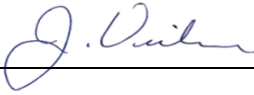


**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN**  
*Version 0126*

**System Name:** Autism Model Community School  
**Effective Date:** 7/1/2026

**Title of Position in Charge of Plan Implementation:** Executive Director/Designee

*This plan requires an annual update. The chart below verifies completion of this review each year.*

| <i>Date Annual Review Completed</i> | <i>Authorizing Official Name</i> | <i>Authorizing Official's Signature</i>   |
|-------------------------------------|----------------------------------|---|
| 04/28/2026<br>(Initial Review)      | Joel Vidovic                     |  |
|                                     |                                  |   |
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**PURPOSE**

This Exposure Control Plan (ECP) was developed in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens” for use by Autism Model Community School to ensure compliance with this standard. The guidance and procedures are provided not only to increase workers’ awareness of bloodborne pathogens, but to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which spread disease.

**POLICY**

Autism Model Community School is committed to providing a safe and healthful work environment thereby protecting our entire staff, while recognizing our responsibilities as an employer to comply with OSHA standard CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.” In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to Hepatitis, AIDS, and other diseases contracted through exposure to blood, bodily fluids, and other potentially infectious materials. The ECP identifies tasks, procedures, and job classifications where occupational exposure to blood could occur and sets forth procedures for evaluating circumstances surrounding exposure incidents.

Autism Model Community School ensures that the ECP is accessible to employees and to the Occupational Safety and Health Administration (OSHA) and the National Institute of Occupational Health and Safety (NIOSH). The ECP is reviewed and updated at least annually or more often if necessary to accommodate workplace changes. Employees covered by the bloodborne pathogen standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training session.

Autism Model Community School ensures that the ECP will be made available to all employees, so they have an opportunity to review it at any time during their work shift. If requested, a copy of the ECP will be provided

to employees free of charge and within 15 days of a request. As part of this policy, employees are required to utilize universal precautions. The ECP includes methods of compliance for the following:

- ◆ **Exposure Determination** - *Transmission, Exposure Classifications*
- ◆ **Implementation Schedule and Methodology**
- ◆ **Compliance Methods** - *Universal Precautions, Engineering Controls and Work Practices, Hand washing*
- ◆ **Contaminated Sharps/Needle**
- ◆ **Containers for Reusable Sharps**
- ◆ **Work Area Restrictions**
- ◆ **Contaminated Equipment**
- ◆ **Personal Protective Equipment**
- ◆ **Housekeeping** - *Cleaning Blood/Bodily Fluids from Revenue Vehicles, Contaminated Work Surfaces, Protective Coverings, Receptacles, Broken Glass*
- ◆ **Regulated Waste Disposal** - *Contaminated Sharps, Disposable Biohazard Bags, Labels, Other Regulated Waste Containment, Laundry Procedures*
- ◆ **Hepatitis B vaccination**
- ◆ **Post-Exposure Evaluation and Follow-Up**
- ◆ **Administration of Post-Exposure Evaluation and Follow-up** - *Information Provided to Healthcare Professional, Healthcare Professional's Written Opinion, Healthcare Professional's Post-Exposure Evaluation and Follow-up*
- ◆ **Evaluating the Circumstances Surrounding an Exposure Incident**
- ◆ **Training**
- ◆ **Record Keeping** - *Medical Records, Transfer of Medical Records, Training Records, OSHA Record keeping, Sharps Injury Log*
- ◆ **Forms** - *Hepatitis B Vaccination Declination, Post Exposure Evaluation, Sharps Injury Log*

## DEFINITIONS

**Bloodborne Pathogens (BBP):** Disease – causing agents, such as viruses or bacteria, carried or transported by the bloodstream and present in any other bodily fluids, tissue, or organs that may contain blood.

**ECP:** Exposure Control Plan.

**Germicide:** A disinfectant approved by the safety office.

**HBV:** The hepatitis B (or serum hepatitis) virus.

**HCV:** The hepatitis C virus.

**HIV:** The Human Immunodeficiency Virus, the causative agent of Aids.

**NOHA:** Northwest Occupational Health Associates.

**Other Potential Infectious Materials (OPIM):** Human blood or any substance, object, or item contaminated or potentially contaminated by human blood. The following are examples of items that should be treated as infectious materials:

- ◆ Human blood
- ◆ Any bodily fluids or substances, such as semen, vaginal secretions, vomit, etc., visibly contaminated with blood.
- ◆ Any object visibly contaminated by human blood.
- ◆ Any hypodermic needle or syringe visibly contaminated with blood or other bodily fluids.

**Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact (contact by piercing skin, such as needle sticks) with blood or other potentially infectious materials that may result from the performance of an employee’s assigned duties.

**Parenteral Contact:** Contact by piercing the skin

**Personal Protective Equipment (PPE):** Specialized clothing or equipment worn by employees for protection against a hazard. Example: goggles, latex rubber gloves, heavy rubber gloves, face shield, and CPR Protector. General work clothes (Uniforms, pants, or shirts) are not considered personal protective equipment.

**SHARPS:** Syringes, glass or other solid and sharp objects that may be contaminated with blood or OPIM.

**Universal Precautions:** An approach to infection control. Treat all human blood, bodily fluids and tissue, and other infectious materials as if they were known to be infected with HBV, HIV or other bloodborne pathogens.

### **PROGRAM ADMINISTRATION**

Autism Model Community School’s *Executive Director/Designee* will be responsible for the implementation of the ECP. The *Executive Director/Designee* shall maintain, review, and update the ECP 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. Review and update of such plans will also reflect changes in technology as well as any changes to safety devices that eliminate or reduce exposure to bloodborne pathogens.

Those employees determined to have an occupational exposure to blood or other potentially infectious materials (OPIM) must comply with all work procedures outlined in the ECP document.

The *Executive Director/Designee* will maintain and ensure that adequate supplies of Personal Protective Equipment (PPE), engineering controls (e.g., sharps containers), labels, and red biohazard bags are made available as required by the standard and are available in the appropriate sizes.

The *Executive Director/Designee* will be responsible for ensuring that all medical actions required are performed and that the appropriate employee health and OSHA records are maintained.

The *Executive Director/Designee* will be responsible for timely training, documentation of training and making the written ECP available to employees, the Occupational Safety and Health Administration, (OSHA), the National Institute of Occupational Safety and Health, (NIOSH) and the U.S. Department of Health and Human Services (DOHHS) representatives.

### **EXPOSURE DETERMINATION**

#### ***Transmission***

Working around or ***touching the unbroken skin*** of people who may be infected with bloodborne pathogens ***will not transmit disease***. However, bloodborne pathogens may enter the body and potentially cause infection through a variety of means, including:

- ◆ An accidental injury with a sharp object visibly contaminated with blood or Other Potentially Infectious Material (OPIM). “SHARPS” include needles, broken glass, or any object that can pierce, puncture, or cut the skin.

- ◆ Open cuts, nicks, and skin abrasions, including dermatitis and acne, as well as mucous membranes of the mouth, eyes, nose, or open skin.
- ◆ Indirect transmission, such as touching a contaminated object or surface and transferring the infectious material to the mouth, eyes, nose, or open skin.

The following list describes those job classifications and job tasks and procedures, or groups of closely related tasks and procedures, for Autism Model Community School employees (full time, part time, and volunteers) who may be subject to skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials while performing work duties regardless of frequency.

This determination was 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.) However, if contact with potentially infectious materials is certain or suspected, engineering controls may be imposed on the job and the employee shall be issued Personal Protective Equipment (PPE) to be used for their safety and protection. The requirements for the wearing of PPE may be increased as part of the re-evaluation and strengthening of exposure controls.

### ***Exposure Classifications***

#### **Classification 1**

Employee tasks that: Routinely involve a potential for mucous membrane or skin contact with blood, bodily fluids or tissue. Use of Personal Protective Equipment (PPE) is required for every employee in this classification. Hepatitis B vaccinations are offered to these employees. This would involve Safety-Sensitive employees such as drivers, aids, cleaners, etc.

Positions in this classification at Autism Model Community School would include: Custodial Staff

#### **Classification 2**

Employee tasks that: Do *not* routinely involve exposure to blood, bodily fluids or tissue as part of normal job responsibilities. However, they may be exposed to potentially infectious materials in the event of an abnormal or emergency occurrence. Should such exposure occur a post exposure evaluation will be conducted.

Positions in this classification at Autism Model Community School would include: Paraprofessionals, Teachers, Clinical Staff, Front Office Staff, School Administrators, Van Drivers

### **IMPLEMENTATION SCHEDULE AND METHODOLOGY**

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

### **COMPLIANCE METHODS**

#### ***Universal Precautions***

Autism Model Community School will observe universal precautions 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.

#### ***Engineering Controls and Work Practices***

Autism Model Community School will utilize engineering and work practice controls to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. Engineering controls are examined and maintained on an annual

basis to ensure their effectiveness. Both front line workers and management officials are involved in this process. Changes to engineering controls and work practices are identified through the review of accident and incident reports. The Executive Director/Designee will annually document consideration and implementation of new recommendations. The following work practices shall be followed by all personnel:

### ***Handwashing***

- ◆ Employers shall provide hand washing facilities which are readily accessible to employees.
- ◆ If hand washing is not feasible, the employer shall provide either an antiseptic hand cleanser with clean cloth/paper towels or antiseptic towelettes. When these items are used, hands shall be washed with soap and running water as soon as feasible.
- ◆ Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- ◆ Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.

### **WORK AREA RESTRICTIONS**

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

In work areas where there is reasonable likelihood of exposure to blood or other potentially infectious materials, employees cannot:

- ◆ Eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.
- ◆ Keep food and beverages in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- ◆ Perform mouth pipetting/suctioning of blood or other potentially infectious materials. This is strictly prohibited.

### **CONTAINMENT EQUIPMENT**

Equipment which has 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 decontamination of the equipment is not feasible.

### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Autism Model Community School will provide - *at no cost to the employee:*

- ◆ Personal protective equipment to every employee whose job classification places him or her at risk for occupational exposure to bloodborne pathogens.
- ◆ The cleaning, laundering, and disposal of personal protective equipment.
- ◆ Repair or replacement of personal protective equipment as needed to maintain its effectiveness.

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The Executive Director/Designee will ensure that training is provided in the use of the appropriate PPE for the tasks or procedures employees will perform. The Executive Director/Designee is responsible for ensuring that the appropriate PPE is available and directing employees to its location. 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 clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used. Appropriate PPE in the appropriate sizes will be made readily accessible at the worksite. Hypoallergenic gloves, glove liners, powder less gloves or similar alternatives will be made accessible to those employees who are

allergic to the gloves normally provided. Additionally, CPR protectors and non-latex gloves will be provided in first aid kits for employee use in the event of first aid emergencies.

Personal protective equipment made available to employees may consist of, but is not limited to, the following (mark all that apply):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Apron                   | <input type="checkbox"/> Rain Gear                         |
| <input checked="" type="checkbox"/> Face/Dust Mask          | <input type="checkbox"/> Rubber Boots                      |
| <input checked="" type="checkbox"/> Face Shield             | <input checked="" type="checkbox"/> Safety Glasses/Goggles |
| <input type="checkbox"/> Heavy Duty Rubber Gloves           | <input type="checkbox"/> Leather Gloves                    |
| <input checked="" type="checkbox"/> Non-Latex Rubber Gloves | <input type="checkbox"/> Tongs                             |

All employees using PPE *must* observe the following precautions:

- ◆ Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- ◆ Remove all personal protective equipment after it becomes contaminated, and before leaving the work area in such a way as to avoid contact with the outer surface.
- ◆ Used PPE may be disposed of in sealed plastic garbage bags and the school dumpster.
- ◆ Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials, and when handling or touching contaminated items or surfaces.
- ◆ Never wash or decontaminate disposable (single use) gloves for reuse.
- ◆ Disposable (single use) gloves shall be replaced if torn, punctured, 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, or if their ability to function as a barrier is compromised.
- ◆ Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.

## **HOUSEKEEPING**

Autism Model Community School shall ensure that the worksite is maintained in a clean and sanitary condition. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. A disinfecting solution of 10 parts water to 1 part chlorine bleach shall be used for decontamination purposes. Fresh solution shall be prepared for each use.

### ***Procedures for cleaning blood/bodily fluids from Revenue Vehicles***

- ◆ Persons involved in the cleaning of Revenue Vehicles contaminated with blood/bodily fluids will wear a *minimum* of disposable non-latex gloves, and face shield for protection.
- ◆ Surfaces on which blood or bodily fluids have been spilled shall be cleaned with soap and water.
- ◆ The affected area(s) shall then be liberally disinfected with a solution of 10 parts water to 1 part chlorine bleach and allowed to air dry. This solution shall be changed after each use.
- ◆ Wash down wetted area(s) or wipe off with solution-dampened rags.
- ◆ Any reusable PPE used during clean up shall be washed with the disinfecting solution, if splashing occurred.
- ◆ Towels and rags shall be placed in approved red biohazard plastic bags and disposed of in designated areas.
- ◆ If skin comes in contact with the blood/bodily fluids, the affected area shall be thoroughly washed with soap and water.

### ***Contaminated Work Surfaces***

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant of 10 parts water to 1 part chlorine bleach and allowed to air dry after the following occurs:

- ◆ Completion of procedures.
- ◆ Immediately or as soon as feasible when surfaces are overtly contaminated.
- ◆ Any spill of blood or other potentially infectious materials.
- ◆ End of the work shift if the surface may have become contaminated since the last cleaning.

### ***Protective Coverings***

If any type of protective covering is used to cover equipment or environmental surfaces, they shall be:

- ◆ Removed and replaced as soon feasible when they become contaminated.
- ◆ Or removed at the end of the work shift if they become contaminated during the shift.

### ***Receptacles***

All bins, pails, cans, or 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.
- ◆ Cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

### ***Broken Glass***

Broken glassware which may be contaminated ***shall not*** be picked up directly with the hands, but shall be cleaned up by the following:

- ◆ Use of tongs.
- ◆ Use of a dustpan and a brush or broom.
- ◆ Use of other feasible mechanical means.

## **REGULATED WASTE**

### ***Contaminated Sharps Discarding and Containment***

Sharps, such as needles, syringes, razor blades, and other small sharp objects, shall be:

- ◆ Disposed of in red, specially marked biohazard containers.
- ◆ Containers shall only be filled to the indicated fill line.
- ◆ Employees shall call the *Executive Director/Designee* to make arrangements for disposal of full biohazard sharps containers.
- ◆ Sharps containers and disposable biohazard bags ***shall not*** be disposed of by placing in the regular trash and garbage.
- ◆ Sharps, such as large pieces of metal or broken glass that do not fit in the provided sharps container shall be decontaminated and disposed of properly.

***NOTE: Always take the container to the debris; do not carry glass or syringes by hand to the disposal container.***

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- ◆ Closeable.
- ◆ Puncture resistant.
- ◆ Leak proof on sides and bottom.
- ◆ Labeled or color-coded (see Labels).

During use, containers for contaminated sharps shall be:

- ◆ Easily accessible to employees and are available at the following locations:
  - Front office;
  - Revenue vehicle bloodborne pathogen (BBP) kit.

- ◆ Maintained upright throughout use.
- ◆ Replaced routinely and not be allowed to overfill.
- ◆ Sturdy, RED, and specially marked with “Biohazard” Label.

When moving containers of contaminated sharps from the area, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping and placed in a *secondary container, if leakage is possible*. The second container shall be:

- ◆ Closeable.
- ◆ Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.
- ◆ Labeled or color-coded (see Labels).

### ***Disposable Biohazard Bags***

Disposable Biohazard bags for infectious waste shall be:

- ◆ Heavy duty, RED, and specially marked with “Biohazard” label.

Containers shall be kept in the upright position and be disposed of by Custodial Staff.

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.

### **Labels**

Warning labels shall be affixed to containers of regulated waste, and other containers used to store, transport or ship blood or other potentially infectious materials. Employees shall notify the Executive Director/Designee if they discover regulated waste containers, contaminated equipment etc. without proper labels.

Labels shall include the legend (to the right) and:

- ◆ Be fluorescent orange or orange-red in color.
- ◆ Contain lettering and symbols in a contrasting color.
- ◆ Be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- ◆ State which portions of the contaminated equipment remain contaminated.



***NOTE: Red bags or red containers may be substituted for labels***

***Regulated waste that has been decontaminated need NOT be labeled or color-coded.***

### ***Other Regulated Waste Containment***

To control exposure and contamination, regulated waste **must be** disposed of utilizing a specific type of container. If outside contamination of the first container occurs, then a secondary container **must be used**. The following requirements apply to both the first and second containers. The containers **must be**:

- ◆ Closeable.
- ◆ Constructed to contain all contents and prevent leakage of fluids, spillage, or protrusion of contents during handling, storage, transport, or shipping.
- ◆ Labeled or color-coded (see Labels).

### ***Laundry Procedures (if applicable)***

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated garments, towels, rags, or other materials that may be laundered, shall be placed in red, specially marked disposable biohazard bags at the location where the laundry was used, but **shall not** be sorted or rinsed in the location of use. The color-coded biohazard bags shall then be placed in waste containers inside the laundry pick-up bins to be properly processed for decontamination. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and

transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior. Employees who have contact with contaminated laundry must wear protective gloves and other appropriate PPE.

### **HEPATITIS B VACCINATION**

The hepatitis B vaccination and vaccination series shall be made available after the employee has received their initial training (as outlined under the section “Training”) and ***within 10 working days of initial assignment*** to all employees who have occupational exposure unless the employee has previously received the complete vaccination series or wishes to submit to antibody testing which shows the employee to have sufficient immunity, or the vaccine is contraindicated for medical reasons.

Autism Model Community School ***shall not*** make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

If an employee initially declines the hepatitis B vaccination, but later, while still covered under the standard, decides to accept the vaccination, the hepatitis B vaccination shall be made available to the employee at that time. Employees may decline the vaccine but will be required to sign the “Hepatitis B Vaccination Employee Expression of Intent Form” which has been included at the end of this document.

If a routine booster of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster shall be made available as follows:

- ◆ At no cost to the employee.
- ◆ At a reasonable time and place.
- ◆ Performed by or under the supervision of a licensed physician or licensed healthcare professional.
- ◆ Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

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

Autism Model Community School shall make available the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up to all employees who have had an exposure incident. These vaccinations are made available ***at no cost to the employee, and at a reasonable place and time.*** All laboratory tests are conducted by an accredited laboratory ***at no cost to the employee.*** The vaccinations shall be performed by or under the supervision of a licensed physician or licensed healthcare provider and according to recommendations of the U.S. Public Health Service at the time these evaluations and procedures take place.

Immediately following an exposure incident, initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), shall be given. An original copy of the exposure incident will be submitted to the *Executive Director/Designee* who is responsible for maintaining these records. The *Executive Director/Designee* will ensure that the employee receives a copy of the exposure incident. Post-exposure evaluation and follow-up will include the following:

- ◆ Documentation of routes of exposure.
- ◆ Description of the circumstance surrounding exposure.
- ◆ Identification of the source individual and status should be noted. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
- ◆ If determining the identity is not feasible or is prohibited by state or local law, attempts to identify the source individuals, and obtain consent will be documented (refusal, can’t locate, etc.).

- ◆ Results of testing the source individual will be made available to the exposed employee with the exposed employee informed about applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. (e.g., laws protecting confidentiality).
- ◆ The employee will be offered the option of having blood collected for testing to determine his or her HIV/HBV serological status. The blood sample will be preserved for up to 90 days during which period of time the employee may decide if the blood should be tested for HIV/HBV serological status. However, if the employee decides prior to that time that testing will or will not be concluded, then the appropriate action can be taken, and the blood sample discarded.
- ◆ The employee will be given 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 the appropriate personnel.

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

#### ***Information Provided to the Healthcare Professional***

The Executive Director/Designee shall ensure that the health care professional responsible for the employee's hepatitis B vaccination is provided a copy of 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The Executive Director/Designee shall ensure that the health care professional evaluating an employee after an exposure incident is provided the following information:

- ◆ A copy of 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."
- ◆ A description of the employee's duties as they relate to the exposure incident.
- ◆ Documentation of the routes of exposure.
- ◆ Circumstances surrounding the exposure incident.
- ◆ Results of the source individual's blood testing, if available.
- ◆ All medical records relevant to the appropriate treatment of the employee including vaccination status which are the Executive Director/Designee's responsibility to maintain.

#### ***Healthcare Professional's Written Opinion.***

Autism Model Community School shall provide the employee with a copy of the evaluating healthcare professional's written opinion **within 15 days of the completion of the evaluation**. Written opinions shall be limited to:

- ◆ Whether the hepatitis B vaccination is indicated for an employee.
- ◆ If the employee has received such vaccination.

#### ***Healthcare Professional's Post-Exposure Evaluation and Follow-up***

The post-exposure evaluation and follow-up shall be limited to the following information:

- ◆ Employee has been informed of the results of the evaluation.
- ◆ Employee has been informed about any medical conditions resulting from the exposure incident which requires further evaluation or treatment.
- ◆ All other findings or diagnoses shall remain confidential and **shall not** be included in the written report to the employer.
- ◆ Medical records shall be maintained in accordance with the standard (*see section Recordkeeping*).

### **EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

Autism Model Community School's Executive Director/Designee will review the circumstances of all exposure incidents to determine:

- ◆ Engineering controls in use at the time.
- ◆ Work practices followed.
- ◆ A description of the device being used (including type and brand).
- ◆ Protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*).
- ◆ Location of the incident (department/area).
- ◆ Activities/procedures being performed when the incident occurred.
- ◆ Employee's training.

If it is determined that revisions need to be made, the Executive Director/Designee will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*)

### **TRAINING**

Autism Model Community School shall provide training for every employee who during the normal course of their work has potential for occupational exposure. Employees are required to take part in this training as a condition of their employment. Such training ***must be provided at no cost to the employee and during working hours.***

The Executive Director/Designee will ensure that ECP awareness training will be provided as follows:

- ◆ New hires at the time of initial assignment to tasks where occupational exposure may take place.
- ◆ On an annual basis to those employee classifications assessed as having potential occupational exposures. (***Annual training for all employees shall be provided within one year of their previous training.***)
- ◆ Additional training when changes such as modifications of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. ***This training may be limited to addressing the new exposures created.***
- ◆ Material used is appropriate in content and vocabulary to educational level, literacy, and language of employees.

Autism Model Community School's Executive Director/Designee will be responsible for ensuring that:

- ◆ Employees are aware of the Post Exposure Evaluation Process.
- ◆ Questions and concerns raised by employees are answered in a timely manner.
- ◆ Disposal of regulated waste is conducted routinely.
- ◆ Conducting annual audits of documentation to ensure compliance.

Autism Model Community School's Executive Director/Designee shall ensure that the training program contains ***at a minimum*** the following elements:

- ◆ An accessible copy of the regulatory text of this standard and an explanation of its contents.
- ◆ A general explanation of the epidemiology and symptoms of bloodborne diseases.
- ◆ An explanation of the modes of transmission of bloodborne pathogens and an explanation of the exposure control plan and how the employee can obtain a copy of the written plan.
- ◆ 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 on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- ◆ An explanation of the basis for selection of personal protective equipment.
- ◆ Information on the hepatitis B vaccine, its efficacy, safety, method of administration, benefits, and notification that vaccination will be offered free of charge.
- ◆ Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- ◆ 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 post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- ◆ An explanation of the required signs and labels and/or color coding.
- ◆ An opportunity for interactive questions and answers with the person conducting the training session.
- ◆ Person conducting training is knowledgeable in subject matter as it relates to the workplace that the training will address.

## **RECORDKEEPING**

### ***Medical Records***

Accurate records for each employee with occupational exposure ***must be*** established and maintained. The medical records shall be maintained in the employee's personnel files ***for at least the duration of employment plus 30 years***. All employee medical records will be 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 law. The medical records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment ***if they are provided to the employee upon the termination of employment***. The following information shall be kept as part of the medical records:

- ◆ Employee name and social security number.
- ◆ Employee hepatitis B vaccination status, including dates of vaccinations, and records relative to employee's ability to receive vaccination.
- ◆ A copy of examination results, medical testing, and follow-up procedures.
- ◆ Employer's copy of the healthcare professional's written opinion.
- ◆ A copy of the information provided to the healthcare professional.

### ***Transfer of Medical Records***

If Autism Model Community School should cease to do business, all employee records shall be transferred to the successor employer. The new employer shall be responsible for receiving and maintaining these records. If business ceases and there is no successor employer, Autism Model Community School will notify affected current employees of their rights of access to records ***at least (3) months prior to the cessation of the employer's business***.

### ***Training Records***

Records of training shall be maintained using training registration forms and or training certificates maintained in the employee's personnel files for a period of ***no less than 3 years from the date of training***. Employee records shall be provided upon request for examination and copied to the employee, to employee representatives, to anyone having written consent of the employee, and ***to OSHA, NIOSH and DOHHS*** representatives. The following information shall be kept as part of the training records:

- ◆ Dates of training.
- ◆ Summary of training received.
- ◆ Names and qualifications of the person conducting training.
- ◆ Name and job title of person receiving training.

### ***OSHA Recordkeeping***

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR FR 1904). This determination and the recording activities are done by the *Executive Director/Designee*.

### ***Sharps Injury Log***

Autism Model Community School's *Executive Director/Designee* shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the "sharps" injury log shall be recorded and maintained so as to protect the confidentiality of the injured employee. This log shall be reviewed at least annually as part of the annual evaluation and maintained for ***at least five (5) years following the end of the calendar year that it covers***. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

The sharps injury log shall contain, at a minimum:

- ◆ Date of the injury.
- ◆ Type and brand of device involved in the incident.
- ◆ Department or work area where the exposure incident occurred.
- ◆ An explanation of how the incident occurred.

***Hepatitis B Vaccination - Employee Expression of Intent Form***  
***(Autism Model Community School)***

I understand that due to my occasional exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I understand Autism Model Community School offers hepatitis B vaccinations to me at no cost.

I have been offered the vaccine by Autism Model Community School and received the complete series.

I received the vaccine previously and do not need it at this time.

I decline the hepatitis B vaccine. 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 occasional occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis vaccine, I understand I can receive the vaccination series at no charge to me.

Employee Name (please print): \_\_\_\_\_

Employee Job Title (please print): \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Employee Supervisor: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Employees wishing to receive a hepatitis B vaccine can do so at the following office:

Promedica 360 Health  
2150 W. Central Ave., 3<sup>rd</sup> Floor  
Toledo, OH 43606  
419-291-5517



***Autism Model Community School's - Post Exposure  
Evaluation Form***

Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Has employee received hepatitis B vaccination?                      Yes                      No

Was the exposure hotline contacted?                                      Yes                      No

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Source Name \_\_\_\_\_ Employee of Company                      Yes                      No

Address \_\_\_\_\_ SSN# \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Date of \_\_\_\_\_ Evaluation \_\_\_\_\_

Job Duties and Occupation \_\_\_\_\_

\_\_\_\_\_

Work Location (Route, Vehicle, County) \_\_\_\_\_

Circumstances Leading to Exposure \_\_\_\_\_

\_\_\_\_\_

Route of Exposure \_\_\_\_\_

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\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Supervisor's Name (Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor's Signature

## Autism Model Community School - SHARPS INJURY LOG

| Initials of Injured Employee* | Date of Injury | Device Type/Brand | Location Where Injury Occurred | Description of How Incident Occurred | Initials of Individual Completing the Entry |
|-------------------------------|----------------|-------------------|--------------------------------|--------------------------------------|---|
|                               |                |                   |                                |                                      |   |
|                               |                |                   |                                |                                      |   |
|                               |                |                   |                                |                                      |   |
|                               |                |                   |                                |                                      |   |
|                               |                |                   |                                |                                      |   |
|                               |                |                   |                                |                                      |   |
|                               |                |                   |                                |                                      |   |
|                               |                |                   |                                |                                      |   |
|                               |                |                   |                                |                                      |   |
|                               |                |                   |                                |                                      |   |

\*Personal identifiers will be removed if this form is reported externally; in addition to this log, the Injury Report Form will be completed and placed in the employee’s personnel file.