

Exposure Control Plan for Kalispell Public Schools

I. PURPOSE

In accordance with The Montana Safety & Culture Act, and the Occupational Safety and Health Act, the following exposure control plan has been developed.

II. SCOPE

This procedure applies to all employees who in the exposure determination may incur occupational exposure to blood or other body fluids.

III. PROCEDURE

A. Kalispell School District has conducted a determination concerning which employees may incur occupational bloodborne pathogen exposure. The following job classification and duties are delineated in the specific job descriptions and are “reasonably anticipated” to incur occupational exposure to blood and other body fluids. Determination by the superintendent will be based on the evaluation form (in appendix), “Risk Worksheet for Exposure: Guidelines for School Employees,” that will be filled out with any employee who requests to be included in the school district funded hepatitis B vaccine program.

1. School nurses
2. Personnel who serve in an emergency back-up capacity for the school nurse in her absence such as the elementary school secretaries and EMT trained district personnel.
3. Limited Number of Playground Aides and Student Monitors as determined by the Superintendent.
4. Personnel serving in a back-up capacity for the nurses.
5. Special education self-contained classroom personnel such as aides, LPNs, and teachers.
6. Athletic trainers.
7. Coaches as determined by the Superintendent.
8. Bus drivers, maintenance personnel and custodians as determined by the Superintendent.
9. Other personnel as determined by the Superintendent.

Because of the occupational exposure category of these jobs, the District will offer both specific training and immunization to these employees without cost to the employees. The training will be done by specialists in this field as documented in the following.

B. Compliance Methods and Implementation

1. Local Health Department

The local health department coordinates community efforts to prevent and contain communicable disease within their jurisdiction per the requirements of [Section 50-2-116 of the Montana Code Annotated](#). Their guidelines and instructions will be followed by

all District schools regarding communicable diseases. Preventative measures, such as universal precautions are considered basic. In the event of a communicable disease, the District will work closely with local authorities to protect students, staff and their families and the community.

2. Universal Precautions

Universal precautions will be observed in all District facilities and at all events to handle blood or other body fluids. All body fluids will be considered infectious regardless of the perceived status of the source. The universal precaution policy is in Appendix B of this manual.

3. Work Practice Controls

Work Practice Controls will be utilized to eliminate or minimize exposure to blood or other body fluids. This is also termed engineering controls and refers to actions and equipment used that isolate or remove bloodborne pathogens hazards from the workplace. Where occupational exposure remains after institution of these controls, personal protective equipment (PPE) will also be utilized. A review of these controls will be conducted annually by the school district safety committee as well as after each exposure incident by administration.

Hand Washing

Hand washing is the most important work practice control. Hand washing facilities are available to all employees including those who incur exposure to body fluids. If, however, hand washing facilities are not readily available or feasible, the District will provide antiseptic cleanser with paper towels or antiseptic towelettes. If these alternatives are used, then the hands shall be washed as soon as it is feasible. Hands shall be washed immediately after removing protective gloves. All contaminated skin or mucous membranes shall be washed and/or flushed as thoroughly as possible.

4. Personal Protective Equipment (PPE)

A. PPE

PPE required for District employees will be provided without cost to them. PPE will be chosen based on the anticipated exposure to blood or other body fluids. The PPE will be considered appropriate if it does not permit blood or other infectious material to pass through or reach the employees' clothing, skin, eyes, mouth or to the mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or other body fluids. Gloves shall be readily available in all first aid kits. Gloves shall be used once and discarded. They may not be washed and reused. If the gloves become torn, punctured or their ability to function as a barrier is comprised, new gloves shall be worn.

CPR mouthpieces, microshields or plastic one way flow mouthpieces will be available in each building as a barrier when performing CPR. They are available in the elementary schools in the first aid supply closets; in the nurse's office; and the emergency fanny pack kits in PE and with the hall monitors.

Contaminated PPE or other material shall be double bagged for appropriate disposal. Nurse's offices, training rooms, and restrooms will always be double bagged by custodial staff.

5. Housekeeping

A. General

All work areas shall be maintained in a clean and sanitary condition by custodial staff. Appropriate written schedules for cleaning and disinfecting of areas shall be established based on the location, type of surface, type of soil and tasks being performed in area. Health department guidelines will be followed.

B. Working Surfaces

All materials, equipment and working surfaces shall be immediately be decontaminated after contact with blood or other body fluids and at the end of the day if the surface may have been contaminated since the last cleaning. Use chlorine bleach rinse (1:10) on lunchroom tables after each use. This is the ratio recommended by public health for cleaning any potential body fluid spill.

C. Protective Coverings

Protective coverings, such as plastic wrap, aluminum foil, or imperiously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed or replaced as soon as feasible when they become overtly contaminated or changed at the end of the work day if they may have become contaminated during the day. Food service and family life staff will be knowledgeable about these ideas in the light of universal precautions and public health guidelines.

D. Reusable Receptacles

All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other body fluids shall be inspected and decontaminated on a regularly scheduled basis by custodial staff. They will be cleaned and decontaminated immediately by custodial staff or as soon as feasible upon visible contamination. Particular attention will be made to restrooms, nursing areas, training rooms, physical education and towel areas as stated above.

E. Broken Glassware

Broken glassware, which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps.

6. Sharps Containers

- A. Sharps Containers will be available in each school building in the nurse's office. They will meet the following requirements: closeable, puncture resistant, leak proof on sides & bottom, appropriately labeled and color-coded, and readily available in the areas where sharps are used.
- B. Sharps Containers will be used in the following manner: maintained upright throughout use, replaced routinely, and not allowed to overflow.
- C. Removal of Sharps Container from use area will be done in the following manner: close container prior to moving it to prevent spillage or protrusion of contents during handling, storage, transport, or shipping and place sharps container in a secondary container if leakage is possible.
- D. Disposal of all regulated waste i.e.: sharps containers shall be in accordance with applicable regulations. Contact the local health department for information regarding disposal.

7. Hepatitis B Vaccine

- A. All employees who are determined to fall under the scope of this procedure as listed above after meeting exposure determination criteria will be offered the Hepatitis B vaccine after they have received the appropriate training.
- B. The vaccine will be offered at no cost to the employee. The vaccine will be offered through the Flathead City-County Health Department or by the employee's chosen physician.
- C. The vaccine will be offered within 10 working days of initial assignment to a position that falls under the scope of this procedure. Post-exposure vaccination will also be explained at this time as an alternative.
- D. The vaccine will not be offered to employees under the following circumstances: employees who have been tested and determined to be immune; employees that have previously received the vaccine; and employees for whom the vaccine is contraindicated for medical reasons.
- E. Prescreening is not a prerequisite for receiving the hepatitis B vaccine.
- F. Employees who decline the vaccine offered by the employer shall sign the declination statement. This shall be maintained in the employees file kept by administration.
- G. If the employee initially declines the vaccine, but at a later date, while still covered under this standard, decides to accept the vaccination, the employer shall make available the hepatitis B vaccine at this time again at no cost to the employee.
- H. If the U.S. Public Health Service at a future date recommends booster dose(s), then this shall be provided to the covered employees at no cost.

8. Post -exposure Evaluation and Follow-up

- A. Reporting
- B. Immediately following an exposure incident all potentially exposed employees shall fill out a staff accident report and give a copy to the following: the building school nurse and the business manager. All potentially exposed employees will be offered post-exposure evaluation and follow-up in accordance with local, state or federal guidelines.
- C. Worksheet Appendix for Exposure Incidence Reporting - Evaluation of Exposure Incident will be also be used and kept in the employee's personnel file. School nurses will act as consultants only. The overall handling of these incidents will be administrative and involve liaison work between the superintendent, business manager, the employees involved, their physicians and the community health department for clarification if guidelines needed. The administrative handling of these incidents is necessary to protect confidentiality.
- D. Post-exposure follow-up and blood testing will be guided by the recommendations of the U.S. Public Health Service and the Centers for Disease Control as practiced by the local and state health department. These guidelines may be carried out by the employees' personal physicians at no cost to the involved employees. This follow-up will include the following:
 - i. Documentation of the route of exposure and the circumstances related to the incident.
 - ii. Identification of the source and testing of their blood, after source consent (if required), for HIV & HBV, if possible and legal. The blood testing will be done by their physician or the health department and paid for by the District.
 - iii. Results of the sources blood tests will be made available to the exposed employee, if possible, along with any information about the applicable laws and regulations concerning disclosure of the identity and the infectivity of the source individual.
 - iv. Potentially exposed employees will be offered the option of having their blood tested for HIV and HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested. If the employee decides prior to that time to test or not to test the sample, then the appropriate action will be taken, again at no cost to the employee.
 - v. Potentially exposed employees will be offered counseling concerning precautions to be taken after the exposure. The employee shall also be given information on potential illnesses and shall report any related symptoms to the appropriate personnel as an addendum to the accident report and exposure incidence report.

9. Interaction with Healthcare Professionals

- A. The healthcare professional responsible for the employee's hepatitis B vaccine shall be provided a copy of the regulation, if they do not already have one.
- B. The healthcare professional evaluating an employee after an exposure 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; results of all available blood testing ; and all relevant medical records including vaccination status. This will be handled administratively as much as possible with confidentiality in the forefront.

- C. The District will obtain and provide the exposed employee with a copy of the evaluating healthcare professional's written recommendation within 15 days of the completion of the evaluation.

Hepatitis B Vaccination:

- A. A written opinion for the HBV vaccination shall be limited to whether it is indicated for an employee, and if the employee has received such vaccination.

Post-Exposure Evaluation Limitations:

- A. The employee must be informed of the results of the evaluation, and any medical conditions resulting from the exposure to blood or other body fluids, which require further evaluation or treatment.

10. In-service Training

- A. In-service Training Information will include the following:

- i. Explanation of the OSHA Standard for Bloodborne Pathogens
- ii. Epidemiology and symptomatology for bloodborne diseases.
- iii. Modes of transmission of bloodborne pathogens.
- iv. District's Exposure Control Plan and Safety Manual
- v. Procedures which might cause exposure to blood or other body fluids.
- vi. Explanation of the use and limitation of methods that will reduce exposure:
 - o Engineering controls
 - o Work practices
 - o PPE
- vii. Information of the types, selection, use, location, removal, handling, decontamination, and disposal of PPE.
- viii. Post-exposure evaluation and follow-up.
- ix. Signs and labels used in District #5.
- x. Hepatitis B vaccination policy.

xi. Post-exposure and follow-up procedure.

B. Trainer

C. The person conducting the training shall be designated by the principal and shall be knowledgeable in the subject matter. The training will provide interactive questions and answers.

D. Initial In-service Training

All employees who fall under the scope of this policy will receive this training at least, within 20 days of their assignment to a position or duty with exposure during work hours at no cost.

E. Annual Training

F. Annual training will be given to all employees within the scope of this procedure.

11. Record Keeping

A. Medical Records

- i. An accurate record for each employee with occupational exposure will be established and maintained. All necessary records will be maintained in the employee's personnel file.
- ii. All records will be kept confidential.
- iii. Records will not be reported without the employee's written consent to any person within or outside the workplace, except as required by any local, state or federal laws.
- iv. All records will be maintained for the duration of employment plus 30 years.

B. In-service Training Records shall include the following: dates of the training session; contents or summary of training session; names and qualifications of trainers; and names and job titles of all attendees.

C. Availability

- i. The employer shall ensure that all records are available upon request from an appropriate agency.
- ii. Medical records shall be provided upon request for examination and copying to the exposed employee and to anyone having the written consent of this employee.

D. Transfer of Records

- i. Records will be transferred under the requirements of [29 CFR 1910.1020](#).