

Policy 3.022. Infectious Disease Exposure Control

It is the obligation of C.E.S. to promote safe work practices and to maintain a safe work environment in an effort to minimize the incidence of illness and injury experienced by its employees. Thus, C.E.S. recognizes its responsibility to limit occupational exposure for its employees to blood and other potentially infectious materials.

The C.E.S. Governing Board herewith establishes as policy the protection of its employees from bloodborne pathogens and other potentially infectious materials and authorizes the Executive Director to establish and review annually procedures to ensure such protection.

Reference: OSHA Bloodborne Pathogens Standard (29 CFR 1910, 1030)
 (Federal Register 12/6/91)

ADOPTED: October 7, 1993
REVISED: June 1, 2000

INDEX

INTRODUCTION

Availability of the Exposure Control Plan to Employees
Review/Update of the Plan

I. GENERAL PROGRAM MANAGEMENT

- Responsible Persons
- Roles of Responsible Persons

II. EXPOSURE DETERMINATION

- Tasks
- Job Positions

III. SCHEDULE AND METHOD OF IMPLEMENTATION

Methods of Compliance

- Universal Precautions/Guidelines for Handling Body Fluids
- Engineering and Work Practice Controls
 - * Disposal of Sharps
 - * Handwashing Facilities
 - * Housekeeping
 - * Regulated Waste
 - * Linen/Clothes Handling

Safe Work/Classroom Practices

- Eating, Drinking, Handling Food Products
- Smoking, Applying Cosmetics, Handling Contact Lenses
- Handwashing
- Student Support Procedures
- Decontamination of Equipment
- Contaminated Needles

Personal Protective Barriers (Equipment) PPE

- Overview
- General
 - * Gloves
 - * Utility Gloves
 - * Face and Eye Protection
 - * Availability
 - * Selection
 - * Care and Disposal of PPE
 - * Resuscitation/Respiratory Equipment

Hepatitis B Vaccination

- General
- Overview of Program

Post Exposure Evaluation and Follow-Up

- Documentation
 - Identification and Documentation of Source Individual
- Post Exposure Prophylaxis
- Appropriate Counseling
- Information

Information for Health Care Professional

- Health Care Professional's Written Opinion

Post Exposure Incident Follow-up

Record keeping

- Medical Records
- Confidentiality
- Training Records
- Log of Occupational Exposure

Information and Training of Employees

- Schedule of Training
- Elements of Training for Employees At Risk for Occupational Exposure

IV. FORMS

V. GUIDELINES FOR HANDLING BODY FLUIDS IN CES PROGRAMS

FORMS

Form - 1	Hepatitis B Vaccination Employee Signature Form
Form - 2	Hepatitis B Vaccination Declination Form
Form - 3	Exposure Incident Report to Health Care Professional
Form - 4	Documentation of Immunization
Form - 5	Employee Post Exposure Incident Report
Form - 6	Training Record
Form - 6a	Training Record Addendum - Attendance Sheet
Form - 7	Occupational Exposure Incident Log

OSHA EXPOSURE CONTROL PLAN

INTRODUCTION

The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) covers all employees who could be "reasonably anticipated" to have contact with bloodborne pathogens and other potentially infectious materials as the result of performing their job duties. In accordance with this standard, CES has developed an exposure Control Plan.

Availability of the Exposure Control Plan to Employees

A copy of the Exposure Control Plan is found in and available to all employees at each program site in the main office and in the Administrative Services Office.

Review and Update of the Plan

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

- * Annually.
- * Whenever new or modified tasks and procedures are implemented which impact the potential for occupational exposure.
- * Whenever employees' jobs or responsibilities are modified or altered so that a new potential of occupational exposure may exist.
- * Whenever new or revised positions are established that may involve occupational exposure.

I. GENERAL PROGRAM MANAGEMENT

Responsible Persons

The major "Categories of Responsibility" that are central to the effective implementation of the Exposure Control Plan are:

- * The "Exposure Control Officer".
- * Executive Director, Director of Administrative Services, Director of Special Education, Assistant Director of Special Education, Program Administrators, School Medical Advisor, Nursing Staff.
- * Employees.

Roles of Responsible Persons

The Assistant Director of Special Education will serve as the Exposure Control Officer and will be responsible for overall management, implementation and evaluation of the OSHA Bloodborne Exposure Control Plan. Activities which are delegated to the Exposure Control Officer typically include, but are not limited to:

- * Overall responsibility for coordinating the implementation of the Exposure Control Plan for the entire agency.
- * Working with Director of Administrative Services, School Medical Advisor, School Nurse, Program Administrators and other employees to develop and administer any additional bloodborne pathogens related policies, procedures and practices needed to support the effective implementation of this plan.
- * Revising and updating the Exposure Control Plan in conjunction with CES Administration, annually and as necessary.
- * Keeping abreast of current legal requirements concerning bloodborne pathogens.
- * Causing periodic facility reviews to monitor plan compliance and report findings to the Executive Director/designee.

Program Supervisors are responsible for exposure control in their respective programs, departments and work areas. They should work directly with the Exposure Control Office, and others to ensure the training of employees. Questions concerning proper exposure control procedures should be referred to the Exposure Control Officer.

As with many safety-related programs, employees have a very significant and important role in the implementation of the Bloodborne Pathogens Exposure Control Plan and routine compliance with the demands of the OSHA Standard. In this role, after appropriate training, employees are expected to:

- * know which tasks they perform that have the potential of occupational exposure to bloodborne pathogens.
- * attend annually and as assigned, bloodborne pathogens training sessions.
- * consistently use all engineering controls and appropriate personal protective equipment.
- * participate, or specifically decline to participate, in the Hepatitis B Vaccination Program.
- * report to their supervisor immediately, all suspected bloodborne exposure incidents in a manner that insures confidentiality.

II. EXPOSURE DETERMINATION

CFR 1910.1030, paragraph (b) defines "occupational exposure" to mean "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 include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, saliva in dental procedures, any body fluids visibly contaminated with blood, and all body fluid in situations where it is difficult or impossible to differentiate between body fluids.

Tasks

The following listed tasks are reasonably anticipated to have a potential for exposure to blood, body fluids or other potentially infectious materials:

- * providing nursing services and/or delegated health care activities
- * assisting students with personal care and hygiene tasks such as toileting, changing diapers and menstrual pads, teeth brushing and feeding.
- * assisting the nurse with first aid, CPR and health care according to student need (routine or in emergency)

- * providing first aid and CPR if nurse not available
- * working with students who are chronic biters

Job Positions

The following job positions at CES are classified and reasonably anticipated to have a potential for an "occupational exposure", regardless of frequency or severity, to bloodborne pathogens.

Job classification where all have a potential for occupational exposure:

- * nurses

It is further determined that employees, in each of the individually listed job classifications, have potential for an "occupational exposure" to bloodborne pathogens related to specific assigned tasks.

Job classifications where some employees have a potential for occupational exposure:

- * teachers
- * teacher assistant
- * therapists
- * social workers and psychologists
- * administrators
- * drivers
- * transportation aides
- * job coaches
- * long-term substitutes

III. SCHEDULE AND METHOD OF IMPLEMENTATION

Methods of Compliance

Universal Precautions/Guidelines for Handling Body Fluids

To reduce exposure to bloodborne pathogens and other potentially infectious materials all CES programs and personnel will follow established procedures for Universal Precautions and Guidelines for Handling Body Fluids. These procedures are found in Section V of this document.

Universal precautions not only help to protect employees but also help to protect students and clients. It is designed to minimize the transmission of all infectious materials including bloodborne pathogens.

Engineering and Work Practice Controls

Disposal of Sharps

Anything which can penetrate the skin (i.e., Epipen and needles) will be placed in appropriate leak proof and puncture resistant container (labeled and color coded red and located in the nurse's office) for immediate disposal or as soon as possible after use.

Additionally, syringes without needles used for administering medication or performing tube feedings will be placed in appropriate leak proof and puncture resistant containers (labeled and color coded red and located in the nurse's office) for disposal as soon as possible after use.

It is the responsibility of the nurse in each building to monitor the storage and replacement of the sharps container and to notify the Assistant Director of Special Education when replacement is needed.

Handwashing Facilities

Sinks for handwashing are designated throughout CES facilities. At each of these designated locations, a supply of an approved handwashing liquid and paper towels is maintained by CES custodial staff on a daily basis.

Hot and cold, domestic water supply and drainage is maintained by CES staff or contracted services.

Cleanliness of the sinks and restocking of consumable supplies is done by CES custodial staff or contracted services on a regular basis.

In areas where sinks are not immediately accessible, CES will supply waterless hand wipes/towelettes. However, after using such handwipes/towelettes, hands shall be washed with soap and running water as soon as possible.

Housekeeping

All areas of the facility, where there is the potential for bloodborne pathogens or other potentially infectious materials exposure, will be cleaned in accordance with schedules and methods developed by CES or contracted agency. (See CES Guidelines for Handling Body Fluids.)

Regulated Waste

"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; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials." (Federal Register Vol. 56, No. 235 12/6/91 p.64175)

The containers into which sharps and other regulated wastes are stored, transported or shipped must be closeable and constructed so as to contain the waste and prevent leakage of its contents. If the waste could puncture the primary container, the primary container must be placed into a puncture-resistant secondary container. If outside contamination of the primary container occurs, the primary container must also be placed within a second container which prevents leakage. All biohazard containers must be kept out of the reach of students.

Red containers or labels will be used to warn employees who may have contact with containers of the potential hazard posed by their contents. Warning labels will be fluorescent orange or orange-red and contain the biohazard symbol and the word "BIOHAZARD" in a contrasting color and be attached to each object by string, adhesive, wire or another method of prevent loss or unintentional removal of the label.

Materials that sometimes may not meet the Federal definition of "Regulated Waste" but could still be considered potentially contaminated items in the school or work site and require special handling may include but not be limited to gloves, gauze/ bandages, menstrual pads, diapers, tongue depressors, catheters, feeding tubes and syringes, CPR shields and any materials and substances used to absorb contaminated fluids.

Potentially contaminated items should be disposed of in a plastic bag and then stored in plastic lined covered trash can. Double bagging will be used. Plastic liners should be changed daily and disposed of routinely.

Linen/Clothes Handling

Linen (towels, bibs, pillowcases, etc.) will be removed from the area when contaminated, placed in a plastic bag and taken to the laundry area for washing. The plastic bag will then be discarded. Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment. (See CES Guidelines for Handling Body Fluids.)

Safe Work/Classroom Practice

Safe work practices are implemented to reduce the risk of occupational exposure in bloodborne pathogens during all procedures or tasks that are reasonably likely to involve contact with blood or other potentially infectious materials, including handling, repair and the routine cleaning of contaminated equipment.

Eating, Drinking, Handling Food Products

Eating, drinking or handling food products is prohibited in work areas when there is any risk of occupational exposure, food and drink shall not be kept in or around refrigerators, freezers, storage areas or counter tops where blood or other potentially infectious materials may be present.

Smoking, Applying Cosmetics, Handling Contact Lenses

Smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas when there is any risk of occupational exposure.

Handwashing

Handwashing is required, as soon as possible, upon the removal of gloves or other personal protective barrier equipment. (See CES Guidelines for Handling Body Fluids.)

Following any contact of body areas with blood or any other potentially infectious materials, employees will wash their hands and any other exposed skin with soap and running water as soon as possible. Employees will also flush exposed mucous membranes (eyes, lips, mouth, nose) with water. (Note: This, or any other exposure, must be reported to the school nurse, where available, or program administrator for evaluation.)

Student Support Procedures

Procedures involving blood or other body fluids and potentially infectious materials (i.e., suctioning, changing diapers, changing menstrual pads, assisting with toileting) are performed in such a manner to minimize the risk of splash, spray or splatter. Areas or articles that are exposed to contamination are to be cleaned immediately in accordance with agency procedures. (See CES Guidelines for Handling Body Fluids Cleaning Procedures/Decontamination.)

Decontamination of Equipment

All reusable, clinical equipment that may be contaminated will be decontaminated prior to servicing or repair. If complete decontamination prior to services or repair is not possible, the portions of the equipment that are still contaminated will be labeled with a biohazard sign specifically identifying the portions that remain contaminated (i.e., suction machine).

Contaminated Needles

Contaminated needles and other contaminated sharps are not to be bent, recapped or removed after usage. Sharps are to be placed in appropriate biohazard containers designated for sharps (located in the nurse's office).

Personal Protective Barriers (Equipment) PPB

Overview

The agency will provide, at no cost to the employee, appropriate barriers, i.e., personal protective equipment (PPB), which are sufficient to protect the employee from the types of exposure reasonably anticipated during performance of the employees' duties. This equipment will include gloves, gowns, face shields, masks, protective eye wear, emergency ventilation equipment, etc., as appropriate.

Personal protective equipment must be used to prevent blood or other potentially infectious material from passing through to, or contacting the employees' work or street clothes, undergarments, skin, eyes, mouth, or other mucous membranes, unless engineering controls and work practices have eliminated occupational exposure. An employee may temporarily decline wearing personal protective equipment under rare and extraordinary circumstances. Rare and extraordinary circumstances arise when, in the employee's professional judgment, use of protective equipment will prevent the delivery of health care or public safety services or pose an increased hazard to workers. This exception is intended to apply in essentially life-threatening situations. Incidents during which an employee elects not to wear protective equipment must be documented by the employer in order to determine whether changes can be instituted to prevent occurrence in the future. Interference with proper performance of a procedure or improper fit are NOT acceptable reasons to refrain from using an appropriate protective barrier.

The financial responsibility for purchasing the personal protective equipment rests with the employer. The employer is not obligated to provide general work clothes to employees. The type and amount of equipment shall be chosen to protect against contact with blood or other potentially infectious material based upon the type of exposure and quantity of these substances which can be reasonably anticipated to be encountered during the performance of a task or procedure.

The appropriate use of protective barriers will be determined by program procedures which identify the most frequently performed tasks and detail which barriers will be utilized for those tasks.

All personal protective equipment shall be: 1) removed prior to leaving the work area, 2) removed as soon as possible following penetration by blood or other infectious materials and 3) placed in a plastic bag for washing, decontamination, storage or disposal. Laboratory coats and uniforms that are used as personal protective equipment shall be laundered by the employer and not sent home with the employee for cleaning.

If protective garments such as smocks or coverings are identified as personal protective barriers intended to protect the employee's body from contamination during the performance of a specified task or procedure, they are to be provided by the employer and laundered on the work premises.

General

Gloves

Gloves must be worn when there is reasonable likelihood of hand contact with blood or non-contact skin, and when handling contaminated items or surfaces. Gloves shall be replaced if torn, punctured, contaminated or deteriorated.

Utility Gloves

Utility gloves must be used when performing housekeeping or cleaning tasks which can be reasonably anticipated to expose the employee to contact with blood and other potentially infectious materials. They may be decontaminated for cause if the integrity of the above is not compromised. However, they must be discarded if they are tracked, peeling, torn, punctured or exhibit other signs of deterioration. Gloves should be checked regularly for cracks or other flaws and replaced as necessary.

Note: Hypoallergenic gloves, powderless gloves or glove liners will be made available by the employer. Staff should be aware not only of their own allergies but the potential allergies of the student/client or co-worker who may come in contact with latex gloves. (See CES Guidelines for Handling Body Fluids for Use of Gloves Procedure.)

Face and Eye Protection

Face and eye protection is required when there is a reasonable potential for splashing, spraying, or splattering of blood or other potentially infectious materials.

Availability

Protective barriers, as appropriate for the task at hand, will be available to all employees.

Selection

The selection of appropriate protective barriers (equipment and clothing) will be based on:

- * the task being performed
- * the degree of exposure (i.e., the amount of blood or potentially infectious materials) that is anticipated.
- * considering the ability of the barrier to prevent blood and other potentially infectious materials from passing through to reach the employee's skin or work clothes. Protective equipment and clothing are a mechanism to assist in the prevention of unknown and unnecessary transmission of diseases.

Note: The employer is not obligated to provide general work clothes to employees. PPE shall be provided in a variety of sizes where and whenever possible.

Care and Disposal of PPE

Most barriers are fully disposable and should be properly disposed of immediately following use. Reusable protective eyewear will be washed with an EPA-approved germicide when visibly contaminated with blood or other potentially infectious material, but not less than daily. Other reusable barriers, i.e., clothing, shall be placed in appropriate bags for laundering.

During the work day staff should remove protective barriers (i.e., clothes, equipment) prior to leaving the designated area. This will prevent the risk of contaminating other students, clients or co-workers as the staff moves through the building.

Resuscitation/Respiratory Equipment as a Protective Barrier

Resuscitation/respiratory devices should be readily available and accessible to employees who can be reasonably expected to resuscitate the client. Emergency ventilation devices also fall under the scope of protective personal equipment and hence must be provided by the employer for use in resuscitation (e.g., masks, mouthpieces, resuscitation bags, shields/overlay barriers).

Hepatitis B Vaccination

General

CES recognizes that even with good adherence to all bloodborne exposure prevention practices, exposure incidents can occur. A Hepatitis B Vaccination Program is established in order to minimize the potential consequences of these exposures.

Overview of Program

CES strongly encourages ALL employees who may have the potential for being exposed to bloodborne pathogens or other infectious materials in performing their jobs to avail themselves of this important protection. (See Form 1, Hepatitis B Vaccination Employee Signature Form). This form is kept in the employee's personnel file.

Vaccinations are provided at no cost to all employees whose job tasks are reasonably anticipated to have a potential for exposure to bloodborne pathogens or other infectious materials. Such tasks are as follows:

- * providing nursing services and/or delegated health care activities
- * assisting students with personal care and hygiene tasks such as toileting, changing diapers and menstrual pads, teeth brushing and feeding
- * assisting the nurse with first aid, CPR and health care according to student need (routine or in emergency)
- * providing first aid and CPR if nurse not available
- * working with students who are chronic biters

The vaccination program consists of a series of three inoculations over a six-month period. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such a booster dose(s) shall be made available at no cost to the employee.

New employees who are assigned to positions that are classified or reasonably anticipated to have a potential for an occupational exposure to bloodborne pathogens must be offered vaccinations within 10 days of their initial assignment. The employer must also make routine booster doses of the Hepatitis B vaccine available if booster doses are recommended by the U. S. Public Health Service.

CES shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination. If an employee is evaluated by a Health Care Professional prior to receiving a Hepatitis B vaccination, the Health Care Professional shall provide CES Personnel Office with a written evaluation opinion of the employee's status.

The Health Care Professional's written opinion shall be limited to:

- a. Is Hepatitis B Vaccine indicated?
- b. Has the vaccine been given to the employee?

CES will provide the employee with a copy of this written opinion.

CES will make the vaccine and booster(s) available at no cost to the employee, at a reasonable time and place, performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional and according to recommendations of the U.S. Public Health Service current at the time that evaluations and procedures take place.

Employees, who have chosen NOT to participate in a vaccination program, must sign a Hepatitis B Vaccination Declination Form (See Form 2). This form is kept in the employee's personnel file. If an employee refuses to sign a declination form, a note to that effect will be placed in the employee's personnel file, indicating that the employee's cooperation was sought.

CES will make the vaccination available to an employee who initially declines the vaccination if the employee is covered by the OSHA standard and requests the vaccination at a later date.

Post Exposure Evaluation and Follow-Up

A post exposure evaluation and follow-up protocol is followed in order to provide the best care to the exposed employee and to learn about the exposure incident so prevention efforts can be made more effective.

Employees will immediately report a possible exposure incident to the school nurse, where available, or to the program administrator. The nurse and/or the program manager, will assist the employee in filling out a CES Accident/Incident Report. The nurse or program manager will immediately contact the nurse supervisor, or if not available, the Exposure Control Officer, to determine if an incident has occurred.

When an incident is confirmed, CES will arrange through the Personnel Department for a confidential medical evaluation and follow-up including:

Documentation

Documentation is the route(s) of exposure and the circumstances related to the incident.

Identification and Documentation of Source Individual

Identification and documentation of the source individual, if feasible, unless CES can establish that identification is infeasible or prohibited by State law.

- * Source individual's blood will be tested as soon as feasible after consent is obtained, for HIV/HBV infectivity, unless source is a known carrier. If consent is not obtained, CES

shall establish that legally obtained consent cannot be obtained.

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

Post Exposure Prophylaxis

Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

Appropriate Counseling

Appropriate counseling concerning precautions to take during the period after the exposure incident and to prevent recurrence.

Information

Information for the employee on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

Information for Health Care Professionals

CES will ensure that the health care professional evaluating an employee after an exposure incident is provided the following information (See Form 3, OSHA Exposure Incident Report to Health Care Professional):

- * A copy of the OSHA regulations.
- * A description of the exposed employee's duties as they relate to the exposure incident.
- * Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- * Results of the source individual's blood testing, if available.
- * All medical records relevant to the appropriate treatment of the employee including vaccination status which is CES' responsibility to maintain.

Health Care Professional Written Opinion

CES Personnel Office will obtain a copy of the health care professional's written opinion when a employee goes for evaluation following an exposure incident. CES will be provided with a copy of the health care professional's written opinion within 15 days of the completion of the evaluation. The Health Care Professional's written opinion will be limited to:

- * Is Hepatitis B vaccine indicated?

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

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

Post Exposure Incident Follow-Up

The Exposure Control Office will investigate and follow-up all exposure incidents by filling out the Employee Post-Exposure Incident Report (see Form 5) and filing it in the specific employee's confidential OSHA folder in the CES Personnel Office.

Recordkeeping

Medical Records

The CES Personnel Department will establish and maintain an accurate separate record for each employee with occupational exposure in accordance with OSHA Bloodborne Pathogens Standard - 29 CFR 1910.1030 Federal Register 12-6-91. This record will include (see Form 4, Documentation of Immunization and Form 5, Post Exposure Incident Report):

- * The name and social security number of the employee.
- * A copy of the employee's Hepatitis B vaccination status including the dates of all of the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination. (See Form 1).
- * Hepatitis B Vaccination Declination Form, if applicable. (See Form 2)
- * A copy of all results of examinations, medical testing and follow-up procedures required by these guidelines.
- * The employer's copy of the health care professional's written opinion as required by these guidelines.
- * A listing of the information provided to the health care professional as required in these guidelines.

Confidentiality

CES will ensure that the above medical records are:

- * Kept confidential.
- * Not disclosed or reported without the employee's expressed written consent to any person within or outside the work place except as required by this standard or as may be required by law.
- * Kept separate from the personnel record in a separate confidential file.
- * Provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee or to OSHA designees.
- * Maintained for at least the duration of employment plus 30 years.

Training Records

CES must maintain training records. Training records are not considered confidential and shall be maintained and kept by the Exposure Control Officer who will ensure that all records required to be maintained by this section shall be made available upon request to OSHA designees, employees and employee representatives for examination and copying. Training records must be kept for three years following the date on which training occurred. The training records must include (see Form 6):

- * dates of the training sessions,
- * the content or summary of the training sessions,
- * the names and qualifications of the person(s) conducting the training sessions, and
- * the name and job titles of all persons attending the training sessions.

Note: CES will determine the program that staff is assigned to by the budget number they are listed under.

Log of Occupational Exposure

The CES Personnel Department will maintain a log of occupational exposure incidents (see Form 7). The log will document the following:

- * date of the incident;
- * name and social security number of the exposed individual;
- * building assignment of exposed individual.

This log will be maintained by the CES Personnel Department in a separate confidential file and available to the Exposure Control Officer.

Information and Training of Employees

Schedule of Training

Training should be provided as follows:

- * All CES employees will receive training regarding Universal Precautions and Guidelines for Handling Body Fluids. This will occur within 10 days of initial employment and annually thereafter.
- * All employees in job classifications with potential for occupational exposure will participate in a training program at the time of initial assignment to tasks where occupational exposure may take place; additional training when changes such as modification of tasks or procedures are implemented or institution of new tasks or procedures affect the employee's occupational exposure; (the additional training may be limited to addressing the new exposures created); and annually and as necessary hereafter.

Elements of Training for Employees At Risk For Occupational Exposure The training program which will include:

- * An accessible copy of the OSHA Regulations and an explanation of its contents.
- * A general explanation of the epidemiology and symptom of bloodborne pathogens.
- * An explanation of the codes of transmission of bloodborne pathogens.
- * An explanation of CES' Exposure Control Plan and where it is located at each program site.
- * An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- * Explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
- * Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

- * An explanation of the basis for selection of personal protective equipment.
- * Information on the hepatitis B vaccine including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, that the vaccination will be offered free of charge and that employees who decline initially may request a free vaccination at a later date.
- * Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- * An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available following an exposure incident.
- * Information on the post exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- * An explanation of the signs and labels and/or color coding required for biohazard materials and disposal of regulated medical waste.
- * An opportunity for interactive questions and answers with the person conducting the training.
- * Information on Universal Precautions and Guidelines for Handling Body Fluids in CES Programs.

**Cooperative Educational Services
Infectious Disease Exposure Control Plan**

Hepatitis B Vaccination Employee Signature Form

I, _____, have voluntarily elected to receive the Hepatitis B vaccination series offered through CES. I understand that this will consist of three (3) doses given by injection. The second dose will be provided one month following the first. The third dose will be provided six months after the initial dose.

Name (please print)

Signature

Date

Program/Department

**Cooperative Educational Services
Infectious Disease Exposure Control**

Hepatitis B Vaccination Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at-risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at-risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name (please print)

Signature

Date

Program/Department

**Cooperative Educational Services
Infectious Disease Exposure Control**

Exposure Incident Report to Health Care Professional

Instructions: This form is used to assist in preparing a post-exposure evaluation of an employee who has an exposure incident. A completed copy of this form will be given to the health care professional responsible for the employee's post-exposure medical follow-up.

1. Employee name: _____
2. Date of incident: _____
3. Description of employee's duties in relation to exposure incident:

4. The route of exposure was:
 - a. needlestick with contaminated needle to _____
 - b. piercing of skin with contaminated sharp object to _____
 - c. splashing/spraying of blood or other potentially infectious material to _____
 - d. other _____
5. Describe the circumstances under which the exposure incident occurred:

6. The source/individual is: known _____ unknown _____
7. Employee previously vaccinated against HBV infection: Yes ___ No ___
Date(s): _____

**Cooperative Educational Services
Infectious Disease Exposure Control**

Documentation of Immunization

Instructions: This form will be used to assist in maintaining medical records of all employees who may be exposed to blood borne pathogens.

1. Employee name _____
2. Social Security # _____
3. Employment termination date _____
4. Was the employee given HBV vaccination? Yes _____

*No _____

* Attach copy of employee's declination form to this sheet.

5. Name of health care professional administering employee(s)' HBV/vaccination:

6. Signature of health care professional administering employee(s) HBV/vaccination:

_____ Date _____

_____ Date _____

_____ Date _____

OR

Date documentation of immunization was received _____
(Attach copy of documentation)

**Cooperative Educational Services
Infectious Disease Exposure Control**

Employee Post-Exposure Incident Report

Instructions: This form will be used to assist in maintaining medical records of all employees who may be exposed to blood borne pathogens.

1. Employee name _____
2. Social Security # _____
3. Employment termination date _____
4. If the employee has an exposure incident, complete this section regarding the post-exposure evaluation and follow-up of the employee:
 - a. Name of health care professional responsible for follow-up examination _____
 - b. Dates following information given to health care professionals:
 1. copy of CES OSHA Exposure Incident Report to health care professional _____
 2. Results of the source individual's blood testing _____
or
Indication that legally obtained consent for testing cannot be obtained _____
 3. Immunization status of employee _____
 4. Other relevant employee medical information (describe) _____

 5. Verification that health care provider has copy of OSHA regulations _____
- c. Date written report received from health care professional _____
- d. Date copy of health care professional's report given to employee _____
- e. Date employee received source individual's test results, _____
OR
information about applicable disclosure laws concerning source individual's identity and status _____
- f. Date copy of Exposure Control Officer's evaluation and follow-up of incident received _____

* This document must be maintained for 30 years after employee's termination.

**Cooperative Educational Services
Infectious Disease Exposure Control**

Training Record

Instructions: This form will be used to assist in maintaining a record of all training sessions held for employees who have the potential for occupational exposure to blood borne pathogens and other potentially infectious materials.

1. Date of training session _____ Location _____
2. Time of training session: From _____ to _____
3. Content outline _____

4. AV used _____
5. Handouts used (see attached copies) _____
6. Trainer's name _____
7. Trainer's qualifications _____

8. Attendees (attach additional attendance sheet)

Training Record Addendum (Attendance Sheet)

Attendee's Name	Job Classification
-----------------	--------------------

Form 6A

Occupational Exposure Incident Log

[illegible]

Guidelines for Handling Body Fluids in CES Programs

Purpose of Guidelines

The following procedures/precautions should be used routinely throughout CES to minimize the risks of transmission of communicable diseases. These guidelines provide simple and effective precautions for all persons potentially exposed to the body fluids of any student.

Definition of "Body Fluids"

"Body fluids" apply to blood, drainage from scrapes and cuts, feces, urine, semen, vomitus, saliva and drainage from any orifice or skin surface (i.e., nose, ears, skin surface).

Standard Procedure for Handling Body Fluids in School

Principle 1: Direct skin contact with body fluids of others should be avoided when possible.

Procedures:

- a. Gloves should be worn routinely when direct hand contact with body fluids is anticipated: treating bloody noses, changing diapers, handling clothes soiled by incontinence or vomit, cleaning small spills by hand, etc.
- b. Gloves and other materials used for this purpose should be put in a plastic bag or lined trash can. Plastic bags should be changed daily and disposed of routinely. Double bagging should be used when indicated (known high-risk contamination).
- c. Gloves should be kept in all areas of high-risk; e.g., health room, bathrooms, and any classroom where risk of contact with body fluids is particularly high.
- d. Students should be taught to handle their own "body fluids" as appropriate (age, state of health, etc.). When feasible, students should dispose of their own kleenex after blowing nose, apply pressure to nose and dispose of kleenex/paper towels used for bloody nose, wash own scrapes/cuts, etc.
- e. Students should be taught good hand-washing techniques and encouraged to use it routinely--before eating, after toileting, after vomiting, etc.
- f. Proper hand-washing requires the use of soap and water and vigorous washing under a stream of running water for approximately 10 seconds. Thorough drying of hands after washing is necessary.

Principle 2: When direct skin contact or contamination of materials occurs from unanticipated skin contact with body fluids (helping child in the bathroom, applying pressure to a bloody nose, unexpected vomiting, etc.), proper cleaning techniques should be followed.

- a. Hands and other affected skin areas of exposed persons should be washed routinely with soap and water as described above after contact. Liquid soap or dry soap chips/powder dispensed from a wall dispenser is preferable to bar soap, especially bar soap which sits in a pool of water.
- b. Clothing items that are soaked within body fluids should be removed, placed in a plastic bag and sent home for laundering. Items laundered for school use, or in school, should be washed separately from other clothes with laundry soap in a hot water cycle (160 degrees F) before re-use. One-half cup (minimum) household bleach added to the wash cycle is recommended if the material is colorfast. If material is not colorfast, add 1/2 cup non-chlorox bleach (e.g., Clorox II or Borateem) to wash cycle.
- c. Contaminated disposable items (tissues, paper towels, diapers) should be handled as with disposable gloves.

Principle 3: Spilled body fluids should be removed from the environment by proper cleaning techniques.

Procedures:

- a. When cleaning/removing body fluids (e.g., vomitus, urine, etc.) from the school environment, utility or disposable gloves should be worn by school personnel. Ideally, disposable cleaning materials should be used.
- b. If a dry absorbent material is used, the vacuum bags and/or sweepings should be disposed of in a sealed plastic bag.
- c. Broom and dustpan should be rinsed in a chlorine bleach solution (1/2 cup household bleach in 1 gallon water - must be freshly prepared each time it is used) or another approved disinfectant.
- d. Hard surfaces (floors, desks, tables, etc.) should be washed with disinfectant solution after removal of body fluid soil.
- e. Mops and sponges should be soaked in an approved disinfectant for 15 to 30 minutes and rinsed thoroughly.
- f. Disposable cleaning equipment (paper towels, newspapers,, etc.) should be placed in sealed plastic bags.
- g. Used disinfectant solution should be promptly disposed of down a drain pipe.

- h. Rugs soiled by body fluids should be cleaned with a disinfectant rug shampoo following use of a sanitary absorbent agent (e.g., Z-Goop, Parsen Mfg. Co., Philadelphia, PA). Broom and dustpan should be rinsed in disinfectants.
- i. Disinfectants: An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochloric solution (bleach) is preferred for objects that may be put in the mouth.

- (1) Ethyl or isopropyl alcohol (70%)
- (2) Phenolic germicidal detergent in a 1% aqueous solution; e.g., Lysol*
- (3) Sodium Hypochlorite with at least 100% ppm available chlorine (1/2 cup household bleach in 1 gallon water needs to be freshly prepared each time it is used.)
- (4) Quaternary ammonium germicidal detergent in 2% aqueous solution, e.g., Tri-quat, Mytar, or Sage*
- (5) Iodophor germicidal detergent with 500 ppm available iodine, e.g., Wescodyne.

* Brand names used only for examples of each type of germicidal solution and should not be considered an endorsement of a specific product.

Principle 4: All areas of high risk for contact with body fluids should be cleaned on a daily basis using proper cleaning techniques.

Procedures:

Maintenance responsibilities should include daily cleaning with bleach/disinfectant of all areas of high-risk for contact with body fluids, such as the health room, health room toilet(s), sink(s), student and staff lavatories, etc. Plastic bags in wastebaskets should also be changed daily and disposed of routinely. General purpose utility gloves (rubber gloves) which can be cleaned, should be worn by Maintenance Staff. Gloves must be cleaned using approved disinfectants after each exposure.

Principle 5: The clothing of persons at high-risk for frequent contact with body fluids should be protected and/or appropriately laundered.

Procedures:

Clothing should be laundered as above. Protective clothing (lab coats, smocks) should be worn in situations where there is a high risk for exposure to body fluids. All protective clothing must also be laundered as described above.

Principle 6. Regulated waste

Procedures:

Sharps containers should be available in every nurse's office where EpiPen kits are kept in case of emergency. EpiPen needles and any other used needles should be placed in these containers. The containers should be marked with biohazard symbols and disposed of as medical waste.