

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN



CAMPBELL COUNTY SCHOOLS
101 Orchard Lane
Alexandria KY41001
2024 - 2025

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CAMPBELL COUNTY BOARD OF EDUCATION

May, 2024

POLICY

The Campbell County board of Education is committed to providing a safe and healthful work environment for the entire staff of Campbell County Schools. 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 Campbell County Schools in implementing and ensuring compliance with the standard, thereby protecting all 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 Health Services Coordinator (Diana Taylor RN, (859)635-2173, ext. 1008) is responsible for implementation of the ECP. The Health Services Coordinator 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 this ECP.

The Health Services Coordinator 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 Coordinator will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Health Services Coordinator 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 Director of Human Resources, The Assistant Superintendent of Operations, and the Health Services Coordinator will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

INTRODUCTION

The purpose of this Exposure Control Plan is to eliminate or minimize Campbell County School District Employees' occupational exposure to bloodborne pathogens.

Bloodborne pathogens refer most commonly, in the educational setting, to:

- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)
- Human Immunodeficiency Virus (HIV)

The intent of the OSHA standard is to minimize occupational exposure to these and any other applicable hazards that can occur in the educational setting.

DEFINITIONS

DEFINITIONS

ASSISTANT SECRETARY means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

BLOOD means human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGENS means pathogenic organisms 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).

CLINICAL LABORATORY means a workplace where diagnostic or other screening procedures are performed on human blood or other potentially infectious materials. (Unlikely to apply to an educational setting with the exception of medically affiliated schools.)

CONTAMINATED means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED SHARPS means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tube, and exposed ends of dental wires. (May apply to school clinics, medically affiliated schools, and any location where injections may be given.)

DECONTAMINATION means 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.

DIRECTOR means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

ENGINEERING CONTROLS means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

EXPOSURE INCIDENT means a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

HAND-WASHING FACILITIES means facility providing an adequate supply of running potable water, soap and single use towel or hot air drying machines.

LICENSED HEALTHCARE PROFESSIONAL is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up.

HBV means Hepatitis B Virus.

HCV means Hepatitis C Virus

OCCUPATIONAL EXPOSURE means reasonably anticipated skin, eye, mucus 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) means:

- 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 skin) from a human (living or dead); and
- 3 HIV-containing cell or tissue cultures, organ cultures, and HIV, HBV, HCV-containing culture medium or other solutions; and blood, organ, or other tissues from experimental animals infected with HIV, HBV, HCV.

PARENTERAL means piercing mucus membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT (PPE) is specialized clothing or equipment worn by an employee for protection against 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 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; pathological and microbiological wastes containing blood or other potentially infectious materials.

SOURCE INDIVIDUAL means 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 means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

UNIVERSAL PRECAUTIONS is a, 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 HN, YBV, and other bloodborne pathogens.

WORK PRACTICE CONTROLS means 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).

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In accordance with the OSHA Blood borne Pathogens Standard, 29CFR 1910.1030, the following exposure control plan has been developed:

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. All other employees will be covered after exposure, should one occur.

JOB TITLES	DEPARTMENT/LOCATION
School District Nurses	All School Locations
School Administrators	Each School as Assigned
School Resource Officers	CCMS & CCHS/District as Needed
School Secretaries	Each School as Assigned
Office Clerks	Each School as Assigned
Athletic Trainer	High School Athletic Department and Athletic Events
Athletic Coaches	Athletic Events and Practices
Asst. Athletic Coaches	Athletic Events and Practices
Physical Education Teachers	Each School as Assigned
Teachers of Students with Special Health Care Needs	Each School as Assigned
Para Educators in Units for Students with Special Health Care Needs	Each School as Assigned
Speech Therapist/OT/PT serving Students with Special Health Care Needs	School as Assigned
Transportation Staff for Students with Special Health Care Needs	Transportation/Buses
Teacher/Staff for Students with High Risk Behavior	Classroom/Building as Assigned
Custodians and Maintenance Staff	All Buildings as Assigned
School Emergency Response Team Members	All Buildings as Assigned
Preschool Teachers	Each School as Assigned
Preschool Para Educators	Each School as Assigned

TASKS AND PROCEDURES WHERE EMPLOYEES MAY COME IN CONTACT WITH BLOODBORNE PATHOGENS THROUGH EXPOSURE TO HUMAN BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS:

1. ADMINISTRATION OF FIRST AID
2. PERSONAL CARE OF STUDENTS WITH SPECIAL HEALTH CARE NEEDS
3. PERFORMING NURSING PROCEDURES FOR STUDENTS WITH SPECIAL HEALTH CARE NEEDS
4. PERSONAL CARE OF INCONTINENT PRESCHOOL STUDENTS
5. INTERVENTION IN STUDENT PHYSICAL ALTERCATIONS
6. SEIZING OF DEADLY WEAPON AND/OR DANGEROUS INSTRUMENT
7. HOUSEKEEPING CHORES AFTER BODY FLUID SPILLS

IMPLEMENTATION SCHEDULE AND METHODOLOGY

OSHA also requires that this plan include a schedule and method implementation for the various requirements of the standard. The following complies with this requirement:

Compliance Methods

UNIVERSAL PRECAUTIONS will be observed by all employees in all facilities operated by the Campbell County Board of Education in order to prevent contact with blood or other potentially infectious materials. All body fluids will be considered infectious regardless of the perceived status of the source individual.

Hand washing and eyewash facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.

ALL EMPLOYEES OF THE CAMPBELL COUNTY SCHOOL DISTRICT ARE ENCOURAGED TO WASH THEIR HANDS FREQUENTLY, USING WARM, RUNNING WATER AND SOAP, FOR A MINIMUM OF 15 SECONDS, DRYING WITH DISPOSABLE TOWELS OR MECHANICAL DRYERS

HAND WASHING FOR A MINIMUM OF 15 SECONDS SHOULD BE DONE AFTER REMOVING GLOVES OR OTHER POTENTIALLY INFECTIOUS MATERIALS. ANY OTHER POTENTIALLY CONTAMINATED SKIN SURFACES SHOULD ALSO BE WASHED AS SOON AS POSSIBLE.

WHEN ACCESS TO A HANDWASHING FACILITY IS NOT FEASIBLE, EMPLOYEES WILL BE PROVIDED EITHER AN APPROPRIATE ANTISEPTIC HAND CLEANSER OR ANTISEPTIC TOWELETTES. WHEN ANTISEPTIC CLEANSERS OR TOWELETTES ARE USED, HANDS SHALL BE WASHED WITH SOAP AND RUNNING WATER AS SOON AS FEASIBLE.

The following pages list the areas in which hand washing facilities are located in Campbell County School District Buildings.

ENGINEERING CONTROLS

DEPARTMENT/OPERATION	CONTROL EQUIPMENT
Central Office	<ul style="list-style-type: none"> Hand-Washing Facilities Men's And Women's Restrooms Center Of Building-Hall Kitchen - Southwest Side
Maintenance Garage	<ul style="list-style-type: none"> Hand-Washing Facilities Restrooms- North Side Of Building Wash Tub - Garage
Campbell Ridge Elementary School	<ul style="list-style-type: none"> Hand-Washing Facilities Boy's & Girl's Restrooms outside of Gym Staff Restroom in Gymnasium Staff Restroom in Kitchen Nurse Office in Main Office Staff Restroom in Work Room in Main Office Restroom in Preschool Rooms 138 & 139 Restroom in Special Needs Room 137 Boys & Girls Restrooms in Preschool Hallway Staff Restroom in Teacher Workroom in West Corridor Boy's & Girl's Restroom West Corridor
Alexandria Educational Center	<ul style="list-style-type: none"> Hand-Washing Facilities Kitchen - East Side Of Administrative Building Building 15 - Boy's And Girl's Restrooms Nurse's Station- North Side Administrative Building Faculty Restroom - Principal's Office Boy's And Girl's Restrooms - Adjacent To Gymnasium

DEPARTMENT/OPERATION	CONTROL EQUIPMENT
Cline Elementary School	Hand-Washing Facilities
	• Staff Restrooms Main Entrance
	• Room 118
	• Boys' & Girls' Restrooms in Gymnasium
	• Kitchen Main Level
	• Boys' & Girls' Restrooms Main Level
	• Staff Workroom South Main Level
	• Boys' & Girls' Restrooms Upper Level
	• Room 214
	• Restroom in Preschool Room
Grant's Lick Elementary School	Hand-Washing Facilities
	• Nurse's Station-Main Level West
	• Faculty Restroom - Main Entrance East Of Principal's Office
	• Kitchen - West Side Main Level
	• Boy's And Girl's Restrooms - Main Entrance West Hall, Main Level Northeast, And Lower Level Old Building East
Crossroads Elementary School	Hand-Washing Facilities
	• Nurse's Station- Main Level West
	• Faculty Restroom- Main level West
	• Boys & Girls Restrooms- Outside of gym in Main West Hallway
	• Staff Restroom in Gymnasium
	• Boy's & Girls Restrooms in Rear West Corridor
	• Staff Restroom Rear North Corridor
	• Staff Restroom West Corridor
	• Boy's & Girls Restrooms West Corridor Next to Special Needs Class 137
	• Special Ed Classroom 137 Main Corridor
	• Preschool Classroom 138 Main Corridor
	• Preschool Classroom 139 Main Corridor
Reiley Elementary School	Hand-Washing Facilities
	• Staff Restrooms Main Entrance
	• Boys & Girls' Restrooms Gymnasium
	• Kitchen Main Level

[illegible]

DEPARTMENT/OPERATION	CONTROL EQUIPMENT
Campbell County Middle School	Hand-Washing Facilities
	• Nurse's Station Main Lobby
	• Restroom Main Administrative Office
	• Restrooms Main Guidance Offices
	• Boys' & Girls' Restrooms Lower Level Lobby
	• Kitchen Lower Level
	• Boys' & Girls' Restrooms Lower Level South
	• Restroom Administrative Office South
	• Boys' & Girls' Restrooms Main Level Lobby
	• Room 330 South
	• Restroom Library Media
	• 321 North
	• 323 North
	• 304 North
	• Boys' & Girls' Restrooms Third Floor North
	• 315 North
	• 317 North
	• 212 North
	• 209 North
	• Boys' & Girls' Restrooms Second Floor North
	• 225 North
	• Boys' & Girls' Locker Rooms North
	• 111 North
	• 116 North
	• Boys' & Girls' Restrooms First Floor North
	• Restroom Building Maintenance Office Lower Level
	• Main Locker Room North
	• Athletic Office North
	• Main Locker Room South
	• Athletic Office South

DEPARTMENT/OPERATION	CONTROL EQUIPMENT
Campbell County High School	Hand-Washing Facilities
	• A111 - Home Economics Food Lab
	• A118-A119 - Home Economics Living Room & Restroom
	• A130-A133 Northeast Downstairs Men's & Women's Restrooms
	• A145 - Library Workroom
	• A168-A169 - Life Skills & Restroom
	• A176-A177 - Life Skills & Restroom
	• A180-A181 - Life Skills & Restroom
	• A185 - Front Office Workroom
	• A188-A189 - Nurse's Office & Restroom
	• A190 - Office area
	• A219-A222 - Northeast Upstairs Men's & Women's Restrooms
	• A229 - Biology Workroom
	• A230 - Chemistry Workroom
	• B114 - Concession Stand
	• B121-B124 - Gym Lobby Men's & Women's Restrooms
	• B152-B153 - Women's P.E. Locker Room
	• B155-B157 - Men's P.E. Locker Room
	• B166 - Trainer's Room
	• B168 - Women's Staff Locker Room
	• B169 - Men's Staff Locker Room
	• B178 - Women's Team Locker Room
	• B181 - Men's Locker Room
	• B212-B215 - Northwest Upstairs Men's & Women's Restrooms
	• C102 - Kitchen Serving Area
	• C107 - Kitchen
	• C108 - Kitchen Restroom
	• C114 - Custodial Receiving
	• C115 - Tech II
	• C116 - Darkroom
	• C120 - Tech I
	• C125 - Graphic Arts

DEPARTMENT/OPERATION	CONTROL EQUIPMENT
Campbell County High School (cont.)	Hand-Washing Facilities
	<ul style="list-style-type: none"> • Student Restrooms East Wing, Upper & Lower Levels
Transportation Department Facility	<ul style="list-style-type: none"> • Garage Area Wash Tub • Staff Restroom Garage Area • Staff Restroom Staff Lounge

OTHER ENGINEERING CONTROLS AND LOCATION IN BUILDING

1. Sharps Containers: In each building where first aid supplies are stored or area where used. Sharps containers will be changed by the school nurse whenever container becomes filled and transported off school property via approved medical waste management company.
2. Red Trash Bags/Biohazard Labels: First Aid kits, areas where first aid is administered and custodial supply storage areas.
3. All needles diabetic testing devices should be removed utilizing rubber-tipped hemostats.

WORK PRACTICE CONTROLS

1. Contaminated needles or other sharps shall not be sheared, bent, recapped, or removed. All contaminated sharps will be disposed of in appropriate, puncture-resistant container or Sharps container.

METHOD FOR IMPLEMENTATION

The method for implementation of this plan will be by formal training sessions that will occur in the workplace and/or on-line per Safe Schools, Inc. Training will be conducted following the guidelines set forth in this compliance package and in the December 6, 1991, Federal Register, in which the Bloodborne Pathogen Standard appears.

PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through and reach the employee's clothing, 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.

Protective clothing will be provided to employees in the following manner: Personal protective equipment will be issued by the school nurse and made available to personnel as indicated below.

PERSONAL PROTECTIVE EQUIPMENT	LOCATION
Disposable, powderless, vinyl/nitrile gloves	<ul style="list-style-type: none"> • Each first aid kit • Each area where first aid is provided • Each area where students receive personal care • All classrooms • Each school bus • Custodial supply area
Barrier Kits (Containing gown, face shield, cap, gloves, shoe covers, etc.)	<ul style="list-style-type: none"> • Each area where first aid supplies are stored • Custodial supply area • Each school bus • Athletic Trainer's kit • All classrooms deemed medically necessary
CPR Shields (1-way mouthpiece)	<ul style="list-style-type: none"> • Each area where first aid supplies are stored • Each first aid kit • Classrooms of students with special health-care needs • With all AED units

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 the regular garbage unless is so saturated with bloodborne pathogen that significant pooling may occur. At that point, the PPE must be placed in a red biohazard bag & transported off school property via approved medical waste management company.
- 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 by blood or OPIM, in such a way as to avoid contact with the outer surface. Garment will be placed in a leak-proof, biohazard red bag.

HOUSKEEPING

Restrooms:

Clean a minimum of once per day. Use an approved, designated disinfectant spray cleaner, germicidal soap and hot water and detergent – odor counteractant, acid bowl cleaner.

Always wear gloves. Start by cleaning sinks, then toilets, and finish with floor. Mix cleaning/disinfectant agents according to directions on product container. While bleach is an effective disinfectant, the odors can be caustic. Therefore, it is preferable to use bleach for disinfection of cleaning implements only, rather than for general cleaning of the buildings. Bleach should be diluted as follows: one cup bleach per 2 gallons of water. The bleach mixture must be discarded at the end of each day and fresh solution mixed next cleaning time.

Water Fountain:

Clean minimum of once per day. Use an approved, designated cleaning agent. Wear gloves – clean entire surface.

Waste Cans:

Empty once per day, minimum. Clean after emergency spill or on a regular basis using disinfectant. Waste cans in areas used for personal care of students need to be emptied several times each day and cleaned and disinfected OFTEN.

Always wear disposable gloves and replace waste can liners.

SPECIFIC CLEANUP PROCEDURES FOR BODY FLUID SPILLS

***Always wear gloves, mask, protective eyewear, and other appropriate Personal Protective Equipment when exposure to potentially infectious material is anticipated.**

***Always call a custodian to clean any spills/accidents which involve body fluids**

1. Sprinkle supplied absorbent material on the body fluid. Allow the absorbent material to remain in place until all liquid is absorbed.
2. Sweep/scoop the absorbent material and body fluid into a plastic bag or plastic-lined trash container Using broom/brush and dustpan.
3. Clean the affected area well with appropriate cleaning agents.
4. Apply disinfectant preparation to the affected area.
5. Carpeted areas need to be thoroughly vacuumed and spot cleaned, as needed, after the above steps have been completed.

6. Bag containing body fluid and absorbent should be placed in a red biohazard bag and disposed of properly, as directed.
7. All equipment used in the clean-up process will be cleaned and properly disinfected after use.
8. Remove gloves as directed and wash hands thoroughly for a minimum of 15 seconds.

CONTAMINATED SHARPS (Broken glass, weapons, tools, needles/syringes, etc.)

Always use proper Personal Protective Equipment. Use broom/brush and dustpan or tongs to handle contaminated material. Never pick up with hands to avoid injury or contamination. Place in puncture-proof container or "sharps" container. Double package, if necessary, to prevent further injury/contamination. Dispose of as directed. Properly clean area as described above and clean and disinfect equipment.

Red plastic trash bags and biohazard labels are available and should be used if indicated.

HEPATITIS B VACCINE

The Campbell County Board of Education 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 the plan. Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune
- 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 Health Services Coordinator at Central Office, AEC bldg. 1.

The Hepatitis B vaccination will be administered through St. Elizabeth Business Health at 200 Medical Village Dr. Edgewood, Ky.

POST EXPOSURE EVALUATION AND FOLLOW-UP

When the employee incurs an exposure incident, it should be reported to the school principal/immediate supervisor and the school nurse. In turn, they will notify the Health Services Coordinator and Central Office.

All employees who incur an exposure incident will be offered a post-exposure evaluation by the Health Services Coordinator and referred to St. Elizabeth Business Health at 200 Medical Village Dr. Edgewood, KY. for post-exposure follow-up.

This follow-up will include the following:

- A description of the employee's duties as they relate to the exposure incident.
- Documentation of the route of exposure and the circumstances related to the incident. Sharps Injury Log completed if applicable.
- If possible, the identification of the source individual, and, if possible, the status of the source individual will be tested (after consent is obtained) for HIV/HCV/HBV infectivity.
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/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 for HIV serological status. If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the US Public Health Service.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

The Campbell County Board of Education has been designated to assure that the policy outlined is effectively carried out as well as to maintain records related to this policy.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Health Services Coordinator/Nurse *will* ensure that St. Elizabeth Business Health receives a copy of OSHA's bloodborne pathogen standard.

Health Services Coordinator/Nurse/Human Resources will ensure that St. Elizabeth Business Health receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route of exposure
- Circumstances of exposure
- If possible, results of the source individuals blood test
- Relevant employee medical records, including vaccination status

Human Resources will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

EMPLOYEE TRAINING

All employees of Campbell County Schools receive annual bloodborne pathogen training via online per Safe Schools Inc. which encompasses the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- An accessible copy and explanation of the OSHA blood borne pathogen standard
- An explanation of Campbell County Schools Exposure Control Plan and how to obtain a copy
- A general explanation of the modes of transmission of blood borne pathogens
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
- Information of the types, proper use of, location, removal, handling, decontamination and disposal of personal protective equipment
- An explanation of the basis for selection of personal protective equipment.
- Information of the Hepatitis B vaccine, including information on the safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- An explanation of the procedure to follow if an exposure incident occurs, including the method for 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 label and/or color-coding required by OSHA
- Contact information regarding any questions regarding the training or blood borne pathogens.

TRAINING RECORDS

All records, including Training and Medical records, required by the Blood borne Pathogen Standard will be maintained by the Campbell County Board of Education in accordance with 29CFR 1910.20.

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the Campbell County Central Office.

APPENDIX

IMPORTANT INFORMATION ABOUT HEPATITIS B AND HEPATITIS B VACCINES AND CONSENT FOR VACCINATION

PLEASE READ CAREFULLY

What is Hepatitis B? Hepatitis B is an infection of the liver caused by the Hepatitis B Virus (HBV). The term "viral hepatitis" is often used for and may include Hepatitis B and other similar diseases which affect the liver but are caused by different viruses.

Acute Hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice (yellow eyes and skin). Skin rashes and joint pain can occur.

Between 6 and 10 of every 100 adults who contract Hepatitis B become chronic carriers (have HBV in their blood for more than 6 months) and may be able to spread the infection to others for a long period of time. Infants who catch Hepatitis B are more likely to become carriers than adults. About one-fourth of these carriers go on to develop a disease called "chronic active Hepatitis". Chronic active Hepatitis often causes cirrhosis of the liver (liver destruction) and death due to liver failure. Persons die from Hepatitis B-related cirrhosis each year in the United States, and from Hepatitis B-related liver cancer. The risk of catching Hepatitis is higher in certain groups of people because of their occupation, lifestyle, or sexual activity. Because of the risk of serious problems associated with Hepatitis B infection, vaccination to help prevent infections is recommended for these groups. Children born October 1, 1981 or later are required to have Hepatitis B vaccine before entering Kindergarten in Kentucky. The vaccine is also required for students entering 6th grade.

Hepatitis B Vaccine: The vaccine is given by injection on three separate dates. The first two doses should be one month apart and the third dose five months after the second. After three doses, the Hepatitis B vaccine is 80 - 90% effective in preventing Hepatitis B infection in those who received the vaccine. How long protection lasts after vaccination and the need for booster doses are not yet known.

Post-exposure prophylaxis may be given at Q 1, and 2 months.

Who should not get Hepatitis B Vaccine?

- 1 Pregnant or breast-feeding mothers.
- 2 Active or chronic Hepatitis B (positive hepatitis antigen)

Side Effects: Localized soreness and redness may occur and need no treatment. Fever, neurologic, and serious allergic complications may occur but are extremely rare.

Current Hepatitis vaccines are produced from yeast cells. They are, therefore, free of association with human blood or blood products.

PERSONS WITH HYPERSENSITIVITY TO YEAST OR ANY COMPONENT OF THE VACCINE SHOULD NOT RECEIVE THE VACCINE

HEPATITIS B VACCINE DECLINATION FORM

DATE: _____

EMPLOYEE NAME: _____

EMPLOYEE ID#: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine at no charge to myself. However, I decline 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.

- OR -

_____ I have previously received the complete series (3 shots) of the Hepatitis B Vaccine and am completely immunized.

Date received third vaccine: _____

EMPLOYEE SIGNATURE

DATE

FACILITY REPRESENTATIVE SIGNATURE

DATE

CAMPBELL COUNTY SCHOOLS

SHARPS INJURY LOG

Employee Name: _____

Name of School: _____

Room #/Department in school where sharps exposure occurred: _____

Date/Time of Sharps Exposure: _____

Describe the Incident: _____

Work action employee engaged in when exposure occurred: _____

Type & brand of device involved in exposure: _____

Post-Exposure Report/Referral Completed: ____ yes ____ no Date: _____

Measures implemented to prevent this type of exposure in the future: _____

**CAMPBELL COUNTY SCHOOLS
HEALTH**

**UNUSUAL OCCURRENCE / INCIDENT REPORT
EXPOSURE TO BLOOD OR OTHER POTENTIALLY
INFECTIOUS MATERIALS**

Employee's Name: _____ SS# _____

Position/School: _____

Date of Exposure: _____ Time: _____ a.m./p.m.

Source Individual's Name: _____

Potentially Infectious Materials: _____

Type of Fluid: _____

Source of Fluid: _____

How Exposure Occurred (work being performed): _____

Protection Equipment being used: ___ Yes ___ No ___ N/A If No please Explain: _____

Comments: _____

Decontamination, Clean-up, Reporting, Etc.

Immediate Action Taken: _____

Exposure Incident Reported to: _____

Physician's Referral Scheduled: _____

Employee Signature

Date

Principal/Supervisor Signature

Date

**CAMPBELL COUNTY SCHOOLS
HEALTH SERVICES**

EMPLOYEE'S DECISION FOR FOLLOW-UP TO OCCUPATIONAL EXPOSURE

I, _____, experienced an occupational exposure in the course of my duties. I acknowledge that I may be examined by a physician and be tested for Hepatitis B virus (HBV) and human immunodeficiency virus (HIV) at no charge. I understand the potential risks related to the exposure incident and have been offered examination and treatment.

I understand the results will be confidential and will be communicated to me by the healthcare professional.

_____ I hereby **agree** to examination, to having blood drawn, and to treatment for the exposure.

_____ I **do not agree** to examination, to having blood drawn, or to treatment for the exposure.

_____ Employee's Printed Name	_____ Employee's Signature	_____ Date
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_____ Principal's Printed Name	_____ Principal's Signature	_____ Date
--	---------------------------------------	----------------------

_____ I hereby **authorize** the examination and testing of my blood for the presence of HIV and HBV.

_____ I hereby **authorize** the examination and testing of my blood for HBV only.

_____ I **do not authorize** the examination and testing of my blood for the presence of HBV and HIV and understand the blood sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, I elect to have the blood sample tested, it is my responsibility to notify Campbell County Board of Education, who shall arrange for the testing.

_____ Employee's Printed Name	_____ Employee's Signature	_____ Date
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_____ Principal's Printed Name	_____ Principal's Signature	_____ Date
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**CAMPBELL COUNTY SCHOOLS
HEALTH SERVICES**

**PHYSICIAN'S MEDICAL EVALUATION AND OPINION
RELATING TO TREATMENT OF UNINTENTIONAL EXPOSURE TO BLOOD
OR OTHER POTENTIALLY INFECTIOUS SUBSTANCES**

Type of Exposure: _____

Location on Body: _____

Wound Appearance: _____

Exposure Source: Known _____ Unknown _____

Infection Evident from Source: No _____ Yes _____

Blood Drawn: _____ Date: _____

If blood was drawn at the time of exposure, but not tested because the individual did not consent to test, blood sample was preserved for ninety (90) days.

Blood Tests Ordered: _____

_____ Date: _____

Treatment Provided: _____

Additional Care Needed: No ___ Yes ___ Explain _____

Follow-up Visit: No ___ Yes ___ Date: _____

_____ This individual was treated by me and told about medical conditions resulting from exposure to blood or other potentially infectious material which requires further evaluation or treatment and understands the nature and reason for the care and the follow-up recommended.

_____ This individual refused treatment and understands the consequences of refusing the care recommended.

Physician Signature

Date

POST-EXPOSURE REPORT

(29 CFR 1910.1030, pg. 64179, column three, {3}
through pg. 64180, column one, (B) {vi} [PINK])

Use this report for details of POST-EXPOSURE EVALUATION and
FOLLOW-UP PROCEDURES

ACTIVITY	COMPLETION DATE
Employee furnished with documentation regarding exposure incident.	
Source individual identified. Name of source individual:	
Source individual's blood tested and results given to exposed employee. <input type="checkbox"/> Check here if unable to obtain consent.	
Exposed employee's blood collected and tested.	
Appointment arranged for employee with healthcare professional. Professional's name:	
Documentation forwarded to healthcare professional: <input type="checkbox"/> Bloodborne Pathogens Standard <input type="checkbox"/> Description of exposed employee's duties <input type="checkbox"/> Description of exposure incident, including routes of exposure <input type="checkbox"/> Result of source individual's blood testing <input type="checkbox"/> Employee's medical records	

**CAMPBELL COUNTY SCHOOLS
HEALTH SERVICES**

EMPLOYEE RECORD

Name: _____ Date of Hire: _____

Social Security #: _____ Termination Date: _____

I. Employee provided copy of exposure control plan: _____ (Date)

II. Hepatitis B Vaccination indicated: Yes _____ No _____

If Yes: Date of Vaccinations: _____

Date Declined: _____ Waiver Signed: _____

Medical records relative to employee's ability to receive vaccination are attached: _____ Yes

III. Post-Exposure Evaluation and Follow-up

- A. Post-Exposure report to healthcare provider _____
- B. Evaluation of exposure incident _____
- C. Copy of OSHA regulation to provider _____
- D. All medical records relevant to treatment given to provider _____
- E. "Evaluation of employee after occupational exposure" letter sent to provider _____
- F. Medical evaluation and written opinion received from provider _____

_____ G. Copy of report to employee _____

****PART III TO BE REPEATED FOR EACH SEPARATE EXPOSURE INCIDENT.****

IV. A copy of the following shall be attached:

- A. A copy of all results or examinations, medical testing, and follow-up procedure as required;
- B. A copy of the information provided to the healthcare professional as required; and
- C. The District's copy of the healthcare professional's written opinion as required.

Principal Signature

Date