ADMINISTRATIVE GUIDELINES STATEMENT:

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, as adopted by the U.S. Department of Labor (the "standard"), the following exposure control plan has been developed:

I. EXPOSURE DETERMINATION

The Standard requires the district to perform an exposure determination concerning which of its employees may incur occupational exposure to blood or other potentially infectious materials. 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 all employees may be expected to incur such occupational exposure, regardless of frequency. The following district job classifications are in this category:

CATEGORY I
Physical Education Teachers
Coaches
ESE Teachers
ESE Aides
Bus Aides
Maintenance and Custodial Employees
Pre-K Teachers
Pre-K Aides
Health Room Attendants
Nurses
Principals
Assistant Principals

The Standard also requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks, or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:
<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Tasks/Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Secretary</td>
<td>Administering first aid</td>
</tr>
<tr>
<td>School Clerk Typist</td>
<td>(applies to all classifications)</td>
</tr>
<tr>
<td>School Bookkeeper</td>
<td>Clean up/disposal of blood or other potentially infectious materials (applies to all classifications)</td>
</tr>
</tbody>
</table>

II. IMPLEMENTATION SCHEDULE AND METHODOLOGY

The Standard requires that this plan include a schedule and method of implementation for the Standard's various requirements. The following complies with this requirement:

A. Compliance Methods

All employees (including volunteers) will follow the "Infection Control Guidelines" manual. Universal precautions will be observed in the district in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

B. Training

1. Frequency. Training for all employees will be conducted prior to initial assignment of tasks where occupational exposure may occur. The training will be conducted using videotapes, written material, and/or any other material necessary to assure complete understanding by the employee. Employees will receive annual refresher training. Training for employees shall be conducted by the building principal, and his/her designee.

2. Components. Training for employees will include an explanation of:

   a. The bloodborne pathogens standard
   b. Epidemiology and symptomatology of bloodborne diseases
   c. Modes of transmission of bloodborne pathogens
   d. This Exposure Control Plan, i.e., points of the Plan, lines of responsibility, how the Plan will be implemented, etc.
   e. Procedures which might cause exposure to blood or other potentially infectious materials at the workplace
f. Control methods which will be used at the workplace to control exposure to blood or other potentially infectious materials

g. Personal protective equipment available at the workplace and who should be contacted concerning exposure

h. Post-exposure evaluation and follow-up

i. Signs and labels used at the workplace

j. Hepatitis B vaccine availability

k. The outline of the training material is located in the Management Operations Office.

C. Exposure Controls

1. Handwashing facilities are located in each building as identified by the principal, department head, or designee.

2. Disposable rubber gloves are available from the principal, department head, or designee who will be responsible for distribution and proper disposal of used gloves. Used disposable gloves should not be washed or decontaminated for re-use.

3. "Sharps" containers are available in each health room office.

4. After thorough cleaning, decontamination of any blood spills by use of EPA registered germicide.

5. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious material, employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses.

6. Regulated waste shall be placed in appropriate containers. Such containers are located in each building as identified by the principal, department head, or designee.

7. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated whenever necessary as determined by the principal, department head, or designee.

8. Any broken glassware which may be contaminated with blood or other potentially infectious materials will not be picked up directly with the hands. The following procedures will be used: Glassware shall be picked up using a shovel, broom, and dustpan or other appropriate implement.
9. Laundry done by staff and which has been soiled with blood or other potentially infectious materials or which may contain sharps will be properly bagged and labeled with a biohazard label indicating the location where it was used. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to district employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The engineering and work practice controls set forth below will be utilized:

- Equipment labels for contamination equipment
- Contaminated personal protective equipment container/bags
- Contaminated/sharps equipment containers

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

- Equipment labels – once/week; principal/department head, or designee
- Contaminated personal protective equipment containers – once/week; principal/department head, or designee

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. The Standard requires that these facilities be readily accessible after incurring exposure. Handwashing facilities are located as follows:

- Instructional Personnel - classroom or adjacent restroom
- Nurse - school health room (if applicable)
- Food Service Personnel - Food Service Station
- Custodial/Maintenance Staff - Custodian station

Handwashing facilities are not feasible for some district teachers and aides. The district shall provide such personnel with antiseptic towelettes for their use in the event such employees incur exposure to blood or other potentially infectious materials. Physical Education Teachers shall maintain such towelettes in their offices for use in the event of an indoor exposure incident and shall carry such towelettes with them when conducting class outdoors in the event of an outdoor exposure incident. Any Physical Education Teacher who incurs an exposure incident shall wash their hands with soap and running water at one of the above-listed handwashing facilities as soon as possible after use of said towelettes. Instructional Personnel shall maintain such towelettes in their offices for use in the event of an indoor exposure incident and shall carry such towelettes with them when conducting class outdoors in the event of an
outdoor exposure incident. Any Instructional Personnel who incurs an exposure incident shall wash their hands with soap and running water at one of the above-listed handwashing facilities as soon as possible after use of said towelettes.

Each district building principal or designee shall be responsible for issuing antiseptic towelettes to the above-named personnel. In the event an employee in such classification exhausts his/her supply of towelettes it shall be the responsibility of the individual employee to advise their building principal or designee that he/she has exhausted their antiseptic towelette supply, at which time the building principal or designee shall immediately issue a new supply of towelettes to said employee.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at all facilities to accomplish this goal are use of bandages, swabs, compresses, and other similar materials.

D. Personal Protective Equipment

All personal protective equipment used at the facilities 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 or reach the employees' 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 kits will be provided to and used by employees in the following manner. Each district building principal, department head, or designee shall be responsible for distributing protective clothing kits to nurses and health room aides. Each protective clothing kit shall contain a clinical apron, gloves and shoe covers. The following protective equipment shall be used:
### Personal Protective Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic apron (plastic)</td>
<td>Clean-up/disposal of blood or other potentially infectious materials</td>
</tr>
<tr>
<td>Examination Gloves</td>
<td>First aid; administration of medication and/or hypodermic injections; clean up of blood or other potentially infectious materials and diapers</td>
</tr>
</tbody>
</table>

All personal protective equipment will be disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area:

Examination gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin and mucous membranes. Examination gloves will be available from the building principal's office and Custodian/Maintenance station and shall be distributed to employees by the building principal, department head, or designee respectively.

Disposable gloves used at any facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. The Standard also required appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The following situations require that such protective clothing be utilized: administration of first aid, medication or hypodermic injection; clean up of blood or other potentially infectious materials.

Any area of any district facility in which an exposure incident occurs will be cleaned and decontaminated immediately.

Decontamination will be accomplished by utilizing the following materials: bleach solutions, cleansers, or other appropriate EPA registered germicide disinfectants approved by Citrus County Schools.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood.
or other potentially infectious material, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and, if necessary, decontaminated on a regularly scheduled basis, by the Custodian/Maintenance staff.

Any broken glassware which may be contaminated will not be picked up directly with hands. The following procedures will be used: glassware shall be picked up using a shovel, broom, and dustpan or other appropriate implement.

E. Regulated Waste Disposal

Regulated waste shall be placed in appropriate containers. Such containers are located in the school or department administrative office.

F. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

If laundry at these facilities are cleaned off-site the laundry service accepting the laundry is to be notified, in accordance with section (d) of the standard.

III. HEPATITIS B VACCINE

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of the Standard.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The Management Operations Office shall be responsible for assuring that the vaccine is offered, the waivers are
IV. POST-EXPOSURE EVALUATION AND FOLLOW-UP

The standard defines an "exposure incident" as 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. When the employee incurs an exposure incident, it should be reported to the employee's building principal.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the Standard.

A. Reporting. When the employee incurs an exposure incident, it should be reported to the principal, department head, or designee who has responsibility to maintain records of exposure and in turn, inform the Management Operations Department.

B. Evaluation and Follow-Up. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the bloodborne pathogens standard. This follow-up by the Citrus County Public Health Unit will include the following:

1. Documentation of the route of exposure and the circumstances related to the incident.

2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.

3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. The exposed employee will be given the "Notice of Employees Involved in Occupational Exposure Incidents Involving Blood or Other Potentially Infectious Materials" and will verify that he/she has been informed about these laws by signing the Notice.

4. The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decided prior to that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.
5. The employee will be offered post-exposure prophylaxis by the other designated health care professional in accordance with the current recommendations of the U.S. Public Health Service.

6. The employee will be given appropriate counseling by the designated health care professional 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 the appropriate personnel.

7. A written opinion shall be obtained from the designated health care professional who provides the post-exposure evaluation and shall be provided to the employee within fifteen (15) days of the completion of the evaluation. Written opinions will be obtained in the following instances:

   a. When the employee obtains the Hepatitis B vaccine, or

   b. Whenever the employee received a medical evaluation and follow-up following an exposure incident.

8. The designated health care professional shall be instructed to limit their opinions to:

   a. Whether the Hepatitis B vaccine is indicated or, if the employee has received the vaccine, for evaluation following an incident,

   b. That the employee has been informed of the results of the evaluation, and

   c. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM.

9. The Director of Public Health has been designated to assure that the appropriate information is provided to the designated health care professional conducting the post-exposure evaluation, that the post-exposure evaluation is effectively carried out, and that the written opinion is prepared properly and provided to the employee.

10. This Control Plan will be reviewed by the Administration annually and updated 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.

V. RECORDKEEPING
All records required by the Standard will be maintained by the district or building principals, department heads or designees and the district office.

All employees will receive annual refresher training to be conducted within one year of the employee's previous training.

The outline for the training material is located at each building principal's, department heads or designees office, and the district office.

Appendix A: Voluntary Hepatitis B Inoculations Program

Appendix B: Occupational Exposure
MEMORANDUM

DATE:

TO:  EMPLOYEES OF CITRUS COUNTY SCHOOLS

FROM: Ed Murphy, Administrative Assistant

SUBJECT: Voluntary Hepatitis B Inoculation Program for School Board Employees

In response to recent OSHA regulation s1910.1030, Citrus County Schools is offering a voluntary inoculation program for employees who believe they have a “high risk” occupational exposure to bloodborne pathogens. Bloodborne pathogens transmit the Hepatitis B virus, as well as other viruses.

According to OSHA guidelines:

“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.”

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

According to the Morbidity and Mortality Weekly Report, June 24, 1988/Vol. 37/No.24:

“Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood.”

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>Maintenance Employees</td>
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<td>ESE Teachers</td>
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<td>Principals</td>
</tr>
<tr>
<td>ESE Aides</td>
<td>Pre-K Teachers</td>
<td>Assistant Principals</td>
</tr>
<tr>
<td></td>
<td>Pre-K Aides</td>
<td></td>
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</tbody>
</table>

Simply stated, if you are working in a position in which you routinely come into contact with the blood or bodily fluids of others, it is necessary for you to consider receiving the Hepatitis B vaccine. “High risk exposure” depends upon your specific job duties and contacts – and not upon your position alone. However, below is a listing of positions which may involve the most frequent exposure to the blood and bodily fluids of others.

As an employee of the Citrus County School Board, you have a choice as to whether or not you want to receive the free vaccinations against Hepatitis B. (You must be given three doses of the vaccine to confer immunity.)

- On the reverse side of this memorandum is your Consent/Declination Form. READ THE FORM CAREFULLY.
- If you WANT the vaccine, sign the Consent section of the form. (Upper half of form)
- If you DO NOT WANT the vaccine, complete and sign the Declination section of the form. (Lower half of form) You must complete and sign one section of the form or the other.
- In order to verify that you have returned your Consent/Declination Form, you will need to sign the computer print-out when you receive and when you return your form to your Principal/Supervisor.
- If you consent to have the vaccine and do not complete all three doses the Board will not pay for your vaccination the second time. If you are scheduled for a dose and did not meet your schedule the Board will not pay for the dose(s) you missed.

ΦΦΦ BE CERTAIN TO RETURN YOUR FORM TO YOUR WORKSITE SUPERVISORΦΦΦ

If you need further clarification regarding this matter, contact your administrator.

1 Code of Federal Regulations, Title 29, Subtitle B, Chapter XVII, Part 1910, Subpart Z, s1910.1030

GBEA-1a (Adopted 10/25/94)
## CONSENT FOR HEPATITIS B VACCINE

I have read the statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of vaccine to confer immunity; however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that it be given to me.

<table>
<thead>
<tr>
<th>Name of Person to Receive Vaccine (Print):</th>
<th>Worksite:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Person Receiving Vaccine:</td>
<td></td>
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</tr>
<tr>
<td>Social Security Number:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>DATE VACCINATED</th>
<th>LOT NUMBER</th>
<th>Witness (Print Name)</th>
<th>Witness (Signature)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

## REFUSAL OF HEPATITIS B VACCINE

DECLINATION STATEMENT

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 me. 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.

<table>
<thead>
<tr>
<th>Name of Employee (Print):</th>
<th>Worksite/School:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Employee:</td>
<td></td>
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<tr>
<td>Social Security Number:</td>
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</tbody>
</table>

## RETURN TO: PRINCIPAL/SUPERVISOR AT YOUR WORKSITE

GBEA-1b ( Adopted 10/25/94)
APPENDIX B

NOTICE TO EMPLOYEES INVOLVED IN OCCUPATIONAL EXPOSURE INCIDENTS INVOLVING BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS

Under the U.S. Department of Labor, bloodborne pathogen rule and the U.S. AIDS Confidentiality Act, employees who are involved in an exposure incident involving eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials, may be entitled to receive the results of blood tests if such tests are conducted on the source individual. However, to receive the results of an HIV blood test, a physician must make the determination that the exposure incident was of a nature that may transmit HIV.

I understand that if the district obtains the results of the source individual’s blood tests, I will be informed of their availability and will be given the opportunity to review those results. If I provide the district with a statement prepared by the physician conducting my follow-up evaluation indicating that the exposure incident was of a nature that may transmit HIV, I will be permitted to review results of the source individual’s HIV tests to the extent the district has access to this information. I further understand that I will not be permitted to make photocopies of any blood test results; that I am not permitted, under Florida law, to disclose the identity of the source individual to any third party, including my personal physician, if the source individual’s HIV test results are positive; and that if I disclose such information intentionally or recklessly, I may be charged with a Class B misdemeanor.

I have read and understand my rights and obligations as explained above.

Signature _________________________________

Date _________________________________