

EXPOSURE CONTROL PLAN

BLOODBORNE PATHOGENS



Cedar Falls Community Schools

1002 West First Street
Cedar Falls, Iowa 50613

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Cedar Falls Community Schools

Exposure Control Plan

Introduction: The intent of this summary is to offer school personnel an overview of the Occupational Safety and Health Administration (OSHA) standard to eliminate or minimize occupational exposure to hepatitis B virus (HBV), which causes hepatitis B; hepatitis C virus (HCV), which causes hepatitis C; human immunodeficiency virus (HIV), which causes Acquired Immunodeficiency Syndrome (AIDS), and other bloodborne pathogens.

Based on a review of the information in the rulemaking record, OSHA has made a determination that certain school employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials.

OSHA has concluded that this exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis B vaccination, signs and labels, and other provisions.

Screening for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) shall not be a requirement for employment eligibility.

Employees are encouraged to notify the employer of his/her condition relating to bloodborne pathogens. Notification of an employee's condition should be through the superintendent or designee to ensure maximal confidentiality and privacy.

Employees infected with HIV, HBV, or HCV are not to be excluded from attending to their customary employment so long as they are physically able to perform tasks assigned to them and employment does not create a substantial risk of transmission of illness to students or to other employees of the school district.

The determination of whether an HIV, HBV, or HCV infected employee should be permitted to remain engaged in normal work activity shall be made on a case by case basis. A team composed of the employee and/or his/her representative, the employee's physician, the superintendent or designee, and district medical authority shall make such determination. The employee has the right to legal appeal and medical appeal process with the State Department of Health. The opinion of the State Department of Health shall be considered the final authority should the parties be unable to resolve a medical conflict regarding the question of continued employment.

An employee's medical diagnosis is personal information and such information, if known, shall not be released without the employee's permission, except as otherwise provided by law.

In all cases of illness, including those involving individuals infected with HIV, HBV, or HCV the school administration will not request a diagnosis of illness, except as required for accommodation or medical disability claims. Following any absence, the employee will be asked to provide a physician's certification of ability or inability to work or amount of time needed for recuperation.

Sick leave or other leave of absence shall be granted to all employees with illnesses, including HIV, HBV, or HCV.

The medical records of an employee are to be filed separately from the employee's personnel file.

Refusal to work with a person infected with HIV, HBV, or HCV does not excuse an employee from fulfilling assigned responsibilities and such refusal may result in disciplinary action.

Standard Precautions

Standard precautions (SP) are intended to prevent transmission of infection, as well as decrease the risk of exposure for employees and students. SP incorporates the major features of universal precautions (designed to reduce the risk of transmission of bloodborne pathogens) and body substance isolation (designed to reduce the risk of transmission of pathogens from moist body substances), regardless of the presumed infection status of the individual. **It is not currently possible to identify all infected individuals, thus precautions must be used with every individual.** SP pertain to:

- Blood (e.g. lacerations, nose bleeds, abrasions, menstrual flow),
- all body fluids that are visibly contaminated with blood
- non-intact skin (e.g. cuts, scrapes, dermatitis), and
- mucous membranes (e.g. oral/nasal secretions).

The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, employees and students should be prepared to use the appropriate precautions prior to contact. Diligent and proper handwashing, respiratory hygiene/cough etiquette, the use of barriers, appropriate disposal of waste products and needles, proper decontamination of spills, and appropriate disinfection and cleaning of all equipment or materials likely to have been contaminated with infectious material are essential techniques of infection control. All individuals should respond to situations practicing SP. Using common sense in the application of these measures will enhance protection of employees and students.

Hand Hygiene

Proper hand washing is crucial to preventing the spread of infection. All large or textured jewelry, on the hands or wrists should be removed prior to washing and kept off until completion of the procedure and the hands are rewashed. Use of running water, lathering with soap and using friction to clean all hand surfaces for at least 20 seconds is a key factor. Rinse well with warm running water and dry hands with paper towels. In the event hand washing facilities are not immediately available, waterless alcohol based hand sanitizers with at least 60% alcohol content are an acceptable method of hand hygiene. Hand and/or skin should be washed with soap and water as soon as possible. Occasionally there will be times when unforeseen skin contact will happen and gloves are not immediately available. In this event, hands and all other affected skin areas must be scrubbed with copious amounts of soap containing antiviral/antibacterial agents and running water for 10 minutes at once or as soon as possible after contact. If exposure involves mucous membranes, the affected areas should be flushed with water or eye irrigation solution for 15 minutes or until all traces of the body fluid has been removed. The affected and surrounding areas should be inspected closely for residue. All body fluid exposures should be reported to the immediate supervisor. If there is an obvious or suspected break in the skin or if the exposure was to a mucous membrane, the individual exposed should be referred for a medical evaluation.

- Hands should be washed before physical contact with individuals and after contact is completed.
- Hands should be washed after contact with any used equipment.
- If hands (or other skin) come into contact with blood or other body fluids, hands should be washed immediately before touching anything else.
- Hands should be washed after the gloves are removed.

Respiratory Hygiene/ Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with soap and water or at least 60% alcohol-based hand rub) after having contact with respiratory secretions and contaminated objects/materials.

When space and chair availability permit, instruct coughing persons to sit at least three feet away from others in common areas and classrooms. Some facilities may find it logistically easier to institute this recommendation than others. If coughing cannot be adequately controlled, it is advised that the individual be sent home and seek medical treatment.

Healthcare personnel in the district are advised to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to SP, when examining a student/staff member with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.

Personal Hygiene and Eating in the School Setting

In areas where a reasonable likelihood of occupational exposure exists, work practice controls should include limiting the employee from eating, drinking, applying cosmetics or lip balm, and handling contact lenses. School employees should refrain from taking part in these activities in health rooms, first aid stations, or in any area where there are contaminated items or risk of exposure to potential bloodborne pathogens. Food and drink should not be kept in refrigerators, freezers, shelves and cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present. Employees should wash their hands before and after work, as well as before and after meals, after bathroom use, or whenever necessary.

Barriers/ Personal Protective Equipment

Using personal protective equipment (PPE) in schools adds another layer of insulation between being protected and being at risk for exposure to bloodborne pathogens. The kind of PPE appropriate for the assignment can vary with the task performed and the exposure expected. Barriers and PPE anticipated to be used at school include disposable and utility gloves, surgical or procedure face masks, gowns, facemasks, eye goggles, absorbent materials, and resuscitation devices. Under the blood borne pathogen standard, the school district is required to provide, at no cost to the employee, personal protective equipment. The PPE must be accessible and provided in the correct size. If the employee notes an allergic sensitivity to latex or powder, hypoallergenic gloves or other similar alternative must be made available. The school district is also responsible for maintaining the personal protective equipment by means such as cleaning, laundering, repairing or replacing as needed for ensuring that the PPE is used properly. Suitable personal protective clothing is to be worn whenever the risk of occupational exposure to body fluids or other potentially infectious materials is anticipated. There are three levels of protection endorsed for school employees to reduce the occupational exposure to body fluids or other potentially infectious materials. These are intended to be the minimum requirements for infectious materials. Because the risk of exposure varies for each individual or task, each situation should be carefully individualized to determine the best level to be utilized. Employees should follow the “Pyramid of Protection” described below:

Level I: Disposable gloves should be worn whenever it can be reasonably expected that the exposure to blood or other potentially infectious materials, mucous membranes, non-intact skin, or contaminated surfaces is imminent. When putting on gloves, they should be visually inspected for absence of holes, tears, or defects. Single use gloves cannot be washed or decontaminated and should be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised. Gloves should be removed without touching the outside and disposed of after each use. Hand hygiene should be performed immediately following glove removal and gloves should be discarded after use in an appropriate receptacle. Utility gloves should be worn when handling contaminated materials or cleaning contaminated surfaces or tools. Utility gloves can be decontaminated for reuse in the event the entirety of the glove is not compromised. They are to be discarded if they are cracked, peeled, torn, or punctured, they exhibit other signs of deterioration, or their ability as a barrier is compromised.

Assignments that may require Level I protection of single-use gloves:

- Minor wound care or dressing changes
- Blood glucose monitoring
- Injections
- Topical medications
- Catheterization
- Diapering/toileting
- Emesis cleanup
- Tooth brushing/oral care
- Changing ostomy bags
- Cleaning nose/mouth secretions
- Feeding (oral or gastrostomy)
- Suctioning
- Changing menstrual pads
- Check oral temperature

Assignments that may require Level I protection of utility gloves:

- Cleaning body fluid spills
- Emptying trash cans
- Handling sharps/containers
- Handling discarded contaminated materials/regulated waste
- Cleaning/sweeping up contaminated broken glass/sharps
- Handling contaminated laundry

Level II: Repellent gowns and gloves should be worn when there is an expectation of exposure to body fluids or other potentially infectious materials to clothing and skin from splashes, sprays, and splatters. Situations may vary and the clothing may change with the nature of the task. Assignments that may require Level II protection:

- Changing pads for uncooperative mentally impaired student
- Diapering/toileting with gross contamination
- Wound care for a combative child
- Sorting or bagging contaminated laundry
- Disposing of regulated waste with gross contamination
- Diapering, toileting, feeding, suctioning, and general, and cleaning of students with little or no impulse control

Level III: There should not be many situations where a level III protection would be warranted in the school setting. However, there may be incidents in which body fluids or potentially infectious materials could come in contact with the face, nose, or eyes. In these instances, maximum protection should be utilized by donning face/eye protection as well as fluid repellent gown and utility gloves. Assignments that may require Level III protection:

- Feeding a child with a history of spitting, or forceful vomiting, or coughing,
- Suctioning tracheotomy with history of forceful coughing or copious secretions, and
- Assisting with severe injury and wound with spurting blood.

Resuscitation masks (CPR): Pocket masks and mechanical emergency respiratory devices are used as barrier from saliva, vomitus, or other potentially infectious body fluids when giving CPR. They should be easily accessible for emergency situations. It is imperative that the pocket masks and other respiratory devices contain a one-way valve to prevent possible exposure to body fluids to either rescuer or victim. Non-disposable masks should be properly cleaned after an incident for reuse by:

- Putting on gloves,
- Soaking mask in mild soap and warm water, then scrubbing vigorously, rinsing and air drying, and
- Cleansing with an EPA registered disinfectant.

There are also single-use disposable CPR masks available. These devices have a one-way valve and are easy to access as they are packaged in a keychain case or nylon pouch. They are available through the school nurse and are provided to all employees who are CPR trained in the district.

Disposal of Waste

All used or potentially contaminated supplies (including gloves and other barriers) except syringes, needles and other sharp instruments, should be placed in a plastic bag which is sealed. The waste can then be thrown in the garbage. Needles, syringes and other sharp objects should be placed in an approved biohazard puncture resistant container, immediately after use and disposed of as regulated waste. Bodily waste, such as urine, vomitus or feces should be disposed of in the toilet. A band-aid, towel, sanitary napkin or other absorbed waste should be discarded into waste containers lined with plastic bags. Biohazard bags will be located in the nurse's office or through the custodial department. These should be used when blood or body fluids are liquid, semi-liquid, caked with dried blood or secretions, not absorbed into materials, or capable of releasing the substance if compressed and special disposal of such regulated waste is required. It is anticipated schools would encounter the need for this only in the case of a severe accident.

Supplies Needed

- Disposable gloves
- A lined trash can
- Disinfectant (liquid chlorine bleach 1:100 dilution: 1 and a 1/2 cups to 1 gallon and allow to stand for 30 minutes before using and may be kept for a day in an opaque container), or other Environmental Protection Agency (EPA) approved germicidal agent
- Vomit neutralizer (e.g. Bannish, Moban)
- Dry disinfectant for rugs and germicidal detergents
- Soap and paper towel dispensers in all rooms with sinks
- Sanitary napkin disposal containers in all women's (staff & student) restrooms and all nurse's restrooms (all must be lined with plastic bags)
- Alcohol (70%)
- Puncture-resistant containers in nurses' offices (OSHA-approved container)
- Antiseptic towelettes
- Cardiopulmonary Resuscitation (CPR) shields are kept with the AED machines
- Covered trash can containers in areas where first aid is performed on a regular basis (labeled or color coded red and lined with red plastic bags)
- Gowns, aprons or other protective body covering – available for nurses to use during activities that generate splashes or sprays of blood or body fluids.
- Red plastic biohazard bags or biohazard stickers available in the following areas:
 - Nurse's office
 - Physical education department
 - Housekeeping
 - Food service
 - Lab/shop areas
- Portable first aid kits with gloves, antiseptic towelettes, gauze, tape, bandaids, red plastic bags available for the following:
 - Playground duty
 - Field trips
 - Athletic events
 - Vehicles used for transportation
 - Nurse's office
 - Shops/labs
 - Physical education department
 - Specific classrooms
 - Food service
 - Maintenance
 - Administration offices
- Biohazard warning labels (red/orange) will be attached to containers for regulated waste.
- Red bags or red containers may be substituted for labels.

Housekeeping Guidelines

Everyone is responsible for a clean and sanitary school environment, since it protects all of the staff and the students. Keeping the work areas clean reduces the employee's risk of exposure to bloodborne pathogens. The custodial staff has the principal task of maintaining a sanitary climate and they have all necessary equipment needed for proper clean up and disinfection. The following are guidelines for handling body fluid spills (e.g. blood, urine secretions, vomit, saliva, feces, pus, semen, and vaginal secretions).

Cleaning body spills on washable surfaces:

- Wear disposable or utility gloves, and
- Clean and disinfect all hard, soiled, washable surfaces immediately, cleaning with soap and water and removing contaminants before applying disinfectant

(For small spills)

- Use paper towels or tissues to wipe up soiled areas
- After soil is removed, use clean paper towels, soap and water to clean area
- Dispose of paper towels in a plastic bag
- Disinfect area

(For large spills)

- Apply commercial sanitary absorbent agent on soiled area
- After soil is absorbed, sweep all material into a plastic bag, taking care not to create any dust emissions
- Disinfect area with clean mop
- Disinfect mop and bucket

Cleaning body spills on carpet/rugs:

- Use industrial equipment and follow manufacturer's directions for shampooing and disinfecting
- Apply commercial sanitary absorbent agent on soiled area
- After soil is absorbed but still wet, sweep the spill toward the center of the spill, picking up the contents in a dust pan and disposing of in a plastic bag
- Vacuum with either wet vacuum extractor or a vacuum cleaner with high efficiency filter
- Spray the area with a white vinegar solution (1-ounce vinegar to one quart cool water)
- Blot the area repeatedly with white paper towels
- Rinse the area with clean cool water
- Disinfect area with a compatible disinfectant
- Apply a bacteriostatic rug shampoo
- Disinfect vacuum cleaner, dust pan, and brush

Guidelines for cleaning and disinfecting equipment:

- Clean and decontaminate all equipment and environmental surfaces as soon as possible after contact with blood or other body fluids.
- Use a registered EPA approved germicide.
- Remove and replace protective coverings such as plastic wrap and aluminum foil when decontaminating.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pail and cans that have the likelihood for becoming contaminated.
- Always use mechanical means such as tongs, or brush and dustpan to pick up contaminated sharp; never pick up with hands even if gloves are worn.
- Place contaminated sharps in infectious wastes in designated containers.
- Handle contaminated laundry as little as possible with minimal agitation.
- Contaminated linen should be bagged on site and transported in plastic bags. Student clothing should be sent with parent.
- Use appropriate personal protective equipment when handling contaminated laundry.
- Discard all regulated waste according to federal, state, and local regulations.

Guidelines for cleaning and disinfecting medical devices:

- Wear disposable or utility gloves,
- Clean the device with soap and water to remove debris,
- Soak in appropriate chemical germicide for 15-20 minutes, and
- Rinse with water and allow to air dry thoroughly before reuse.

Cleaning Schedule

A written schedule should be adopted for cleaning and decontamination of areas that may be susceptible to contamination with bloodborne pathogens. These rooms may include, but are not limited to, health room, bathrooms, and self-contained special education classrooms.

Care of Students / Staff

- When possible, students/staff should be encouraged to take care of their own injuries. Students/staff should be encouraged to apply pressure with their own hand, tissue, or bandage over a bloody nose or wound.
- If needed, ask the school nurse, paraeducator, athletic trainers and/or designated first responders.

- If you must assist, provide a barrier between your skin and the blood/body fluid of others. This can be done with gloves. A thick layer of paper towels or cloth can be used as a barrier if gloves are not readily available.

Exposure Incident and Post-Exposure Protocol

An exposure incident is when a person's mucous membrane, non-intact skin or parenteral contact comes in contact with another person's blood or other potentially infected material. An exposure incident requires immediate washing/flushing, reporting and follow-up.

- Always wash the exposed area immediately with soap and water.
- If a mucous membrane splash (eye or mouth) or exposure of non-intact skin occurs, irrigate or wash the area thoroughly.
- If a cut or needle stick injury occurs, wash the area thoroughly with soap and water.

The exposure should be reported immediately to a staff member if the person exposed is a student or visitor. First aid should be sought immediately and the parent or guardian (if a minor student) is notified, and the person exposed should contact a physician immediately for further health care instructions. When a school employee incurs an exposure incident, it should be reported as soon as possible to the employee's supervisor and first aid care sought. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. The following steps will be taken once an employee has reported an exposure incident:

1. Detailed information concerning the exposure incident will be given by the exposed employee to the district's occupational health carrier (MercyOne, 226 Bluebell Rd., Cedar Falls, IA 50613).(See Appendix E)
2. The exposed employee must sign a consent form for permission to release and exchange information with the exposed employee's medical provider. (See Appendix F,G)
3. If at all possible, the identification of the source individual and, if possible, the status of the source individual should be obtained, unless the employer can establish that identification is not feasible or prohibited by state or local law. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV/HCV infectivity.
4. Direct the exposed employee to the district's occupational health provider at the time of the exposure incident for evaluation and to determine the need for HIV PEP. (MercyOne, 226 Bluebell Rd., Cedar Falls, IA 50613 if exposure occurs between 7am and 5pm, Monday-Friday. If the exposure occurs before 7am or after 5pm or on weekends/holidays, the employee should report to Sartori Emergency Department.) Follow-up for HBV and HCV infections also should be conducted. The district personnel office must provide the healthcare professional with a description of the employee's job duties as they relate to the incident, and a report of the specific exposure, including date/time of exposure, route of exposure, and relevant employee medical records, including Hepatitis B vaccination status.
5. If a severe exposure occurs involving (1) a known infected individual or (2) copious amounts of blood or other infected materials, or (3) if the exposed person is pregnant or suspected to be resistant to antiretroviral drugs, the employee will immediately seek medical attention as described above. Infected individuals follow directives of the medical professional.
6. The results of the source individual's testing shall be made available to the exposed employee, provided the source individual has given consent and release for testing. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. (See Appendix H)
7. The exposed employee will be given appropriate 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 instructions to report any related experiences to the appropriate personnel.
8. The district personnel director shall obtain and provide the employee with a copy of the healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional will be instructed to limit their opinions to:
 - a. whether the hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following the incident;
 - b. whether the employee has been informed of the results of the evaluation; and
 - c. whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. All other findings or diagnoses will remain confidential and will not be included in the written report. (See Appendix E)

Hepatitis B Vaccinations

Hepatitis B

Hepatitis B is a viral infection caused by hepatitis B virus (HBV) which causes death in 1-2% of patients. Most people with hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV may be a causative factor in the development of liver cancer. Immunization against the hepatitis B virus can prevent acute hepatitis and its complications.

Vaccine

Hepatitis B vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials. Approximately 90% of healthy people who receive two doses of vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against hepatitis B virus. Hepatitis B vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three doses of vaccine over a six month period, although some persons may not develop immunity even after three doses. Employees who have ongoing contact with blood and are at ongoing risk for injuries with sharp instruments or needlesticks will be tested for antibody to Hepatitis B surface antigen two months after the completion of the three-dose vaccination series. Employees who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested. There is no evidence that the vaccine has ever caused hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

Dosage and Administration

The hepatitis B vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to 20 percent of persons experience tenderness and redness at the site of injection and experience low grade fever. Rarely rash, nausea, joint pain, and mild fatigue have been reported. The possibility exists that other side effects may be identified with more extensive use. See Appendix B, C, D.

Employees with Exposure Potential

The following is a list of job classifications grouped according to level of occupational exposure potential. All employees in category (1) will be given the opportunity to receive the HBV vaccinations.

(1) Employees with exposure potential:

- Administrators
- Nurses
- Secretaries –School Building
- Playground associates, para-educators regularly assigned to assist students with disabilities, and those associates trained to administer first aid and/or parenteral medication)
- Teachers in physical education, special education, and teachers in laboratory settings (family & consumer science, industrial technology, art and science) and teachers regularly assigned to playground and/or bus duties
- Coaches and athletic trainers
- Custodians
- Bus drivers
- Emergency-response team members (CPR/AED/First Aid certified in each building)

(2) All other staff approved volunteers have the option to receive post-exposure vaccination.

School staff members may decline the vaccination. However, if they do, they must sign a declination form. The employee may request and obtain the vaccination later and at no cost if the individual is employed in a category 1 position.

Employee Training and Information

Training for all employees should be (1) conducted prior to initial assignment to a task where exposure may occur, (2) provided at no cost to the school personnel, (3) transacted during working hours, and (4) conducted at least once a year thereafter. Additional training may be needed when tasks are modified or new tasks that involve occupational exposure to bloodborne pathogens affect the employee's exposure. The person conducting the training must have knowledge of the subject matter, the information provided must be appropriate in content and vocabulary to the educational level, literacy, and language of the audience addressed. An acceptable training will contain the following elements:

- A copy of or information on how to obtain the OSHA standard for bloodborne pathogens regulations.
- Information on the epidemiology and symptoms of bloodborne diseases; modes of transmission of bloodborne pathogens.
- Modes of transmission of bloodborne pathogens.
- An explanation of the exposure control plan, including points of the plan, lines of responsibility, how the plan will be implemented, etc, and where it is located.
- Information on how to recognize tasks that might result in occupational exposure.
- A list of control measures and work practices which will be used in the school to control exposure to blood or other potentially infectious materials.
- Information concerning personal protective equipment available at the school, including the types, selections, proper use, location, removal, handling, decontamination, and disposal.
- Information on hepatitis B vaccination, such as safety, benefits, efficacy, methods of administration, and availability.
- Post-exposure evaluation and follow-up, including information on whom to contact and what to do in an emergency.
- Information on warning labels, signs and color-coding.
- Question and answer session on any aspect of the training.

This information and training may be conducted using a variety of learning modes, videotapes, written material, and lecture material. In most cases the school nurse will be responsible for the training.

Record Keeping

The bloodborne pathogen standard requires that two types of records be kept for school employees who sustain an occupational exposure incident to blood or other potentially infectious materials: medical and training.

The medical record is confidential and separate from other personnel records. It is retained by the personnel office and includes the employee's name, social security number, hepatitis B vaccination status, including dates of vaccination, and any medical records relative to the employee's ability to receive the vaccination. If an occupational exposure incident occurs, results of examinations, medical testing, and post-exposure evaluation and follow-up procedures as well as the health care professional's opinion and a copy of the information provided to the medical professional should be included. The medical records must be kept confidential and maintained for at least the duration of the employee's tenure in the district, plus 30 years.

The training records are also to be retained and kept for three years from the date on which the training occurred and must be available to OSHA upon request. They should include (1) the dates of the training sessions and the content, (2) the name and qualifications of the person presenting the training, and (3) the names and job titles of all those attending the training.

Upon request, both the medical and training records must be made available to the Assistant Secretary of Labor for OSHA. The training records must also be made available to the school employee upon request. The medical records can be accessed by anyone if the employee gives written consent.


References

Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR Morb. Mortal. Wkly Rep 1998; 47 (RR-19):1-39.

Centers for Disease Control and Prevention. Recommendations for preventing transmission of infection with human T-lymphotropic virus type III/lymphadenopathy-associated virus in the workplace. MMWR Morb. Mortal. Wkly Rep 1985;34:681-5; 691-5.

Champion, C. Occupational Exposure to Blood Borne Pathogens; Implementing OSHA Standards in a School Setting. NASN (2005).

OSHA Definitions

Acquired Immune Deficiency Syndrome (AIDS)	the name given to the latter stages of HIV infections, characterized by severe symptoms of illness and other specific clinical manifestations such as opportunistic infections and severe reduction of white blood cells.
Biohazard Label	 <p>red or orange legend to identify blood, regulated waste, or other potentially infectious materials (OPIM).</p>
Blood	human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Body Substance Isolation (BSI)	a method of infection control that incorporates all body fluids and substances as infectious. BSI incorporates not only the fluids and materials covered by the OSHA Standard but also expands coverage to include all body fluids and substances. BSI is an acceptable alternative to universal precautions provided facilities utilizing BSI adhere to all other provisions of OSHA Standards.
Contaminated	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
Contaminated Sharps	any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, or exposed ends of dental wires.
Decontamination	use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where the surface or item is no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
Disinfect	means to inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms, on inanimate objects.
Disposable	any item indicated as single-use only.
Emesis	vomiting or vomitus.
Engineering Controls	controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure	means reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. "Exposure" does not include incidental exposures, which may take place on the job, which are neither reasonably nor routinely expected, and which the worker is not required to incur in the normal course of employment.
Exposure Control Plan	a plan developed and reviewed annually by the employing agency that is designed to eliminate, reduce, and respond to incidents of possible exposure to bloodborne pathogens of specified employees.
Exposure Incident	a specific 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.
Hand Washing Facilities	a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.
Hazard	an actual or potential exposure to risk.
Hepatitis B Virus (HBV)	the pathogen that causes one form of liver infection and is transmitted by blood, primarily through large or repeated percutaneous exposures, untested blood products, shared needles, and unprotected sexual contact. It is clinically silent in 95% of infected people.
Hepatitis C Virus (HCV)	the pathogen that is transmitted as is Hepatitis B but primarily through blood or injected drug use. Can cause chronic hepatitis (85%), which can go on to cause progressive liver fibrosis and cirrhosis. In some cases can go on to liver failure and liver cancer. Can be treated but cure rate is only 51%. There is no vaccine at present.
Hepatitis D Virus (HDV)	the pathogen that causes the most severe form of viral hepatitis. It occurs in persons who have acute or chronic hepatitis and are HbsAg-positive.
Hepatitis G Virus (HGV)	the pathogen first identified in 1996 that is transmitted through infected blood and unprotected sexual contact.
Human Immunodeficiency Virus (HIV)	human immunodeficiency virus.
Licensed health care professional	means a person whose legally permitted scope of practice allows him or her to independently perform the activities required by R 325-70013 concerning hepatitis B vaccination and post-exposure evaluation and follow-up.
Occupational Exposure	reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
Occupational Safety and Health Administration (OSHA)	a federal regulatory agency within the U.S. Department of Labor.

Other Potentially Infectious Materials (OPIM)	(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
Personal Protective Equipment (PPE)	is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
Post-Exposure Evaluation	an evaluation by a licensed healthcare professional or agency after an incident where an employee was exposed to blood or other potentially infectious materials while performing job functions. This evaluation must be available free to the employee.
Pre-Exposure Training	training required for employees determined by the employer agency to be at risk for occupational exposure to bloodborne pathogens to help eliminate and reduce exposure incidents, make employees aware of the plan, and intensely inform the designated employees about universal/standard precautions and how to report exposure incidents.
Regulated Waste	liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
Source Individual	any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Standard Precautions	an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.
Sterilize	use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Universal Precautions	an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Work-Practice Controls	controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

HEPATITIS B VACCINE INFORMATION AND RECORD

The Disease

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1-2% of those infected. Most people with HBV recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV may be a causative factor in the development of liver cancer. Immunization against HBV can prevent acute hepatitis and its complications.

The Vaccine

The HBV vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials.

Approximately 90 percent of healthy people who receive two doses of the vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against the virus. The HBV vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three doses of the vaccine over a six-month period, although some persons may not develop immunity even after three doses.

There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

Dosage and Administration

The vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to 20 percent of persons experience tenderness and redness at the site of injection and low grade fever. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that other side effects may be identified with more extensive use.

**CEDAR FALLS COMMUNITY SCHOOL DISTRICT
HEPATITIS B VACCINATION RECORD**

Employee Name: _____

Employee ID Number: _____

Job Title: _____

Hepatitis B Vaccinations:

	Dose #1	Dose #2	Dose #3
Date:			
Administered by:			
Lot Number/Exp.:			
Site:			

Documentation of Previous Vaccination:

Additional Hepatitis B status information:

Post-exposure incident (Date, time, circumstances, route under which exposure occurred):

Identification and documentation of source individual:

Source blood testing consent:

Description of employee's duties as related to the exposure incident:

Copy of information provided to health care professional evaluating an employee after an exposure incident:

Attach a copy of all results of examinations, medical testing, follow-up procedures, and health care professional's written opinion:

Training Record : (date, time, instructor, location of training summary)

Return completed form to:
(fax: 319-277-0614)

Human Resources
Cedar Falls Community School District
1002 W First Street
Cedar Falls IA 50613

HEPATITIS B VACCINATION CONSENT**Employee Name****Employee ID#** _____ **Job Title:** _____**Building Assigned** _____

CEDAR FALLS COMMUNITY SCHOOL DISTRICT

Consent

I have knowledge of Hepatitis B and the Hepatitis B vaccination. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I give my consent to be vaccinated for Hepatitis B.

Signature of Employee (consent for Hepatitis B vaccination)_____
Date_____
Signature of Witness_____
Date

HEPATITIS B VACCINATION DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or potentially infectious materials I may be at risk of acquiring hepatitis B (HBV) infection. I have read the attached important information form for HBV vaccine. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B virus. 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 myself.

Employee Name: _____
Please print

Employee Signature: _____

Date: _____

Job Title: _____

Witness: _____

Witness Job Title: _____

Post Exposure Incident Report / Follow-up

To: Administration Office – Human Resources Department

Promptly report all incidents of exposure to potentially infectious materials: blood, mucous, non-intact skin, vomit, and saliva

Name _____ Address _____
(exposed individual)

Telephone _____ Position _____ Age _____

Social Security # _____ Date & time of accident _____

Building/site and location where incident occurred _____

Describe incident, nature of events and activity at the time of exposure (**be specific**) _____

Type of exposure (body areas affected) _____

Injury report filed? Yes _____ No _____

Emergency response team contacted? Yes _____ No _____

Do you consent to a blood test for HBV and HIV serological status? Yes _____ No _____

Signature of Exposed Individual _____

Follow-Up

Post-exposure prophylaxis? Yes _____ No _____

Counseling? Yes _____ No _____

Evaluation of employee's physical condition (attach physician's report)

CEDAR FALLS COMMUNITY SCHOOL DISTRICT

BLOODBORNE PATHOGENS EXPOSED EMPLOYEE ACKNOWLEDGEMENT AND RELEASE

I, _____ (“Exposed Employee”), the undersigned, was involved in an Exposure Incident as described in Cedar Falls Community School District Policy/Regulation No. 402.9, on _____, 20____. I was exposed to the blood or other potentially infectious material of _____ (“Source Individual”).

I understand that the Cedar Falls Community School District has obtained consent from the Source Individual for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) infectivity testing in connection with the Exposure Incident. I further understand that the Source Individual has authorized the disclosure of these test results to me, and medical personnel responsible for my care and treatment, for my medical benefit and to others in accordance with applicable law.

I understand that I may be subject to laws and regulations concerning disclosure of the identity and infectious status of the Source Individual, such as laws protecting confidentiality.

Based on the above understandings, I hereby acknowledge that the results of the Source Individual’s testing have been made available to me. I also hereby acknowledge that the Cedar Falls Community School District has informed me of applicable laws and regulations concerning disclosure of the identity and infectious status of the Source Individual, including but not necessarily limited to those provisions set forth in the Attachment hereto. I release the Cedar Falls Community School District from any and all liability in connection with such test results and/or disclosure.

I have read this Bloodborne Pathogens Exposed Employee Acknowledgement and Release form, I understand its terms, and I have freely and voluntarily signed this document.

Signature of Exposed Employee or Legal Representative

Date

Name and Relationship of Legal Representative (if any): _____

CEDAR FALLS COMMUNITY SCHOOL DISTRICT
BLOODBORNE PATHOGENS
EXPOSED EMPLOYEE
CONSENT, AUTHORIZATION FOR DISCLOSURE AND RELEASE AND
EXCHANGE OF INFORMATION, AND RELEASE

I, _____ (“Exposed Employee”), the undersigned, was involved in an Exposure Incident as described in Cedar Falls Community School District Policy/Regulation No. 402.9, on _____, 20____. I was exposed to the blood or other potentially infectious material of _____ (“Source Individual”).

I understand that the Cedar Falls Community School District is required by law to attempt to obtain consent for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) infectivity testing each time an employee is exposed to the blood or other potentially infectious material of any individual. I further understand that I have been exposed to such blood or other potentially infectious material and that testing for HIV, HBV, and HCV infectivity is requested to be conducted as soon as feasible. I recognize that the test to detect whether I have HIV antibodies is not completely reliable, and follow-up tests may be required. I further recognize that I have the option of consenting to HBV and HCV testing while declining the test for HIV, and my blood sample will be held for at least 90 days in the event I reconsider.

In addition, I understand that the results of these tests may be made available to me, and medical personnel responsible for my care and treatment, for my medical benefit and to others in accordance with applicable law (including the Cedar Falls Community School District). I further understand that I may revoke my authorization to disclose the test results at any time in writing, except to the extent that the Cedar Falls Community School District has taken action in reliance thereon. I recognize that such information may be potentially subject to redisclosure by the recipients.

In addition, I understand that the Cedar Falls Community School District is required by law to release and exchange information with medical personnel responsible for my care and treatment including, but not necessarily limited to, a description of my duties as they relate to the Exposure Incident, documentation of the route(s) of exposure and circumstances under which exposure occurred, medical records of the Cedar Falls Community School District relevant to appropriate treatment (including vaccination status), and the healthcare professional’s written opinion.

Based on the above understandings, I hereby voluntarily consent to testing for HIV, HBV, and HCV in connection with the Exposure Incident. I also hereby authorize the disclosure of the results of these tests, specifically including the HIV test, to the recipients described above, as well as the release and exchange of information with medical personnel as described above, which authorization shall expire upon the conclusion of the evaluation and follow-up procedures in connection with the Exposure Incident. I release the Cedar Falls Community School District from any and all liability in connection with such testing, disclosure, and/or release and exchange of information.

I have read this Bloodborne Pathogens Exposed Employee Consent, Authorization for Disclosure and Release and Exchange of Information, and Release form, I understand its terms, and I have freely and voluntarily signed this document.

Signature of Exposed Employee or Legal Representative

Date

Name and Relationship of Legal Representative (if any): _____

I have reviewed this Bloodborne Pathogens Exposed Employee Consent, Authorization for Disclosure and Release and Exchange of Information, and Release form, and refuse my consent for testing and authorization for disclosure of test results. I understand that by refusing to do so, I may have limited information to determine my potential for contracting the diseases described in this form.

Notwithstanding the above paragraph, I understand that the Cedar Falls Community School District shall release and exchange information with medical personnel responsible for my care and treatment in accordance with 29 C.F.R. section 1910.1030 and other applicable law.

Signature of Exposed Employee or Legal Representative

Date

Name and Relationship of Legal Representative (if any): _____

CEDAR FALLS COMMUNITY SCHOOL DISTRICT
BLOODBORNE PATHOGENS
SOURCE INDIVIDUAL
CONSENT, AUTHORIZATION FOR DISCLOSURE, AND RELEASE

I, _____ (“Source Individual”), the undersigned, was involved in an Exposure Incident as described in Cedar Falls Community School District Policy/Regulation No. 402.9, on _____, 20____. My blood or other potentially infectious material provided the source of this exposure. Exposed employees include the following person(s): _____

I understand that the Cedar Falls Community School District is required by law to attempt to obtain consent for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) infectivity testing each time an employee is exposed to the blood or other potentially infectious material of any individual. I further understand that an employee(s) of the Cedar Falls Community School District has been exposed to my blood or other potentially infectious material and that testing for HIV, HBV, and HCV infectivity is requested to be conducted as soon as feasible. I recognize that the test to detect whether I have HIV antibodies is not completely reliable, and follow-up tests may be required.

In addition, I understand that the results of these tests may be made available to the exposed employee(s), and medical personnel responsible for the care and treatment of the exposed employee(s), for the medical benefit of the exposed employee(s) and to others in accordance with applicable law (including the Cedar Falls Community School District). I further understand that I may revoke my authorization to disclose the test results at any time in writing, except to the extent that the Cedar Falls Community School District has taken action in reliance thereon. I recognize that such information may be potentially subject to redisclosure by the recipients.

Based on the above understandings, I hereby voluntarily consent to testing for HIV, HBV, and HCV in connection with the Exposure Incident. I also hereby authorize the disclosure of the results of these tests, specifically including the HIV test, to the recipients described above, which authorization shall expire upon the conclusion of the evaluation and follow-up procedures in connection with the Exposure Incident. I release the Cedar Falls Community School District from any and all liability in connection with such testing and/or disclosure.

I have read this Bloodborne Pathogens Source Individual Consent, Authorization for Disclosure, and Release form, I understand its terms, and I have freely and voluntarily signed this document.

Signature of Source Individual or Legal Representative

Date

Name and Relationship of Legal Representative (if any): _____

I have reviewed this Bloodborne Pathogens Source Individual Consent, Authorization for Disclosure, and Release form, and refuse my consent for testing and authorization for disclosure of test results. I understand that by refusing to do so, those employees who were exposed to my blood or other potentially infectious material will have limited information to determine their potential for contracting the diseases described in this form.

Signature of Source Individual or Legal Representative

Date

Name and Relationship of Legal Representative (if any): _____

Bloodborne Pathogen Training

Date of Training _____

Person Conducting the Training _____

Trainer's Qualifications _____

School _____

This training fulfills the bloodborne pathogens training requirements. The video reviews the definition for bloodborne pathogens and the standards. The person conducting the training will allow for questions and answers. All workers who are “reasonably anticipated” to have an occupational exposure to blood or other potentially infectious materials in the course of their employment need to be included in this training at the time of initial assignment and at least annually thereafter. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated. Training records must be kept for three years.

[illegible]

