

Exposure Control Plan: The OSHA Bloodborne Pathogens Standard (29CFR1910.1030) covers all employees who could be "reasonably anticipated" to face contact with bloodborne pathogens and other potentially infectious materials as the result of performing their job duties. In accordance with this standard, the Board has developed an Exposure Control Plan that contains the following information:

1. General Program Management
2. Exposure Determination
3. Compliance Methods
4. Work Area Restrictions
5. Personal protective Equipment
6. Hepatitis B. Vaccine Program
7. Post-Exposure Evaluation and Follow-up
8. Training

Availability of the Exposure Control Plan: A copy of the Exposure Control Plan is readily available for inspection by request during regular school hours in the school health office.

REGULATIONS:

Review and Update of the Plan: It is important to keep this Exposure Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances:

1. Annually
2. Whenever new or modified tasks and procedures are implemented which affect opportunities for occupational exposure.
3. Whenever employees' jobs or responsibilities are modified or altered so that a new potential of occupational exposure may exist.
4. Whenever new or revised positions are established that may involve occupational exposure.

Exposure Determination: CFR 1910.1030, paragraph (b) defines "occupational exposure" to mean "reasonably anticipated skin, eye, mucous membrane, or parenteral (i.e. intravenous subcutaneous) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Other potentially infectious materials include the following: human body fluids (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, saliva in dental procedures, any body fluids visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids).

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is

Communicable and Infectious Diseases/Bloodborne Pathogens

made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications are in this category:

1. School Nurses
2. First Responders - First Aid Certified
3. Pre School Staff
4. Any staff member determined by medical advisor to be at risk due to unique circumstances

OSHA requires a listing of job classifications in which some employees may be anticipated to have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories may be considered to have occupational exposure. The following job classifications are in this category:

1. Teachers and aides not specifically listed above
2. Principals
3. Tutors
4. Cafeteria workers
5. Custodians
6. Coaches

Compliance Methods: Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At these sites, the following engineering controls will be utilized:

1. Sharps container in school health offices
2. Bio hazard bags in school health offices
3. Gloves available to all staff
4. Double-bagging (custodians)
5. Eye protection, plastic apron as needed in Special Needs and Developmentally Delayed classrooms
6. Gloves, plastic bags, proper clean up solution in all sport first aid kits

It is the responsibility of the teacher and nurse in each site to monitor the storage and need for replacement of personal protective equipment.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Hand washing facilities are located in:

Some Classrooms	Health Office	Gym locker rooms	Custodial Closets
All Bathrooms	Some Staff Lounges	Some Administrative Offices	

Work Area Restrictions: In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics, or lip balm, smoke, or handle contact lenses. Food or beverages are not to be kept in refrigerators, freezers, shelves, cabinets, counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suction of blood or other potentially infectious materials is prohibited.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated.

Personal Protective Equipment: All personal protective equipment used at the sites will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacement will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. All personal protective equipment shall be disposable. After use such shall be rinsed with water or bleach/water solutions if contaminated, then disposed of in plastic bag lined container in classroom or health office. This will be

disposed of by the custodian wearing gloves.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be used when contact with blood or body secretion occurs or is suspected.

Disposable gloves used at sites are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will 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 in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. No situations at sites should require such protection.

OSHA standard also requires appropriate protective clothing to be used under certain conditions. The clothing could be lab coats, gowns, aprons, clinic jackets, or similar outer garments. No situations should require that such protective clothing be utilized.

Any contaminated surfaces will be cleaned and decontaminated immediately.

Decontamination will be performed by utilizing a department issued/approved agent with a 1:10 solution of bleach in water. All disinfectants will be Tuberculocidal.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift of the surface may have become contaminated since the last cleaning.

All bins, pails, cans and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis by health office and custodial staff.

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used:

Staff will stay at area to prevent further injury/contamination. Custodians will be called to sweep up glass fragments using gloves. Equipment will be immediately decontaminated.

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in

each school health office.

Hepatitis B Vaccine Program: All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver. Employees who initially decline the vaccine but who later wish to have it may have the vaccine provided at no cost.

The school nurse will assist employees to get the vaccine. The school medical advisor will supervise the administration of the vaccine.

Post-Exposure Evaluation and Follow-up: Employees will immediately report a possible exposure incident to the school nurse where available or to the Principal and will make out an incident report. The nurse or administrator will contact the school medical advisor or the Connecticut Department of Health Services to determine if an incident has occurred.

When an incident is confirmed, the school medical advisor will arrange for a confidential medical evaluation and follow-up including:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. Identification and documentation of the source individual if feasible unless school medical advisor can establish that identification is not feasible or prohibited by state law.
 - a. Source individual's blood will be tested as soon as feasible after consent is obtained, for HIV/HBV infectivity, unless source is a known carrier. If consent is not obtained, the school medical advisor shall establish that legally obtained consent cannot be obtained.
 - b. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious state of the source individual.
 - c. Minor students/clients' parents/guardians must be contacted and advised of the incident and their options. They should be encouraged to contact their own primary health care provider prior to giving consent for testing or disclosure.

3. Blood Collection

- a. The exposed employee's blood shall be collected as soon as feasible by an accredited laboratory and tested after consent is obtained.
- b. If the employee consents to collection but does not give consent for HIV serological testing, the sample shall be preserved for at least 90 days by the laboratory. If within the 90 days the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
- c. Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- d. Appropriate counseling concerning precautions to take place during the period after the exposure incident.
- e. Information for the employee on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

Information for Health Care Professionals: Employees will insure that the health care professional evaluating an employee after an exposure incident is provided the following information:

- A copy of the regulations.
- 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 is the district's responsibility to maintain.

Health Care Professional's Written Opinion: Employees will obtain a copy of the health care professional's written opinion when an employee goes for hepatitis B vaccination or following an exposure incident. If the latter occurs, the district will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. Written opinion will be limited to:

- Is hepatitis B vaccine indicated and has it been given to the employee?

- Has the employee been informed of the results of the evaluation?
- Has the employee been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment?

All other findings or diagnosis shall remain confidential between the health care professional and employee and shall not be included in the written report.

Record Keeping:

The Superintendent will establish and maintain an accurate separate record for each employee with occupational exposure in accordance with 29CFR1920.20. This record will include:

- The name and social security number of the employee.
- Hepatitis B Vaccine Declination.
- A copy of the employee's hepatitis B vaccine status including the dates of all of the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing and follow-up procedures required by these guidelines.
- A copy of the information provided to the health care professional as required in these guidelines.

Confidentiality: Administrators and health personnel will ensure that the above medical records are:

- Kept confidential.
- Not disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by this standard or as may be required by law.
- Kept separate from the personnel record.
- Provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee or to OSHA designees.

- Maintained for at least the duration of employment plus 30 years.

Training: All employees with occupational exposure must participate in a training program at the time of initial assignment to tasks where occupational exposure may take place; when changes such as modification of tasks or procedures are implemented or institution of new tasks or procedures affect the employee's occupational exposure, and updated annually thereafter. A record of each training session will be filed in the Superintendent's office.

Employees occupationally at risk will receive a training program which will include:

- The modes of transmission of AIDS and Hepatitis B viruses.
- Instructions on types of protective clothing and equipment generally appropriate for employees, as well as instructions on the basis for selecting the clothing and equipment.
- Instructions on the actions to take and persons to contact if exposure has occurred.
- Instructions on the requirements for work practices and protective equipment for each task they may perform.
- Instructions on where protective clothing and equipment is kept; how to use it; and how to remove, handle, decontaminate, and dispose of contaminated clothing or equipment.
- Instructions on the limitation of protective clothing and equipment.

Legal Reference: "Education for Children with Disabilities", 20 U.S.C. 1400, et seq.
Section 505 of the Rehabilitation Act of 1973, 29 U.S.C.706(7)(b)
"Americans with Disabilities Act"
The Family Educational Rights and Privacy Act of 1974, (FERPA), 20 U.S.C.
1232g. 45 C.F.R.99
Connecticut General Statutes
10-76(d)(15) Duties and powers of boards of education to provide special
education programs and services.

Board Adopted: November 13, 2013