

STUDENT PERSONNEL
EMPLOYEE RIGHT TO KNOW – EXPOSURE TO HAZARDOUS SUBSTANCES

I. PURPOSE

The purpose of this policy is to provide school district employees a place of employment and conditions of employment free from recognized hazards that are likely to cause death or serious injury or harm. (Minn. Stat. § 182.653, Subd. 2)

II. GENERAL STATEMENT OF POLICY

It is the policy of this school district to provide information and training to employees who may be routinely exposed to a hazardous substance, harmful physical agent, or infectious agent.

III. DEFINITIONS

- A. “Commissioner” means the Commissioner of Labor and Industry.
- B. “Routinely exposed” means that there is a reasonable potential for exposure during the normal course of assigned work or when an employee is assigned to work in an area where a hazardous substance has been spilled.
- C. “Hazardous substance” means a chemical or substance, or mixture of chemicals and substances, which:
1. Is regulated by the Federal Occupational Safety and Health Administration under the Code of Federal Regulations; or
 2. Is either toxic or highly toxic; an irritant; corrosive; a strong oxidizer; a strong sensitizer; combustible; either flammable or extremely flammable; dangerously reactive; pyrophoric; pressure-generating; compressed gas; carcinogen; teratogen; mutagen; reproductive toxic agent; or that otherwise, according to generally accepted documented medical or scientific evidence, may cause substantial acute or chronic personal injury or illness during or as a direct result of any customary or reasonably foreseeable accidental or intentional exposure to the chemical or substance; or
 3. Is determined by the commissioner as a part of the standard for the chemical or substance or mixture of chemicals and substances to present a significant risk to worker health and safety or imminent danger of death or serious physical harm to an employee as a result of foreseeable use, handling, accidental spill, exposure, or contamination.

- D. “Harmful physical agent” means a physical agent determined by the commissioner as a part of the standard for that agent to present a significant risk to worker health or safety or imminent danger of death or serious physical harm to an employee. This definition includes but is not limited to radiation, whether ionizing or nonionizing.
- E. “Infectious agent” means a communicable bacterium, rickettsia, parasites, virus, or fungus determined by the commissioner by rule, with approval of the commissioner of health, which according to documented medical or scientific evidence causes substantial acute or chronic illness or permanent disability as a foreseeable and direct result of any routine exposure to the infectious agent. Infectious agent does not include an agent in or on the body of a patient before diagnosis.
- F. “Blood borne pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

IV. EXPOSURE CONTROL FOR HIV AND HEPATITIS B INFECTION

- A. Standard precautions (standard precautions operates under the concept that all blood and body fluids are treated as if known to be infectious for HIV, HBV and other blood borne pathogens). The term “body fluids” includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (nasal discharge) and saliva.
 - 1. Avoid contact with body fluids whenever possible. Direct skin contact with body fluids should be avoided by wearing disposable gloves. Gloves should be disposed in a plastic bag or lined trash can, secured and disposed daily.
 - 2. If direct skin contact occurs, wash all affected skin areas thoroughly with soap and warm water. When hand-washing facilities are not available, the employer will provide antiseptic towelettes. Clothing or other non-disposable items that may be soaked with body fluids should be rinsed and placed in plastic bags.
 - 3. Contaminated disposable items (i.e., tissues, paper towels, diapers) should be handled the same as disposable gloves.
 - 4. Spilled body fluids should be removed from the environment. Schools should use effective absorbent agents. Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant.
 - 5. Disinfectant registered by the EPA should be used.
 - 6. Care of hard surfaces and equipment should occur by removing the soil and applying a disinfectant. Mops should be soaked in the disinfectant after use and rinsed thoroughly. Disposable cleaning equipment and water should be placed in a toilet or plastic bag. Non-disposable equipment should be thoroughly rinsed in the disinfectant.

B. Personal Protective Equipment

1. The employer shall provide gloves to all employees when it can be reasonably anticipated that the employee may have contact with blood or other potentially infectious materials.
2. Pocket masks must be available in all health offices and sport and bus first aid boxes.

C. Sharps Discarding Containers

1. All health offices will be supplied with regulation sharps containers. All needles and skin puncture units will be placed in these containers. When the containers are full they will be taken to North Country Hospital for appropriate disposal.

D. Hazard Communication (Signs/Labels)

1. Printed signs will be posted in all health offices and custodial areas as reminders to workers to follow safe hand-washing techniques.
2. "Red bags" will be available in all health offices, special education rooms, sport first aid boxes and buses for use in disposing items saturated with blood (i.e., towels, uniforms, disposable towels or dressings.)

E. Laundry

1. Laundry contaminated with blood or body fluid should be handled with gloved hands and minimum agitation.
2. Laundry contaminated with blood or body fluid should be placed in "red bags" before being transported.

F. Housekeeping (Custodial)

1. The employer shall ensure that the work site is maintained in a clean and sanitary condition.
2. Workers will follow guidelines as stated above under "Standard Precautions" when necessary to remove body fluids from the school environment.

G. Procedure for Student Exposure to Blood Borne Pathogens

This procedure will be used to direct staff in the steps necessary to take when a student has an exposure incident with blood or other potentially infected materials.

An "exposure incident" is to be defined as: blood or other potentially infectious body fluid from another person contacting a student's mucous membrane (eyes, nose or mouth), non-intact skin (dermatitis, fresh cuts) or a puncture of the skin.

The first staff responding to the student should refer them to the health paraprofessional, if one is available.

The following steps should then be taken:

- a. Thoroughly cleanse area with soap and water. Provide other first aid assistance as required including doctor referral if necessary.
- b. Call District Safety Officer or District School Nurse immediately. They will make an onsite visit, if possible, to determine if a true exposure has taken place. It is very important that parents be notified within 24 hours. If blood work is to be done, it needs to be done within 24 hours. If unable to reach Safety Officer or School Nurse, a call should be made to the parent(s).
- c. Contact parent by phone or home visit to inform that a true exposure has taken place. Recommend that they contact a physician of their choice and follow his/her discretion.
- d. Document incident and parent notification on student health card/electronic database.
- e. Follow-up parent notification with a letter stating that this is a written account of the earlier contact with them.
- f. The expense accrued in the physician assessment and other further medical expenses will be the responsibility of the parent not the school district.

V. INFORMATION AND TRAINING

- A. The employer will provide training initially upon staff assignment and annually.
- B. A person knowledgeable in the subject matter shall be available to call if question or concerns arise.
 1. A copy of the regulatory text of the standard.
 2. General discussion of blood borne disease and their transmission.
 3. Explanation of the exposure control plan.
 - a. Standard Precautions
 - b. Personal Protective Equipment
 - c. Sharps Discarding
 - d. Hazard Communications
 - e. Laundry Procedures
 - f. Custodial Procedures
 - g. Hepatitis Vaccine
 - h. Response to emergencies involving blood.
 - i. Post-Exposure Evaluation/Follow-up
 4. There must be an opportunity for questions and answers.
- C. Requires that disciplinary action be taken if an employee does not follow standard precautions as stated.

VI. PROCEDURE FOR RECORDKEEPING

- A. Confidential records will be kept by the District Safety Office for all employees with occupational exposure for the duration of employment plus 30 years.
- B. The record must include:
 - 1. Name and Social Security Number
 - 2. Vaccination Status (Dates)
 - 3. Medical Records as Results of Post Exposure
 - 4. Information Provided to Physician
- C. Information on training sessions must be maintained by the District Safety Office for three (3) years and includes:
 - 1. Dates
 - 2. Contents of Training
 - 3. Trainer Names/Qualifications
 - 4. Names and Job Titles of Persons Attending

VII. ANNUAL PLAN REVIEW

- A. Total plan will be reviewed by District Safety Office, District School Nurse and the Director of Special Education annually and changes made according to OSHA Regulations.

VIII. RECOMMENDATIONS SPECIFIC TO HIV INFECTION

- A. Most students/employees infected with HIV infection should be allowed to attend school/work in an unrestricted manner because of the apparent negligible risk of transmission of HIV infection in this setting. The presence of HIV infected students and employees in school does not constitute a significant threat to other students/staff. In addition, for most HIV infected persons, the benefits of their unrestricted school attendance outweigh the risk of their acquiring potentially serious infections in that setting.
- B. Some HIV infected students/employees may potentially pose more of a risk to others. Students/Employees who have medical conditions such as uncoverable, oozing skin lesions or severe bleeding disorders with the likelihood of spontaneous bleeds (such as severe thrombocytopenia) may pose an increased risk of exposing others to blood (or blood derived) fluids. Therefore, such students/employees may require a more restricted environment.

For infected students with such medical conditions, individual judgment need be made regarding placing those students in an unrestricted school setting. The Commissioner of Health will convene an advisory committee to evaluate each of

these students on an ongoing basis. The committee will consist of several members and will include the State Epidemiologist (and other MDH representatives as needed), representatives from the Minnesota Department of Education, a pediatrician with expertise in infectious disease (including care of HIV infected patients), and the child's primary care physician. If this committee determines that a specific child may pose an increased risk of exposure to others, then additional discussions will be held. These discussions may include the Superintendent of Schools, the primary teacher for the student and the designated school nurse for the school in which the student is to be enrolled. The State Epidemiologist will chair the committee and will be responsible for convening the committee as necessary. The committee's recommendation to the Commissioner on each student's placement will be based on the likelihood that others may be exposed to blood from that child. The committee will weigh the risk and benefits to both the HIV infected student and to others. The committee will re-evaluate students periodically as deemed necessary by the State Epidemiologist.

- C. HIV infected students/employees may experience immunodeficiency. Immunosuppressed persons are at increased risk of developing severe complications from infections such as chicken pox, cytomegalovirus, tuberculosis, herpes simplex and measles. Students/Employees may have a greater risk of encountering these infectious agents in school than at home. Thus, assessment of the risk to the immunosuppressed student/employee of attending school in an unrestricted setting is best made by the student's physician who is aware of his/her immune status.

Persons involved in the care and education of HIV infected students/employees should respect their right to privacy and private records should be maintained as specified by state and federal laws.

Based on available data, mandatory screening of students as a condition for school entry is not warranted.

Effective "First Response" procedures to a student/employee with HIV infection will include:

1. Appropriate administrative staff will confer with employee, parent/guardian and student (if appropriate) to determine which staff members should be informed and written consent obtained. Data Privacy (M.S. 13.32) issues will be reviewed with designated persons at the time of disclosure. Documentation should be made that data privacy rights were reinforced.
2. Obtain written consent from the employee, parent/guardian to request pertinent medical information regarding the student's/employee's HIV infection to specified persons in the school district. Also, written employee/parental consent for the school to release information to health care provider.

3. Meet as needed or legally appropriate with above employee or family/student to:
 - a. Discuss continuance of education/work programs and the need to build a support system for the student/employee.
 - b. Discuss the need for staff inservice.
 - c. Discuss the need to inservice other students/employees.
 - d. Discuss need for the Community AIDS Task Force involvement in providing community awareness.
 - e. Discuss need to respond to the media.
 - f. Discuss the need to request assistance from the State First Response Team (Minnesota Department of Health AIDS Advisory Committee).

D. Develop HIV infection (AIDS) education information that is age-appropriate.

E. Inservice all appropriate staff.

IX. RECOMMEDATION SPECIFIC TO HEPATITIS B

- A. Identify employee groups at high risk (OSHA standards identification of workers with exposure to blood and other potentially infectious materials).
 1. Health care personnel (i.e., health paraprofessional, school nurse, health care/instructional paraprofessional).
 2. Teachers and instructional paraprofessionals working with students identified as having special needs (i.e., such as toileting, suctioning, dressing change, tube-feeding or other procedures involving body fluids).
- B. Procedures for Post-Exposure Evaluation and Follow-Up
 1. Employees who have had an exposure incident will report such incidents to the District School Nurse, building administrator and District Safety Officer.
 2. Follow-up of this incident must be offered, at no cost to the employee, a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling and evaluating of reported illnesses.
 3. Health care professionals must be provided specific information to facilitate the evaluation and their written opinion on the need for Hepatitis B vaccination following the exposure.
 4. All diagnoses must remain confidential.
- C. Procedure for Hepatitis B Vaccination
 1. Hepatitis B vaccination shall be made available to all employees identified in A above; within ten (10) working days of assignment:

- a. at no cost;
 - b. at a reasonable time and place;
 - c. under the supervision of a licensed health care professional; and
 - d. according to latest USPHS recommendations.
2. Prescreening may not be required.
 3. Employees choosing not to be vaccinated must sign a declination form but may later opt to receive the vaccine at no cost to the employee.
 4. Should booster doses later be recommended by USPHS, must be offered to employees.
 5. The District School Nurse and Safety Officer will be responsible for maintaining a record of employees who have received the vaccine and those who have declined.

X. TARGET JOB CATEGORIES

Training will be provided to all full- and part-time employees who are routinely exposed to a hazardous substance, harmful physical agent, or infectious substance as set forth above.

XI. TRAINING SCHEDULE

Training will be provided to employees before beginning a job assignment as follows:

- A. Any newly-hired employee assigned to a work area where he or she is determined to be “routinely exposed” under the guidelines above.
- B. Any employee reassigned to a work area where he or she is determined to be routinely exposed under the above guidelines.