

USD 405

Lyons Public Schools



Bloodborne Pathogens

Bloodborne Pathogen Exposure Control Plan

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Table of Contents

Introduction	Page 2
Board Policy	Page 2
Exposure Determination	Page 2
Implementation Schedule and Methodology	Page 3
Methods of Compliance	Page 3
Engineering Controls	Page 3
Work Practice Controls/Work Area Restrictions	Page 3
Hand Washing Facilities	Page 4
Personal Protective Equipment (PPE)	Page 4
Gloves	Page 4
Masks, Eye Protection/Face Shields	Page 5
Housekeeping and Cleaning Schedule	Page 5
Disposal Methods	Page 6
Laundry	Page 6
Hepatitis Vaccination	Page 7
Reporting Procedures for First Aid Incidents	Page 7
Post-Exposure Evaluation and Follow-up	Page 8
Working with the Health Care Professional	Page 9
Written Opinion of the Health Care Professional	Page 9
Communication of Hazards to Employees	Page 10
Labeling	Page 10
Training	Page 10
Recordkeeping	Page 11
Medical Records	Page 11
Training Records	Page 11
Accessibility and Review	Page 11
Appendix A Category I	Page 12
Appendix A Category II	Page 12
Appendix B Supplies and Facilities Part 1	Page 13
Appendix B Supplies and Facilities Part 2	Page 14
Appendix C Maintenance and Location of Containers	Page 15
Appendix D Waiver	Page 16
Appendix E Incident Forms	Page 17-22
First Aid Incident	Page 17
Exposure Checklist	Page 18
Exposure Incident Form	Page 19
Employee Information Sheet	Page 20
Consent for Blood Testing Form	Page 22
Appendix F Regulations Copy of OSHA Standard	Page 22

Exposure Control Plan for Bloodborne Pathogens, Lyons Public Schools, USD 405

Introduction

In late 1991 the Occupational Safety and Health Administration (OSHA) issued safety standard regulations for the handling of bloodborne pathogens by entities subject to its control. Although USD 405 Lyons entities in the State of Kansas are not subject to OSHA, state statutes give the Kansas Department of Human Resources the authority to inspect USD 405 Lyons 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 USD 405 Lyons entities in the State of Kansas. This Exposure Control Plan will be implemented in USD 405 Lyons to achieve compliance with the state directive.

Board Policy

The policy of the school board of the USD 405 Lyons is as follows:

The board shall adopt an exposure control plan. The plan shall be accessible to all employees and shall be reviewed and updated at least annually. All staff shall receive the training and equipment necessary to implement the plan

Code: GARA

Exposure Determination

For purpose of this plan “occupational exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing, cut with contaminated object) contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of the employee’s duties. This evaluation was made without regard to the use of personal protective equipment. 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 USD 405 Lyons have occupational exposure:

See Appendix A

Category II

Some employees in the following job classifications at USD 405 Lyons may have an occupational exposure:

See Appendix A

Implementation Schedule and Methodology

Methods of Compliance

“Universal Precautions” is an approach to infection control. Accordingly, the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infections for Human Immunodeficiency Virus (HIV) or Hepatitis B (HBV). Universal Precautions shall be observed in USD 405 Lyons to prevent contact with blood and OPIMs (Other Potentially Infectious Materials).

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 USD 405 Lyons:

- USD 405 Lyons will maintain appropriate containers for the disposal of needles or sharps in the following areas: See Appendix C
- USD 405 Lyons will maintain appropriate receptacles for the deposit of contaminated clothing, protective clothing, and other articles: See Appendix C
- USD 405 Lyons will maintain appropriate containers for the disposal of regulated wastes: See Appendix C
- Engineering controls will be examined, maintained, or replaced on a regularly scheduled basis: See Appendix C

Work Practices Controls/Work Area Restrictions

Work practice controls are those controls that reduce the likelihood of an exposure by altering the manner of 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 spitting.
- 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 USD 405 Lyons. 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:

- Immediately after the removal of gloves or other personal protective equipment.
- Following contact of hands or other skin with blood or OPIM's.

In some situations, such as at athletic events or on 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 (PPE)

It shall be the responsibility of the Building Principal to ensure that appropriate personal protective equipment is available and readily accessible for each employee's use at no cost to the employee. The Superintendent shall ensure that all employees use personal protective equipment when there is occupational exposure. If 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. For the location of these receptacles, see Appendix C. USD 405 Lyons shall be responsible for storing, cleaning, laundering, decontaminating, repairing, replacing, or disposing of such equipment. (See Laundry) All personal protective equipment which is penetrated by blood or OPIMs should be removed as soon as feasible and placed in the appropriate receptacle.

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

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. Hand washing after removing the gloves is required. See Appendix B for the location of these materials.

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

Mask, eye protection, and face shields

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

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

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

Housekeeping and Cleaning Schedule

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

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

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

All equipment and environmental and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant as soon as feasible after contact with blood or OPIMs.

Protective coverings used to cover equipment and environmental surfaces shall be removed and decontaminated or replaced as soon as feasible when they become overly contaminated.

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

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

Personal care areas for students (diaper changing, suctioning, catheterizations, etc.) will be in a designated area to avoid exposure of blood and/or other infectious materials to other personnel and students. Involved or contaminated surfaces will be disinfected after each use. Decontamination will be carried out by personnel using the area and will be accomplished by utilizing an EPA registered germicides. Protective coverings (plastic, foil, etc.) will be removed and replaced as soon as feasible if they become contaminated. Used clean-up materials will be disposed of in identified waste containers in each work area.

Disposal Methods

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

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

Blood or OPIM soiled waste materials that can safely be decontaminated or that are no longer capable of releasing those substances, may be disposed of in the ordinary building waste stream.

All contaminated and regulated waste will be disposed of in compliance with State and Federal regulations under the direction of the Building Principal.

Laundry

USD 405 Lyons will use Universal Precautions with all soiled or contaminated laundry. Any employee who contacts a contaminated item(s) or laundry shall wear gloves and other personal protective equipment as deemed necessary or appropriate.

Persons who will process potentially contaminated laundry will be classified Category I and will receive training in universal precautions.

Hepatitis Vaccination

USD 405 Lyons 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 (See Page 1) of the exposure determination, at no cost to the employee.

The directive in early 1992, indicating that persons who render first aid only as a collateral duty and responding solely to injuries resulting from work place incidents, generally at the location where the injury occurred, may be offered post-exposure vaccination rather than pre-exposure vaccination. The USD 405 Lyons will make the Hepatitis B vaccine and vaccination series available to employees in Category II. OSHA has ruled that Hepatitis B vaccine should be received as soon as possible after exposure but within 24 hours. (See: reporting procedures for first aid incidents, Page 7).

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.)

The Superintendent or designee shall be responsible for assuring that the vaccine is offered, and that the necessary waiver is signed and appropriately filed for any employee who declines to accept the Hepatitis B vaccination which was offered.

Any employee who initially declines the Hepatitis B vaccination may later request the vaccination. USD 405 will provide the vaccination for the employee at the time.

The Lyons Public Health Service will administer the vaccine to employees of USD 405.

Although booster doses of Hepatitis B vaccines are not currently recommended by the Lyons Public Health Service, if such booster doses are recommended in the future, USD 405 will make the booster doses available at no cost to all employees who have occupational exposure.

Reporting Procedures for First Aid Incidents

Whenever 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 their supervisor before the end of the work shift during which the incident occurred. The employee must provide their supervisor with the names of all first aid providers involved in the incident, a description of the circumstances of the incident, the date and time of the incident, and a determination of whether an exposure incident, as defined in the OSHA standard and this policy, has occurred. The school nurse will assist the supervisor as needed to make this determination. The information shall be logged in the First Aid Incident form and maintained in the First

Aid Incident report file. USD 405 Lyons will maintain a list of such first aid incidents which will be readily available to all employees and provided to KDHR upon request. The Personnel department will be responsible for such submission.

Any employee who renders first aid or other assistance in any situation where a specific exposure incident occurs, will be offered the full Hepatitis B immunization series (if they have not previously received it), as soon as feasible, 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 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 USD 405 Lyons.

Post-exposure evaluations and follow-up shall be performed by USD 405 Lyons designated Workers Compensation physician recommendation of the Lyons Public Health Service current at the time these evaluations and procedures take place. The USD 405 Lyons 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 employee shall report the incident to the principal or supervisor 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 Superintendent or designee will contact a health care professional 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:

- Documentation of the circumstances under which the exposure incident occurred, including the route(s) of the employee's exposure.
- Identification and documentation of the source individual whose blood or OPIMs caused the exposure, unless identification is feasible or prohibited by law.
- Unless the source individual is known to be infected with HBV or HIV, the USD 405 Lyons through the school nurse, will seek the consent of the sourced individual for blood testing for HBV or HIV. Failure to obtain consent will be documented by the district.
- If the source individual consents, results of the source individual's blood testing will be made available to the exposed employee, along with information on laws concerning the disclosure of the identity with infectious status of the source individual.
- If the exposed employee consents, blood testing of his or her blood will be completed as soon as feasible. 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 days.

- The exposed employee will be offered post-exposure prophylaxis in accordance with current recommendations of the Public Health Service. The 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 feasible after the exposure. The employee should be advised to report and seek medical evaluation for any acute febrile illness (fever) that occurs within twelve weeks after the exposure. Re-testing 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.
- 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 school nurse.

Working with the Health Care Professional

The Superintendent or designee will provide the health care professional with a copy of the OSHA regulation governing bloodborne pathogens, and ensure that employees are 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),
- all medical records which the USD 405 Lyons 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 health care professional shall provide the school district Superintendent a copy of his or her written opinion within 15 days after the completion of the evaluation. This opinion shall include:

- An opinion on whether Hepatitis B vaccination is indicated for the employee, and if the employee has received the vaccination.
- 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



Figure 1 – Biohazard symbol

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 re-training for all employees will be provided within one year of their previous training. Additional training will be provided if changes in assignments occur.

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

1. A copy of the 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, Hepatitis C, 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 person 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
12. An opportunity for questioning the person conducting the training session

Recordkeeping

Medical Records

The Superintendent 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 employees
2. A copy of the employee's Hepatitis B vaccination status, including the dates and 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 the 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
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 USD 405 Lyons 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.
- 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. Employees 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 district office of each building in the district. Any employee will be provided with a copy of the plan at no cost upon request.

This Exposure Control Plan will be reviewed and updated at least annually, or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure. The Superintendent shall be responsible for scheduling the annual review of this plan.

Appendix A
Category I Occupational Exposure

All employees in this classification have occupational exposure

Job Classification	Task or Procedure Number	Task or Procedures
Housekeepers Custodians	2, 7, 9	1 Cleaning or bandaging scrapes, cuts, or abrasions.
School Secretaries	1, 3, 4	2 Cleaning blood, OPIMs from surfaces.
Athletic Coaches	1, 2, 3, 4, 12	3 Caring for injuries to teeth or mouth.
School Nurses	1, 2, 3, 4, 6, 8, 9, 10, 11, 12	4 Caring for nose bleeds.
Industrial Arts	1, 2, 3, 4, 9	5 Changing diapers or soiled clothing.
Laundry Personnel	7, 9	6 Administering injections.
Bus Drivers	1, 2, 3, 4, 9,	7 Processing soiled laundry.
Principals	1, 2, 3, 4	8 Medical procedures for student care (cauterization, feeding tube, etc
P. E. Instructors	1, 2, 3, 4, 7, 9	9 Decontaminating equipment surfaces
Resource/Pride Room, Teachers, Paras	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	10 Administering EpiPen training
		11 Diabetic training
		12 AED Trained

Appendix A
Category II Occupational Exposure

Some employees in this classification have occupational exposure

Job Classification	Task or Procedure Number	Task or Procedures
All other district employees	1, 2, 3, 4, 9	1 Cleaning or bandaging scrapes, cuts, or abrasions.
		2 Cleaning blood, OPIMs from surfaces.
		3 Caring for injuries to teeth or mouth.
		4 Caring for nose bleeds.
		5 Changing diapers or soiled clothing.
		6 Administering injections.
		7 Processing soiled laundry.
		8 Medical procedures for student care (cauterizations et
		9 Decontaminating equipment surfaces

Appendix B
Part 1
Maintenance and Location of Supplies

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

The individuals listed below are responsible for the Maintenance of these materials.

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

Supply Type	Supply Location	Maintenance Schedule
Gloves, Antiseptic Wipes, Compresses, Red Bags, Bandages	BBP fanny packs (Trisha Stover or LHS Pride Room)	3
Gloves, Antiseptic Wipes, Compresses, Red Bags, Bandages, Body Fluid Absorbent Kit, CPR Masks	Bus Kit, Transportation Office (Becki Bushong, Transportation Coordinator)	3
Gloves, Antiseptic Wipes, Compresses, Red Bags, Bandages, Body Fluid Absorbent Kit, CPR Masks, Face Shield w/Mask, Impervious Clothing Cover, Impervious Shoe Covers	Medical Emergency Kit (Becki Bushong, Transportation Coordinator)	2

Appendix B
Part 2
Maintenance and Location of Facilities

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

The Director of Maintenance or designee is responsible for the Maintenance of these facilities.

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

Facility Type	Facility Location	Maintenance Schedule
Hand Washing Sinks	All Sites	1
Hand Washing Sinks	Locker Rooms	1

Appendix C Maintenance and Location of Containers

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

The following is a list of those responsible for these containers: Director of Maintenance or designee, Nurse, Pride Room Teacher/Instructor, FACS Teacher/Instructor or Transportation Coordinator.

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

Type of Container	Container Location	Frequency
Sharps Container Nurse - Soiled	Nurses Office or Station	3
Soiled Clothing, other Laundry	Custodial Storage Closet FACS Pride Rooms (Central, LHS, LMS, Park)	1
Regulated Wastes, Red Bags	Custodian Closet Nurses Station, Buses	1

Appendix D
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, 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 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, this form should be filed in the employee's medical record.)

**Appendix E
Incident Forms**

First Aid Incident Involving Unvaccinated Employee(s)

To be completed within 24 hours if an unvaccinated employee renders first aid as a collateral duty in a situation where there is contact with blood or other potentially infectious materials.

NOTE: This form must be completed regardless of whether a specific exposure incident has occurred.

Name of Employees	Social Security Number	Job Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date, Time and Location of Accident: _____

Date and Time Accident was Reported to Supervisor: _____

Description of Circumstances surrounding the accident, including the involvement of the unvaccinated first-aid provider(s):

Did an exposure incident occur? _____ If yes, also complete the Exposure incident form and immediately refer the employee(s) to a licensed health care professional for the Hepatitis B immunization series and a complete post-exposure evaluation and follow-up.

Person making this report: _____

Signature Date

Exposure Incident Checklist

Employee Name: _____ Date of Incident: _____

Employee Information:

- Copy of Exposure Incident Form given to employee?
- Employee informed of the district's responsibilities? (give copy of school district responsibility 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 identity and infectivity of source individual?
- 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 (i.e., 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 health care professional's opinion and report?
- Health care professional's opinion and report placed in employee's medical file?

Person making this report: _____

Date: _____

Source Individual

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

Name of Source Individual: _____

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

Name of Responsible Person: _____

Address and Phone of Source Individual: _____

Or Responsible Person: _____

Is the HIV/HBV status of the source individual known? 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 right to a confidential post-exposure evaluation at the expense of the district? Yes _____ No _____

If the source individuals' 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. Within 15 days, the district must provide the employee with a copy of 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 will be offered a confidential medical evaluation and follow-up as per OSHA regulation (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 with 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 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 health care 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 health care 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.

Appendix F
COPY of OSHA Standard