

Wheatland-Chili Central School District

Exposure Control Plan

The Wheatland-Chili Central School District (WCCSD) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our school in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- WCCSD is responsible for implementation of the ECP. The Superintendent will ensure that the ECP is maintained, reviewed, and updated at least annually, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- Administration will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Administration will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- Administration will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- The Human Resources Director will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees may have occupational exposure:

Job Title Department/Location

School Nurse

Physical Education Teacher

Athletic Coaches

Athletic Trainer

Janitorial Staff

Transportation Staff

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Job Title/duties:

School Administration or Personnel who may be involved in breaking up fights.

Special Education Teachers, Teaching Assistants or Aides who take care of children known to bite or who pose a risk for blood exposure.

Note: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.

METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions

All employees will utilize universal precautions.

B. Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Superintendent is responsible for ensuring that the ECP is reviewed and updated annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

C. Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

1. Readily accessible hand washing facilities
2. Washing hands immediately or as soon as possible after removal of gloves
3. Washing or flushing body parts as soon as possible after skin/eye contact with blood or OPIM
4. Labeling to warn of a biohazard
5. Decontamination of equipment
6. Prohibiting eating, drinking, smoking or applying cosmetics in an area where a potential exposure may occur
7. Only safety needles will be used
8. Sharps disposal containers are inspected and maintained or replaced by Administration whenever necessary to prevent overfilling.

9. Each building identifies the need for changes in engineering controls and work practices through review of OSHA records, employee interviews, and committee meetings.
10. We evaluate new procedures and new products regularly by examining the OSHA website along with a variety of other resources. Both front-line workers and management officials are involved in this process.
11. Administration is responsible for ensuring that these recommendations are implemented.

D. Personal Protective Equipment (PPE)

PPE must be used whenever engineering controls and/or work practices cannot eliminate the hazard or if those controls are not feasible. PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the School Nurse.

The types of PPE available to employees are as follows:

1. Gloves
2. Eye protection
3. Masks
4. Gowns

PPE is located in the medical supply cabinets and may be obtained through Administration.

All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
2. Remove PPE after it becomes contaminated and before leaving the work area.
3. Used PPE may be disposed of in the garbage or other appropriate container
4. Appropriate gloves will be worn when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces. Gloves will be replaced if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
5. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
6. Never wash or decontaminate disposable gloves for reuse.
7. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood pose a hazard to the eye, nose, or mouth.
8. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

E. Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents, and prevent leakage. They will be appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps containers include:

- Store or process reusable sharps in a way that ensures safe handling
- When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof

- Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can reasonably be anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
- Never manually open, empty or clean reusable contaminated sharps disposal containers
- Discard all regulated waste according to federal, state and local regulations

The procedure for handling other regulated waste includes:

- Always use mechanical means such as tongs, forceps or a brush and dustpan to pick up contaminated broken glassware, never pick up with hands even if gloves are worn
- Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place regulated waste in containers that are constructed to prevent leakage
- Discard all regulated waste according to federal, state and local regulations

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in each health office. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Launderings will be performed by cleaning staff at WCCSD school buildings under the supervision of the Facilities Supervisor or taken out to a contractor, as needed.

The following laundering requirements will be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags for this purpose
- Wear gloves when handling and/or sorting contaminated laundry

HEPATITIS B VACCINATION

The School Nurse will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept by the Human Resources Department.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the School Nurse and the School Physician.

An immediate confidential medical evaluation and follow-up will be conducted.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
4. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
5. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
6. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
7. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Administration ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Administration ensures that the health care professional evaluating an employee after an exposure incident receives the following:

1. A description of the employee's job duties relevant to the exposure incident
2. Route(s) of exposure
3. Circumstances of exposure
4. If possible, results of the source individual's blood test
5. Relevant employee medical records, including vaccination status

Administration provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Administration will review the circumstances of all exposure incidents to determine:

1. Engineering controls in use at the time
2. Work practices followed
3. A description of the device being used (including type and brand)
4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
5. Location of the incident
6. Procedure being performed when the incident occurred
7. Employee's training

Administration will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, Administration will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens will receive initial and annual training conducted by the School Nurse.

All employees who have a risk of occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

1. A copy and explanation of the OSHA bloodborne pathogen standard
2. An explanation of our ECP and how to obtain a copy
3. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
4. An explanation of the use and limitations of engineering controls, work practices, and PPE
5. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
6. An explanation of the basis for PPE selection
7. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
9. 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
10. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
11. An explanation of the signs and labels and/or color coding required by the standard and used at this facility
12. An opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the Human Resource's office.

The training records include:

1. The dates of the training sessions
2. The contents or a summary of the training sessions
3. The names and qualifications of persons conducting the training
4. The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days.

Medical Records

Medical records are maintained for each employee with an occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Administration is responsible for maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

OSHA Recordkeeping

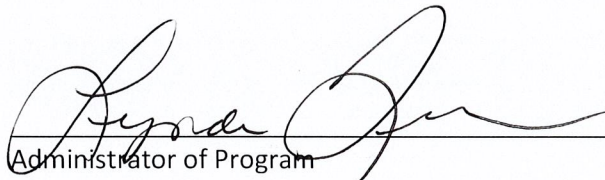
An exposure incident will be evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the School Nurse.

Sharps Injury Log

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

1. Date of the injury
2. Type and brand of the device involved (syringe, suture needle)
3. Department or work area where the incident occurred
4. Explanation of how the incident occurred.

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



Administrator of Program

12/1/21
Date