

Franklin County Schools

School employees may potentially become exposed on the job to human immunodeficiency virus (HIV) and hepatitis B virus (HBV) and other bloodborne pathogens.

The following exposure control plan (ECP) has been refined to fit the needs of Franklin County Schools to eliminate, or minimize, occupational exposure to bloodborne pathogens in accordance with 29 CFR 1910.1030 (Occupational Exposure to Bloodborne Pathogens).

The ECP includes:

- Determination of school employees with reasonably anticipated exposure
- Implementation of various controls such as *Universal Precautions*, work practices and engineering controls, personal protective equipment, and housekeeping
- Hepatitis B vaccination and proper medical follow-up after a blood exposure
- Communication of hazards through labels and training
- Recordkeeping
- Maintenance of training and medical records

PROGRAM ADMINISTRATION

The Supervisor-Transportation and Safety is responsible for the ECP. This supervisor will maintain, review and update the program at least annually or whenever a new or modified task is added. This Supervisor is also responsible for ensuring the accessibility of the ECP. Written plan is maintained in the office of the Supervisor-Transportation and Safety and on the system's web-site. The telephone number is 931 967-0626.

The Director - Maintenance will maintain and provide all necessary personal protective equipment (PPE), evidence and sharps containers, labels and red bags, disinfectants. The telephone number is 931 967-2254.

The Supervisor - Human Resources is responsible to ensure that all medical actions are performed as required and all medical records are maintained. The telephone number is 931 967-0626

The Supervisor – Human Resources is responsible for training school personnel who have the potential for exposure, records of training and for ensuring the accessibility of the ECP. The telephone number is 931 967-0626.

SCHOOL PERSONNEL EXPOSURE DETERMINATION:

The following job title in Franklin County Schools is a list where **all employees with that title** have been identified as having a potential occupational exposure to bloodborne pathogens.

Job title – School Nurse Tasks – assist as needed with medical needs of students

The following job titles are **some of the persons with that job title that have occupational exposure and some don't**. Also there is a list of tasks these persons perform where there is a potential for exposure to blood.

Job Titles	Tasks
Custodians	– clean and maintain school buildings
Educational Assistants (special education)	- works one-on-one and with groups of students with identified needs

A. Universal Precautions

All school personnel will use **universal precautions**. Universal Precautions is an infection control method that requires employees to assume that all human blood and specified body fluids are infectious for HIV, HBV, HCV and other bloodborne pathogens. The specified body fluids are referred to as other potentially infectious materials (OPIM). OPIM can be the following human body fluids: semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, and peritoneal fluids, amniotic fluid which surrounds a fetus, any body fluid that is visibly contaminated with blood (like saliva, sweat, tears, vomit, urine, feces, nasal secretions), and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, and any unfixed tissue (severed limbs, fingers, etc.)

B. Exposure Control Plan

Employees covered by the bloodborne pathogens standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this plan at any time during their work shifts. This plan can be found on the system's web-site. Sections of the plan have been included in the *Employee's Handbook* which is up-dated annually. A copy of the entire plan can be made available upon request.

C. Work Practice Controls

- 1) Handwashing is required immediately after the removal of gloves or any other task where there is potential contact with blood or OPIM. Personnel will wash their hands with soap and water.

- 2) Contaminated sharps will be handled carefully and personnel will use gloves. Where sharps are found or confiscated (knives, needles, razors, etc.) they will be placed in puncture and leak-proof **sharps containers** or puncture and leak-proof containers. They will be red containers, or labelled with a biohazard symbol and the word "biohazard".
- 3) Equipment (saws, knives) or work surfaces (desks, floors) that may become contaminated will be cleaned and disinfected as often as needed. Blood spills will be cleaned and disinfected using either a hospital disinfectant that is both EPA approved and "tuberculocidal" or a solution of bleach mixed fresh daily 1:10-1:100 with water. Neoprene or other plastic utility gloves will be worn when decontaminating environmental surfaces or cleaning contaminated equipment. Anything that cannot be disinfected will be labeled as a biohazard so it will be apparent.
- 4) Designated first aid areas shall not be in any area where food or drink is prepared or present (e.g. kitchen).
- 5) Intact skin which has been splashed with blood or OPIM will be washed with soap and water immediately.
- 6) Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in any area where there is a likelihood of exposure involving blood or OPIM.
- 7) Where needles are used for the medical treatment of students (e.g. insulin injections), a sharps container will be used for the disposal of contaminated needles.

D. ENGINEERING CONTROLS

- 1) For nurses or other employees who use needles, lancets or other medical devices which could result in exposure to bloodborne pathogens, safer medical devices shall be used. Examples of such devices may include sharps with engineered sharps injury protections, needleless systems and self-sheathing needles.
- 2) Leak-proof, puncture resistant containers will be used to collect sharps (bloody glass, needles, knives, razors, etc.).
- 3) Red bags with the biohazard symbol will be used for all contaminated protective clothing used by school employees.
- 4) Regulated waste will be stored and disposed of in red bags.

E. PERSONAL PROTECTIVE EQUIPMENT (PPE)

- 1) Response Kits will be provided at the following locations:

School office (or clinic)

- 2) The Response Kits (up-dated February 2018) contain:

- BZK antiseptic towelettes
- Disposable gown with full sleeves
- Disposable shoe covers
- Eye shield with ear loop mask
- Fluid control solidifier pack
- Biohazard scoop
- Biohazard bags
- Germicidal wipes
- Clean-up towels

- 3) All personnel who use PPE must observe the following precautions:

- a. Hypoallergenic gloves, powderless gloves, or other similar alternatives shall be readily accessible to school personnel who are allergic to the gloves normally provided.
- b. 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.
- c. They shall not be washed or decontaminated for re-use.
- d. Pocket mouth-to-mouth resuscitation devices (or similar devices) designed to isolate first-aid response personnel from direct contact with fluids will be provided and used. They will be examined and maintained, or replaced, on a scheduled basis.
- e. Personnel will remove garments, if they are contaminated with blood or OPIMs immediately or as soon as feasible.
- f. All personal protective equipment will be removed prior to leaving the work area (e.g., contaminated clothing, personal protective equipment, or other items shall not be taken home).
- g. Contaminated protective equipment will be placed in red bags for storing until they can be washed, decontaminated or discarded.

F. HOUSEKEEPING

When a blood or body fluid spill occurs, one of the following disinfecting techniques shall be use:

A solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water. This solution will have a contact time of ten minutes with the contaminated area. This solution must be prepared daily.

Neoprene or other plastic utility type gloves shall be worn when decontaminating environmental surfaces or cleaning equipment.

If an accident involves the breakage of glassware or other sharp objects, sharp items will not be picked up directly with the hands. Sharp materials which are contaminated will be cleaned up using mechanical means (for example - forceps, tongs, dust pan or shovel and broom).

Sharp objects will be disposed of in sharps containers. Sharps containers will be closable, leak proof, puncture resistant, and are properly labeled with the biohazard symbol. The containers will not be overloaded. They will be closed when moved from one location to another or when they are disposed of as regulated waste.

Contaminated laundry is not generally a problem because disposable linens are generally used. The disposable items, when contaminated, are double-bagged, labeled, and placed in the trash. In the rare instance(s) where non-disposable, contaminated, linens (laundry) are found, the head custodian will be responsible for the proper disposal or proper cleaning (if disposal is not a viable option).

The following precautions are strongly encouraged if cleaning is required:

- Generally, contaminated laundry will be double bagged in leak-proof bags (and treated like sharps) where it is generated. Under no circumstance is an employee to take the contaminated item home for cleaning. Additionally, the washer and dryer in the school kitchen (owned by school nutrition) is not a viable option, they are to be used solely by the school nutrition staff for the purpose of school nutrition. Other on-site washers and dryers, if available, may be used to clean the contaminated items but bleach must be added in the wash cycle to appropriately de-contaminate the item(s); for proper and thorough cleaning, the complete wash cycle may need to be repeated. The washer should be appropriately cleaned after being used for the contaminated non-disposable laundry items. Contaminated items should not be placed in the dryer; merely the items which have been properly cleaned and de-contaminated.
- The laundry will be handled as little as possible, with as little agitation, as possible.
- Protective gloves (and other equipment, when deemed necessary) are provided for employees; employees are urged to use the provided protective equipment appropriately when handling contaminated laundry.

Regulated waste will be disposed of in red bags. "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.

G. HEPATITIS B VACCINATION

1. School employees will be offered the Hepatitis B vaccine and vaccination series after training is conducted and within the first year of employment. It will be free of charge.

2. The vaccinations will be provided by a local health care provider who has made special arrangements with the school system.
3. The recommendations of the U.S. Public Health Service guidelines will be followed. Employees are to be tested for antibody to Hepatitis B surface antigen (titer test), one to two months after the completion of the three-dose vaccination series. Employees who do not respond to the primary vaccination series will be given the opportunity to be revaccinated with a second three-dose vaccine series and retested, unless they are Hbs Ag-positive (infected).
4. If the school employee declines the vaccination, a declination form must be signed. A copy of the declination statement is included in the written exposure control plan on page 10.
5. Records of Hepatitis B vaccination are maintained in the employee's health file.

H. POST EXPOSURE EVALUATION AND FOLLOW-UP

- 1) An **exposure incident** is specific eye, mouth, other mucous membrane, non-intact skin (cut, rash, etc), or parenteral contact (sharps stick) with blood or O.P.I.M. which result from the performance of job duties (such as response to an injury or assault).
- 2) School personnel should immediately report exposure incidents to the school nurse, then to the Supervisor – Human Resources.
- 3) Each exposure incident will be evaluated to determine what caused the incident. This will include evaluation of work procedures used, policies, failures of control and engineering controls.
- 4) Each exposure incident will initiate a medical evaluation and follow-up by a health care professional as well as for timely testing of the source individual's blood for HIV and HBV. The medical evaluation and follow-up will be performed by a local health care provider. The employee will be provided forms (Health Care Professional's Written Opinion for Post-Exposure Evaluation and Bloodborne Pathogen Exposure Evaluation Form) that they will take with them to get the health care professional's written opinion for post-exposure evaluation. See page 13-15. All reports will be treated in the strictest confidence.
- 5) At the time of the exposure incident, the exposed school employee will be offered evaluation by a health care professional licensed to perform the evaluation. In Tennessee, physicians and nurse practitioners are licensed to provide these follow-ups. They must be provided according to recommendations of the U. S. Public Health Service. The school system will provide the health care professional with:
 - A copy of the bloodborne pathogen standard;
 - A description of the employee's job duties as they relate to the incident;

- A report of the specific exposure (accident report), including route of exposure;
- Relevant employee medical records, including hepatitis B vaccination status; and
- Results of the source individual's blood testing, if available.

See *Bloodborne Pathogen Exposure Evaluation Form* - the medical evaluation and follow-up record to contain:

1. Documentation of the route(s) of exposure and how the exposure occurred;
2. The identity of the source individual if feasible and not prohibited by law; and
3. An attempt to obtain the consent of the source individual to test their blood as soon as possible to determine if they are infected with HIV or HBV and to document the source's blood test results.

NOTE: Blood cannot be drawn with intent of specifically testing for HIV or HBV without written consent. If consent is not obtained, the employer must show that legally required consent could not be obtained. Where consent is not required by law, the source individual's blood, if available, should be tested and the results documented.

4. If the source is known to be infectious for HIV or HBV, testing need not be repeated to determine the known infectivity.
5. The exposed employee will be provided with the test results and information about applicable disclosure laws and regulations concerning the source identity and infection status.
6. Following the post-exposure evaluation, the health care professional shall provide a written opinion to the employer (See Health Care Professional's Written Opinion for Post-Exposure Evaluation Form). This opinion is limited to a statement that the employee has been informed of the results of the evaluation and told of the need, if any, for further evaluation or treatment. All other findings are confidential. A copy of the completed written opinion will be provided to the employee within fifteen (15) days after it is received from the evaluating physician.

I. COMMUNICATION OF HAZARDS TO SCHOOL PERSONNEL

1. All persons with a potential for exposure will be trained on general explanations of the modes of transmission, symptoms, warning signals relating to possible exposure, and procedures to follow if exposure occurs.
2. Training is free of charge and conducted during working hours. Refresher training will be provided at least annually. Additional training will be instituted if existing tasks are modified or new tasks are required which affect any School Personnel's exposure.
3. Training will be conducted by an individual with expertise in this area.
4. Training will include:
 - a. Appropriate methods for recognizing tasks which may involve exposure to blood or

- OPIMs;
- b. The use and limitations of practices which would reduce exposure;
 - c. Work practices and personal protective equipment;
 - d. Information on the use, location, and decontamination and/or disposal of personal protective equipment and clothing;
 - e. An accessible copy of the standard and an explanation of its text;
 - f. A general explanation of the epidemiology, transmission, and symptoms of bloodborne diseases;
 - g. An explanation of the plan and how to get a copy;
 - h. Information on the HBV vaccine;
 - i. Actions to take in the event of an exposure incident;
 - j. Proper cleaning procedures; and
 - k. The labeling system (red bags and containers with the biohazard symbol).
5. All employees in the School will be able to answer five basic questions when asked by a TOSHA inspector. These are included annually in the *Employee's Handbook*. They are:
1. What does "universal precautions" mean?
 2. What do you do when there is a blood spill?
 - a. personal protection;
 - b. clean-up and disposal;
 - c. disinfection (apply hazard communication standard).
 3. What do you do with contaminated laundry?
 4. Have you been offered the hepatitis vaccination free of charge?
 5. Where is the "Exposure Control Plan", has it been explained to you and have you been trained?

J. RECORDKEEPING

The school system will keep two (2) types of employee-related records required by the bloodborne pathogens standard:

Medical

1. A confidential medical record **for each employee** with potential for exposure is maintained in the employees' files. The records are kept according to TOSHA's rules governing access to employee exposure and medical records, 1910.20(e).
2. Medical records are kept confidential. Access to medical records will be provided when the request is in writing and the employee releases the records for review.
3. The medical records include the following information:
 - a. Employee's name and social security number;
 - b. Employee's Hepatitis B vaccination status, including dates of all Hepatitis B vaccinations and any medical records related to the employee's ability to receive vaccinations;
 - c. Results of examinations, medical testing, and post-exposure evaluation and

- follow-up procedures;
- d. The employer's copy of the health care professional's written opinion; and
- e. Information provided the health care professional.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Supervisor – Human Resources.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- a. the date of the injury;
- b. the type and brand of the device involved;
- c. the department or work area where the incident occurred; and
- d. an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Training

1. The school system will maintain and keep accurate training records for 3 years and to include the following:
 - a. Training dates;
 - b. Content or a summary of the training;
 - c. Names and qualifications of trainer(s); and
 - d. Names and job titles of trainees.
2. Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.
3. Employee training records will be provided upon request to the employee or the employee's authorized representative within fifteen (15) working days.

Declaration Statement

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 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 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.

Employee Signature

Date

**HEALTH CARE PROFESSIONAL'S WRITTEN OPINION
FOR HEPATITIS B VACCINATION**

This form is to be used as needed – currently the Health Care Provider which has an agreement with Franklin County Schools to provide the Hepatitis B vaccine provides additional information to the employees about the vaccine. This includes a recommendation for a follow-up titer after the dosage requirement has been completed.

Again, the vaccine and the follow-up titer are furnished at no cost to employees of the school system

The recommendations of the U.S. Public Health Service regarding booster doses will be followed.

Employee Name _____ Date of Office Visit _____

Health Care Facility Address _____

Health Care Facility Telephone _____

As required under the bloodborne pathogen standard:

Hepatitis B vaccination is _____ is not _____ recommended for the employee named above.

The employee named above is scheduled to receive the hepatitis B vaccination on the following dates:

First of three _____

Second of three _____

Third of three _____

(Signature of Health Care Provider)

(Printed or typed name of the health care provider)

This form is to be returned to the employer, and a copy provided to the employee, within fifteen (15) days.

Employer Name: _____

Title: _____

Address: _____

Phone _____

A copy of our written opinion, stating whether hepatitis B vaccine is indicated and/or has been received, will be provided to the employee within fifteen (15) working days. The vaccine will be administered in accordance with current U.S. Public Health Service recommendations. For current information you can contact the Center for Disease Control (CDC), USPHS at (404)

332-4555.

**HEALTH CARE PROFESSIONAL'S WRITTEN OPINION
FOR POST-EXPOSURE EVALUATION**

Employee Name _____ Date of Incident _____

Date of Office Visit _____

Health Care Facility Address _____

Health Care Facility Telephone _____

As required under the bloodborne pathogen program standard:

_____ The employee above has been informed of the results of the post-exposure evaluation.

_____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ Hepatitis B vaccination is _____ is not _____ indicated.

(Printed or typed employee's name of the health care provider)

(Signature of employee of health care provider)

(Date)

Name of Health Care Provider

-

This form is to be returned to the employer and a copy provided to the employee within fifteen (15) days. Please label the outside of the envelope "Confidential".

Employer Name: _____

Title: _____

Address: _____

The post-exposure evaluation will be administered in accordance with current U.S. Public Health Service recommendations. For current information you can contact the Center for Disease Control (CDC), USPHS at (404) 332-4555.

BLOODBORNE PATHOGEN EXPOSURE EVALUATION FORM

To be sent at the time a health evaluation is needed. Form to be completed and kept by health care provider only.
Information on this form is confidential.

To be completed by the School/School System:

Employee Name _____ Today's Date _____

Social Security Number _____ Date of Birth _____

Home Telephone # _____

Job Title _____

Date of Exposure _____

Description of employee's job duty when incident occurred _____

Source of exposure: _____

Route of entry: _____

Medical records included: Yes No

To be completed by the Health Care Professional:

(Circle response and complete explanation as appropriate)

Yes No Blood of source individual has been tested and consent of individual as applicable. If no, please explain and/or indicate if HIV and/or HBV is already known.

Yes No Results of source individual's testing is conveyed to employee. Explain _____

Yes No Employee informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source. Explain _____

Yes No Exposed employee's blood collected and tested with obtained consent. Explain _____

Yes No If employee declines HIV testing, blood stored for 90 days for exposure incident. Explain _____

Yes No Post-exposure prophylaxis initiated if medically indicated. Explain _____

Yes No Hepatitis B vaccination is indicated. Elaborate on treatment given: _____

Status of employee vaccination:

Vaccination	Date	Type	Lot #	Site	Administered by:

Yes No Employee informed of results of evaluation. Explain _____

Yes No Employee has been informed of any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
Explain _____

Assessment/Observations/Plan:

- Action:
- _____ Confidential post-exposure evaluation entered into employee's individual health record.
 - _____ Copy of health care professional's written opinion for post-exposure evaluation completed and sent to employer.
 - _____ Copy of health care professional's written opinion for post-exposure evaluation given to employee.

NOTE: All findings shall remain confidential.

