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Section: All Employees  
Title: Exposure Control Plan  
and Communicable Diseases  
and Immunization  
Adopted: 1/3/95  
Revised: 5/15/01

**EXPOSURE CONTROL PLAN  
(FOR BLOODBORNE PATHOGENS)**

**FOR  
EMPLOYEES OF THE WILLIAMSPORT AREA SCHOOL DISTRICT  
IN RESPONSE TO  
29 CFR PART 1910-103-(FINAL RULING)**

## **SECTION 1**

### **Scope**

The purpose of this manual is to identify areas of responsibility for employees of the Williamsport Area School District in dealing with occupational exposure to blood or other potentially infectious materials. Although the school setting is not considered to be a healthcare facility, employees should be prepared to handle first-aid emergencies with the necessary precautions.

This document will establish guidelines to help the employees prevent an exposure incident by identifying those employees who may be prone to occupational exposure, establishing work practice controls, and instructing employees to follow universal precautions.

This manual is prepared to comply where applicable with the Occupational Safety and Health Administration standards on bloodborne pathogens (BPA), 29 CFR Part 1910.1030, which is available for review at the Office of Human Resources in the District Service Center. OSHA regulations are primarily designed for hospitals and other health care facilities, research laboratories, and production facilities.

## **SECTION 2**

### **Definitions**

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic micro-organisms 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).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health U.S.

Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means 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 means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Healthcare Facility means:

- (1) those establishments listed under the Standard Industrial Classification (SIC) Codes
  - 7261 Funeral Service and Crematories
  - 8011 Offices and Clinics of Doctors of Medicine
  - 8021 Offices and Clinics of Dentist
  - 8031 Offices of Osteopathic Physicians
  - 8041 Offices of Chiropractors
  - 8042 Offices of Optometrists
  - 8049 Offices of Health Practitioners, N.E.C.
  - 8051 Skilled Nursing Care Facilities
  - 8052 Intermediate Health Care Facilities
  - 8059 Nursing and Personal Care Facilities, N.E.C.
  - 8062 General Medical and Surgical Hospitals
  - 8063 Psychiatric Hospitals
  - 8069 Specialty Hospitals, Except Psychiatric
  - 8071 Medical Laboratories
  - 8072 Dental Laboratories
  - 8082 Home Health Care Agencies
  - 8092 Kidney Dialysis Centers
  - 8093 Specialty Outpatient Clinics, N.E.C.
  - 8099 Health and Allied Services, N.E.C.

- (2) clinics, health units, and nurses' stations at industrial work sites.

Healthcare Worker means an employee of a healthcare facility including, but not limited to, nurses, physicians, dentists and other dental workers, optometrists, podiatrists, chiropractors, laboratory and blood bank techs, research lab scientist, phlebotomist, dialysis personnel, paramedics, EMTs, medical examiners, morticians, housekeepers, laundry workers and others whose work may involve direct contact with body fluids from living individuals or corpses.

HBV means Hepatitis B virus.

HIV means human immunodeficiency virus.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required in section 1-1 Hepatitis B Vaccination and Post-exposure Evaluation and follow-up.

Occupational Exposure means 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.

Other Potentially Infectious Materials means:

- (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 means piercing mucous membranes or other skin barrier through such events as needlesticks, human bites; cuts, and abrasions.

Personally Identifiable Employee Medical Records means employee medical information accompanied by either direct identifiers (name, address, social security number, payroll number, etc.) or by information which could reasonably be used in the particular circumstances indirectly to identify specific employees (e.g., age, weight, height, race, sex, date of employment, job title, etc.)

Personal Protective Equipment 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.

Phlebotomist means any healthcare worker who draws blood samples.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means 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.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Source Individual means 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; resident of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospore.

Universal Precautions is 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 means 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).

### **Section 3** **Exposure Determination**

Employees of the Williamsport Area School District will be classified in one of two groups: Category I which includes employees whose job titles may have occupational exposure or Category II (not listed) which includes employees that would not normally perform tasks associated with occupational exposure. These tasks may not be routine, but could be required during circumstances which require first-aid treatment, or area clean up after such treatment.

#### Category I

(Priority Group for available immunizations)

School Nurse  
Health Room Technicians  
Custodians  
Instructional Aides

#### Category II

Professional Staff (psychologists, librarians, guidance, teachers)  
Administration  
Clerical  
Cafeteria  
Coaches

## CATEGORY I

1. Nurses
2. Health Room Technician
3. Custodians
4. Instructional/Personal Care Aides

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Date \_\_\_\_\_

Revision \_\_\_\_\_

**General Tasks and Procedures List**

**A. Nurses**

1. Review health services and attend to student health needs.
2. Administer First Aid as necessary.
3. Conduct basic auditory and visual screening tests.
4. Treat, review, and monitor cases of illness at school.
5. Assist with physical and dental examinations.
6. Assist with immunizations, T.B. testing, and other health examinations as necessary.
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- 14.
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**General Tasks and Procedures List**

**B. Health Room Technician**

1. Attend to student health needs.
2. Administer First Aid as necessary.
3. Assist with completing basic auditory and visual screening tests.
4. Assist with physical and dental examinations.
5. Assist with preparations for immunizations, T.B. testing, and other health examinations, and clean up as necessary.
6. Assist with keeping the healthroom suite orderly and attractive.
- 7.
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- 14.
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### General Tasks and Procedures List

#### C. Custodians

1. Dispose of trash.
2. Sweep, dust mop, and wet mop areas.
3. Vacuum carpeted areas (shampoo carpeted areas as necessary).
4. Clean fountains, trays/counters, and blackboards.
5. Wash windows and glass surfaces.
6. Clean restrooms and restroom equipment.
7. Monitor and maintain on site sewage treatment plants.
- 8.
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- 13.
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**General Tasks and Procedures List**

D. Instructional/Personal Care Aides

1. Assists students with instructional and/or physical needs
2. Assists students to meet daily objectives to include physical assistance and basic treatment and clean-up procedures after minor injuries.
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## **SECTION 4**

### **Methods of Compliance**

Information in this section has been taken from the Manual for Employers of Healthcare Workers prepared by the Health & Safety Publishing Group, PO Box 1714, Merrimack, New Hampshire 03054 and information provided by the Centers for Disease Control, Atlanta, Georgia, under the terms of "Universal Precautions."

#### **A. General Methods of Compliance**

Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. Whenever it is difficult or impossible to differentiate between body fluid types, all body fluid shall be considered as potentially infectious materials and Universal Precautions shall be observed.

#### **B. Engineering and Work Practice Control**

Engineering and work practice controls shall be re-evaluated, updated and replaced on a regular schedule to ensure effectiveness.

*WASD, When dealing with blood and body fluids employees should follow these precautions:*

1. *Wear latex or vinyl gloves when there is a possibility of coming in contact with blood or body fluids.*
2. *As a matter of routine hygiene, cover your exposed cuts and abrasions with a waterproof dressing (i.e., Band-Aid, type, etc.).*

#### **C. Handwashing**

*WASD rest room facilities are provided throughout the buildings.*

When it is not feasible to provide handwashing facilities which are readily accessible, antiseptic hand cleanser in antiseptic hand cleansers or towelettes are used. It is each supervisor's responsibility to ensure that your employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Employees, shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible after removal of gloves or other personal protective equipment.

- Temperature of the water should be luke warm
- Scrub hands and wrists for 15 seconds, using lots of friction
- Rinse thoroughly and dry well with paper towels
- Use paper towel to turn off faucet

#### **D. Contaminated Sharps**

Contaminated needles and other contaminated sharps shall not be bent, recapped, or

removed.

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers which shall be:

Puncture resistant;

Labeled or color-coded in accordance with this manual;

Leakproof on the sides and bottom; and in accordance with the requirement that you shall not store or process reusable sharps that are contaminated with blood or other materials where these sharps have been placed.

Do not overfill sharps containers.

#### E. Personal Hygiene

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Food and drink shall not be kept in refrigerators, freezers, cabinets or on countertops, shelves or benchtops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, pattering, and generation of droplets of these substances.

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

#### F. Containment

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding is required when such specimens/containers leave the facility.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

#### G. Contaminated Equipment

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary. Where decontamination of such equipment or portions of such equipment is not feasible.

A readily observable label shall be attached to the equipment stating which portions of the equipment remain contaminated.

This information will be conveyed to all affected employees, the servicing representative, and/or the manufacturers, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions can be taken.

#### H. Personal Protective Equipment

When occupational exposure exists after engineering and workplace controls have been implemented, employees will be provided appropriate personal protective equipment. Personal protective equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields, or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Employee will use appropriate personal protective equipment unless he/she temporarily and briefly declined to use personal protective equipment when under rare and extraordinary circumstances, it was the professional judgment of the supervisor that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker.

Appropriate personal protective equipment in the appropriate sizes will be readily accessible at the worksite or shall be issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Personal protective equipment will be cleaned and laundered at no cost to the employee.

Repairs or replacement of personal protective equipment will be done as needed at no cost to employees.

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as possible.

All personal protective equipment shall be removed prior to leaving the work area. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or

touching contaminated items or surfaces.

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and the degree of exposure anticipated.

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

*WASD Each building will be provided with five (5) emergency sanitation and protection kits, the High School will receive ten (10), placed in a central location (custodial office). The pack contains all the basic exposure control supplies needed for individual protection during a first-aid emergency. Included in the kit are the following items:*

- 2 latex gloves*
- 1 super chlorine 8 x 10" towelette*
- 1 large extra absorbent towel*
- 1 basic tray - hard*
- 1 red biohazard bag*

*Emergency Kits will be distributed to all coaches and to the following locations at the elementary and secondary schools (as needed). Nurses will be provided with kits including barrier gowns as needed.*

<u>Elementary</u>	<u>Quantity</u>
Art Room	2
Nurse's Office	2
Music Room	2
Gymnasium	4
 <u>Middle &amp; High Schools</u>	
Science Rooms	4

<i>Gymnasium</i>	4
<i>Shops</i>	4
<i>Home Ec.</i>	4
<i>Art Room</i>	4
<i>Music Room</i>	4
<i>Nurse's Office</i>	4
<i>Athletic Trainer</i>	5
<i>Bus Garage</i>	100
<i>Athletics</i>	50 ( <i>distributed by Athletic Director</i> )

### I. Removal of Gloves

- ☞ Take left/right hand and grasp the cuff of the right/left gloves. Pull glove off inverting glove so it comes off with the outside of the glove in the inside.  
\*this contains the contaminated area
- ☞ Gather the glove into the gloved hand.
- ☞ Reach with the ungloved hand, for inside of the glove on the gloved hand.  
\*to protect the ungloved hand from contamination
- ☞ Pull glove off inverting the glove as it comes off so that all the inside of the glove is on the outside.
- ☞ Dispose of the gloves in the appropriate receptacle.

### J. General Housekeeping

All work areas will be maintained in a clean and sanitary condition. A written schedule for cleaning and a method for decontamination based on location, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area will be developed and implemented.

All equipment and environmental and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious material; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

*WASD The area should be cleaned with a germicide or a 1 to 10 solution of household bleach and water.*

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly with hands. Broken glassware shall be cleaned up using mechanical means, such as a brush and dust

pan, tongs, or forceps.

Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:

- Closable;
- Puncture resistant;
- Leakproof on all sides and bottom; and
- Labeled or color-coded.

Containers for contaminated sharps will be accessible on each floor of each building to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries). Containers for contaminated sharps will be maintained upright throughout use, replaced routinely, and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and placed in a secondary container if leakage is possible. The second container shall be:

- Closable;
- Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
- Labeled or color-coded.

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

Regulated waste will be placed in containers which are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Labeled or color-coded in accordance with this manual; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

- Closable;
- Construction to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Labeled or color-coded in accordance with this manual; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

#### K. Regulated Waste Disposal

Disposal of all regulated waste will be in accordance with applicable regulations of the United States Environmental Protection Agency and Pennsylvania Department of Environmental Protection.



*Williamsport Area School District will contract with Susquehanna Health System, 1100 Grampian Boulevard, Williamsport, PA 17701 for the disposal of regulated waste, at designated times. Regulated waste will be collected daily from all District Buildings (by District personnel) and stored in a secured area at the Warehouse Complex until such time that it (regulated waste generated by the Williamsport Area School District facilities only) is delivered by Williamsport Area School District to the site designated by Susquehanna Health System for disposal.*

L. Outside Services

Outside Services such as:

- Linen
- Cleaning
- Waste Disposal
- Medical Repair
- ETC

may or may not fall under this Standard. However, they must follow Universal Precautions. This standard is designated to address the employer-employee relationship. [Independent contractors who may be affected by these precautions will be advised and should adjust their practices accordingly.]

## **SECTION 5 HIV/HBV**

### **WILLIAMSPORT AREA SCHOOL DISTRICT COMMUNICABLE DISEASES AND IMMUNIZATION-EMPLOYEES**

#### **1. PURPOSE**

The Williamsport Area School District is committed to the provision of a healthful and safe environment for students and employees. Accordingly, the School District shall seek guidance from appropriate medical, educational, legal, and governmental authorities in carrying out this mandate. The policy is intended to protect persons in the schools from known and unknown diseases transmitted by blood. Administration of the policy shall be the responsibility of the Superintendent.

#### **2. DEFINITION**

"Infected students" and "infected individuals" are terms used in this policy to include persons diagnosed as having a bloodborne communicable disease and persons who are carriers but who exhibit no symptoms.

#### **3. EMPLOYEE PROTECTIONS**

The United States Surgeon General has determined that persons infected with a bloodborne communicable disease are unable to transmit these diseases by the casual contact that usually occurs in a school setting. The School District will honor the recommendations of the Centers for Disease Control and the directives of the Americans with Disabilities Act and of the Pennsylvania Human Relations Act with regard to infected employees.

This policy is subject to the provisions of the Confidentiality of HIV-Related Information Act, 35 P.S. Section 7601 et seq., as amended from time to time. Information concerning HIV-infected employees shall be maintained as confidential in accordance with the requirements of that Act, including Section 7607, which requires that consent to disclosure of information be obtained in writing, that the written consent contain certain elements, and that any disclosure be made with a written notice in the form prescribed by the statute.

For employees infected with other bloodborne communicable diseases, confidentiality shall be maintained to the highest practicable degree. Disclosure shall be made only to those within the District who have a need to know of the infection, and the employee shall be given an opportunity to discuss the nature and extent of the disclosure with the appropriate administrator prior to the making of any disclosure. Those persons to whom the identity is revealed shall preserve the confidentiality of the information regarding the infected person. The number of people informed of the infected individual's status shall be kept to the minimum required to assure proper care and supervision of the infected individual and the health and welfare of the total school population. All records and/or files that include names and other confidential information about infected persons shall be kept under strict security by the Personnel Director.

4. **EDUCATION**

Inservice education programming about bloodborne communicable diseases shall be provided for all staff, through District-wide or building based inservice programs presented by Susquehanna Health System Personnel.

5. **PROTECTION AGAINST OCCUPATIONAL EXPOSURE**

Pennsylvania school districts are not required by the Occupational Safety and Health Administration to provide vaccinations to their employees. OSHA regulations are designed primarily for hospitals and other health care facilities and for research laboratories and production facilities. Occupational exposure involves the risk of acquiring a bloodborne communicable disease from and employee's physical contact with persons in the workplace.

Occupational exposure is defined by OSHA regulations as "reasonable anticipated skin, eye, mucous membrane, parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." "Other potentially infectious materials" include "semen, vaginal secretions, cerebrospinal 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."

The question is whether or not an employee could reasonably anticipate coming in contact with blood or other potentially infectious body fluids in the ordinary course of the employee's duties. All or most school district employees cannot reasonably anticipate such contact. (Feces and urine are not included in the list of dangerous body fluids. The inclusion of saliva in the list refers only to saliva in dental procedures.)

**A. Risk Control Committee**

Even if the OSHA regulations were applicable to public schools, many school employees would not fall within the category of employees that the legislation was designed to protect. Nevertheless, this policy recognizes that some employees, e.g. school nurses or certain special education employees, may have concerns about contact with blood or other potentially infectious body fluids in the ordinary course of their duties. In response to the concerns of certain employees, this policy directs that a Risk Control Committee be formed to develop plans addressing employee concerns.

The Superintendent shall organize a committee to control occupational exposure to bloodborne communicable diseases. The committee shall be chaired by the Director of Human Resources and shall include the Associate Superintendent, the Director of Student Services, the Head School Nurse, and two or more other persons selected by the committee. The committee shall develop three plans, which shall be recommended to the Board--an exposure control plan, a post-exposure plan, and a work practices plan--which following approval by the Board of School Directors, shall be attached to this policy as administrative procedures.

In carrying out the three plans, the Risk Control Committee and the District administration shall restrict expenditures to the funding allocated annually by the Board of School Directors. The Board and the administration shall attempt to find adequate funding from sources other than the

District's general fund such as reimbursement from medical assistance for indirect services provided to Medicaid-eligible students. In the event such funding is not available in any year(s), the Board retains discretion to reduce or eliminate funding for implementation of the plans.

The Risk Control Committee shall receive training from a knowledgeable resource person such as an epidemiologist or a representative of the Pennsylvania Department of Health.

### **B. Exposure Control Plan**

The exposure control plan shall provide appropriate vaccinations by a designated healthcare provider at School District expense to persons in positions designated on a list of job titles as having the greatest possibility of occupational exposure. The list shall be prioritized so that in the event funding is not adequate for all on the list to receive vaccinations, that vaccinations shall be given to those positions listed first. In the event that not all listed employees can receive vaccinations, or if other District employees desire to receive vaccinations, the Risk Control Committee shall provide information and shall assist in obtaining low-cost vaccinations for those employees. In addition to the list of positions eligible for District-paid vaccinations, the plan shall include a description of the group vaccination program and the designation of the healthcare provider.

### **C. Post-Exposure Plan**

The committee shall develop a post-exposure evaluation and follow-up plan, which shall provide assistance should an employee experience an exposure to blood or other potentially infectious body fluids. Unless specifically authorized by the Board of School Directors, the post-exposure plan shall not require the District to make direct payment for any follow-up testing or medical treatment. The post-exposure plan shall include a description of the protocol for initial healthcare procedures, reporting guidelines, designation of appropriate healthcare providers for referral, and financial advice.

### **D. Work Practices Plan**

The committee shall develop a plan of work practices to eliminate or minimize the exposure of employees to bloodborne pathogens. The plan shall employ a universal precautions approach to infection control whereby all blood and certain body fluids are treated as if known to be infectious. The plan shall enable the School District to provide employees with the means, equipment, and work practice controls to perform their responsibilities in a manner which eliminates or minimizes their exposure to potentially infectious materials. The plan of work practices shall include handwashing guidelines, the appropriate use of barriers, the appropriate disposal of hazardous waste, clean-up procedures for handling blood and certain body fluids, procedures for use with contaminated laundry, and a staff training component.

## **SECTION 6**

### **Post Exposure Evaluation and Follow-Up**

#### **A. Exposure Incident/Exposure Evaluation**

Exposure incident as defined means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties. An example of this may be your nurse accidentally sticking herself with a used syringe. This incident must be reported to you and certain steps must be taken.

Reference to Part B of Medical Checklist (Form IX110).  
Fill out OSHA Form 200

Following a report of an exposure incident, the employer will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred:

Identification and documentation of the source individual, unless you can establish that identification is infeasible or prohibited by state or local law.

The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, you will establish that legally required consent cannot be obtained.

When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

#### B. Healthcare Professional

The employer will ensure that the healthcare professional responsible for employee's Hepatitis B vaccination is provided a copy of this regulation. The employer will ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information;

A copy of this regulation;

A description of the exposed employee's duties as they relate to the exposure incident;

Documentation of the route(s) of exposure and circumstances under which exposure occurred;

Results of the source individual's blood testing, if available; and

All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

#### C. Healthcare Professional's Written Opinion

You will obtain and provide your employee with a copy of the evaluating healthcare

professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is recommended for an employee, and if the employee has received such vaccination. The healthcare professional's written opinion recommending post-exposure evaluation and follow-up will be limited to the following information:

That the employee has been informed of the results of the evaluation; and  
That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

#### D. Workers Compensation Coverage

Employees who come in contact with an infectious disease while in the course of their employment with the Williamsport Area School District will be covered under the district's Worker's Compensation policy as stipulated under Section 108, subsection N of the Pennsylvania Worker's Compensation Act.

#### E. Medical Records

Medical records required by this standard will be maintained in accordance with Section 8-1 of this manual.

### **SECTION 7**

#### **Communication of Hazards to Employees**

A training session will be conducted by the school nurse on a regular basis, as deemed necessary. This training session will provide information containing the following elements:

Copies of 29CFR 1910-1030 (Available for review in Personnel Office).

Explanation of exposure control plan contents.

General explanation of epidemiology and symptoms of HIV/HBV.

Modes of transmission of bloodborne pathogens.

Explanation of the exposure control plan.

Methods to prevent or reduce exposure, including engineering and work controls, and personal protective equipment.

Information on the types, use, locations, removal, decontamination, and disposal of personal protective equipment.

Explanation of the basis for selection of personal protective equipment.

Information on the HBV vaccination, including its efficacy, safety, and benefits.

Procedure to follow if an exposure incident occurs; including methods of reporting and medical follow up.

What to do and who to contact if an emergency involving blood or other potentially infectious materials occurs.

Explanation of the procedures to follow if an exposure incident occurs; the method of reporting and the medical follow up that will be made available.

Information on the post exposure evaluation and follow up which is required of the employee to the employer.

Explanation of relevant signs, labels, and color coding.

Finally, there must be an opportunity for questions and answers between the employees and the instructor.







**SECTION 8**  
**Medical Records**

Medical Records will be confidential and maintained in the Personnel Office.

**Medical Records Check List  
For Employees with Occupational Exposure**

Part A (1-4) is Mandatory

- \_\_\_\_\_ 1. Name and SSN
  - \_\_\_\_\_ 2. Copy of Employee Vaccination Status
  - \_\_\_\_\_ 3. Date of all HBV Vaccinations
  - \_\_\_\_\_ 4. Any Medical Records relative to Employee's ability to receive vaccination
  - \_\_\_\_\_ 5. Employee Declination Statement. (OPTIONAL)
- 

Part B (6-8 is to be filled out if an exposure incident occurs)

- \_\_\_\_\_ 6. Copy of all results of examinations and testing of all procedures if an exposure incident occurs.
  - \_\_\_\_\_ 7. Copy of the Healthcare Professional's written opinion
  - \_\_\_\_\_ 8. Copy of the information provided to the Healthcare Professional
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(This check list should be included in each employee's medical file)

**SECTION 9**  
**Revision/Update Logs**

The original plan\* will be maintained in the office of the Personnel Director. The plan will be reviewed by the Administration annually or as necessary. Any revisions or additions will be noted accordingly and attached to the plan.

\*confidential material such as medical records will be maintained separately from the manual available for public review.