

SCHOOL DISTRICT OF PHILLIPS

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SCHOOL DISTRICT OF PHILLIPS

EXPOSURE CONTROL PLAN

The SCHOOL DISTRICT OF PHILLIPS Exposure Control Plan is designed to eliminate or minimize employee exposure to blood or other potentially infectious materials (OPIM). This plan includes an exposure determination for this workplace, the schedule and methods of implementation, and the procedure for the evaluation of circumstances surrounding exposure incidents.

EXPOSURE DETERMINATION

Below is a list of job classifications with occupational exposure. Specific tasks/procedures in which occupational exposure occurs are included.

1. Job Classification: *School Nurse*

Specific tasks/procedures in which employees have occupational exposure:

- First Aid Treatment
- Cleaning up blood or OPIM spills
- Disposing of waste contaminated with blood or OPIM

2. Job Classification: *Custodian/Maintenance*

Specific tasks/procedures in which employees have occupational exposure:

- Cleaning up blood or OPIM spills
- Disposing of waste contaminated with blood or OPIM

3. Job Classification: *Designated First Aid Providers* (as designated in Appendix A)

Specific tasks/procedures in which employees have occupational exposure:

- First Aid Treatment
- Cleaning up of blood or OPIM spills
- Disposing of waste contaminated with blood or OPIM

4. Job Classification: *Specific Instructors* (as designated in Appendix A)

Specific tasks/procedures in which employees have occupational exposure:

- First Aid Treatment
- Cleaning up of blood or OPIM spills
- Disposing of waste contaminated with blood or OPIM

5. Job Classification: *Coaches* (as designated in Appendix A)

Specific tasks/procedures in which employees have occupational exposure:

- First Aid Treatment
- Cleaning up of blood or OPIM spills
- Disposing of waste contaminated with blood or OPIM

6. Job Classification: *Special Education Staff* (as designated in Appendix A)

Specific tasks/procedures in which employees have occupational exposure:

- First Aid Treatment
- Cleaning up of blood or OPIM spills
- Disposing of waste contaminated with blood or OPIM
- Care of students with special medical needs and assistance in daily living skills

7. Job Classification: *Laundry Personnel*

Specific tasks/procedures in which employees have occupational exposure:

- Laundering of items contaminated with blood or OPIM

Note: Of course, all district personnel may have some chance of exposure during emergency situations. It is our policy, however, that all employees, except those listed above, are prohibited from administering the elements of this plan. Instead, the procedure is to contact one of the employees listed in Appendix A specifically the designated primary first aid provider in your building, the school nurse, or an alternative in their absence.

In emergency situations, however, where a breakdown occurs in this system, and an employee is exposed to blood or another OPIM, actions shall be taken in accordance with this plan.

METHODS OF COMPLIANCE

Universal precautions shall be observed. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.

Engineering and Work Practice Controls

- Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- Hand washing facilities, which are readily accessible to employees, will also be provided.
- When provision of hand washing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following the contact of such body areas with blood or OPIM.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:
 - Puncture resistant
 - Labeled or color-coded in accordance with this standard
 - Leak proof on the sides and bottom
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or OPIM are present.
- All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Specimens of blood or OPIM shall be placed in a container, which prevents leakage during handling and waste disposal. If the specimen could puncture the primary

container, the primary container shall be placed within a secondary container, which is puncture-resistant.

- Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible:
 - A readily observable label shall be attached to the equipment stating which portions remain contaminated.
 - This information will be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

Personal Protective Equipment (PPE)

- When there is occupational exposure, provisions shall be made, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, face shields or masks, eye protection, mouthpieces and/or pocket masks. PPE will be considered "appropriate" only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use for the duration of time which the PPE will be used.
- **Use:** The employee shall use appropriate PPE as determined by the employee's professional judgment, except when its use would have prevented the delivery of health care or public safety services or would have imposed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- **Accessibility:** Appropriate PPE in the appropriate sizes will be readily accessible at the worksite or be issued. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternative shall be readily accessible to those employees who are allergic to the gloves normally provided.
- **Cleaning, Laundering and Disposal:** The district will clean, launder, and dispose of required PPE at no cost to the employee.
- **Repair and Replacement:** The district will repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee.
- **Gloves:** Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces.

- Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - Disposable (single use) gloves shall not be washed or decontaminated for re-use.
 - Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- **Masks, Eye Protection, and Face Shields:** Masks in combination with eye protection devices, such as goggles, glasses or face shields, shall be worn whenever splashes, spray, spatter or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- **Gowns, Aprons, and Other Protective Body Clothing:** Appropriate protective clothing such as gowns, aprons or other outer garments shall be worn in occupational exposure situations. The type of characteristics will depend upon the task and degree of exposure anticipated.
- If blood or OPIM penetrates any garment, the garment(s) shall be removed immediately or as soon as possible.
 - Any personal protective equipment that is to be removed shall be removed prior to leaving the work area.
 - When PE is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

PROTECTIVE EQUIPMENT BY JOB CLASSIFICATION

The School District has determined those individuals that have been classified as having a potential exposure to blood or potentially infectious materials in our work place (see Appendix A). Therefore, as a matter of policy, the school district shall provide and make available the following Personal Protective Equipment:

1. Gloves
2. Aprons
3. Face Shields (masks, eye protection, mouth pieces, etc.)
4. Absorbent Toweling
5. Antiseptic Towlettes
6. Spray Disinfectant
7. Universal Container for Disposal (red biohazard bags)
8. Prepackaged Body Fluid Clean-up Kits

9. Prefabricated, Commercially Available Sharps Containers (where applicable)

Affected employees shall determine the extent of necessary PPE on a case-by-case basis, however, it is a matter of policy for the school district to ensure that affected employees use the appropriate PPE. Employee training will assist in augmenting this policy.

HOUSEKEEPING

- The worksite shall be maintained in a clean and sanitary condition. Written schedules for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area will be implemented.
- All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM.
 - Contaminated work surfaces shall be decontaminated with an appropriate hospital grade tuberculocidal disinfectant immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM. Also at the end of the work shift if the surface may have been contaminated since the last cleaning.
 - Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- All bins, pails, cans and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
 - Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan.
 - Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Regulated Waste

- Discarding and containment of contaminated sharps:

- Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
 1. Closeable
 2. Puncture Resistant
 3. Leak Proof on Sides and Bottom
 4. Labeled or Color-coded

- During use, containers for contaminated sharps shall be:
 1. Easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found (i.e. laundries, health rooms)
 2. Maintained upright throughout use
 3. Replaced routinely and not allowed to overfill

- When moving containers or contaminated sharps from the area of use, the containers shall be:
 1. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage or transport.
 2. Placed in a secondary container if leakage is possible. The second container shall be:
 - (a.) Closeable
 - (b.) Constructed to contain all contents and prevent leakage during handling, storage or transport
 - (c.) Labeled or color-coded

- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of a puncture injury.

➤ Other Regulated Waste Containment:

- Regulated waste shall be placed in containers which are:
 1. Closeable
 2. Constructed to contain all contents and prevent leakage of fluids during handling, storage or transport
 3. Labeled or color-coded
 4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage or transport.

- Contaminated laundry shall be placed and transported in bags or containers labeled and color-coded. When a facility utilized universal precautions in the handling of all spoiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions:

1. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soaking through and/or leakage of fluids to the exterior.
2. The district shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.
3. When a facility ships contaminated laundry off-site to a second facility which does not utilize universal precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded.

HEPATITIS B VACCINATION/POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Hepatitis B vaccination series will be made available to all employees who have occupational exposure. The post-exposure evaluation and follow-up will be offered to all employees who have had an exposure incident.

- All medical evaluations and procedures including the Hepatitis B vaccination series and post-exposure evaluation follow-up including prophylaxis will be:
 - Made available at no cost to the employee.
 - Made available to the employee at a reasonable time and place.
 - Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
 - Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
 - An accredited laboratory at no cost to the employee will conduct all laboratory tests.

Hepatitis B Vaccination

- Hepatitis B vaccinations will be made available after the employee has received the training required.
- Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccinations.

- If the employee initially declines the Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, it will be made available.
- Employees who decline to accept the Hepatitis B vaccination offered must sign the statement provided (Appendix B).
- If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, such booster dose(s) will be made available.

Post-Exposure Evaluation and Follow-Up

- All incidents involving an exposure incident to blood or OPIM shall be reported to the School Principal, the School Nurse or in his/her absence the Business Manager.
- Following a report of an exposure incident the school nurse shall complete the District Exposure Incident Form (Appendix C), and make immediately available to the exposed employee a confidential medical evaluation and follow-up including at least the following elements:
 - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine possible HBV and HIV infection. If consent is not obtained, the district shall establish that legally required consent cannot be obtained. When the source individual's blood, if available, shall be tested and the results documented.
 - When the source individual has a known HBV or HIV infection, testing need not be repeated.
 - Results of the source individual's testing shall be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and Testing of Blood for HBV and HIV Serological Status

- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

- Counseling shall be made available.
- There shall be an evaluation of reported illness.

Information Provided to the Healthcare Professional

- The district will ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of the Health and Safety Standard, WIS. Statute 101.055.
- The district shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - A copy of the regulation.
 - A description of the exposed employee's duties as they relate to the exposure incident.
 - Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - Results of the source individual's blood testing, if available.
 - All medical records relevant to the appropriate treatment of the employee including vaccination status which are the district's responsibility to maintain.

Medical Recordkeeping

- Medical records required by this standard shall be maintained.

INFORMATION AND TRAINING

The district shall ensure that all employees with occupational exposure participate in a training program, which will be provided at no cost to the employees and during working hours.

- Training shall be provided as follows:
 - At the time of initial assignment to tasks where occupational exposure may occur.
 - At least annually thereafter.
- For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

- Annual training for all employees shall be provided within one year of their previous training.
- The district shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- The training program will contain at a minimum the following elements:
 1. An accessible copy of the regulatory text of this standard and an explanation of its content.
 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 district's exposure control plan and the means by which the employee can obtain a copy of the written plan.
 5. An explanation of the appropriate methods of recognizing blood and other potentially infectious materials.
 6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 7. Information on the types, proper use, location, removal, handling, documentation and disposal of personal protective equipment.
 8. An explanation of the basis for selection of personal protective equipment.
 9. Information on the Hepatitis B vaccination; including information on its efficacy, safety method of administration, the benefits of being vaccinated and that the vaccination will be offered free of charge.
 10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
 11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

12. Information on the post-exposure evaluation and follow-up that the district is required to provide for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color-coding.
14. An opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

Medical Records

- An accurate record will be established and maintained.
- This record shall 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 of all of the vaccinations and any medical records relative to the employee's ability to receive the vaccination.
 3. A copy of all results of examinations, medical testing, and follow-up procedures.
 4. The district's copy of the healthcare professional's written opinion.
 5. A copy of the information provided to the healthcare professional.
- Confidentiality – Medical records will be:
 - Kept Confidential.
 - Not be disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- The district will maintain the records required for at least the duration of employment plus 30 years.

Training Records

- Training records shall include the following information:
 - The dates of training sessions.
 - The contents or a summary of the training sessions.

- The names and qualifications of persons conducting the training.
- The signature of all persons attending the training sessions.

Availability

- All records required to be maintained by this section shall be made available upon request to the Administrative Secretary and the Director of The Department of Commerce for examination and copying.
- Employee training records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director and the Administrative Secretary of The Department of Commerce.
- Employee medical records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director and the Administrative Secretary of The Department of Commerce.

Transfer of Records

- The district shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(b).
- If the district ceases to do business and there is no successor to receive and retain the records for the prescribed period, the district shall notify the Director of The Department of Commerce at least three months prior to their disposal. If required by the Director, the records will be transmitted to the Director within the three-month period.

EXPOSURE CONTROL PLAN AUDIT

An annual review of the Exposure Control Plan will be conducted.

APPENDIX A

LISTING OF JOB CLASSIFICATIONS IDENTIFIED AS HAVING AN OCCUPATIONAL EXPOSURE

1. Job Classification: School Nurse
2. Job Classification: Custodian/Maintenance
3. Job Classification: Designated First Aid Providers
(A list of the names of the designated individuals for each building is on file at the District Office.)
 - Bus Drivers
 - Secretaries
 - Principals
4. Job Classification: Specific Instructors
 - Art Instructors
 - Technical Education/Shop Instructors
 - Secondary Science Instructors
 - Physical Education Instructors
 - Family and Consumer Education Instructors
5. Job Classification: All Secondary Coaches
6. Job Classification: Special Education Staff
 - Physical Therapist
 - Occupational Therapist
 - PH-OHI Staff
 - Early Childhood Staff
 - CD Staff
 - Specially Designated Physical Education Staff
 - LD/ED Staff (where appropriate)

APPENDIX B

**SCHOOL DISTRICT OF PHILLIPS
HEPATITIS B VACCINATION DECLINATION**

OFFERED BY: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the 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 the Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

Print Name: _____

Employee Signature: _____

Date Signed: _____

SCHOOL DISTRICT OF PHILLIPS

SCHOOL EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident: _____ Time of Incident: _____ AM/PM

Location: _____

Person(s) Involved: _____

Potentially Infectious Materials Involved: _____

Source: _____

Circumstances (what was occurring at the time of the incident): _____

How was the incident caused (accident, equipment malfunction, etc. List any tool, machine or equipment involved): _____

Personal protective equipment being used at the time of the incident: _____

Actions taken (decontamination, clean-up, reporting, etc.): _____

Recommendations for avoiding repetition of incident: _____

