

Exposure Control Plan

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DALLAS SCHOOL DISTRICT #2 EXPOSURE CONTROL PLAN

INTRODUCTION

Dallas School District #2 (DSD2) has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program and complies with OR-OSHA's *Bloodborne Pathogens, 1910.1030*, requirements.

Purpose

The purpose of the Dallas School District Exposure Control Plan is to:

- Eliminate or minimize employee occupational exposure to blood or other potentially infectious materials, and;
- Comply with OR-OSHA Bloodborne Pathogen standard, 1910.1030.

Background

Blood and body fluids may contain pathogens which are small organisms which can cause serious disease. Two of the most common bloodborne diseases are:

- Hepatitis B Virus (HBV) which causes hepatitis, a potentially fatal liver disease, and;
- Human Immunodeficiency Virus (HIV), the cause of Acquired Immunodeficiency Syndrome (AIDS).

HBV and HIV are usually passed on when disease organisms enter the body through mucous membranes or through breaks in the skin. In the school setting, the most common ways exposure may occur is: when an employee who has an open sore or injury and is in contact with blood or other infectious materials; or the employee is not wearing the proper personal protective equipment to protect against contact with infectious materials such as blood, human tissue, or other body fluids that contain blood.

Responsibility

- The authority and responsibility to ensure that all elements of the exposure plan are in place rests with the District Safety Officer. Each school building has an OSHA Binder located in the Main Office with a copy of the Exposure Control Plan. Additionally, the Exposure Control Plan is located on the district website in the Staff drop down menu, under Safety.
- The building administrator is responsible for overseeing the implementation of work place practice controls at their site.

- Employees are responsible to complete an annual training provided by the district and to act in accordance with practices that eliminate or minimize exposure to blood and other bodily fluids.
- Employees will submit plan improvement ideas through the Safety Committee.

EXPOSURE DETERMINATION

Employees subject to the OR-OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties.

Although Good Samaritan acts are not covered under the bloodborne pathogen standard, it is our policy to provide evaluation and treatment of employees who sustain exposure to blood or other potential infectious materials.

Table 1 lists job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials. Exposure determinations are made without regard to use of personal protective equipment.

Job Classification	Tasks/Procedures
Employees <u>with Occupational Exposure</u> : District Nurses Health Assistants	Provision of physical care in which blood or blood-tinged body fluids are present.
Employees <u>with Potential Occupational Exposure</u> : Special Education Teachers Instructional Assistants Paraeducators Preschool Teachers Special Education Bus Drivers Bus Drivers Custodians School Secretaries School Support Assistants Athletic Coaches Police Services Campus Monitors Science Teachers	Provision of physical care or conduct activities with exposure to blood for the developmentally disabled. OSHA does not generally consider maintenance personnel, janitorial, or housekeeping staff in non-health care facilities to have occupational exposure. However, a custodian who cleans the school first-aid room and is tasked to clean up body fluids (accidents, fights, illness etc.), is more likely to have occupational exposure than a custodian who cleans offices. Provisions of first-aid. Provision of contact with bio-hazardous materials.

COMPLIANCE METHODS

Universal Precautions

Universal precautions is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. **Consider all body fluids as potentially infectious.**

Protect yourself from infectious diseases by taking these simple precautions!

WASH your hands with liquid soap – not bar soap – and running water:

- Before preparing food, before and after eating;
- After using the restroom;
- Before and after administering first aid;
- After contact with any body fluids (blood, saliva, vomitus, feces, urine, semen, menstrual flow, wound drainage, nasal discharge, etc.), and;
- After removing disposable gloves.

WEAR disposable gloves whenever you will be:

- Touching any body fluids, particularly blood;
- Examining the mouth or assisting with dental care; and
- Coming in physical contact with anyone who has open cuts, lesions, or etc.
- Do not reuse gloves; throw them away after each use.

USE care when disposing of trash.

- Use trash containers lined with red plastic bags when disposing refuse that contains blood/body fluids.
- Put needles, syringes, or other sharp objects in special puncture-proof containers. Do not bend, break or recap needles.
- Discard as needed.

USE disinfectants.

- Clean all areas soiled with blood and body fluids (table tops, sinks, toilets, desks, etc.) with a disinfectant approved by the District and listed by the Environmental Protection Agency as an effective treatment for the intended use.

Engineering and Work Practices Controls

Use the following controls to eliminate or minimize occupational exposure.

Sharp containers

Place contaminated needles, blood-contaminated test tubes, and other sharp objects in a sharps container. Use tongs or forceps to place sharps into container. Replace containers routinely and do not allow overfilling. Place reusable sharps in metal trays for decontamination. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents.

Safe medical devices

Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine appropriateness of the device and to investigate new and safer options.

Work practices

Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with a chemical disinfectant approved by the District and listed by the Environmental Protection Agency as effective for the intended use. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as biohazardous waste.

Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable antiseptic towelettes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other biohazardous material. Place biohazard labels on refrigerators or freezers used to store biohazardous material.

Personal Protective Equipment (PPE)

Personal protective equipment is provided at no cost to employees. Employees receive training in its use, maintenance, and disposal annually.

Storage area

Each building has a specified storage location for bloodborne protective gear. Supplies include disposable gloves; face shields; impervious disposable coveralls and booties; resuscitation devices; large, heavy-duty plastic bags and ties; sharps containers; biohazard signs or labels; absorbent pressure dressings for wounds; antiseptic towelettes; disposable absorptive material for cleaning up spilled blood; rubber gloves; and District approved disinfectants. In addition,

each classroom keeps a first aid supply consisting of the following an assortment of first aid supplies including disinfectant materials, gloves and red bags.

Personal protective equipment use and disposal

Employees engaging in activities that may involve direct contact with blood, other potentially infectious materials, contaminated objects, mucous membranes, or open wounds must wear disposable gloves made of vinyl or latex. Use reusable rubber gloves (inspected and free of apparent defects) or disposable gloves to clean up spill areas. Launder or disinfect reusable gloves with District approved disinfectants after use.

Wear face shields or goggles with disposable surgical masks whenever splashes, spray, or spatters of blood droplets or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Use laboratory coats or scrubs to prevent contamination of employee street clothing. Wear impermeable disposable coveralls and booties whenever contamination of skin not protected by gloves or face shields is anticipated, such as a traumatic injury with significant blood loss. Use resuscitation devices, which minimize contact with mucous membranes, to perform cardiopulmonary resuscitation.

Remove used personal protective equipment at the exposure location or as soon as feasible to avoid contamination of other work areas. Place in a biohazard container or in a plastic bag with a biohazard label. Personal protective equipment must not be taken from the work site.

Housekeeping

Employees who have received bloodborne pathogen training and who have been included under the exposure plan can clean up spills and work surfaces such as bench tops and blood processing areas.

Clean and decontaminate all equipment and working surfaces after completion of procedures in which blood or body fluids contaminated with blood are handled and immediately, or as soon as feasible, when surfaces are overtly contaminated with blood and at the end of the work shift if the surface may have been contaminated since the last cleaning. Inspect all biohazardous waste receptacles and decontaminate weekly or immediately upon visible contamination.

Use District approved chemical disinfectants for cleaning. District approved chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used. Broken glassware or glass items must not be picked up directly with the hands. Use a mechanical means, such as a brush and dust pan, tongs, or forceps. Handle as a biohazardous waste. Decontaminate equipment used to pick up glassware with a District approved disinfectant or germicide.

Contaminated Laundry

Handle non-disposable linen, such as laboratory coats or scrubs, or any other clothing visibly contaminated with blood using disposable gloves. Minimize the time spent handling laundry. Bag laundry as close as possible to the location where it was used. Place laundry in a bag that prevents soak-through and/or leakage of fluids to the exterior; place a biohazard label on the bag. Employees cannot wash contaminated items at home. Laundry facilities are located at Project Achieve (Post High School), Dallas High School, LaCreole Middle School, and Lyle Elementary. The Post High Program provides laundry services for custodial towels for Oakdale and Whitworth. All athletic towels for LaCreole are provided through a contracted service agreement with Garten Services, Incorporated. DHS athletic towels are laundered on site.

Regulated Waste

Place regulated waste in containers that are closable, constructed to contain all contents, prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling. Building custodians routinely dispose of regulated waste materials via Steri-Cycle program as needed.

Labels and Signs

Affix warning labels to laundry bags, containers of regulated waste, refrigerator units and containers used to store, transport, or ship blood or other potential infectious materials. Red bags or red containers can be used instead of labels.

Hepatitis B Vaccine

The Hepatitis B vaccine is offered, at no cost, to employees who have potential for exposure within ten working days of initial assignment. Employees who have potential exposure to bloodborne pathogens but decline to take the vaccination must sign a declination statement. Employees who initially decline can still receive the vaccination should they decide at a later date to accept. Previously vaccinated new hires must provide a vaccination record that includes the vaccination dates. Employees must sign a declination statement if the vaccination record is not available and revaccination is declined or not appropriate.

The **employee** will schedule vaccinations at the Polk County Health Department by calling **503.623.8175**. Immunizations are given by appointment only on Mondays and Thursdays. Employees need to take a confirmation form to the Health Department so they know the vaccinations are authorized by the district. Employee vaccination records, as provided by the employee, will be kept in their medical files.

Exposure Incident and Post-exposure Evaluation and Follow-up

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. It is Dallas School District policy to include Good Samaritan acts performed by an employee at the work site.

Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water. Medically evaluate exposed employees as soon as possible after the exposure incident in order that post-exposure prophylaxis, if recommended, can be initiated promptly.

The medical evaluation is to include:

- The route(s) of exposure and the exposure incident circumstances;
- Identification and documentation of the source individual, where feasible;
- Exposed employee blood collection and testing of blood for HBV and HIV serological status;
- Post-exposure prophylaxis, where indicated;
- Counseling, and;
- Evaluation of reported illnesses.

Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.

Medical evaluations and post-exposure follow-up after an exposure incident will be provided by the employee's primary care physician or other healthcare professional of the employee's choice. The local hospital or the Public Health Department are possible choices as alternative locations for service.

Information Provided to the Health Care Professional

The Building Administrator is responsible for providing the employee with the Post Exposure Evaluation Packet that will accompany the employee to the health care professional. The packet includes:

- Occupational Exposure Incident Report Form outlining the details of exposure;
 - Description of the employee's duties as they relate to the exposure incident,
 - Circumstances of the exposure and routes of entry,
 - The results of the source individual's blood testing, if available,
 - Employee's vaccination status.
- Post Exposure Evaluation Form (Healthcare Professional Written Opinion)
- OSHA Fact Sheet (29 CFR 1910.1030)
- Post Exposure Evaluation Procedures

In addition to providing the employee with the Post Exposure Evaluation Packet, the Building Administrator will follow up to ensure the Accident Analysis form and SAIF Form 801 is completed with the employee as soon as possible.

Health Care Professional's Written Opinion

Dallas School District will obtain and provide the worker with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. The written opinion certifies the following:

- Whether the employee was informed of the evaluation results
- Whether the employee was told about any medical conditions resulting from exposure to blood or other potential infectious materials that may require further evaluation or treatment.

Training and Training Records

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. In addition, the training program will include the following topics:

- An explanation of activities and tasks that may involve exposure to blood and other potential infectious materials;
- How appropriate engineering controls, work practices, and personal protective equipment will prevent or reduce exposure;
- The basis for the selection of personal protective equipment; the types, use, location, removal, handling, decontamination, and disposal procedures;
- Hepatitis B vaccine information including: the vaccine is provided at no cost, the benefits of being vaccinated, and methods of administration;
- Employer responsibilities for post-exposure evaluation and medical follow-up; how and who to contact should an exposure incident occur;
- An explanation of the signs and hazard labels, and;
- How to review or obtain a copy of the exposure control plan.

Dallas School District trains employees prior to initial assignment to tasks in which occupational exposure may occur. Training is repeated every 12 months or sooner when there are new tasks or changes to the existing procedures/tasks. Training records are maintained at the district office (Special Education/Human Resources) for three years and include the date(s) and content of the training program, name and qualifications of the trainer(s), and names and job titles of the attendees.

Record Keeping

Medical records for employees with occupational exposure to bloodborne pathogens include the employee's name, social security number, and Hepatitis B vaccination status, including dates of Hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with OR-OSHA's ***Access to Employee Exposure and Medical Records standard***,

1910.1020. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept in the employee's personnel file:

- The results of any examination, medical testing, and follow-up procedures.
- A copy of the treating physician's written opinion to the employer.
- A copy of all information provided by the employer to the health care professional regarding the exposure incident.

Record every needle stick on the OSHA Sharps Injury Log. Record all exposure incidents that result in medical treatment, (e.g., gamma globulin, Hepatitis B immune globulin, Hepatitis B vaccine, etc.) on the OSHA 300 log. Retain these records for five years.

Plan Evaluation and Review

Review the exposure control plan and update it at least annually. The District Safety Officer is responsible for the annual review. Sign and date this exposure plan when the review has taken place.

Signature: _____ Date: _____

Appendix A

Common questions about infectious diseases

What is AIDS/HIV Infection?

AIDS (Acquired Immune Deficiency Syndrome) is **the advanced stage of HIV (Human Immunodeficiency Virus)** infection. The virus attacks the body's immune systems, leaving it open to life-threatening infections and malignancies. The virus may also directly attack the central nervous system. Persons infected with HIV often have no apparent symptoms and usually appear to be in good health. More than half of the persons in the United States of America who have been diagnosed with AIDS (the advanced stage of HIV) have died.

What is Hepatitis B?

Hepatitis B is an infection of the liver caused by a virus present in blood and other body fluids of infected persons. Less than 50% of the people who become infected show symptoms of illness. The symptoms – like those of Hepatitis A – include fatigue, mild fever, muscle/joint aches, nausea, vomiting, loss of appetite, and abdominal pain. In some patients, the urine turns dark and the skin becomes yellow. Symptoms may begin to appear up to six months after exposure to the virus. Death is not common in Hepatitis B, but 5-10% of those infected become long-term carriers. Up to 25% of the carriers may develop serious chronic liver disease.

How Are They Spread?

Both HIV and Hepatitis B can be spread in the following ways:

- Any sexual activity involving direct contact with semen, blood or vaginal secretions of an infected person;
- Sharing intravenous (IV) needles and/or syringes with someone who is infected;
- Penetrating the skin with unsterile objects, such as those used for tattooing, ear piercing, etc.;
- Direct contact of infected blood with cuts, broken skin or mucous membranes of the eye or mouth;
- Receiving blood transfusions or blood products from someone who is infected;
- Being born to an infected mother.

How Can HIV & Hepatitis B Be Prevented?

In the Classroom

The way you are most likely to be exposed to AIDS/HIV infection and Hepatitis B in the school setting is when your broken skin comes directly in contact with the blood of an infected person. Spread of Hepatitis B may sometimes occur in special education settings and classrooms attended by developmentally delayed students who became Hepatitis B carriers while in hospital or residential facilities. The risk of transmitting Hepatitis B in these special education classroom settings can be almost eliminated by good environmental and personal hygiene. Ask your physician about receiving a protective vaccine.

Other Settings

Sexual intercourse and sharing intravenous equipment are the behaviors that most often transmit the viruses that cause Hepatitis B and HIV infections. The major risk of exposure to Hepatitis B, HIV/AIDS, and sexually transmitted diseases in general, can be virtually eliminated if: Your sexual relationship is mutually monogamous and neither you nor your partner is infected; and **you** refrain from sharing intravenous equipment. Proper use of condoms combined with water based lubricants containing spermicide during sexual intercourse greatly reduces the risk of transmission of these diseases. Intravenous equipment and any equipment used to penetrate the skin should not be shared.

The most common infectious diseases found in schools are:

- Common colds
- Flu
- Impetigo
- Pink eye
- Strep throat
- Chicken pox

You will be less likely to come in contact with:

- Hepatitis B
- HIV (the AIDS virus)
- Sexually Transmitted Diseases

Universal Precautions Can Protect You

- Taking universal precautions will result in fewer illnesses, in general, for you and the people around you.

Other resources:

Oregon OSHA Bloodborne Pathogens: Questions and Answers about Occupational Exposure

<http://www.orosha.org/pdf/pubs/2261.pdf>

Appendix B
Exposure Control Bloodborne Pathogens
New Employee Training Verification

I, _____, was provided training in the following subject(s):

- An explanation of activities and tasks that may involve exposure to blood and other potential infectious materials,
- How appropriate engineering controls, work practices, and personal protective equipment will prevent or reduce exposure,
- The basis for the selection of personal protective equipment; the types, use, location, removal, handling, decontamination, and disposal procedures,
- Hepatitis B vaccine information including that the vaccine is provided at no cost, the benefits of being vaccinated and methods of administration,
- Employer responsibilities for post-exposure evaluation and medical follow-up; how and who to contact should an exposure incident occur,
- An explanation of the signs and hazard labels, and
- How to review or obtain a copy of the exposure control plan.

Name: _____ Signature: _____

Job Title: _____ Date: _____ Time: ____:____ am / pm

I received training on the information listed above:

Printed Employee Name

Employee Signature

Appendix C Hepatitis B Declination Form

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, at this time I decline receipt of the Hepatitis B vaccination. I understand that my declining this vaccine, I continue to be at risk of acquiring Hepatitis B which is a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I desire to receive the Hepatitis B vaccine, I may receive the vaccination series at no charge to myself.

Name (print): _____

Signature: _____

Job Title: _____ **Date:** _____

Appendix D
Sharps Injury Log

Use this document to record sharps-related injuries

Dallas School District

Date of injury	Case number	Type of sharp	Brand name	Where injury occurred	How injury occurred

Appendix E Occupational Exposure Incident Report Form

This form must be completed by each individual employee involved in an incident. Please send completed forms to Dallas School District Business Office

Exposed Employee: _____ Date Reported: _____

Job Title: _____ Date of Exposure: _____

Location of Incident: _____ Time of Exposure: _____:_____ am / pm

Potentially Infectious Materials Involved:

Type: _____ Source: _____

Type: _____ Source: _____

Type: _____ Source: _____

Circumstances of Exposure:

What were you doing at the time of the incident?

How did the incident occur? (Accident, equipment malfunction, etc.?)

Please list the Personal Protective Equipment used:

What area of your body was exposed? (e.g., a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other infectious material.)

Hepatitis Vaccination Status: Yes No

Signature of Building Administrator _____

Signature of Exposed Employee: _____

Home Address: _____ Telephone #: _____

Distribution: District Office Health Care Professional Employee