

PROCEDURES: Exhibit 400.6

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

The following is the District's plan to eliminate or minimize occupational exposure to bloodborne pathogens and to meet the requirements of the Department of Labor, Occupational Safety and Health Administration (OSHA), and Code 20 of Federal Regulations (CFR), Part 1910.1030. The plan includes: definitions, exposure determination, method of compliance, HBV immunization program, post-exposure protocol, record keeping, access to the plan, and the review schedule for the plan.

TERMS AND DEFINITIONS

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens: 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 immuno-deficiency virus (HIV).

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Sharps: Any contaminated object that can penetrate the skin.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item.

Disinfect: To inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial endospore) on inanimate objects.

Engineering Controls: Controls that isolate or remove the hazard from the workplace.

Exposure Incident: A 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.

Occupational Exposure: 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. This excludes incidental exposures that may take place on the job that

are neither reasonably nor routinely expected and the worker is not required to incur in the normal course of employment.

Potentially Infectious Materials: The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedure, and any body fluid that is visibly contaminated with blood.

Parenteral: Piercing mucous membranes or the skin barrier through needle sticks, human bites, cuts, abrasions, etc.

Personal Protective: Specialized clothing or equipment worn by an employee for protection against a hazard.

Regulated Waste (Potentially Infectious): Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state of compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; and all contaminated sharps.

Source Individual: Any individual whose blood, body fluids, tissues, or organs may be a source of exposure to the employee.

Sterilize: The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

Universal Precautions: A method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Place Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

EXPOSURE DETERMINATION

Job classifications identified as "at risk to bloodborne pathogen exposure" are based on Occupational Safety and Health Administration (OSHA) guidelines. To be identified as such, the employee must reasonably be expected to come into occupational contact with blood or other potentially infectious materials. The exposure determination shall be made without regard to the use of personal protective equipment. Job classifications identified as "at risk to bloodborne pathogen exposure" are: Behavior Disorder Teachers; Behavior Disorder Teacher Associates; Severe and Profound Teachers; Severe and Profound Teacher Associates; Elementary Building Secretaries; Nurses; Coaches; Custodians; and Laundry Personnel.

METHOD OF COMPLIANCE

A. UNIVERSAL PRECAUTIONS: Universal precautions (UP) are intended to prevent transmission of infection, as well as decrease the risk of exposure for District personnel and students. Universal precautions shall be used with every individual. The precautions pertain to blood and other potentially infectious materials (OPIM) containing blood. These precautions do not apply to other body fluids and wastes (OBFW) such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine unless blood is visible in the materials. However, these OBFW can be sources of other infections and should be handled as if they are infectious. The single most important step in

preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, District personnel and students should be prepared to use the appropriate precautions prior to the contact. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste and needles, and proper decontamination of spills are essential techniques of infection control. All individuals should respond to situations practicing UP followed by the activation of the school's response team plan. Common sense will enhance the protection of District personnel and students.

*Hand Washing: Proper hand washing is crucial to preventing the spread of infection. Textured jewelry on the hands or wrists of personnel should be removed prior to washing, kept off until completion of any procedure, and the hands are re-washed. Use of running water, lathering with soap, and using friction to clean all hand surfaces is vital. Rinse well with running water and dry hands with paper towels. Hands should be washed before physical contact with individuals and after contact is made. Hands should also be washed after contact with any equipment used. If hands (or other skin) come into contact with blood or body fluids, wash immediately before touching anything else. Hands should be washed whether gloves are worn or not and even if gloves are worn but then removed

*Gloves: Gloves are to be worn when direct contact with blood or body fluids is anticipated; during invasive procedures; examining non-intact skin; during examination of the oral cavity; or working directly with contaminated instruments. Gloves shall be of appropriate size, material, and quality.

*Barriers: Barriers include disposal gloves, absorbent materials, and resuscitation devices. Their use is intended to reduce the risk of contact with blood and body fluids as well as to control the spread of infectious agents from individual to individual. Gloves should be worn when contact with blood, OPIM, or OBFW is possible. The gloves should be removed without touching their outside and disposed of after each use. Masks, protective eye wear, and protective gown/aprons should be worn when aerosolization or spattering is anticipated/occurring.

*Disposal of Waste: Blood, OPIM, OBFW, used gloves, barriers, and absorbent materials should be placed in a plastic bag and disposed of as normal waste. When the blood or OPIM is liquid, semi-liquid, caked with dried blood, is not absorbed in materials or is capable of releasing the substance if compressed, then special disposal as regulated waste is required. A band aid towel, sanitary napkin, or other absorbed waste that does not have the potential of releasing the waste if compressed is not to be considered regulated waste. It is anticipated schools would only have regulated waste in the case of a severe incident. Needles, syringes, and other sharp disposable objects should be placed in special puncture-proof containers and disposed of as regulated waste. Bodily wastes such as urine, vomitus, or feces should be disposed of in the sanitary sewer system.

*Cleanup: Spills of blood and OPIM shall be cleaned up immediately. Gloves are to be worn. Clean up the spill with paper towels or other absorbent materials. After cleaning use a solution of one part household bleach to ten parts of water (1:10), or an EPA the approved disinfectant. Wash the area well. Dispose of gloves, soiled towels, and other waste in a plastic bag. Clean and disinfect reusable supplies and equipment.

*Laundry: Laundry with blood or OPIM is to be handled as little as possible with a minimum of agitation. It is to be bagged at the location. If it has the potential of releasing substance when compacted, regulated waste guidelines should be followed. School personnel who have contact with this laundry are to wear protective barriers.

*Exposure: An exposure incident to blood or OPIM through contact with broken skin, mucous membrane, or by needle or sharp stick requires immediate washing, reporting, and follow-up. Always wash the exposed area immediately with soap and water. If a mucous membrane splash (eye or mouth) or exposure of broken skin occurs, irrigate or wash the area thoroughly. If a cut or needle stick injury occurs, wash the area thoroughly with soap and water. The exposure is to be reported immediately, the parent or guardian is to be immediately notified, and the person exposed is to contact a physician for further healthcare.

B. ENGINEERING AND WORK PRACTICE CONTROLS: All areas are to be maintained in a clean condition. Engineering and work practice controls are to be used to eliminate or minimize exposure. Where occupational exposure remains after institution of the controls, personal protective equipment is to be used. Hand washing facilities are to be used by employees to wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Employees are to wash their hands and any exposed skin with soap and water and flush mucous membranes with water immediately, or as soon as feasible, following contact of specific body areas with blood or other potentially infectious materials. Contaminated needles and other contaminated sharps are not to be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Immediately or as soon as possible after use, place contaminated sharps in appropriate containers for proper disposal. These containers are to be: a) puncture resistant, b) labeled or color-coded, and c) leak proof on the sides and bottom. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. All procedures involving blood or other potentially infectious materials are to be performed in a manner to minimize splashing, spraying, spattering, or generation of droplets of such substances.

C. PERSONAL PROTECTIVE EQUIPMENT: Where there is potential occupational exposure, the District will provide employees accessible appropriate personal protective equipment such as gloves, aprons, gowns, and/or

resuscitation devices. When there is potential occupational exposure, employees shall use appropriate personal protective equipment. If extraordinary circumstances occur and an employee declines to use personal protective equipment due to the employee's judgement that such use would have prevented delivery of health care or would have posed an increased hazard to the safety of a person, the circumstances are to be investigated and documented in order to determine whether changes have to be instituted to prevent such occurrences in the future.

The District will clean, launder, or dispose of personal protective equipment. The District will repair or replace personal protective equipment to maintain its effectiveness. If a garment is penetrated by blood, or other potentially infectious materials, the employee is to remove the garment immediately or as soon as feasible. Employees are to remove personal protective equipment prior to leaving the work area. When employees remove personal protective equipment, it is to be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. Gloves are to be worn when it can be reasonably anticipated that the employee will have hand contact with blood, other potentially infectious materials, mucous-membranes if performing vascular access procedures, and when handling or touching contaminated items or surfaces. Disposable (single use) gloves are to be replaced as soon as practical when they are contaminated or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised. Disposal gloves are not to be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, utility gloves must be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

D. HOUSEKEEPING: Each District work site is to be maintained in a clean and sanitary condition. All equipment and environmental and working surfaces are to be cleaned and decontaminated after contact with blood and other potentially infectious materials. Contaminated surfaces are to be decontaminated with an appropriate disinfectant immediately or as soon as feasible. All bins, pails, cans, and similar reusable receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are to be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible upon visible contamination. Broken glassware which may be contaminated is not to be picked up directly with the hands. Reusable sharps contaminated with blood or other potentially infectious materials are not to be stored in containers where employees may possibly reach by hand into the containers. Contaminated sharps are to be discarded immediately in containers that are: closable; puncture resistant; leak proof on sides and bottom; and labeled or color-coded. During use, containers for contaminated sharps are to be: easily accessible to personnel and located as close as is feasible to the immediate area where the sharps are used; to be maintained

upright throughout use; and to be replaced routinely and not allowed to be overfilled. Labeled or color-coded; and closed prior to removal. If outside contamination of the regulated waste container occurs, the waste is to be placed in a second container. When moving containers of contaminated sharps, the containers are to be closed prior to removal to prevent spillage during handling and placed in a second container if leakage is possible. The second container is to be closable; be constructed to hold all of the contents for preventing leakage during handling; and be appropriately labeled or color-coded. Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner which would expose employees to risk of injury. Regulated waste is to be placed in containers which are: closable; constructed to contain all contents for preventing leakage during handling; The second container is also expected to meet the above requirements. Disposal of all regulated waste is to be in accordance with the Iowa regulations. Contaminated laundry is to be handled as little as possible with a minimum of agitation. Contaminated laundry is to be bagged or containerized at the location where it was used and not be sorted or rinsed. Contaminated laundry is to be placed and transported in bags or containers appropriately labeled or color-coded. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through, or leakage from the bag or container, the laundry is placed and transported in bags or containers which prevent soak-through and/or leakage. Employees who have contact with contaminated laundry shall always wear protective gloves and other appropriate personal protective equipment.

HEPATITIS B IMMUNIZATION PROGRAM

A. DESCRIPTION OF HEPATITIS B VIRUS (HBV): HBV is a viral bloodborne disease that affects the liver. HBV has been found in virtually all body secretions and excretions. However, only blood, saliva, semen, and vaginal fluids have been shown to be infectious. Symptoms of the virus may include abdominal discomfort, nausea, vomiting, anorexia, fever, and rash leading to jaundice. Most people with HBV recover completely. A few become chronic carriers of the virus and most of those people will have no symptoms but continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. Immunization against HBV can prevent acute hepatitis and its complications.

B. DESCRIPTION OF HBV VACCINE: The vaccine (Recombivax HB) is produced from yeast cells. Hepatitis B vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three (3) doses of the vaccine over a six(6) month period. There is no evidence that the vaccine has ever caused Hepatitis B. The vaccine is to be given in three (3) intramuscular doses into the deltoid muscle. The two (2) initial doses are given one (1) month apart and the third dose is given six (6) months after the first. Incidence of side effects is very low.

C. HBV TRAINING OF PERSONNEL: All District personnel identified in the Exposure Determination section (page

3) shall participate in an annual training session. Training will include universal precautions, engineering and work practice controls, use of personal protective equipment, housekeeping tasks, and post-exposure protocol. Training will also include HBV description, HBV vaccines, and the District's immunization program.

D. HBV VACCINATION OF PERSONNEL: All personnel referenced in the previous section and have completed the HBV training program will have the option to be immunized for HBV at District expense. The vaccine is administered in a series of three (3) injections: initially, one month later, and six months after the initial dose. Personnel who choose not to be vaccinated with the vaccine but meet the exposure criteria may elect to be vaccinated at a later time. The HBV vaccine is effective for the lifetime of an individual. All vaccinated and non-vaccinated personnel will need to complete the form entitled "Hepatitis B Vaccine Information and Record." This form will be kept in confidential files maintained by the District.

POST-EXPOSURE PROTOCOL

When any District employee experiences an exposure incident, the employee is to complete a "Blood or Body Fluid Exposure Report" and submit it to the District's personnel office as soon as feasible. After the "Blood or Body Fluid Exposure Report" has been submitted, a confidential medical evaluation and follow-up is to be done at District expense. This includes:

- 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 not feasible or is prohibited by law. The source individual's blood is to be tested as soon as feasible and with consent in order to determine HBV and HIV infectivity. If consent is not obtained, the District will need to establish that legally required consent can or cannot be obtained. If the source individual is already known to be infected with HBV or HIV, testing for determining the source individual's known HBV status does not need to be repeated. Results of the source individual's testing will only be made available to an exposed employee if consent is given unless otherwise allowed by law. The employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- C. collection and testing of blood for HBV and HIV serological status. An exposed employee's blood will be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection but does not consent at that time for HIV serologic testing, the sample will be preserved for at least ninety (90) days. If, within ninety (90) days of the exposure incident, the employee elects to have the baseline sample tested, the testing will be done as soon as feasible.
- D. analysis of circumstances surrounding the exposure incident, evaluation of the failures of control at the time of exposure incident, and modification of procedures to remove failure of control possibilities.
- E. the primary evaluator of the employee's serological status will be the employee's personal health care

professional. The District will insure that the healthcare professional evaluating an employee after an exposure incident is provided the following information: a copy of this procedure; a description of the exposed employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure and circumstances under which the exposure occurred; results of the source individual's blood testing, if available; and all medical records relevant to the appropriate treatment of the employee including vaccination status, which the District shall maintain. The District will obtain and provide the employee with a copy of the evaluation healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation. The healthcare professional's written opinion for a Hepatitis B vaccination is limited to whether the Hepatitis B vaccination is recommended for the employee and whether the employee has received such vaccination. The healthcare professional's written opinion for post-examination and follow-up is limited to the following information: whether the employee has been informed of the results of the evaluation; and if the employee has been told about any medical conditions that may result from exposure to blood or other potentially infectious materials and may require further evaluation or treatment. All other findings or diagnoses are to remain confidential and are not to be included in the written report. (called the "Blood or Body Fluid Exposure Follow-up Evaluation.") All other employees who have an exposure but are not identified in the exposure determination grouping will follow these post-exposure procedures.

RECORD KEEPING

*Medical Records: The District shall maintain an accurate record for each employee with potential occupational exposure. The record is to include: the name and social security number of the employee; a copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive the required vaccination; a copy of all results of examinations, medical testing, and follow-up procedures as required; a copy of any required healthcare professional's written opinion as required; and a copy of the information provided to the healthcare professional as required. The District shall insure all employee medical records are kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace unless it is required. The District will maintain the records for the duration of employment plus three (3) additional years.

*Training Records: Training records are to include: the dates of attendance at training sessions; the contents or a summary of the training sessions; the names and qualifications of persons conducting the training; and the names and job titles of all persons attending the training sessions.

Training records are to be maintained for three (3) years from the date in which the training occurred.

*Availability: All required records are to be made available upon request by an official regulatory agency for

examination and copying. Employee training records are provided on request for examination and copying to employees, to employee representatives, and to regulatory agency(ies).

*Transfer of records: The District may transfer an employee's records only as specified in the standard to comply with a requirement. If the District ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the District will notify the regulatory agency at least three (3) months prior to their disposal and transmit them, if required by the regulatory agency to do so, within that three (3) month period. Implementation of this Exposure Control Plan is intended to be consistent with the District personnel rules, administrative procedures, labor agreements, I.O.S.H.A. standards, and all other related requirements.

ACCESSIBILITY OF PLAN

A copy of this Exposure Control Plan is to be provided to all District employees and it is available for examination and copying by other persons upon request.

REVIEW OF PLAN

This Plan shall be reviewed and updated 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.

07/24/07, 5/29/12, 9/26/16