

CONTAGIOUS DISEASES

The Board of Education believes that effective precautions and work practice controls are the best methods for the containment of potentially infectious materials and provide employees, students and others in the school community with the best protection against such exposure to contagious diseases.

Consistent with this belief and Federal regulation, the Superintendent of Schools shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure to blood or other potentially infectious materials.

The Exposure Control Plan shall include:

1. a list of job classifications in which occupational exposure to blood or other infectious materials occurs;
2. the schedule and method of implementation required by federal Occupational Safety and Health Administration (OSHA) regulations; and
3. documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.

The district shall ensure that a copy of the Exposure Control Plan is accessible to all employees.

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Ref: 29 CFR §1910.1030

Effective Date: January 5, 2016

CONTAGIOUS DISEASES REGULATION

Consistent with federal regulations, the following regulation is designed to protect members of the school community against exposure to potentially infectious materials.

Definitions

Potentially Infectious Materials means

The following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental proceedings, 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; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions.

Occupational Exposure means 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.

Exposure Incident means a specific eye, mouth, 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.

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

Universal Precautions is 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 (human immuno deficiency virus), HBV (hepatitis B virus), and other blood-borne 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).

Exposure Control Plan

The district’s Exposure Control Plan shall contain at least the following elements:

Exposure Determination

The district shall prepare an exposure determination which shall contain the following:

1. a list of all job classifications in which all employees in those job classifications have occupational exposure;

2. a list of job classifications in which some employees have occupational exposure; and
3. a list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in paragraph 2 above.

Methods of Compliance

1. Universal precautions. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
2. Engineering and Work Practice Controls. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. The district:
 - a. shall provide handwashing facilities which are readily accessible to employees or, when such facilities are not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible;
 - b. shall examine and maintain or replace engineering controls on a regular schedule to ensure their effectiveness;
 - c. prohibits the eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure. In addition, food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present;
 - d. requires that all procedures involving blood or other potentially infectious materials be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances;
 - e. requires that employees wash their hands immediately after removal of gloves or other personal protective equipment, and wash their hands and any other exposed skin after contact with blood or other potentially infectious materials;
 - f. shall dispose of contaminated sharps in appropriately labeled, puncture resistant, and leakproof containers;
 - g. shall place potentially infectious materials in a properly labeled container which prevents leakage during collection, handling, processing, storage, transport, or shipping; and
 - h. shall examine prior to shipment for servicing any equipment which may become contaminated with blood or other potentially infectious materials and decontaminate if possible. An appropriate label shall be attached to any contaminated equipment, and all affected employees, servicing representatives, and/or manufacturer, as appropriate, shall be put on notice so that precautions will be taken.
3. Personal Protective Equipment. When there is occupational exposure, the district shall provide and require the use of, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, face shields or masks

- and eye protection or other ventilation devices. The district shall also clean, dispose, repair and replace personal protective equipment at no cost to the employee. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through or reach the employee’s work clothes, street clothes, 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. All personal protective equipment shall be removed prior to leaving the work area and shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
4. Cleaning, Laundering, and Disposal. The district shall clean, launder, and dispose of personal protective equipment at no cost to the employee.
 5. Repair and Replacement. The district shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
 6. Housekeeping. The district shall ensure that the worksite is maintained in a clean and sanitary condition. The district shall determine and implement an appropriate written schedule for cleaning and method for 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.

Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up

1. The district shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident. The district shall ensure that all medical evaluations, hepatitis B vaccinations, and laboratory tests are available at no cost to the employee, at a reasonable time and place, and performed by or under the supervision of a licensed physician or other licensed healthcare professional.
2. Hepatitis B vaccination shall be made available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
3. The district shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
4. If the employee initially declines the hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the district shall make available the hepatitis B vaccination at that time.
5. The district shall assure that employees who decline to accept the hepatitis B vaccination sign the appropriate statement (see Exhibit).
6. An exposed employee’s post-exposure medical evaluation and follow-up shall include at least the following elements:
 - a. documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 - b. identification and documentation of the source individual, unless the district can establish that identification is infeasible or prohibited by state or local law:
 - i. The source individual’s blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV

infectivity. If consent is not obtained, the district 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.

- ii. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - iii. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- c. collection and testing blood for HBV and HIV serological status;
 - d. post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
 - e. counseling; and
7. The district shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation. The district shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
- a. a copy of this regulation;
 - b. a description of the exposed employee's duties as they relate to the exposure incident;
 - c. documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - d. results of the source individual's blood testing, if available; and
 - e. all medical records relevant to the appropriate treatment of the employee including vaccination status which are the district's responsibility to maintain.
8. The district 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.
9. Medical records required by this standard shall be maintained by the district (see Recordkeeping below).

Communication of Hazards to Employees

1. Warning labels shall be affixed to containers of regulated waste and other containers used to store, transport or ship potentially infectious materials.
2. The district shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost the employee and during working hours. Annual training for all employees shall be provided within one year of their previous training.

Recordkeeping

1. Medical Records. The district shall establish and maintain an accurate record for each employee with occupational exposure. This record shall include:

- a. the name and social security number of the employee;
- b. 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;
- c. a copy of all results of examinations, medical testing, and follow-up procedures;
- d. a copy of the healthcare professional's written opinion; and
- e. a copy of the information provided to the healthcare professional.

The district shall ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person except as required by applicable law or regulation.

2. Training Records. Training records shall include the following information:

- a. the dates of the training sessions;
- b. the contents or a summary of the training sessions;
- c. the names and qualifications of persons conducting the training; and
- d. the names and job titles of all persons attending the training sessions.

Training records shall be maintained for 3 years from the date on which the training occurred.

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CONTAGIOUS DISEASES EXHIBIT

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 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.

Employee Signature

Date

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