

Exposure Control Plan for Cumberland County Schools

POLICY

The Cumberland County School System is committed to providing a safe and healthful work environment for its 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, "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:

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including:
 - o Universal Precautions
 - o Engineering and work practice controls
 - o Personal Protective Equipment (PPE)
 - o Housekeeping
3. Hepatitis B vaccination
4. Post-exposure evaluation and follow-up
5. Communication of hazards to employees and training
6. Recordkeeping
7. Procedures for evaluating circumstances surrounding exposure incidents.

A copy of this plan will be placed with the Cumberland County Schools Emergency Response Plan at each school. It will also be available electronically on the county website.

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

PROGRAM ADMINISTRATION

The Health Services Supervisor or his/her designee is responsible for implementation of the ECP. The Health Services Supervisor will maintain, review, and update the ECP 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 the ECP.

The Health Services Supervisor or his/her designee 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. The Health Services Supervisor or his/her designee will ensure that adequate supplies of the aforementioned equipment are available in appropriate sizes.

The Health Services Supervisor or his/her designee is 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 Supervisor or his/her designee will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone:

Contact location/phone:

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Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of the ECP during their initial training at new hire. It will also be reviewed in their annual refresher training. All employees can review and print this plan at any time during their work day via online Safe Schools training, at <http://www.ccschools.k12tn.net/>, and a hard copy will be available by contacting the Human Resources Supervisor.

The Health Services Supervisor 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.

Definitions

Blood: human blood, human blood components, and products made from human blood.

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

Contaminated Laundry: laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls: controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities: facilities providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

HBV: Hepatitis B Virus

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus

Licensed Healthcare Professional: a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up. HBV: Hepatitis B virus. HIV: human immunodeficiency virus.

Needleless system: a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure: 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 (OPIM): (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral: piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard.

General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste: 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.

Sharps with engineered sharps injury protections: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions: an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of job classifications in Cumberland County Schools in which all employees are considered to be at risk for occupational exposure:

1. Behavior Intervention teachers and paraprofessionals/educational assistants who work with students with severe behavior problems; (Special Education teacher or assistant)
2. Bus attendants who work with developmentally disabled students;
3. CDC teachers and paraprofessionals working with developmentally disabled/severely disabled students;
4. Custodians;
5. First Responder team members;
6. School Nurses.
7. School secretaries and/or Paraprofessionals/Educational Assistants, if they are designated as the persons who deal with injuries in the normal performance of their duties as designated by the administrator of the respective building.
8. Coaches
9. Teachers of classes using hazardous equipment as determined by the building administrator.
10. Maintenance Workers

NOTE: CCBOE will not be responsible for payment of immunizations for employees who terminate employment prior to completion of the series or for employees who do not complete the series of 3 shots.

METHODS OF IMPLEMENTATION AND CONTROL

I. Universal Precautions

All employees will utilize universal precautions, which are intended to prevent transmission of infection, as well as decrease the risk of exposure for school personnel and students. It is not possible to identify all infected individuals; therefore, precautions must be used with every individual. Universal precautions refer to all blood and other potentially infectious materials (OPIM) containing blood.

While these precautions do not specifically apply to other body fluids and wastes such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine - unless blood is visible in the material - these can be sources of other infections and should be handled as if they are infectious.

The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of spills are essential techniques of infection control. All individuals should respond to situations practicing universal precautions.

II. 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:

Hand washing

Hand washing is crucial to preventing the spread of infection.

To wash hands:

- o Use running water.
- o Lather with soap and use friction to clean all hand surfaces for at least 20 seconds.
- o Rinse well with running water and dry hands with paper towels.

Hands should be washed before physical contact with individuals and after contact is completed.

Hands should be washed after contact with any potentially contaminated equipment. If hands or other skin come into contact with blood or body fluids, wash immediately before touching anything else.

Hands should be washed whether gloves are worn or not and after gloves are removed. The school system provides hand washing facilities which are readily accessible to employees.

When hand sanitizer is used, hands are washed with soap and running water as soon as feasible.

The system ensures that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Barriers

Barriers anticipated to be used at school include disposable gloves, absorbent materials and resuscitative devices. Their use is intended to reduce the risk of contact with blood and body fluids as well as to control the spread of infectious agents from individual to individual.

Gloves should be worn when in contact with blood, other potentially infectious materials (OPIM) and other body fluids and wastes.

Gloves should be removed without touching the outside and disposed of after each use.

Disposal of Waste

- Blood, other potentially infectious materials (OPIM), other body fluids and wastes, used gloves, barriers and absorbent materials should be placed in a plastic bag and disposed of in the usual procedure.
- When the blood or other potentially infectious material is liquid, semi-liquid, caked with dried blood, is not absorbed in materials, and is capable of releasing the substance if compressed, special disposal as regulated waste is required.
- A Band-Aid, towel, sanitary napkin, or other absorbed waste that does not have the potential of releasing waste if compressed would not be considered regulated waste.
- Needles, syringes, and other sharp, disposable objects should be placed in special puncture-proof containers and disposed of as regulated waste.
- Bodily wastes such as urine, vomitus, and feces should be disposed of in the sanitary sewer system.
- Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

Other Measures

- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated

as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

- A readily observable label shall be attached to the equipment stating which portions remain contaminated.

Cumberland County Schools ensures that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.

Cumberland County Schools identifies the need for changes in engineering controls and work practice controls through review of OSHA records, employee interviews, and School Health Advisory Committee activities.

Cumberland County Schools evaluates new procedures and new products regularly by literature review, supplier information, and products considered. Both school staff and administration are involved in the process through regular School Health Advisory and Safety meetings and discussion. The Health Services Supervisor is responsible for ensuring that these recommendations are implemented.

III. 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 by School Health Services.

The types of PPE available to employees, as needed, are as follows:

- Gloves
- Eye protection
- Face masks
- Pocket resuscitation masks
- Gowns (in unique circumstances)

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

PPE is located in the Nurse's Office at each school and may be obtained through the school nurse for that school or the School Health Services Supervisor. Special Education classrooms should obtain their gloves through the Maintenance Department at their respective schools. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives can be obtained by the Health Services Supervisor for those employees who are allergic to the gloves

normally provided. The school system will clean and dispose of personal protective equipment at no cost to the employee.

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.
- 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.
- 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. 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 with blood or OPIM in such a way as to avoid contact with the outer surface.

IV. Housekeeping

The school system will ensure that the worksite is maintained in a clean and sanitary condition and will determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or impervious-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be

inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

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.

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; 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.

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.

Contaminated sharps are discarded immediately or as soon as possible in containers that are:

- closable
- puncture-resistant
- leak-proof on sides and bottoms
- appropriately labeled or color-coded

During use, containers for contaminated sharps shall be:

- easily accessible to personnel
- located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found
- maintained upright throughout use
- replaced routinely and not be allowed to overfill

Sharps disposal containers are to be inspected annually and maintained or replaced by the school nurse assigned to the school whenever necessary to prevent overfilling.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Sharps disposal containers are to be closed and transported to the Health Services Office when full, and then disposed of through a waste management company.

They should be placed in a secondary container if leakage is possible. This secondary container is to be:

- closable
- puncture-resistant
- leak-proof on sides and bottoms
- appropriately labeled or color-coded

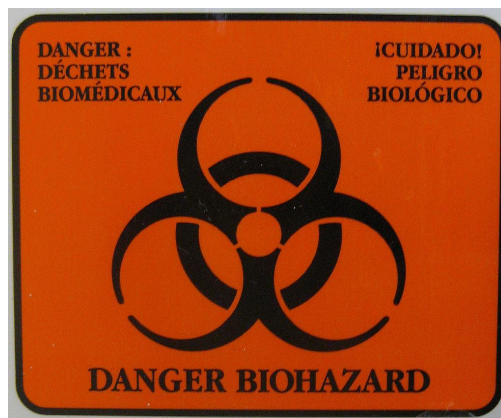
Replacement sharps disposal containers are available in the Nurse's Health Clinic at each school and through the Maintenance Supervisor.

Laundry

- Linen soiled with blood or OPIM shall be handled as little as possible and with minimum agitation to prevent contamination of the person handling the linen.
- All soiled linen shall be bagged at the location where it was used.
- It shall not be sorted or rinsed in the area.
- Soiled linen shall be placed and transported in bags that prevent leakage.
- The employee responsible for transporting soiled linen should always wear protective gloves to prevent possible after removing the gloves,
- hands or other skin surfaces shall be washed thoroughly and immediately after contact with potentially infectious materials.

Labels

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.



Labels shall include the following legend:

- These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

- Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

The Health Services Supervisor, Maintenance Supervisor, or his/her designee is 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 Health Services Supervisor, if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

The Health Services Department will coordinate training to employees on Hepatitis B vaccinations, addressing:

- safety
- benefits
- efficacy
- methods of administration
- 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. Following the medical evaluation, a copy of the healthcare 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 B vaccine and whether the vaccine was administered.

Vaccination is encouraged unless:

- documentation exists that the employee has previously completed the series;
- antibody testing reveals that the employee is immune; or

- 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 vaccine is kept in the Human Resources Department, at the Board of Education. The following language is to be used when an employee is offered and declines the Hepatitis B vaccine:

“I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (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.”

If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be provided at no cost to the employees at risk.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Following initial first aid (cleaning the wound, flushing eyes or other mucous membranes, etc.), the employee should:

1. Notify employee's immediate supervisor, the school principal, and Health Services at Central Office.
2. Complete an "On-The-Job Injury" Employee Injury Statement and or a student Accident report.
3. Contact a physician for further health care, as with any job-related injury (see list below).
4. Document the routes of exposure and circumstances under which the exposure occurred.
5. Identify and document the source individual (unless RCS can establish that identification is infeasible or prohibited by state or local law.)
6. 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 provided.
7. If consent is not obtained, RCS shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
8. If the source individual is already known to be HIV, HCV, or HBV positive, new testing need not be performed.

9. Assure that the exposed employee is provided with the source individual's test results and regulation concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
10. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident and test blood for HIV, and HIV serological status. 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.
11. A confidential medical evaluation including the aforementioned testing and follow-up will be conducted by an authorized physician on the Panel of Physicians, selected by the employee:
 - After an exposure, the employee should be provided:
 - post-exposure prophylaxis (vaccination),
 - when medically indicated, as recommended by the U.S. Public Health Service; counseling; and
 - evaluation of reported illnesses.

Should an exposure incident occur, contact the Health Services Supervisor at Central Office 931-484-6135.

Information Provided to the Healthcare Professional

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. 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;
2. Results of the source individual's blood testing, if available; and
3. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

Healthcare Professional's Written Opinion

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

- The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
- That the employee has been informed of the results of the evaluation; and
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The direct supervisor or school administrator 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 (classroom, restroom, cafeteria, etc.)
6. Procedure/activity being performed when the incident occurred
7. Employee's training

The Health Services Supervisor, will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, The Health Services Director will ensure that 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 receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. This training is completed on hire and annually thereafter.

The training program covers, at a minimum, the following elements:

A copy and explanation of the OSHA bloodborne pathogen standard;

An explanation of the 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 vaccines 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 in the school system; and
An opportunity for interactive questions and answers with the Health Services Supervisor.

Training materials for Cumberland County Schools are available at Safe Schools, on the Cumberland County Schools Human Resources and Health Services web sites.

The school system will provide additional training when changes such as modification of tasks or procedures 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.

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 Central Office.

- The training records include:
- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of the person(s) conducting the training sessions
- the names and job titles of all persons attending the training session.

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

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

This record shall include:

- The name and social security number of the employee;
- A copy of the employee's Hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- A copy of all results of examinations, medical testing, and follow-up procedures;
- The employer's copy of the healthcare professional's written opinion;
- A copy of the information provided to the healthcare professional.

Confidentiality

The employer shall ensure that employee medical records are:

- Kept confidential; and
- Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

The respectable school is responsible for maintenance of the required medical records. These confidential records are kept in the employee's personnel file. 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 is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by The Health Services Supervisor.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. This log shall be maintained by the On the Job Injury contact person at each school. The school nurse must also be notified if an entry is made in this log. The Health Services Supervisor will collect Sharps Injury Logs periodically and keep them at the Central Office.

All incidents must include at least:

1. date of the injury;
2. type and brand of the device involved (syringe, needle);
3. department or work area where the incident occurred; and
4. an explanation of how the injury occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least 5 years following the end of the calendar year covered. If a copy is requested from anyone, it must have personal identifiers removed from the report.

08/15/2017

Revised 1/05/2022