personal protective equipment. The following is 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.

Category I

All employees in the following job classifications at McPherson USD 418 have occupational exposure. *(See Appendix 1)*

Category II

Some employees in the following job classifications at McPherson USD 418 may have an occupational exposure. *(See Appendix 2)*

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 treated as if known to be infectious for Human Immunodeficiency Virus (HIV) or Hepatitis B (HBV). Universal Precautions shall be observed in McPherson USD 418 to prevent contact with blood and OPIMs. *(See Appendix 3)*

Engineering, work area restrictions and work practice controls will be used to eliminate or minimize all employee exposure. Where exposure potential remains, personal protective equipment shall also 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 4)*

- The district will maintain appropriate receptacles for the deposit of contaminated clothing, protective clothing, and other articles. *(See Appendix 4)*
- The district will maintain appropriate containers for the disposal of regulated wastes. *(See Appendix 4)*
- Engineering controls will be examined, maintained, or replaced on a regularly scheduled basis. *(See Appendix 4)*

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.

In some situations, such as on athletic facilities or field trips, hand washing facilities may not be available. In this case, the person in charge of the event (football coach, teacher who is taking the class on a field trip, etc.) shall ensure that antiseptic towelettes are available for use. Whenever an employee uses an antiseptic towelette, the employee shall thoroughly wash his or her hands with soap and water as soon as it is feasible to get to a hand washing facility.

Personal Protective Equipment (P P E)

It shall be the responsibility of the plan administrator for McPherson USD 418 to ensure that appropriate personal protective equipment is available and readily accessible for each employee's use at no cost to the employee. The plan administrator shall also ensure that all employees use personal protective equipment when there is occupational exposure. In the event that an employee, exercising his or her personal judgement, 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. *See Appendix 5* for location of receptacles. The school district shall be responsible for storing, cleaning, laundering, decontaminating, repairing, replacing, or disposing of such equipment. (*See Laundry on page 5.*)

All personal protective equipment which is penetrated by blood or OPIMs should be removed as soon as is feasible and placed in the appropriate receptacle.

See Appendix 5 for where personal protective equipment is stored. The equipment may be checked out or obtained for use by contacting the building principal. The following personal protective equipment is available in the district for use by its employees.

Gloves

Gloves shall be worn by any employee when it is reasonably anticipated that 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. *See Appendix 4* for location of receptacles. Hand washing after removing the gloves is required.

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 of 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 plan administrator who shall ensure that a new pair of utility gloves is assigned to the employee. *See Appendix 5* for storage of these materials.

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. *See Appendix 5* for storage of these materials.

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 judgement. *See Appendix 5* for storage of these materials.

Housekeeping and Cleaning Schedule

It shall be the responsibility of the director of building and grounds to see that each work site

and building in the district is maintained in a clean and sanitary condition.

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 a bleach solution or EPA registered germicides. Used clean-up materials 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 is no longer considered regulated waste and does 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 contaminated.

All bins, pails, cans, and waste paper baskets shall be inspected, cleaned, and decontaminated as soon as feasible upon visible contamination.

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

See Appendix 5 for cleaning schedule.

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, leakproof, 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 wastes are materials that are saturated with blood or OPIMs that would release blood if compressed, or that would allow dried blood to flake off. Warning labels including the 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 system.

All regulated waste will be disposed of in compliance with state and federal regulations.

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 another personal protective equipment as deemed necessary or appropriate.

Persons who will do contaminated laundry will be Classified Category I (*see Appendix 1*) and will receive training in Universal Precautions.

HEPATITIS B VACCINATION

McPherson USD 418 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.. In light of OSHA directive in early July 1992, indicating that persons who render first aid only as a collateral duty, 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 district will make the Hepatitis B vaccine and vaccination series available to employees in Category II within 24 hours of possible exposure to HBV. (*See Reporting First Aid Incident, page 6*)

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.

Employees who decline the Hepatitis B vaccine will sign a waiver form as required by Appendix A of the OSHA standard. (*A copy of the required waiver form is attached to this plan in Appendix 6.*)

The plan administrator 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 or a designated physician will administer the vaccine to employees of the district.

Although booster doses of Hepatitis B vaccines are not currently recommended by the US Public Health Service, if such booster doses are recommended in the future, the district will make the booster doses available at no cost to all employees who have occupational exposure.

REPORTING PROCEDURES FOR FIRST AID INCIDENTS

When ever an employee not included in Category I is involved in a first aid incident which results in potential exposure, the employee shall report the incident to the plan administrator before the end of the work shift during which the incident occurred. The employee must provide the plan administrator with the names of all first aid providers involved in the incident, a description of the circumstances of the accident, the date and time of the incident. A determination of whether an exposure incident, as defined in the OSHA standard and this policy, has occurred will be made. The information shall be logged in the Evaluation of Exposure Incident form contained in *Appendix 7* and maintained in the first aid incident report file. The district will maintain a list of such first aid incidents which will be readily available to all employees and provided to KDHR upon request. Any employee who renders first aid or other assistance in any situation in which a specific exposure incident occurs, will be offered the full Hepatitis B immunization series 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 a local physician according to recommendations of the US Health Service current at the time these evaluations and procedures take place. 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.

Whenever an exposure incident occurs, the exposed employees shall report the incident to the plan administrator who will explain to the employee his or her right to a post-exposure evaluation and follow-up. If the employee desires an evaluation, the plan administrator will contact the health care provider as soon as feasible to arrange for the post-exposure evaluation for the employee.

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

1. Documentation of the circumstances under which the exposure incident occurred, including the route(s) of the employees' exposure.
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 plan administrator 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 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. 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 in accordance with current recommendations of the US Public Health Service. These recommendations are currently as follows: 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 serologically for evidence of HIV infection as soon as possible after the exposure. The employee should be advised to report and seek medical evaluation for any acute febrile illness that occurs within twelve weeks after the exposure. Retesting on a periodic basis may be necessary. During the follow-up period, especially the first 6-12 weeks after exposure, the employee should follow recommendations for preventing the transmission of the virus.
7. The exposed employee will be offered counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. Reports should be made to the plan administrator.

Working with the Health Care Professional

The plan administrator will provide the physician or licensed health care professional with a copy of the OSHA regulation governing bloodborne pathogens, and ensure that the physician or licensed health care professional is provided with: a description of the employee's duties as they relate to the exposure incident, documentation of the circumstances under which the exposure incident occurred, results of the source individual's blood test (if available), and all medical records which the district is required to maintain which are relevant to the appropriate treatment of the employee, including the employee's vaccination status.

Written Opinion of the Health Care Professional

Following post-exposure evaluation, the physician or licensed health care professional shall provide the school district with 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.

Attendance at training sessions is mandatory.

Initial training will be provided for all employees within 60 days after the adoption of this exposure control plan. Thereafter an employee will be provided with training at the time of initial assignment to tasks where occupational exposure may occur. Annual training for all employees will be provided within one year of their previous training. Additional training will be provided if changes in an employee's assignments for all employees.

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

1. a copy of OSHA standard and explanation of its contents;
2. a general explanation of the epidemiology and symptoms of bloodborne diseases;
3. an explanation of the modes of transmission of bloodborne pathogens;
4. an explanation of the exposure control plan and information on how the employee may obtain a copy of the plan;
5. an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs;
6. 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;
7. information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits, and the conditions under which it is offered, free of charge to employees;
8. information on the appropriate actions to take and the persons to contact in an emergency involving blood or OPIMs;
9. an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and the medical follow-up that will be made available at no charge;
10. information on the post-exposure evaluation and follow-up following an exposure

- incident;
11. an explanation of labeling and color-coding; and
 12. an opportunity for questioning the person conducting the training session.

RECORD KEEPING

Medical Records

The plan administrator 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. Medical records required under this plan will be maintained for the duration of the employee's employment, and for thirty years thereafter.

Training Records

The school district will maintain records of all training sessions offered to employees under this plan. Such records will include:

- the dates of the training session;
- the name(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, anyone having the written consent of the affected employee, and to KDHR upon request.

ACCESSIBILITY AND REVIEW

A copy of this Exposure Control Plan will be accessible to all employees of the district in the central office of each building in the district. Any employee will be provided with a copy of the plan at no cost upon request. A copy of this plan will also be made available to KDHR 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 plan administrator shall be responsible for scheduling the annual review of this plan.

All provisions required by this standard will be implemented by (insert date).

CATEGORY 1 OCCUPATIONAL EXPOSURE

All employees in this classification have occupational exposure.

Job Classification	Task #	Tasks and Procedures
Athletic Trainers	1, 2	1. Cleaning blood and OPIMs
Coaches	1, 2	2. First aid
Custodians - specific	1	
First Aid Givers (Designated per Building)	2	
Paraeducators (SMH/TMH, EC/ECSE)	1	
Nurses	1, 2	
School Secretaries	2	
Teachers		
EC/ECSE Teacher	1	
Shop Teacher	1, 2	
SMH/TMH Teachers	1	
Laundry Personnel (Contaminated Laundry)	1	

CATEGORY 2 OCCUPATIONAL EXPOSURE

Some employees in this category have occupational exposure.

Job Classification	Task #	Tasks and Procedures
Bus Drivers	1	1. Give emergency first aid
Counselors	1	
Food Service - specific	1	
Food Service Director	1	
Homebased Instructors	1	
Lunch Aides	1	
Maintenance	1	
Playground Aides	1	
Principals	1	
Teachers		
PE Teachers	1	

DEFINITIONS

Where mentioned in this plan, and in accordance with 29 cfr 1910, the following definitions apply.

- **Occupational Exposure:** Means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- **Other Potentially Infectious Materials (OPIMs):** 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.
- **Universal Precautions:** An approach to infection control. All human blood and certain human body fluids (see OPIMs) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- **Exposure Incident:** A specific eye, mouth, other mucous membrane, non intact skin, or parenteral contact with blood or OPIMs that result from the performance of an employees duties.
- **Decontamination:** 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 or disposal.
- **Disinfectant:** EPA registered tuberculoid disinfectants are appropriate for the cleaning of blood or OPIM. A solution of 5.25% sodium hypochlorite, (household bleach), diluted between 1:10 and 1:100 with water, is also acceptable for cleaning contaminated surfaces. Quaternary ammonium are not appropriate for the cleanup of contaminated items or surfaces.
- **Regulated Waste:** Liquid or semi liquid blood or OPIM contaminated items that would release blood or OPIMs in a liquid or semi liquid state if compressed; items that are caked with dried blood or OPIMs and are capable of releasing these materials during handling; and contaminated sharps. Discarded feminine hygiene products are not considered regulated wastes if they would not release blood when disposed of.
- **Disposal of Regulated Waste:** The state approved method of disposal is incineration.

Maintenance and Location of Waste Containers for Infectious Materials Red Containers and/or Biohazard Labels

Attendance Center: **Administrative Central Office**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Sheldon Anderson**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Custodial work area.

Sharps Container**

1. Custodial work area.
-

Attendance Center: **Early Childhood Center**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Marvin Walker**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Custodial work area.

Sharps Container**

1. Custodial work area.
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Attendance Center: **Eisenhower Elementary**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Chad Kibler**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Nurse's office.

Sharps Container**

1. Nurse's office.
-

Attendance Center: **High School**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Steve Lies**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Teacher work area in administrative office.
2. Secretary's area, DECA building.
3. Training room by new gym.
4. West storage area at Roundhouse level.
5. Custodial work area west side of roundhouse.
6. Work area center of Hex 30.
7. Work area center of Hex 50.
8. Work area center of Hex 60.

Sharps Container**

1. Teacher work area in administrative office.
2. Custodial work area west side of Roundhouse.

Attendance Center: **Lincoln Elementary**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Marvin Ayers**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Custodial closet north hall by office.
2. Nurses and custodial closets.

Sharps Container**

1. Nurse's station.

Attendance Center: **Maintenance Shop**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Sheldon Anderson**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Restroom.

Sharps Container**

1. Restroom.
-

Attendance Center: **Middle School**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Joshua Clark**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Custodial closet main east/west hall, second floor.
2. Custodial closet main east/west hall, third floor.
3. Nurse's station, first floor.
4. Custodial storage area kitchen.

Sharps Container**

1. Nurse's station.
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Attendance Center: **Park Warehouse**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Norahs Grant**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

Sharps Container**

1. Coordinator's office.
2. Coaches office in gym.

1. Coordinator's office.

Attendance Center: **Roosevelt Elementary**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Tom Trezise**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Nurse's station

Sharps Container**

1. Nurse's station.

Attendance Center: **Washington Elementary**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers: **Marvin Walker**

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Custodial closet, first floor,
center section of building.

Sharps Container**

1. Nurse's station.

Attendance Center: **Marion Head Start**

Waste containers for potentially infectious materials will be inspected and decontaminated according to the following regular schedule: _____* daily _____** weekly

Person responsible for inspection and decontamination of waste containers:

Waste containers for potentially infectious materials have been placed in the following areas to eliminate or minimize exposure to employees in this school district.

Plastic Lined Containers*

1. Storage closet

Sharps Container**

1. Storage Closet

MAINTENANCE AND LOCATION OF SUPPLIES AND FACILITIES

Supplies and facilities will be inspected and maintained according to the following regular schedule:

___ daily X weekly ___ monthly ___ quarterly ___ unspecified

Person responsible for inspecting facilities and replenishing supplies: **Custodial Supervisor**

Facilities and supplies are located in the following areas:

Handwashing Facilities

1. all restrooms
2. nurse's station
3. wash basin in administrative office
4. custodial closets with running water
5. laundry areas

School)

Personal Protective Equipment

(Equipment is located in each building's custodial supply room.)

1. disposable gloves
2. goggles

Alternative Handwashing Supplies

1. district owned vehicles
2. all sports medical kits
3. carpentry tool house (*High School*)

Disinfectant/Cleaning Supplies

1. found in each custodial office and teacher work area
2. absorbent
3. disinfectant phenolic cleaner such as Steriphene II or 1:10 solution of Clorox bleach
4. reusable pick up spatula and dust broom
5. plastic bags (orange-red)

Laundry Facilities (If laundry is shipped to an outside facility, specify the area(s) where employees are to deposit contaminated clothing.)

1. laundry room (High School and Middle

HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potential 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, 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.

Date

Signature of Employee

(Note: This waiver form is Appendix A to the OSHA standard. It must be signed in this form by any employee who has occupational exposure and who declines the vaccination after receiving training on the vaccination. If an employee decides to decline the vaccination, this form should be filed in the employee's medical record.)

SOURCE INDIVIDUAL

If the identify of the source individual is not known, proceed to the next section.

Name of the source individual: _____

Address and phone of source individual: _____

If the source individual is a minor, provide name of responsible person

Name of responsible person: _____

Address and phone of responsible person: _____

- Is the HIV/HBV status of the source individual know? yes no

If the HIV/HBV status is unknown, contact the individual or responsible person for permission to test.

- Did the source individual or responsible person consent to blood testing? yes no

Use the "Consent for Blood Testing" form to document consent or refusal and attach to this document.

- Inform the exposed employee that the name and infectious status of the source individual is confidential under Kansas state law.

POST-EXPOSURE EVALUATION

Was the exposed employee informed of his/her rights to confidential post exposure evaluation at the expense of the district? yes no

If the source individual's infectivity status is known, was status reported to employee? yes no

Exposed employee accepted / declined evaluation? (*circle one*)

Appointment scheduled by district with: _____
(name and site of health care provider) _____

Appointment date: _____

The school district must provide the exposed employee with a confidential medical evaluation and follow-up from a licensed health care professional within 24 hours after exposure. A copy of this form, a copy of the OSHA standard, and pertinent medical records must be provided to the health care professional's written opinion. A copy of this form must be placed in the employee's confidential medical record.

Person making this report: _____ Date: _____

BLOODBORNE PATHOGEN EXPOSURE INCIDENT: THE SCHOOL DISTRICT'S RESPONSIBILITY TO THE EXPOSED EMPLOYEE

If you have been exposed to bloodborne pathogens as a result of your duties with the school district, the district has certain responsibilities under law. If you have been exposed:

You have the right to a confidential medical evaluation and follow-up (at district expense) immediately (within 24 hours) after the incident, at a reasonable time and place. You may decline any or all of these provisions.

The medical evaluation and follow-up must include the following elements:

- Documentation must be made of the incident, including the routes of exposure and the circumstances under which the incident occurred.
- You will receive identification and documentation of the infectivity of the source individual, if feasible or permissible by law.
- Testing of the source individual's blood for HIV and HBV infectivity if the permission of the individual, if an adult, or the individual's parent or guardian, if a minor, can be obtained by the school district.
- You have the right to the testing information, but the identity and infective status of the individual cannot be revealed to others by state law.
- If you consent, your blood will be tested for Hepatitis B. You may elect to have your blood tested for HIV at this time. If you do not wish to have this baseline blood sample tested for HIV, the sample will be held for 90 days. If you decide to test for HIV within 90 days, the sample will be tested as soon as feasible.
- Post exposure prophylaxis, that is, treatments to lessen the likelihood or severity of infection, will be provided if recommended by the health care professional following the current recommendations of the US Public Health Service at the expense of the district.
- You will be offered counseling concerning precautions to take following the incident.
- If you report an illness to the district that may be related to the incident, the district must evaluate this report.

You will be examined by the healthcare professional, who will send a written report to the district containing the following information only:

- If the Hepatitis B vaccine is indicated for you, and if the vaccination was given; and
- The healthcare professional's opinion for post-exposure evaluation and follow-up, only to include that you were informed of the results of the evaluation and told about any medical conditions resulting from exposure that would require further evaluation or treatment.

Any other medical condition findings or diagnosis will not be reported to the district. A copy of this report will be given to you within 15 days of the completion of the evaluation.

CONSENT FOR BLOOD TESTING TO DETERMINE HIV

To be signed by the source individual in the event of an exposure incident.

Date and time of the exposure incident: _____

Name of the affected employee: _____

Name of the source individual: _____

Name of the parent or guardian if source individual is a minor child: _____

COMPLETE THE FOLLOWING IF THE SOURCE INDIVIDUAL IS AN ADULT (MARK ONE):

I hereby provide consent to have my blood tested as necessary to determine my HIV/HBV infectivity. I understand that the results of any tests will be made available to the exposed employee named above. I also understand that the named employee will be informed of applicable laws and regulations concerning disclosure of my identity and infectious status.

I refuse consent to have my blood tested as necessary to determine my HIV/HBV infectivity.

Signature

Date

COMPLETE THE FOLLOWING IF THE SOURCE INDIVIDUAL IS A MINOR CHILD (MARK ONE):

I hereby provide consent to have my child's blood tested as necessary to determine my HIV/HBV infectivity. I understand that the results of any tests will be made available to the exposed employee named above. I also understand that the named employee will be informed of applicable laws and regulations concerning disclosure of my child's identity and infectious status.

I refuse consent to have my child's blood tested as necessary to determine my child's HIV/HBV infectivity.

Signature

Date

EXPOSURE INCIDENT CHECKLIST

Employee's name: _____ Date of Incident: _____

EMPLOYEE INFORMATION:

- Copy of Exposure Incident Form given to employee.
- Employee informed of the district's responsibilities. *(Give a copy of school district responsibility document to employee and explain.)*
- Employee informed of their right to source individual HIV/HBV infectivity information.
- Results for blood testing for source individual given to employee.
- Employee informed of state law against revealing identify and infectivity of source activity.
- Employee received copy of medical professional report.

MEDICAL PROFESSIONAL INFORMATION

- Copy of OSHA standard given to health care professional.
- Copy of Exposure Incident Form given to health care professional.
- Results of blood testing for source individual given to health care professional.
- All medical records relevant to the appropriate treatment of the employee, including vaccination status which are kept by the district, given to health care professional.

DISTRICT INFORMATION:

- Description of incident completed on exposure incident form, including a description of the employee's duties as pertain to the incident circumstances surrounding the incident and the route of exposure (ie., broken skin, eye, mouth, mucus membrane, parenteral) and placed in file.
- Appointment scheduled and packet prepared for health care provider.
- Consent form and results for blood testing for source individual completed and filed.
- Employee given copy of healthcare professional's opinion and report.
- Healthcare professional's opinion and report placed in employee's medical file.

Person making this report: _____ Date: _____