

## Exposure Control Plan

The Dubuque Community School District 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 organization 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

- The Lead Nurse is responsible for implementation of the ECP. The Lead Nurse will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Located at 2300 Chaney Rd. Dubuque, Iowa 52001 (563)552-3084.
- 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.
- Department Managers 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. Department managers or designee will ensure that adequate supplies of the before mentioned equipment are available in the appropriate sizes.
- Human Resources 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. Contact location/phone number: 2300 Chaney Rd. Dubuque, Iowa 52001

**Updated: 8/2024**

(563) 552-3046.

- Human Resources and Department Managers will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: 2300 Chaney Rd. Dubuque, Iowa 52001 (563)552-3046.

### EMPLOYEE EXPOSURE DETERMINATION

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

<i>Job Title</i>	<i>Department/Location</i>
• School Nurse	All Buildings
• Health liaison LPN	All buildings
• Special Education Nurse	All buildings
• Paraprofession als assigned to the health office	All buildings

The following is a list of job classifications in which some employees at our establishment have occupational exposure.

- Custodians
- Athletic Trainers

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:

1. Staff **certified** and expected to render first aid, as a part of their job duties assigned by the district, in initial response to injuries involving blood (excluding bloody noses), injuries that require medical or dental assistance (damage teeth, broken bone protruding through the skin, severe laceration).
2. Care of an injured person during a sport activity
3. Cleaning tasks associated with blood or OPIM.
4. Handling regulated waste.

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogen standard.

### METHODS OF IMPLEMENTATION AND CONTROL

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**Universal Precautions:** All district employees will utilize universal precautions.

**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 by visiting [www.dbgschools.org](http://www.dbgschools.org), District tab, Health Services Department, Protocols, Bloodborne pathogens. They can also contact the Lead Nurse to request a copy. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Lead Nurse is responsible for reviewing and updating the ECP 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. The Superintendent approves all changes made to the plan.

**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:

- Puncture resistant containers- All needles, sharps, broken glass that may be contaminated will be placed in these containers. Sharps disposal containers are inspected and maintained or replaced by the health office staff when they are 2/3 full or whenever necessary to prevent overfilling by notifying the Lead Nurse so they can be disposed of properly.
- This facility identifies the need for changes in engineering controls and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, etc.) internal incident reports and staff feedback.

We evaluate new procedures and new products regularly by department managers and or building administration.

Both front-line workers and management officials are involved in this process in the following manner: (Describe employees' involvement) Job-Alike meetings, team meetings within buildings etc.

Department Managers are responsible for ensuring that these recommendations are implemented.

**Personal Protective Equipment (PPE)** 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 within the bloodborne pathogen training at hire and annually thereafter for those high-risk occupations outlined in the ECP. All district staff will be provided universal precautions training in their initial orientation and annually through review of the Communicable Diseases-Employees Regulation policy. Department managers can provide additional training in this area as they see fit.

The types of PPE available to employees are as follows:

Gloves, masks, gowns, face shields, resuscitation shields, Kevlar sleeves, arm protectors and safety glasses.

PPE is located within each working area of need and may be obtained through the department managers. Department managers are responsible for ensuring adequate inventory is in stock.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in a normal trash receptacle and does not meet criteria to require red biohazardous trash disposal.
- Kevlar sleeves should be placed in linen bags to be laundered if there was direct contact with a student.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- 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.

The procedure for handling used PPE is as follows:

All district PPE is one-time use and disposable, excluding Kevlar sleeves and arm pads. After each use, PPE should be removed using the appropriate technique to avoid contamination and disposed of in the appropriate trash receptacle.

**Housekeeping** Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, 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 disposal containers is: Containers shall be maintained in an upright position and will be available in the school health offices. If an incident occurs in which there is contaminated material that is too large for sharps container, the custodian shall be

contacted immediately to obtain an appropriate biohazard container of this material.

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 at (must be easily accessible and as close as feasible to the immediate area where sharps are used). Contaminated needles shall not be bent, recapped, removed, sheared, or purposely broken. The only exception to this is if a medically necessary procedure would require that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the recapping or removal of the needle must be done using a one-handed technique.

The procedure for handling other regulated waste is: Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the State of Iowa and its political subdivisions.

- a. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and/or removed immediately.
- b. The custodial staff will be responsible for proper disposal of biohazard designated bags.
- c. In the event regulated biohazard waste leaks from a bag or container, the waste shall be placed in another bag or container and the area shall be cleaned and decontaminated.

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.

### **Laundry**

All contaminated towels, Kevlar sleeves, arm protectors, wash clothes, or other materials determined to be regulated waste (materials so saturated that bodily fluids are dripping from the material) should be disposed of in red bags. The district does not provide laundry services for such contaminated materials.

**Labels** The following labeling methods are used in this facility:

#### Biohazard Label

- Warning labels shall be affixed to containers of regulated waste. Exception: red bags or red containers may be substituted for labels.
- Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting color.

Grounds and Custodians Department Manager and the Lead Nurse are responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the lead nurse if they discover regulated waste containers, contaminated equipment, etc., without proper labels.

### **HEPATITIS B VACCINATION**

Human Resources will oversee 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 at the forum within the employee medical records.

Vaccination will be provided by Tri-State Occupational Health at 4155 Pennsylvania Ave, Dubuque, IA 52002. 563-584-4600

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

### **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

An immediately available confidential medical evaluation and follow-up will be conducted by the school nurse or designee. If nurse or designee is not available or further questions, contact the Lead Nurse. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- School nurse or designee determines whether an exposure occurred.
- Should an exposure incident occur, contact Tri State Occupational Health at the following number 563-584-4600 and follow the DCSD Workers' Compensation protocol and the required paperwork.
- Health Office staff to refer to the DCSD Protocol for suspected bloodborne pathogen exposure for a step-by-step guide on the process.

- School Nurse or designee and principal will complete Bloodborne Pathogen Source Person Form. Once form completed, send to lead Nurse and Human resources.
- A school exposure incident investigation form should also be completed and sent to Lead Nurse/Human resources.

#### ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

TriState Occupational Health, on behalf of the district, 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.

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

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

TriState Occupational Health, on behalf of the district, 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**

Human Resources/Lead Nurse will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

Lead Nurse records all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, the Lead Nurse will ensure that appropriate changes are made in consult with the exposure control plan team. (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 as defined in the ECP receive initial and annual training coordinated through the online learning system, AEA.

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

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- 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
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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
- 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 by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available by contacting the Lead Nurse. This training should be completed during the school calendar days between 8:00 am and 3:00pm to ensure a nurse or human resource representative is available to answer any questions. If during training there are specific questions around BBP or district procedures, contact the building nurse or lead nurse for the district.

### **RECORDKEEPING**

Training records are completed for each employee upon completion of training. Human Resources tracks expiration dates for training and notifies employees and department managers of non-compliance. These documents will be kept for at least three years at the



forum and are retrievable through the AEA reporting database.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- 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. Such requests should be addressed to Human Resources, 2300 Chaney Rd. Dubuque, Iowa 52001. 563-552-3028.

### **Medical Records**

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

Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in the forum 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. Such requests should be sent to Human Resources 2300 Chaney Rd. Dubuque, Iowa 52001 (563) 552-3046.

### **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 Human Resources 2300 Chaney Rd. Dubuque, Iowa 52001 (563) 552-3046.

### **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:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- 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, it must have any personal identifiers removed from the report.

## HEPATITIS B VACCINE DECLINATION (MANDATORY)



### HEPATITIS B VACCINE INFORMATION AND RECORD

#### CONSENT FORM OF HEPATITIS B VACCINATION

I have knowledge of Hepatitis B and the Hepatitis B vaccination. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I give my consent to be vaccinated for Hepatitis B.

\_\_\_\_\_  
Signature of Employee (consent for Hepatitis B vaccination)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

#### REFUSAL FORM OF HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Signature of Employee (refusal for Hepatitis B vaccination)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

I refuse because I believe I have (check one)

\_\_\_\_\_ started the series

\_\_\_\_\_ completed the series.