

MINUTES OF THE HOUSE EDUCATION COMMITTEE

The meeting was called to order by Chairman Clay Aurand at 9:00 A.M. on February 20, 2007 in Room 313-S of the Capitol.

All members were present except:

Representative Benjamin Hodge- absent
Representative Ted Powers- excused

Committee staff present:

Sharon Wenger, Kansas Legislative Research Department
Michele Alishahi, Kansas Legislative Research Department
Ashley Holm, Kansas Legislative Research Department
Theresa Kiernan, Revisor of Statutes
Janet Henning, Committee Assistant

Conferees appearing before the committee:

Representative Deena Horst
Scott Frank, Audit Manager, Legislative Division of Post Audit
Mark Tallman, KASB
Diane Gjerstad, Wichita Public Schools
Terry Forsyth, KNEA
Bill Reardon, USD #500
USA Kansas (written testimony)

HB 2090: School districts; physical fitness tests; physical education goals.

A motion was made by Representative Colloton and seconded by Representative Spalding to adopt a balloon amendment for HB 2090. After a brief discussion by Committee members, the motion carried on a voice vote. (Attachment #1)

Representative Mah made the motion to amend HB 2090 by removing the '12' in section 'c' on line 24. The motion was seconded by Representative Horst and carried on a voice vote.

Representative Colloton moved that HB 2090 be passed as amended and was seconded by Representative Spalding. The motion failed on a show of hands.

Representatives Colloton and Spalding wished to be recorded as 'yes' votes.

HB 2398: School districts; standards relating to the handling of blood and infectious material.

Representative Horst spoke to the Committee as a proponent of **HB 2398.** (Attachment #2, #3, and #4)

Following a brief question and answer time with Committee members, the Chairman closed the hearing on **HB 2398.**

HB 2337: School districts; at-risk pupils; under age 21

HB 2338: School districts; school finance; at-risk weighting calculated on an FTE basis.

Scott Frank spoke to the Committee on **HB 2337** and **HB 2338.** The Legislative Division of Post Audit recommended the Legislature review these two issues and decide if it wanted to make a change. **HB 2337** would address the issue regarding adult at-risk students, by setting an age limit on the free-lunch students who could be counted for at-risk funding purposes. **HB 2338** would address full-time funding for part-time students by changing at-risk funding from a headcount to FTE basis. (Attachment #5)

Mark Tallman spoke to the Committee in opposition of **HB 2337** and **HB 2338.** (Attachment #6)

CONTINUATION SHEET

MINUTES OF THE House Education Committee at 9:00 A.M. on February 20, 2007 in Room 313-S of the Capitol.

Diane Gjerstad spoke to the Committee in opposition of HB 2337 and HB 2338. (Attachment #7)

Terry Forsyth spoke to the Committee in opposition of HB 2338. (Attachment #8)

Bill Reardon spoke in opposition of HB 2338. (Attachment #9)

USA Kansas gave written testimony in opposition of both HB 2337 and HB 2338. (Attachment #10 and #11)

Following questions and answers, the Chair closed the hearing on HB 2337 and HB 2338.

HB 2447: Registration of charitable organizations, parent teacher associations exempt.

Representative Horst made a motion that HB 2447 be passed favorably and was seconded by Representative Rhoades.

After a brief discussion by Committee members regarding "tax exemption" of HB 2447, Representative Colloton moved to table the motion until a determination could be made by the Secretary of State's Office. Representative seconded the motion which carried on a voice vote.

HB 2343: Early high school graduation incentive program

Representative Donohoe presented a balloon to amend the bill which would change the wording in the bill to apply to construction trade workers rather than building trade workers; add community colleges and technical colleges; require pupils who do not complete the program to reimburse the state board for the amount of the scholarship and to delete the reference to programs provided by a union. A motion was then made by Representative Donohoe and seconded by Representative Huebert to adopt the balloon amendment for HB 2343. After a brief discussion by Committee members, the motion carried on a voice vote. (Attachment #12)

Representative Craft moved to accept a balloon amendment with regards to sections 'b' and 'c' which would clarify that a pupil would have to comply with the early graduation program of the school district in order to qualify for the bonus and scholarship. The motion was seconded by Representative Huebert and carried on a voice vote. (Attachment #13)

Representative Craft moved to amend HB 2343 to indicate moneys received should go to a 'tool account' which failed on a voice vote. (Attachment #14)

Representative Otto moved to pass out favorably as amended HB 2343. The motion was seconded by Representative Horst and carried on a voice vote.

The meeting was adjourned at 10:55 AM. The next meeting is scheduled for Wednesday, February 21, 2007.

HOUSE BILL No. 2090

By Committee on Education

1-17

9 AN ACT concerning schools; relating to physical education; relating to
10 the powers and duties of the state board of education and other state
11 agencies in relation thereto.

12
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. (a) It is a goal of the state of Kansas to promote a healthier
15 school environment and a higher level of physical fitness in Kansas chil-
16 dren. ~~In order to accomplish such goal, each child enrolled in an accred-~~
17 ~~ited school shall have the opportunity to participate in an appropriate~~
18 ~~amount of physical education each year.~~

19 (b) ~~The state board of education shall collaborate with the Kansas~~
20 ~~department of health and environment to develop a curriculum, materials~~
21 ~~and guidelines that local boards of education and governing authorities~~
22 ~~of accredited nonpublic schools may use in reaching the goal established~~
23 ~~by subsection (a).~~

24 (c) Each school year, each child enrolled in grades 4, 7, 9 and 12 in
25 an accredited school shall ~~complete a physical fitness test. A physical~~
26 ~~fitness test shall include the measurement of the height and weight of~~
27 ~~each child and a calculation of the body mass index (BMI) of each child.~~

28 Information collected pursuant to this section shall include the age and
29 sex of the child. The information collected pursuant to this section shall
30 be reported to the Kansas department of education in the manner and
31 form required by the department. Information submitted to the depart-
32 ment of education pursuant to this section shall be provided to the Kansas
33 department of health and environment. Information submitted pursuant
34 to this section shall be reported in a manner that does not reveal the
35 identity of any child.

36 (d) The state board of education shall collaborate with the Kansas
37 department of health and environment to develop ~~standards and objec-~~
38 ~~tives for physical fitness tests and physical education programs for all~~
39 ~~grade levels. It is the goal of the state of Kansas that each school district~~
40 ~~provide physical education programs and opportunities for physical activ-~~
41 ~~ity necessary to meet the standards and objectives for physical fitness~~
42 ~~established by the state board of education and the Kansas department~~
43 ~~of health and environment.~~

Schools without nursing or physical education staff to conduct such measurements may request KDHE to perform such assessments. Children enrolled in specific programs for the physically handicapped and are exempt from the requirement.

(d) KDHE shall be responsible for using the data provided in (c) above and calculating the body mass index (BMI) of each child. KDHE shall issue annual reports to the legislature of information acquired under this bill.

(e)

have his or her height and weight measured.

act

models

to be used at the discretion of the school district.

1 ~~Sec. 2. The board of education of each school district shall report~~
2 ~~the number of teachers employed by the district who are certified to teach~~
3 ~~physical education and the number of school minutes or school hours~~
4 ~~each such teacher teaches physical education. The data collected pursuant~~
5 ~~to this section shall be reported to the Kansas department of education~~
6 ~~in the manner and form required by the department. Information sub-~~
7 ~~mitted to the department of education pursuant to this section shall be~~
8 ~~provided to the Kansas department of health and environment.~~
9 Sec. 3. This act shall take effect and be in force from and after its
10 publication in the statute book.

Sec. 2.

Proposed Amendment House Bill No. 2090

On page 1, following line 18, by inserting:

“(b) The Kansas department of education shall collaborate with the Kansas department of health and environment to identify existing curricular resources, aligned with the Kansas model physical education teaching standards. The Kansas department of education shall coordinate the delivery of training and technical assistance to school personnel on the use of these resources to provide quality physical education programs for all Kansas students.”

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TESTIMONY
HB 2398

Chairman Aurand, Ranking Minority Member Storm, and my Education Committee colleagues:

Thank you for allowing me to visit with you regarding HB 2398. HB 2398 direct local boards of education to establish guidelines and procedures which will limit the exposure to blood and other potentially infectious materials. The policy developed by the local district shall meet, but may exceed, the requirements of the needle stick safety and prevention act and any rules and regulations adopted regarding bloodborne pathogens adopted by the occupational safety and health administration.

You may question why this bill was drafted when it seems as if it would be common sense to not be pricking fingers and testing for blood types in a high school class, particularly using the same device on each student. My district does have a bodily fluids policy and informs teachers of the contents of the policy, however; it doesn't specifically address this issue. The teacher who gave students this assignment was having students prick the epidermis of their finger and squeeze it to bring blood. Since the tool wasn't in direct contact with blood, she believed there would be no problem. As a result, the teacher resigned her position, and the students will have to be tested on a regular basis to ascertain whether or not they contacted a blood borne disease.

I have had parents, grandparents, teachers and others visit with me about this situation. All were upset that something like this happened in the school. They also felt that the district policy and the education regarding the policy should be more explicit, particularly when addressing any possible classroom activities which might result in students coming in contact with blood. While this happened in Salina, it could happen in any district. It seems to me that anything we can do to reduce the possibility that even one other Kansas student would experience such an incident, we should do.

An amendment may need to be made to clarify that staff should be educated about the policies and procedures that the district develops around this issue. I also believe that we may want to look at a more comprehensive approach which would ensure that each school district have in place a Lab Safety Policy and Plan of Implementation that includes education for both teachers and students. Most likely schools have some of the information in their policies, but they are most likely not comprehensive in nature and are not necessarily directed toward such a lab situation or the implementation of that policy when students are involved themselves in activities which could endanger them in some way.

For that reason I encourage your support of this bill. Thank you!

Sincerely,

A handwritten signature in cursive script that reads "Deena Horst". The signature is written in dark ink and is positioned above the printed name of the representative.

Representative Deena Horst
Kansas House of Representatives, 69th District

House Education Committee
Date 2-20-07
Attachment # 2



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KDHE Exposure Control Plan

EXPOSURE CONTROL PLAN

2003

DIVISION OF HEALTH

Bureau of Epidemiology and Disease Prevention

Epidemiologic Services Section

EXPOSURE CONTROL PLAN 2003

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House Education Committee

Date 2-20-07

Attachment # 3

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Search

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Section I- Introduction

The Occupational Safety and Health Administration's (OSHA) Rule 29 CFR 1910.1030 (Apr became effective March 6, 1992 and revisions were published January 18, 2001 to the "Fed to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule. - 66:5317-532 purpose of the standard is to protect employees by limiting occupational exposure to blood ; materials (OPIM) since exposures could result in transmission of blood borne pathogens th; Private health-related employers are required to implement the standard and will be *cited* by accordance with K.S.A. 44-636 as administered by the Industrial Safety and Health Section Resources, public sector employers must also be in compliance with OSHA's rule concernir

In accordance with the OSHA Blood Borne Pathogens Standard referenced above, the follo developed for employees of the Kansas Department of Health and Environment (KDHE).

A. Purpose

The purposes of the plan are to eliminate or minimize employees' exposure to health hazard borne pathogens, and to provide treatment and counseling should a potential or actual expc

B. Scope

The plan covers all employees who could be "reasonably anticipated" to experience contact infectious materials (OPIM) as the result of performing their job duties.

Section II - Management of the Plan

A. Responsibilities

There are four groups of persons responsible for management of the exposure control plan

Management

Exposure Control Plan Committee,

Supervisors,

Training Instructors, and Employees.

Adherence with OSHA directives pertaining to employees who are on contract with outside ; departments) will be the responsibility of the outside contracting agency. Contract employe State regulations. Upon request, contract agencies will provide documentation of complianc agencies.

The Exposure Control Plan Committee (ECPC) will be responsible for developing the plan a and procedures from the Secretary of Health and Environment. Other duties include updatir supervisors in auditing their employees for compliance with the plan, reviewing evaluations ; exposure incidents to develop engineering controls and work practices as needed to reduce annually or as needed, in order to carry out its responsibilities.

The ECPC will consist of: the Director of the Division of Health; the Director of the Division c Kansas Health and Environmental Laboratory; the Director of Human Resources Managem Epidemiology and Disease Prevention (the State Epidemiologist); and the Administrator of t Safety Section. When unable to attend a meeting, a committee member should appoint a d Appointment of such a designee should take into consideration the need for continuity on th

The Secretary of Health and Environment will review, sign, and issue the plan to all division:

Supervisors are responsible for implementing the exposure control plan in their respective s responsibility include:

Assisting educators in training employees on the OSHA standard and the exposure cor

Maintaining an up-to-date list of employees requiring training and maintaining training r

Scheduling annual training updates.

Reviewing department policies and procedures that place the employees at risk for exp
the ECPC.

Monitoring employees for compliance in following the exposure control plan, document
counseling employees appropriately.

Reporting exposures to the Director of Human Resources Management to be recorded
forms, referring employees for immediate exposure follow-up, and coordinating 6 mont

Reporting device evaluation activities according to the evaluation criteria (See Appendi

The training instructors and supervisors of employees affected by the plan will provide the C
policies to employees. These training programs will be given to all new employees before a
occupational exposure may occur. All employees in Class A or B positions with occupation:
receive training on blood borne pathogens, including but not limited to the human immunode
B virus (HBV), and the hepatitis C virus (HCV).

When candidates for Class A or B positions with occupational exposure are being interview
the potential employee will inform the candidates of the occupational risk involved with the p
employee must be provided task-specific training before assignment to tasks that place the
borne pathogens. The employee is required to attend the blood borne pathogen in-service a
required to know where the exposure plan is located, to follow the exposure plan, and to rep
her supervisor. If personal protective equipment needs cleaning or replacement, departme

B. Location of the Plan

A copy of this plan will be located in an accessible area for all employees. Employees will b
during orientation and training sessions.

C. Review and Update of the Plan

The Exposure Control Plan Committee will review and revise the exposure control plan:

Annually, or

When new OSHA regulations need to be added to the plan, or

When new positions are established or new tasks implemented that affect occupati

When new departments are added that may involve procedures having occupational e:

Section III - Exposure Determination

OSHA requires employers to perform an exposure determination to identify employees that
blood or other potentially infectious materials as a consequence of the performance of their
exposure determination is made without regard to the use of personal protective equipment
for classifying each of their employees in relation to their potential occupational exposure. T
Human Resources Management, the appropriate Division Director, or the Epidemiologic Se
Epidemiology and Disease Prevention as needed in order to determine such classification.
one of the following:

Class A. Jobs in which all employees have occupational exp

Class B. Jobs in which some employees have occupational e

Class C. Jobs in which no employees have occupational exp

This classification will be incorporated into each job description for which the employee is de

Supervisors will be responsible for notifying Human Resources Management when job duty or when new positions are created that involve risk of exposure.

A current list of all position classifications that involve risk of exposure is maintained by Hun included in this document as [Appendix D1](#).

Section IV - Methods of Compliance

The OSHA standard mandates engineering controls, work practices, and the use of personal protective equipment to prevent exposure to blood borne pathogens. The following OSHA definitions explain these key elements:

- Engineering controls are controls that isolate or remove the blood borne pathogens hazard from the work area, such as sharps with engineered sharps injury protections and needle containers and biological safety cabinets.
- Sharps with engineered sharps injury protection (SESIP) - "a non-needle sharp or a needle that effectively reduces the risk of an exposure incident by having a feature that effectively reduces the risk of an exposure incident when the sharp is used to access a vein or artery, or administering medications or other fluids, with a built-in safety feature that effectively reduces the risk of an exposure incident"
- Needleless systems -a device that does not use needles for: (A) the collection of bodily fluids; (B) the administration of medication or fluids; (C) the collection of specimens; or (D) the administration of fluids or medications.
- Work practices are controls that reduce the likelihood of exposure by altering the manner in which work is performed (e.g., prohibiting recapping needles by a two-handed technique).
- Personal protective equipment is specialized clothing or equipment worn by an employee to protect against a hazard. General work clothes are not intended to function as protection against a hazard and are not considered protective equipment.

A. Universal Precautions

All Class A and B employees in KDHE will observe universal precautions to prevent contact with potentially infectious materials (OPIM). "Universal precautions" refers to an approach to infection control that treats human blood and OPIM as if known to be infectious for HIV, HBV, HCV or other blood borne pathogens. All human blood and OPIM as if known to be infectious for HIV, or HBV, and HCV. Health care workers through needle sticks or through broken skin or mucus membrane exposures.

The following materials are considered to be potentially infectious materials:

- Blood and blood Products
- Body fluids:
 - Semen
 - Vaginal secretions
 - Pleural fluid
 - Pericardial fluid
 - Peritoneal fluid
 - Synovial Fluid
 - Amniotic Fluid
 - Saliva*
 - Breast milk**

Any body fluid that contains blood (i.e., stool/emesis streaked with blood)

Any unfixed organ or tissue (other than intact skin) from a human (living or dead).

HIV containing cell or tissue cultures, organ cultures, and HIV, or HBV, or HCV containing cell or tissue cultures, blood, organs, or other experimental animals infected with HIV, or HBV, or HCV.

* Saliva is considered infectious by OSHA only in dental settings, however, KDHE considers saliva as potentially infectious for hepatitis B, herpes simplex, and other pathogens in saliva and considers saliva as potentially infectious fluid.

** Breast milk does contain small amounts of HBV and HIV and has been documented to contain HIV. KDHE considers breast milk as potentially infectious even though the risk is small and OSHA considers breast milk as potentially infectious fluid.

The following recommendations for universal precautions were issued by CDC on August 2

Universal precautions recommendations:

- All health care workers should routinely use appropriate barrier precautions to prevent when contact with blood or other body fluids of any patient is anticipated. These barriers include eyewear, gowns or aprons according to risk of exposure for the employee.
- Hands and other skin surfaces should be washed immediately and thoroughly if contaminated. Hands should be washed immediately after gloves are removed.
- All health care workers should take precautions to prevent injuries caused by needles, syringes, or devices during procedures; when cleaning used instruments; during disposal of used instruments after procedures.
- Although saliva has not been implicated in HIV transmission, to minimize the need for resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available. There may be a need for resuscitation.
- Health care workers who have exudative lesions or weeping dermatitis should refrain from handling patient-care equipment until the condition resolves.
- Pregnant health care workers are not known to be at greater risk of contracting HIV infection if they are not pregnant; however, if a health-care worker develops HIV infection during pregnancy resulting from perinatal transmission. Because of this risk, pregnant health care workers should strictly adhere to precautions to minimize the risk of HIV transmission. Pregnant health care workers should inform their supervisor of a possible or confirmed pregnancy to their supervisor according to the laboratory safety protocol.

B. Engineering Controls

Engineering controls help protect employees. These controls must be examined and maintained.

For employees of the Division of Health who use needle boxes when performing finger, arm sticks, etc., needle boxes should be sealed and disposed of monthly or sooner if full. Needle boxes used in local health departments should be disposed of by the local health department. Employees are responsible for knowing and following engineering controls in their departments.

For laboratory engineering controls, the responsible supervisors and maintenance schedule should be followed.

C. Hand washing

To decrease the number of microorganisms on hands and prevent the spread of infection, hand washing is required for all employees.

In the absence of a true emergency, personnel should always wash their hands:

- Before taking care of patients, when arriving at the worksite, before invasive procedure on immunosuppressed patients.
- After direct care that involves skin contact with patients.
- After removal of gloves.
- After situations during which microbial contamination of hands is likely to occur (i.e., handling sharps, injections).
- Before eating, before smoking, after leaving patient areas, and after using the bathroom.
- After touching inanimate objects that are likely to be contaminated (i.e., workbenches, equipment).
- Anytime that hands or other skin surfaces are contaminated with blood, body fluids, or other fluids to which universal precautions apply (1,3).

Hand washing facilities are required to be available to employees who incur exposure to blood or other body fluids. The Environmental Laboratory (KHEL) has eyewash sinks and hand washing sinks available in the laboratory procedure manual.

When the employees of KDHE are assisting with patient care in the field at health department's hand washing facilities before patient care occurs.

When KDHE field representatives draw blood or have other patient contact, employees will use hand washing facilities whenever possible. If a sink, soap, and towel are not available then the use of a waterless antiseptic is required.

Employees then must wash their hands with soap and running water as soon as feasible. C waterless soap substitutes, tasks requiring substitutes, and supervisors responsible for sub: this information.

Table 1 - Handwashing substitute location, task, and responsible person

Location of Soap Substitute	Task	§
Field packet	Blood draws	§
Field packet	Blood draws	I
Field packet	Blood draws	A
Field packet	TB skin test	T
Laboratory sink cupboard	Emergency handwashing	C

D. Needle Safety and Sharps Containers

Because needle sticks occur when recapping is performed, contaminated needles and other recapped, removed, sheared or purposely broken. If recapping is not avoidable the recapping done by the use of a mechanical device or a one-handed technique.

Puncture resistant sharps containers should be available whenever it is anticipated that an venipuncture or capillary stick. However, if while in the field, a public health nurse/employee where the local health department or other facility has no sharps container available in the s the used needle into the hub of the syringe that is on a flat surface then transport the used s container. Disposable needles and sharps will be disposed of immediately into an appropriate

Contaminated reusable sharps shall be placed in appropriate containers until properly repro reusable sharps are used by employees of the Kansas Department of Health and Environm

The location, disposal and maintenance of sharps containers are listed under Engineering C sharps containers are closeable, puncture resistant, leakproof, labeled with a biohazard sign processing (incineration or autoclaving prior to disposal in a sanitary landfill).

Use and Evaluation of Sharps with Engineered Sharps Injury Protections (SESIP):

With exception of the KHEL and STD DIS employees must use the technologies available in KHEL does purchase needles and syringes for use in the laboratory in transfer of isolates fr etc. Needleless systems are not appropriate for these laboratory procedures. Whenever n engineered sharps injury protections are available for such procedures, employees should t to the 2001 revisions (Appendix B) annual review of SESIP technologies will be reported in t devices will include input and participation by non-supervisory staff members. A review (Ap brand name of the device, the evaluation method, the persons involved in the evaluation, th decision to accept or reject the product. Additional information may be requested to clarify t decision-making.

E. Work Area Eating Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or OPIM employe cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be cabinets, or on counter tops or bench tops where blood or OPIM are present.

Mouth pipetting and suctioning of blood or OPIM is prohibited.

All procedures will be conducted in a manner that minimizes splashing, spraying, splattering OPIM. Methods employed in the laboratory are listed in the laboratory procedure manual.

F. Specimen Acquisition and Handling

Specimens of blood or OPIM will be placed in a container that prevents leakage during colle

3-7

and transport. Gloves will be used to handle specimens for transport or receiving. The container will be labeled or color-coded. For staff who must draw field bloods or obtain other specimens, use a laboratory mailer that has a biohazard sign and is durable and leak-proof.

Inside the laboratory all specimens will be handled using universal precautions. All specimens will be placed in a leak-proof container packaged and shipped according to shipper's requirements.

G. Contaminated Equipment

Equipment that has become contaminated with blood or OPIM shall be examined prior to use and decontaminated as necessary unless the decontamination of the equipment is not feasible.

(There is no equipment used by KDHE that cannot be decontaminated and/or repaired by KDHE.)

H. Personal Protective Equipment

All personal protective equipment used at KDHE will be provided without cost to employees, chosen based on the anticipated exposure to blood or OPIM. The protective equipment will not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes or mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

Protective equipment will be provided to employees by their immediate supervisor. The equipment is listed in Appendix E1.

Personal protective equipment will be cleaned, laundered, and disposed of by the KDHE and replacements will be made by the employer at no cost to the employees.

ANY garments that are penetrated by blood shall be removed immediately or as soon as feasible. Clothing shall be removed in a manner that protects against contact with the outer surface (i.e., roll up the garment keeping soiled area pulled away from mucous membranes of eyes, nose, and mouth). If a staff member in a department he/she should keep a change of clothes in his/her vehicle then change clothes as soon as possible. Soiled clothes will be placed in a plastic bag, and returned to his/her supervisor.

If an employee lives at a distance, employee is to call supervisor to inform supervisor of need and submit laundry in a plastic bag labeled "Blood/Body Fluid Precautions" to local laundry. For receipt should be submitted by the employee with a completed expense sheet.

Lab Coats, Gowns and Plastic Aprons - All personal protective equipment (PPE) will be provided. Lab coats, scrubs, and plastic aprons are used by certain laboratory employees. The laboratory has a table that shows placement of PPE and the person responsible for distribution, cleaning, and disposal.

Public health nurses/employees may have need for a lab coat, gown or apron, but this would be a special situation where these items can be provided. The individual should reimburse the county for the items, obtain a receipt, then place PPE costs on travel voucher. Reimbursement will be issued to the employee.

Gloves - Gloves shall be worn when it is reasonably anticipated that employees will have contact with non-intact skin, or mucous membranes. Gloves must fit the work assignment. Latex or vinyl gloves are used for patient care or laboratory duties. Disposable gloves shall be replaced as soon as possible when their ability to function as a barrier is compromised. Gloves should not be washed or reused. General-purpose utility gloves (i.e., rubber household gloves) should be used for housekeeping contact and for instrument cleaning and decontamination procedures. Utility gloves may be used for general purpose cleaning and for instrument cleaning and decontamination procedures. Utility gloves should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or holes. See Appendix E1 for tasks that require glove use.

If an employee requires a smaller or larger size glove or develops an allergy to the current gloves, the employee provides the appropriate size gloves or powderless gloves or glove liners for employees with allergies. Employees should report glove problems to their immediate supervisor for appropriate equipment.

The Division of Health provides disposable gloves to staff who practice in the field. Gloves are stored in storerooms. When public health nurses/employees or field staff practice in local health department storerooms before providing patient care.

The state laboratory supplies disposable gloves in each laboratory. The person responsible for the laboratory procedure manual.

Masks, Respirators and Protective Eyewear - Masks in combination with eye protection devices, solid side shields, or chin length face shields, are required to be worn whenever splashes, sprays, or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

In the Division of Health the only public health nurse/employee who uses respiratory protection is the TB public health nurse. The TB public health nurse uses disposable N95 particulate respirator at all times in the TB case. The respirator will be disposed of in the regular trash when it becomes soiled. Other persons who have active TB (i.e., AIDS field representative seeing an active TB patient) are required to wear respirators in accordance with the guidelines for occupational exposure to TB, and wear a disposable N95 particulate respirator.

The state laboratory requires use of biological safety cabinets for persons working with AFB1 and other pathogens. The newborn screening laboratory uses masks for certain procedures. See Appendix A.

Resuscitator devices - Resuscitator devices are to be readily available and accessible to employees who are expected to resuscitate a patient. Emergency ventilation devices also fall under the scope of this rule. The employer for use in resuscitation. Improper use of these devices, includes failure to follow accepted medical practice and shall be cited as a violation.

Because no direct care is administered on the premises of KDHE, no resuscitator devices are available. Health nurses/employees and field representatives have access to resuscitator devices available on the premises. Because of the danger of anaphylaxis from drug reactions it is the responsibility of public health nurses/employees to locate such devices before administering medications. Reimbursement will be made to the employee who provides a receipt, and lists it on a travel voucher.

Caps and Booties - Surgical caps or hoods and/or shoe covers or booties shall be worn in areas where contamination can reasonably be anticipated. Surgical caps are used in the newborn screening lab as this is to prevent contamination to the employee's hair.

OSHA states that "the employer shall ensure that the employee uses appropriate personal protective equipment. If the employer shows that the employee temporarily and briefly declined to use personal protective equipment under extraordinary circumstances, it was the employee's professional judgment that in the specific circumstances the use of such equipment prevented the delivery of health care, of public safety services or would have posed an increased risk to the worker or co-worker. When the employee makes this judgment, the circumstances shall be documented and used to determine whether changes can be instituted to prevent such occurrences in the future".

I. Housekeeping

Routine Cleaning - KDHE will maintain a clean, safe, and sanitary worksite. When KDHE employees perform cleaning services, supervisors will be responsible for determining and implementing an appropriate method of decontamination based upon the facility purpose, type of surface cleaned, soil present, and the method performed in the area.

Cleaning Areas with blood and OPIM - The only KDHE area where blood and OPIM are present is the laboratory. The laboratory has established cleaning schedules and names of the disinfectants utilized in the laboratory. The schedule includes routine cleaning schedules for bins, pails, cans, and similar receptacles in areas with a reasonable likelihood of becoming contaminated with blood or OPIM.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after immediately or as soon as feasible when surfaces are overtly contaminated or after any spill during the work shift if the surface may have become contaminated since the last cleaning.

The method to clean up blood and OPIM is:

- Don gloves and spray spill with disinfectant.*
- Remove visible material with disposable towels or other appropriate absorbent material into a plastic bag.
- Disinfect area with bleach solution or EPA-registered disinfectant that kills HBV, HCV, and

- Remove gloves and wash hands.

* If spill is large, other protective equipment may be necessary (i.e., waterproof gown, pants, waste drips, red bag and label with biohazard sign and dispose of accordingly).

Protective coverings are used in serology and newborn screening to cover environmental surfaces. They are removed daily and autoclaved before being discarded.

Management of Broken Glassware - Broken glassware that may be contaminated shall not be used. It shall be cleaned up using mechanical means such as a brush, tongs or forceps, and a dedicated sharps container. Tools used for clean-up will be disinfected with a bleach solution diluted with water to a concentration of 1:10. A disinfectant that kills HBV, HCV, and HIV.

In the laboratory, special broken glass containers are located in central service and immediate floor.

J. Regulated Waste

Regulated medical waste in Kansas is governed by K.A.R. 28-29-27. Medical services waste is potentially capable of causing disease or injury and that are generated in connection with inpatient and outpatient services. Medical waste is found at the state laboratory. The following medical waste: microbiology laboratory waste, pathology waste, blood specimens or blood products contaminated with blood or OPIM. Solid waste from animals is not covered in the OSHA standard for HIV, HCV, or HBV research laboratory.

The state laboratory follows K.A.R. 28-29-27 for the segregation, storage, collection, transport, and disposal of regulated services waste. The state laboratory procedure manual outlines the methods of storage, transport, and disposal of regulated waste that has been decontaminated need not be labeled or color-coded.

Personnel involved in the handling and disposal of infective waste will be informed of the potential hazards through the OSHA mandated education presentation and trained in the appropriate handling and disposal.

Infective waste awaiting disposal will be picked up and stored in an area accessible only to the waste management process.

K. Laundry

Laundry contaminated with blood or OPIM will be handled as little as possible. The only clothing at the state laboratory. Laundry (lab coats used as PPE or employees clothing that has been contaminated) will be placed in appropriately marked bags at the laboratory. Wet contaminated laundry with a reasonable amount of liquid from the bag will be placed and transported in a red plastic bag to prevent leakage. This laundry is stored in a designated area of use. Home laundering is not permitted since KDHE can not guarantee that proper handling will be followed and OSHA requires employer laundering.

Areas where a lab coat is considered PPE and the locations for laundry pickup and delivery are outlined in the manual.

Laundry at the laboratory will be cleaned at Continental Laundry, 412 SW Jackson, Topeka, Kansas. The nature of the laundry. Laundry is red bagged and the laundry contract states that the laundry contract complies with the OSHA blood borne pathogen directives for employees handling KDHE red bagged linen.

Section V - Hazard Communication

A. Labeling

OSHA requires the universal biohazard label be used for certain contaminated items and with lettering or symbols in a contrasting color. Labels must be affixed as close as feasible to the container using adhesive, or other method that prevents their loss or unintentional removal.

The items that require the biohazard label are:

- containers of regulated infectious waste,

- refrigerators and freezers containing blood or other potentially infectious material,
- containers used to store, transport, or ship blood or OPIM,
- contaminated equipment being sent for repair or maintenance (an extra label must state remains contaminated)

Items that do not require the biohazard label are

- red bags or red containers (red bagging is an acceptable OSHA substitute),
- containers of blood, blood components, or blood products that are labeled as to their collection, transfusion or other clinical use,
- individual containers of blood or OPIM that are placed in a labeled container during storage,
- regulated waste that has been decontaminated.

Labeling of items will be the responsibility of the supervisor of the area. The laboratory manager will be responsible for labeling. Field representatives who draw blood will utilize the state laboratory mailer for field use. Field sign that indicates infectious materials.

B. Signs

A biohazard sign is required to be posted on HIV, HCV, and HBV research laboratories. In a non-research facility, no biohazard sign must be posted on the entrance to the laboratories.

Section VI - Employee Education

KDHE Human Resources Management will coordinate with KDHE supervisors to ensure that all employees with occupational exposure participate in a training program that must be provided at no cost to the employee during working hours. This training will be for all Class A and B employees initially upon hiring, the employees will receive training before initial assignment to tasks where occupational exposure is expected. For ongoing training, all Class A and B employees with occupational exposure will be provided additional training if the employee's occupational exposure affects the employee's occupational exposure.

Training will be conducted by the Supervisor of the employee. The Supervisor may consult the Epidemiologic Services Section (ESS) or the Bureau for Disease Prevention and Health Promotion for appropriate content of the training. The ESS and Human Resources Management will be responsible for training supervisors, as needed, in all aspects of implementation of the BBP Exposure Control Plan, including training for the employees at risk. Video tapes, lecture, and discussion may be used to educate employees.

Training for employees will include an explanation of the following:

- overview of the OSHA standard for blood borne pathogens and the location of the standard;
- epidemiology and symptoms of blood borne diseases;
- modes of transmission of blood borne pathogens,
- KDHE exposure control plan and the means by which employees can obtain a copy of the plan;
- procedures that may involve exposure to blood and OPIM;
- control measures to prevent exposure to blood and OPIM including engineering controls, administrative controls, and personal protective equipment;
- information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of sharps;
- pre-exposure hepatitis B vaccination program including information of vaccine efficacy, benefits of being vaccinated;
- post exposure reporting, medical evaluation, and follow-up; and
- hazardous labels and signs used by KDHE.

Employees will have an opportunity to ask questions at the training session. Employees who are deaf or hard of hearing or have a disability will have information conveyed by an interpreter or by an appropriate method.

Training records will be maintained for three years from the date on which the training occurred.

- date of training session,
- summary of training session,
- names and qualification of persons conducting the training, and
- names and job titles of all persons attending the training session.

The forms in Appendix F (or equivalent forms specific to the organizational unit) may be used for training sessions. An individual(s) providing group training under the aegis of this plan should document the training for each employee (including supervisors of employees with risk) by written communication to the employee and to Human Resources Management. When supervisors of employees with risk provide training on an individual basis, training will be documented in writing to Human Resources Management.

Section VII - Hepatitis B Vaccination

All KDHE employees will be offered the hepatitis B vaccine at no cost to the employee. Training will be provided after training and within 10 working days of their initial work assignment that involves the use of blood or OPIM. The employee may decline the vaccination for various reasons i.e. previous contraindications, documentation of immune status, or choice.

The employee will sign the appropriate declination statement (Appendix G1 and Appendix G2). If the employee declines to have the vaccination it will be provided at no cost.

The Supervisor will arrange hepatitis vaccination times with the contracting agency, refer them to the contracting agency for a waiver. KDHE has negotiated with the Shawnee County Health Department Agency (SCHA) to provide the appropriate records for whom it is indicated. It will be the responsibility of the Supervisor to offer the vaccine to the employee to receive it. The procedure for obtaining the vaccine for the employee is as follows:

1. Contact the Immunizations Program of the SCHA at 785-368-2135 and schedule an appointment.
2. Prepare a purchase order with SCHA as vendor and KDHE (with your Bureau/Section/Division).
3. Prepare a brief memo on KDHE letterhead addressed to the SCHA Immunizations Program. Attach the purchase order to the SCHA at time of the appointment. The memo should address:
 1. Identify the employee as a KDHE employee;
 2. Clarify that the purpose of the visit is for the employee to receive a hepatitis B vaccine;
 3. Clarify that KDHE will reimburse the SCHA for all costs of the service as per the agreement;
 4. Request that the SCHA provide KDHE with documentation that the dose was administered to the employee's medical record.
4. Repeat the process for each dose of vaccine.

Section VIII - Post Exposure Evaluation and Follow-up

An exposure is defined as: a specific eye, mouth, other mucous membrane, parenteral, or skin when exposure is prolonged, involves extensive surface area of the skin, involves large volume of material, or involves material known to be infected with high titers of virus (with blood or other body fluids (OPIM) resulting from the performance of an employee's duties (refer to Appendix D2). The follow-up actions are:

A. Documentation of exposure

When an employee incurs a possible exposure, the employee will report the incident to his/her supervisor. The supervisor will judge whether a true blood or body fluid exposure has occurred. If there is a true exposure, the Epidemiologic Services Section (785-296-2951 daytime; pager number 785-357-5683 night) will make the final determination. If a true exposure has occurred, the supervisor will arrange for the employee to receive medical attention (See B below) without delay, preferably within one hour (See Appendix H1 & H2 - Post exposure follow-up). After medical attention has been arranged for the employee, the supervisor will contact Human Resources Management about the incident. The supervisor will also complete an Employer's Report of Accident form 1101 as soon as possible to comply with Worker's Compensation requirements. If the exposure is due to a sharps injury, the supervisor will assure that the 1101-A form includes

Setting

Program

Job working title of injured employee

Procedure

Type of device (vacutainer, etc.)

Brand name of device

Description of incident

Forward the completed form to Human Resources Management where it will be retained in Injury Log." This latter procedure is not required for sharps injuries in which the sharp is not incident does not meet the definition of an exposure.

B. Referral and care of employee :

The Epidemiologic Services Section (785-296-2951, daytime; pager number 785-357-5683, to the supervisor for consultation with regard to the medical aspects of the process describe

All employees who incur an exposure will have post exposure evaluation and follow-up in accordance with CDC recommendations (see [Appendix J](#)). Follow up will be provided by the appropriate contract health care providers (see [Appendix K](#) for list of contract health care providers by region). This contractor will be given current public health recommendations. The guidelines in [Appendix H](#) are in accordance with documents: (1) CDC. *Protection against viral hepatitis: recommendations of the Immunization Practices Working Group*. MMWR 1990;39(RR-2):1-25; [iii] and (2) CDC. *Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis*. MMWR 1998;47(F) supercedes the two previous documents on the same subject: *Public Health Service statement on exposure to human immunodeficiency virus, including considerations regarding zidovudine* and *Provisional Public Health Service Recommendations for Chemoprophylaxis after Occupational Exposure to HIV*.

Follow up will be provided by the appropriate contract health care provider (see [Appendix K](#) for list of contract health care providers by region). If the distance to one of these providers is excessive, the employee should be taken to a hospital emergency room. Use of private physicians for this purpose may be problematic because they do not have reimbursement agreements in place with the Workman's Compensation Program. However, if there are agreements in place and they are more likely to be experienced in providing post-exposure

When the supervisor arranges for the employee to receive evaluation and treatment, in order for the health care provider to be advised that: (1) the patient is a State of Kansas Employee; (2) the injury is an occupational injury that is covered by the State Workman's Compensation Program; and (3) the exposure is to a pathogen that should be evaluated and treated just as the hospital would evaluate and treat a patient who had incurred such an occupational injury. When an exposure occurs, the supervisor will provide the health care provider with information relevant to the incident including; circumstances and route of exposure, the status, and other relevant medical information. If possible, the supervisor will obtain the identity and sero-status of the source person (refer to [Appendix J](#), Box 3) and the name of the health care provider. If the source blood is at the state laboratory, the blood of the source individual should be tested only after consent for testing and release of information is obtained (there is no provision in the Workman's Compensation Act for release of testing results without consent). It will be the responsibility of the supervisor to notify the source individual, obtain permission slips, obtain additional blood if necessary, and return signed consent forms and the source individual. The supervisor may request assistance with these tasks from the health care provider or the local health department. The ultimate responsibility for carrying out these measures falls to the supervisor.

If public health nurses or field staff experience an exposure in the field, the source patient's blood should be tested for HBV by appropriate local health department staff, if the source patient consents. Blood will be tested for HBV.

The health care provider will evaluate the exposure incident and provide counseling before the employee returns to work concerning precautions to take during the period after the exposure incident. The employee should be alert for and to report any related illnesses to the health care provider.

The health care provider will arrange for testing of the employee for HBV, HCV, HIV, and other blood-borne pathogens. If the employee does not wish immediate testing, the employee will be offered the option of donating a blood sample. The blood sample will be preserved for at least 90 days to allow the employee to decide if they want to be tested.

The health care provider will provide post-exposure prophylaxis in accordance with CDC recommendations (see [Appendix H1 & H2](#)), and will notify the employee of all test results. The exposed employee's confidentiality of the source patient's name and sero-status according to Kansas law.

The health care provider will also evaluate any reported illness that may stem from the exposure. KDHE Human Resources Management will obtain and provide the employee with a copy of opinion within 15 days of the completion of the evaluation. This opinion will be limited to the

- documentation that the employee has been informed of the results of the evaluation
- any medical conditions resulting from exposure to blood or OPIM that require further evaluation
- All other findings or diagnoses shall remain confidential and shall not be included in the opinion

C. Maintenance of medical records

The health care provider will maintain confidential, locked employee medical files for the duration of employment. Human Resources Management will inform the health care provider when an employee resigns or is terminated.

A separate locked file will be maintained by Human Resources Management for KDHE employees who have had a bloodborne pathogen exposure. Files will be confidential and will not be disclosed to any person without the employee's written consent as required by Kansas law. These records will be maintained for duration of employment plus 30 years. Human Resources Management will establish and maintain an accurate record for each employee in accordance with the OSHA standard. This record will include:

- name and social security number of employee,
- copy of employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations relevant to the employee's ability to receive vaccination,
- copy of all results of examinations, medical testing, and follow-up procedures
- copy of the health care provider's written opinion about the exposure, and
- copy of the information provided to the health care provider when the employee was seen for treatment.

Section IX - Record Keeping

The following records will be maintained by KDHE:

- training records,
- hepatitis B vaccination records,
- incidents of noncompliance with exposure control plan, and
- exposure incidents and medical follow up.,
- completed Sharps Injury Exposure Report Forms

Location and duration of record keeping:

- employee education training records will be maintained for 3 years from the time of training.
- hepatitis B vaccination records will be kept in Human Resources Management in a locked file for 30 years,
- counseling in regard to non-compliance will be documented according to the Kansas Personnel Discipline utilizing an oral reminder, written reminders, then decision-making-leave with Supervisor Training Manual, Section Problems, pages 7 and 8 explains how to counsel and Discipline is found in the following regulations: Kansas Regulation 1-10-6; Kansas Regulation 1-10-8. (Copies of these regulations are found in Supervisor Training Manual, Personnel Discipline.)
- all exposure incidents, follow up consultation, and recommendations will be maintained for duration of employment plus 30 years.
- Sharps Injury Exposure Report Forms will be retained by Human Resources Management for duration of employment plus 30 years.

Section X - Dates Exposure Plan Implemented

The OSHA standard became effective March 6, 1992. KDHE became part of the Kansas Personnel Discipline in the spirit and intent of this standard on April 27, 1992. Information and training, and record keeping will be updated August 15 annually.

Plan Revisions:

February 15, 1993

- December 13, 1993
- June 15, 1995
- November 20, 1997
- December 17, 1998
- March 8, 1999
- March 1, 2000
- April 1, 2001
- October 14, 2003

- [i]. CDC. Update: universal precautions for prevention of transmission of human immunodeficiency virus and other blood borne pathogens in health-care settings. MMWR 1988;37(24):377-88.
- [ii]. CDC. Protection against viral hepatitis: recommendations of the Immunization Practices Advisory Committee. MMWR 1990;39(RR-2):1-25.
- [iii]. CDC. Public Health Service Guidelines for the Management of Health-Care Worker Exposure to Blood and Body Fluids for Postexposure Prophylaxis. MMWR 1998;47(RR-7):1-34.
- [iv]. CDC. Public Health Service statement on management of occupational exposure to human immunodeficiency virus: considerations regarding zidovudine postexposure use. MMWR 1990;39(RR-1):1-14.
- [v]. CDC. Update: Provisional Public Health Service Recommendations for Chemoprophylaxis for Occupational Exposure to Blood and Body Fluids. June 7, 1996;45(22):468-72.
- vi. OSHA standards - 29 CFR, Respiratory protection for M. tuberculosis. - 1910.139. Personal Protective Equipment

APPENDICES

<u>Appendix A</u>	OSHA Regulations (Standards - 29 CFR) Bloodborne pathogens. - 1910.1030
<u>Appendix B</u>	Federal Registers - Publication Date: 01/18/2001 Occupational Exposure to Bloodborne Pathogens; Needlestick a 66:5317-5325
<u>Appendix C</u>	Device Evaluation Criteria and <u>Example</u> Risk determination
<u>Appendix D</u>	(1) <u>Position classifications</u> with potential for blood borne pathogen (2) <u>Specific duties /tasks</u> with potential for blood borne pathogen (1) <u>Appendix E1</u> Personal Protective Equipment By Task
<u>Appendix E</u>	(2) <u>Appendix E2</u> Personal Protective Equipment By Patient care a (3) <u>Appendix E3</u> Personal Protective Equipment By Radiation co Training record/forms
<u>Appendix F</u>	(1) <u>Training record</u> (2) <u>Sign-in sheet</u> Hepatitis B declination statements
<u>Appendix G</u>	(1) <u>Previously vaccinated</u> (2) <u>General</u>
<u>Appendix H</u>	Post-exposure prophylaxis recommendations (1) <u>Hepatitis B Post-exposure</u> prophylaxis recommendations

3-15

	(2) <u>HIV Post-exposure prophylaxis recommendations</u>
<u>Appendix I</u>	Employer's report of <u>accident form 1101-A</u> Post-exposure assessment and evaluation
<u>Appendix J</u>	<u>Factors to consider in assessment and evaluation</u> <u>Box 2 & Box 3 Evaluation of exposure source</u>
<u>Appendix K</u>	<u>Contract health care providers by location</u>

Appendix Ahttp://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDAF

Appendix B
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER

Appendix C

Report Year _____

Evaluation of Sharps with Engineered Sharps Injury Protection (SESIP)

The following information will be reported annually as part of the review and/or update of the provide this information to the ECP Committee chairperson:

Candace Taylor PhD, RN ctaylor@kdhe.state.ks.us
1000 SW Jackson Suite 210
Topeka, KS 66612

- Identify the devices considered for evaluation and identify those actually evaluated (bra
- Has the device being considered for replacement been associated with an injury?
- State what is different between the old and new device.
- Who of the staff did the evaluation(s), the job titles and number of persons in that job.
- How the evaluation was performed, explain the basic plan/implementation of the evaluat
- State the per unit cost of the old and new device
- State the positive and negative comments about the new device.
- State whether the evaluated device was selected for use or not and why (why not)

Appendix C1 - This is an example

Report Year 2003

Evaluation of Sharpswith Engineered Sharps Injury Protections(SESIP)

The following information will be reported annually as part of the review and/or update of the provide this information to the ECP _____

- Identify the devices considered for evaluation and identify those actually evaluated (bra

Abbott syringe with self-sheathing needle

- Has the device being considered for replacement been associated with an injury?
 - *NO, this product is a new design*
- State what is different between the old and new device.
 - *The needle on the previous syringe has to be covered by physically placing the pr new one is activated without having to put hand/fingers near the needle tip*
- Who of the staff did the evaluation(s), the job titles and number of persons in that job.

- 3 DI who draw blood in a clinic setting and 1 who primarily does this work in the field
- How the evaluation was performed, explain the basic plan/implementation of the evaluation
 - The employees were supplied 25 syringes to use for a week and then provide feedback of the device
- State the per unit cost of the old and new device
 - Essentially the same price
- State the positive and negative comments about the new device.
 - Positive comments are that the device does not require much change in technique
 - Negative comments: "takes some getting used to", "have to remember to activate"
- State whether the evaluated device was selected for use or not and why (why not)
 - Was decided to change to the new syringe because most of the evaluators felt that it would not incur a substantial change in cost of this product.

Appendix D

- [Appendix D \(1\) \(.pdf\)](#)
- [Appendix D \(2\) \(.pdf\)](#)

Appendix E1 Personal Protective Equipment By Task

The following tables list the employee responsibilities for Hand washing and personal protection

Laboratory - Listed below are the minimum requirements for controlled situations to protect against potentially infectious agents. This list is not all inclusive, so judgement is required on the part of the employee as to the need for additional barrier protection in less controlled situations. If an employee has a task where they are responsible for protecting it through the use of gloves. Sterile technique is to be used

	Hand-washing	Gloves	Lab Coat/ Plastic
Handling and Processing opened specimens	X	X	X
Opening Specimens (without hood or other device)	X	X	X
Opening specimens (with hood or other device)	X	X	
Cleaning work surface or spills	X	X	X
Processing filter paper blood spots	X	X	X
Processing lead specimens	X	X	X
Contact with leaking package	X	X	X

1. For routine procedures, such as histologic and pathologic studies or microbiologic culture, gloves are necessary. However, biological safety cabinets (Class I or II) should be used whenever there is a high potential for generating droplets. These include activities such as blending, sonicating, and vortexing.
2. Mechanical pipetting devices should be used for manipulating all liquids in the laboratory.
3. Laboratory work surfaces should be decontaminated with an appropriate disinfectant after and when work activities are completed.
4. Contaminated materials and equipment used in laboratory tests should be decontaminated and disposed of in accordance with institutional policies for disposal of infectious waste.
5. Scientific equipment that has been contaminated with blood or other body fluids should be repaired in the laboratory or transported elsewhere.
6. All persons should wash their hands after completing laboratory activities and should remain in the laboratory.
7. Gloves should be removed when leaving work areas.
8. Computer terminals with plastic overlays can be used with gloves, but must be wiped down during the shift, at the end of the shift, and as needed.

9. If telephones are answered with gloves on, protect receiver with a paper towel.

Appendix E2 Personal Protective Equipment By Patient care activities

Patient care activities - Listed below are the minimum requirements for controlled situations potentially infectious agents. This list is not all inclusive, so judgement is required on the part of the employee responsible for protecting it through the use of gloves. Sterile technique is to be used for all procedures.

	Hand-washing	Gloves	Lab Coat
Clean-up of an incontinent patient	X	X	S
Cleaning surfaces of blood or other body fluids	X	X	
Collecting stool, urine, sputum, or wound specimens	X	X	
Direct contact with patient with forceful or productive cough	X		
CPR with device	X	X	
Drawing field bloods	X	X	
Finger or heel sticks	X	X	
Medication administration: Orally	X		
Medication administration: IV piggyback	X		
Medication administration: IV starts	X	X	
Medication administration: IV, direct into hub of catheter	X	X	
Physical assessment	X		
Vital signs (not including rectal temperature)	X		
Vital signs (including rectal temperature)	X	S	
Dressing change: burns	X	X	S
Dressing change: large amount of drainage	X	X	S
Dressing change: routine	X	X	

Legend:

- X** = Routinely
- S** = If soiling is likely
- P** = If splattering is likely

Appendix E3 Personal Protective Equipment By Radiation control field inspections tasks

Radiation control field inspections tasks and PPE for radiation control - Listed below are the recommended during controlled situations, to protect radiation control staff from potentially infectious agents. This list is not all inclusive, so judgement is required on the part of staff to assess the need for additional barrier protection in less controlled situations. If an employee has an area of broken skin on their hands, they are responsible for covering it with gloves.

- Swipe sample collection
- Survey or search of used needles
- Monitoring radiation in x-ray suite where blood or body fluids are present and operator treats controlled area
- Responding to an incident where radiation materials and blood or OPIM have mixed together

Legend:

- X** = Routinely
- S** = If soiling is likely

1. For routine procedures, such as x-ray machine surveys using test stands or monitoring ra suites, care should be taken to insure that the equipment is not placed in or on surfaces tha such surfaces and the operation is one that can produce potentially infectious agents, then t covered as much as possible and the barrier materials disposed at the site in the correct ma
2. Liquid samples should not be collected using mouth pipetting.
3. Contaminated equipment and samples or sample containers will be decontaminated befc disposed in accordance with institutional policies for the disposal of such wastes.
4. Scientific equipment (survey meters, test stands, etc) that have been contaminated with t decontaminated and cleaned before being repaired or transported to the manufacturer.
5. All surveyors should wash their hands after completing a survey in a medical laboratory o
6. If protective clothing or shoe covers are required, these shall be removed and collected ir as those potentially contaminated with radioactive materials.
7. Gloves shall be removed when leaving work areas, using the techniques for removing glc materials.

Appendix F (1)

Training record/forms

Kansas Department of Health and Environment

Employee Training for Blood Borne Pathogens

Date _____

Bureau _____

Instructors _____

Objectives:

Participants will be able to discuss and follow the requirements for the Kansas Department control plan based on the OSHA Blood Borne Pathogens Final Rule, 29 CFR Part 1910.103

The areas covered are:

- A. Overview of OSHA standard for blood borne pathogens and location of the standard and
- B. Epidemiology and symptoms of blood borne pathogens.
- C. Modes of transmission of blood borne pathogens.
- D. KDHE exposure control plan and the means by which employees can obtain a copy of th
- E. Procedures which may involve exposure to blood and OPIM.
- F. Control measures to prevent exposure to blood and OPIM including engineering controls
- G. Information on the types, selection, proper use, location, removal, handling, decontamin
- H. Preexposure hepatitis B vaccination including information on vaccine efficacy, safety, me being vaccinated.

I. Postexposure reporting, medical evaluation, and follow-up.

J. Hazardous labels and signs used by KDHE.

Appendix F (2)

Training record/forms

Participant Sign-in Sheet

<u>Name</u>	<u>Job Title</u>	<u>Bureau</u>	<u>KIPPS Nu</u>
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Appendix G (1)

Kansas Department of Health and Environment

Hepatitis B Vaccine Declination Statement (Previously Vaccinated)

I understand that due to my occupational exposure to blood or other potentially infectious m
acquiring hepatitis B virus infection. I have been given the opportunity to be vaccinated with
decline the hepatitis B vaccine at this time because I received the complete hepatitis B vacc

Employee's name _____

Employee's signature _____

Bureau/Office _____

Date _____

Appendix G (2)

Kansas Department of Health and Environment

Hepatitis B Vaccine Declination Statement (General)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I am at risk of acquiring hepatitis B virus infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, but I decline the hepatitis B vaccine at this time. I understand that by declining this vaccine, I may become infected with hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with hepatitis B vaccine, I may receive the vaccination.

Employee's name _____

Employee's signature _____

Bureau/Office _____

Date _____

Appendix H1 Hepatitis B Post-exposure prophylaxis recommendations

Link for Appendix H1 Hepatitis B post exposure recommendations
Recommended postexposure prophylaxis for exposure to Hepatitis B
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm#tab3>

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure
Recommendations for Postexposure Prophylaxis
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

Appendix H2 HIV Post-exposure prophylaxis recommendations

(Tables and Figures from MMWR "Updated U.S. public health service guidelines for the management of occupational exposure to HBV, HCV, and HIV and recommendations for postexposure prophylaxis", June 29, 2001)

Links for Appendix H2 HIV post exposure recommendations
1 HIV post-exposure prophylaxis for percutaneous injury
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm#tab4>

2 HIV post-exposure prophylaxis for mucous membrane and non-intact skin exposure
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm#tab5>

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure
Recommendations for Postexposure Prophylaxis
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

Appendix I Employer's report of accident form 1101-A

(Found at <http://www.da.ks.gov/ps/documents/wc1101a.pdf>)

Appendix J Post-exposure assessment and evaluation

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures: Recommendations for Postexposure Prophylaxis, MMWR June/29/2001, Vol. 50(RR11); 1-

Factors to consider in assessment and evaluation

Appendix K

(Location <http://www.da.ks.gov/ps/documents/wc1101a.pdf>)

The State Self Insurance Fund has designated medical care providers in certain areas. To r injured employees must be seen at these facilities (if within their area). In locations that do r employee should be seen by their primary care physician.

Topeka:

St. Francis Hospital & Medical Center
1700 SW 7th Street
Topeka, KS 66606
(785) 295-8000

Kansas City:

University of Kansas Hospital Authority
3901 Rainbow Blvd.
Kansas City, KS 66160
(913) 588-5000

Kansas City:

KU Med West
7405 Renner Road
Shawnee, KS 66217
(913) 588-8400

Lawrence:

Lawrence Memorial Hospital
325 Maine Street
Lawrence, KS 66044
(785) 749-6100

Manhattan:

Mercy Health Center
1823 College Ave.
Manhattan, KS 66502
(785) 776-3300

Wichita:

Wichita Clinic
901 S. George Washington Blvd.
Wichita, KS 67208
(316) 264-6555

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72-5207**Chapter 72.--SCHOOLS****Article 52.--HEALTH PROGRAMS****72-5207. Eye protective devices required when participating in certain courses.**

Every student and teacher in all schools, colleges, and universities or other educational institutions participating in any of the following courses:

(A) Vocational, technical or industrial arts shops or laboratories involving experience with:

1. Hot molten metals, or other molten materials;
2. Milling, sawing, turning, shaping, cutting, grinding, or stamping of any solid materials;
3. Heat treatment, tempering, or kiln firing of any metal or other materials;
4. Gas or electric arc welding, or other forms of welding processes;
5. Repair or servicing of any vehicle;
6. Caustic or explosive materials;

(B) Chemical or combined chemical-physical laboratories involving caustic or explosive chemicals or hot liquids or solids, or injurious radiations, or other hazards not enumerated; is required to wear appropriate industrial quality eye protective devices at all times while participating in such courses or laboratories. Such devices may be furnished for all students and teachers, and shall be furnished for all visitors to such classrooms and laboratories. Such devices may be purchased in large quantities and sold at cost to students and teachers.

"Industrial quality eye protective devices," as used in this section, means devices meeting the standards of the United States of America standard practice for occupational and educational eye and face protection, Z87. 1-1968, promulgated by the American national standards institute, inc.

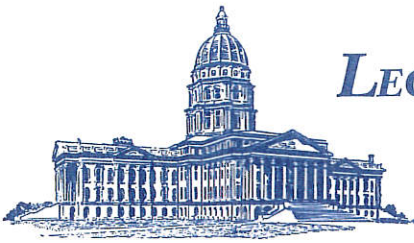
The provisions of this section shall apply to industrial quality eye protective devices purchased or otherwise obtained for use after the effective date of this act, and shall not have retroactive application to disqualify any such device in use on or before the effective date of this act.

History: L. 1967, ch. 408, § 1; L. 1978, ch. 290, § 1; July 1.

House Education Committee

Date 2-20-07

Attachment # 4



LEGISLATURE OF KANSAS
LEGISLATIVE DIVISION OF POST AUDIT

800 SOUTHWEST JACKSON STREET, SUITE 1200
TOPEKA, KANSAS 66612-2212
TELEPHONE (785) 296-3792
FAX (785) 296-4482
E-MAIL: lpa@lpa.state.ks.us
www.kslegislature.org/postaudit

**Testimony for the House Education Committee on
House Bill 2337 and House Bill 2338**
Scott Frank, School Audit Manager
February 20, 2007

Mr. Chairman and members of the Committee, thank you for allowing me to provide background information to you on House Bill 2337 and House Bill 2338. Both of these bills address recommendations from our November 2006 audit, *K-12 Education: Reviewing Free-Lunch Student Counts as the Basis for At-Risk Funding, Part I*. (I've attached a copy of the pertinent sections of that report.)

In that report, we identified two areas in which the free-lunch counts used as the basis for at-risk funding may include students the Legislature didn't intend to fully fund:

- **Many adult students who attend school in alternative settings are included in the free-lunch counts.** In the report, we looked at the 2005-06 enrollments of eight alternative learning centers and found that 127 of the 319 students counted for at-risk funding were age 20 or older. Statewide there were more than 500 students counted for at-risk funding who were age 20 or older, including almost 200 over age 30. (I've attached a chart summarizing the number adult students who were counted for at-risk funding in 2005-06.)
- **Districts receive the full amount of at-risk funding for part-time students because at-risk funding is based on student headcounts.** While most counts used in the school finance formula are based on student FTE (e.g., bilingual, vocational education), at-risk funding is based on free-lunch headcounts. This may distort the way funding is distributed to districts. For example, in 2005-06, the Topeka school district had about 7,150 free-lunch students (headcount), but only about 6,735 free-lunch FTE.

We recommended that the Legislature review these two issues and decide if it wanted to make a change. House Bill 2337 would address the issue regarding adult students, by setting an age limit on the free-lunch students who could be counted for at-risk funding purposes. House Bill 2338 would address full-time funding for part-time students by changing at-risk funding from a headcount to FTE basis.

I'd be happy to answer any questions you may have.

House Education Committee
Date 2-20-07
Attachment # 5



PERFORMANCE AUDIT REPORT

K-12 Education: Reviewing Free-Lunch Student Counts Used as the Basis for At-Risk Funding, Part I

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
November 2006**

Figure 1-4
Reasons School District Officials Cited for
Why Families Don't Apply for Free Lunches

Reasons Families Don't Apply for Free Lunches	Percent of School Officials Who Cited This Reason
Don't want to reveal finances because of embarrassment	84%
Don't want to reveal finances because of confidentiality concerns	37%
Find the paperwork too difficult to complete	16%
Don't want to apply because they are too proud	11%
Have religious or other ideological convictions against government services	10%
Don't want to take the time to do the paperwork	7%
Have a language barrier	7%
Not aware of the program	4%
<small>(a) The percentages will not add up to 100% because respondents were allowed to select as many choices as they felt applied.</small>	
<small>Source: LPA survey of school district personnel.</small>	

these projections are based on assessments provided by school district officials, and there's no way for us to verify the accuracy of their estimates.

According to district officials, most eligible families who don't apply are either too embarrassed to do so, or are concerned about the confidentiality of their applications. We asked district officials to identify the main reasons why families don't apply for free lunches when they would be eligible to receive them. Those results are summarized in *Figure 1-4*.

The Free-Lunch Counts Used for At-Risk Funding Also May Include a Number of Students the Legislature Didn't Intend To Fully Fund

Because of actions the Legislature took during the 2005 and 2006 legislative sessions, at-risk funding per student will increase from less than \$400 in 2003-04 to more than \$2,000 by 2008-09. Because of the dramatic increase in funding for each student, policies that allow districts to count additional students will cost the State significantly more in the future. In this section, we discuss two policies that allow districts to include students in their free-lunch counts that the Legislature may not have intended to fully fund.

The Department of Education has developed an alternative at-risk funding application so school districts can receive at-risk funds for students who attend schools that don't provide lunches. Many school districts have set up alternative school settings to better reach and provide services to non-traditional students, such as pre-kindergarten children, high school drop-outs, delinquents, and pregnant teenagers.

Many of these schools offer classes online, at night, or on weekends, and therefore don't provide lunches to the students. Because no lunch is available, students attending these schools can't apply for free lunches under the National School Lunch Program, even if their income is low enough to qualify.

To let school districts count these students for at-risk funding purposes, the Department has developed an alternative application that closely mirrors the federal application for free lunches.

According to a 1997 Attorney General opinion, the alternative application is legal because districts can receive at-risk funding as long as the student is eligible for a free lunch, even if the student doesn't actually receive the lunch.

Statewide information on the funding districts receive through these alternative applications wasn't readily available. Therefore, we obtained 2005-06 enrollment information from a sample of eight alternative education schools in four school districts that don't serve lunch. We compared this information with data from the Department to determine how many of these students districts were allowed to count for at-risk funding. Our results are summarized in *Figure 1-5*. As the figure shows, the four districts in this sample received at-risk funding for 319 students attending these schools, even though those students can't actually receive free lunches.

Figure 1-5 "At-Risk" Students at a Sample of Alternative School Buildings 2005-06 School Year				
School	Purpose	Total Enrollment	At-Risk Students (a) # (%)	# of At-Risk Students Over Age 20
USD 253 - Emporia				
Flint Hills Learning Center	Focuses on programs for non-traditional students	223	76 (34%)	56
Turning Point Learning Center	Offers on-line courses for distance learners	21	9 (43%)	0
USD 259 - Wichita				
E School	Offers on-line courses for home-schooled children	214	26 (12%)	0
Learning Center	Focuses on programs for non-traditional students	344	60 (17%)	24
Rainbow School	Focuses on the needs of 3-5 year old at-risk students	176	63 (36%)	0
USD 260 - Derby				
Derby Alternative School	Offers courses to meet the needs of pregnant girls, potential drop-outs, and delinquent teens	45	15 (33%)	0
Derby Learning Center	Focuses on programs for adult learners	73	18 (25%)	15
USD 308 - Hutchinson				
Reno County Learning Center	Focuses on programs for non-traditional students	95	52 (55%)	32
TOTAL		1,191	319 (27%)	127
(a) Students who completed the alternative at-risk funding application and were determined to be eligible for free lunches.				
Source: LPA analysis of data from school districts and the Kansas Department of Education.				

Allowing districts to use the alternative at-risk funding application for students who don't receive free lunches creates two potential problems:

- **Many of the students in these settings are adults for whom the State normally wouldn't provide at-risk funding for anyway.**
The alternative application helps ensure districts don't lose at-risk funding when students are in alternative settings. However, because those settings include many adults who normally wouldn't be funded, districts actually can gain additional at-risk funding. For example, in the eight alternative schools we reviewed, 127 of the 319 free-lunch students were over age 20.
- **Neither school districts nor the Department are required to verify the income information on any of these alternative applications.**
Because the alternative applications aren't actually for free lunches, they aren't covered by the required verification process we described in the Overview. Without the possibility that the application will be selected for verification, there's a greater risk that the income information on these applications could be manipulated in order to generate more at-risk funding.

Districts receive the full amount of at-risk funding for part-time students because the State doesn't prorate the funding. By statute, the State is required to distribute at-risk funding based on the headcount of free-lunch students in each school district. This means that districts receive a full share of at-risk funding (\$822 per student in 2005-06) for every student, even if they attend school only part time. Most of these are kindergarten students.

To determine the financial impact of using the free-lunch headcount, we compared the 2005-06 headcount in the Topeka school district to the number of free-lunch FTE students. That year, Topeka had about 7,150 free-lunch students (headcount) who generated \$5.9 million in at-risk funds. Had the count of part-time free-lunch students been prorated, Topeka would have had about 6,735 free-lunch students (FTE), who would have generated \$5.5 million in funding—a difference of about \$340,000. Because the State's funding for at-risk students will increase significantly over the next several years, the difference in Topeka would cost about \$840,000 in 2008-09.

We Identified Additional Problems With the Department's Free-Lunch Reviews That, If Addressed, Could Produce a More Accurate Count

Two teams within the Department review the applications for free lunch to ensure that the students' eligibility has been determined correctly:

- The Department's fiscal audit team reviews the applications to ensure districts receive the right amount of at-risk funding.

CONCLUSION

The most important factors that cause school district officials to mistakenly approve a large number of ineligible students for free lunches are outside the districts' control. Even though many families mistakenly under-report or even purposefully lie about their income on the free-lunch application, federal law requires school districts to accept those applications at face value. That's because under the National School Lunch Program concerns about fraud and abuse are secondary to the goal of making sure students who need free meals get them.

Although school districts do work to verify the information on some of the applications, they're not authorized to look at the tax returns and wage reports we could. This means the free-lunch counts always will be overstated, no matter how diligently school district and Department of Education officials enforce the rules of the Program. Still, as we've shown, there are some things the Department could do to make the counts more accurate.

RECOMMENDATIONS

1. To make the free-lunch count as accurate as possible, the Department of Education should do the following:
 - a. require districts to verify a random sample of alternative "at-risk" applications for students who attend schools in alternative settings that don't provide lunches. The verification should be done in the same manner as traditional free-lunch applications are verified under the National School Lunch Program.
 - b. ensure its child nutrition team shares the free-lunch eligibility findings from the school district's reviews and its own reviews with the fiscal audit team, and ensure that the fiscal staff adjust the free-lunch counts accordingly.
2. To increase the efficiency of free-lunch eligibility reviews, the Department of Education should do the following:
 - a. create a system that allows Department staff to indicate they have reviewed a student's free-lunch status. This might be done by adding a signature space at the bottom of the free-lunch application form for Department staff to document their review.
 - b. discourage fiscal auditors and child nutrition staff from reviewing applications that have already been reviewed and approved by someone from the Department.

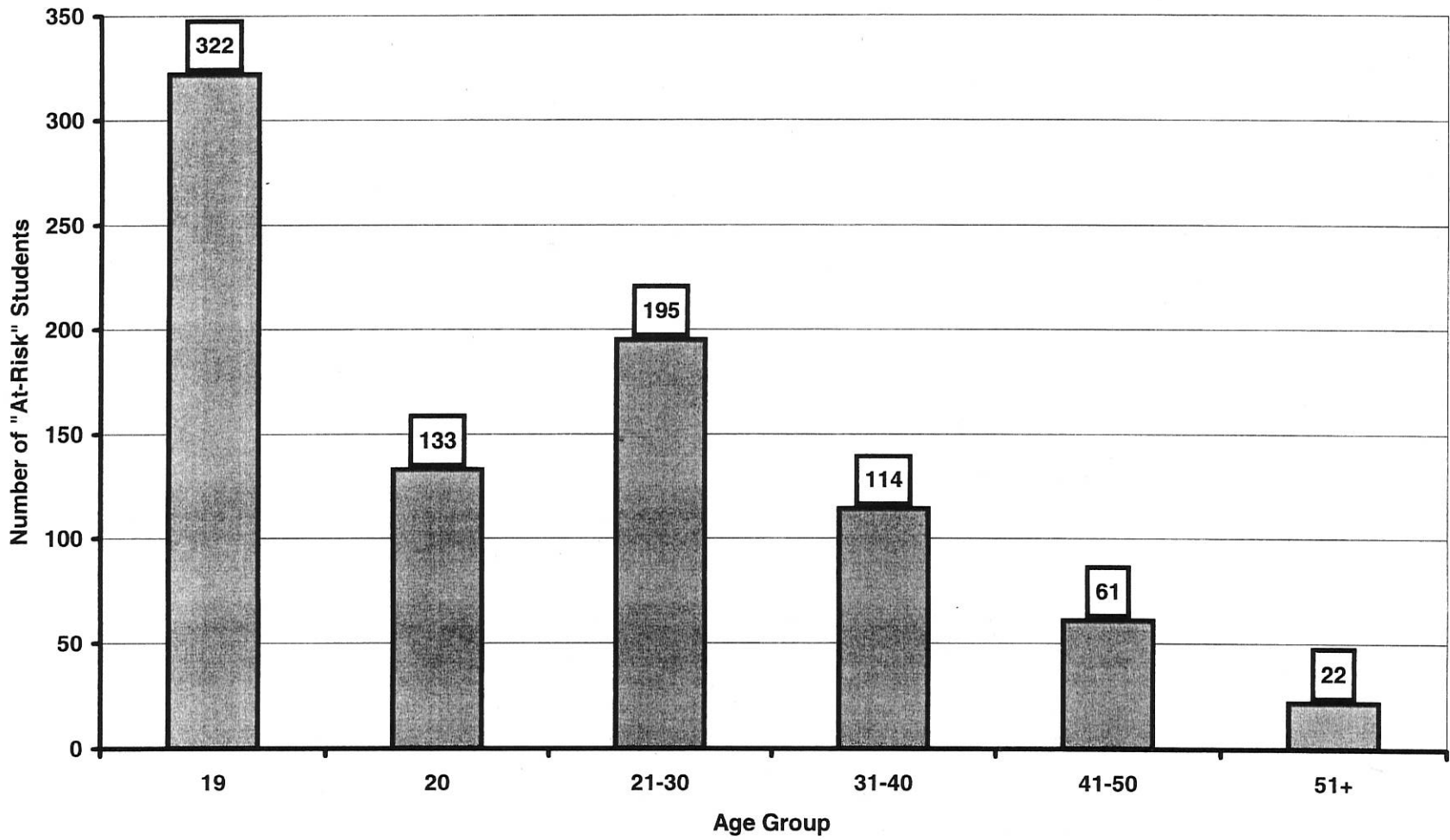
c. after implementing the efficiency-related recommendations in 2(a)-2(b), identify any remaining resources needed to perform annual enrollment audits in all schools.

3. To ensure the Legislature only provides at-risk funding for those students it intended, the House Select Committee on School Finance and the Senate Education Committee should consider amending State law to:

a. institute an age limit for free-lunch students for purposes of at-risk funding.

b. change the at-risk funding count from a headcount to an FTE count.

Number of Students Age 19 and Older Who Were Counted for At-Risk Funding 2005-06 School Year



Source: LPA analysis of Department of Education's 2005-06 KIDS Data.

KANSAS
ASSOCIATION



OF
SCHOOL
BOARDS

1420 SW Arrowhead Road • Topeka, Kansas 66604-4024
785-273-3600

Testimony on **HB 2337 and 2338**
before the
House Education Committee

by

Mark Tallman, Assistant Executive Director/Advocacy
Kansas Association of School Boards

February 20, 2007

Mr. Chairman, Members of the Committee:

Thank you for the opportunity to comment on **HB 2337** and **HB 2338**. These bills would address policy issues raised by Legislative Posts Audit's report on at-risk funding. Both would reduce funding for at-risk student support programs. KASB opposes both bills.

I have attached to this testimony a statement KASB developed on the general issue of at-risk funding. It explains how KASB arrived at its positions; why we believe the use of free lunch students as a proxy for at-risk needs in a district should continue to be the main factor in allocating at-risk dollars; and why we think other factors, such as the "Non-proficient At-Risk Weighting" created last year should be continued. Most important for the bills at hand, it explains how increased funding for at-risk programs has made a substantial, positive difference in student achievement.

Under **HB 2337** only students under age 21 who qualify for free lunch could be counted for at-risk funding. While this would only affect a small number of students in "drop-out recovery" programs, it seems reasonable to assume that individuals 21 and over who have not graduated from high school are certainly at-risk, and there is no reason to reduce funding because of their age.

HB 2338 would have a much larger impact, because it would calculate at-risk weighting on the full-time equivalent enrollment of free lunch eligible students. A major impact of this change would be to reduce the count of low income kindergarten students, who would be counted as 0.5 students, rather than 1.0. This step would undercut the change made by last year's Legislature to allow districts to use at-risk funding for all-day kindergarten programs.

For all these reasons, we urge you to reject **HB 2337** and **HB 2338**, and maintain the current system at-risk funding, including extension of non-proficient weighting.

Thank you for your consideration.

House Education Committee

Date 2-20-07

Attachment # 6



KASB Statement on At-Risk Issues

After extensive discussions of school finance issues by school board members and administrators at 10 regional meetings this Fall, members of the KASB Board of Directors and Legislative Committee drafted a resolution on school finance that was adopted without dissent at our Delegate Assembly in December.

That process involved districts of all sizes, geographic locations and demographic characteristics. Our Board and Legislative Committee each include 10 representatives chosen by regions of the state, plus the five member school boards with the largest enrollments (Wichita, Olathe, Blue Valley, Kansas City and Topeka).

The consensus that emerged from this process on the issue of at-risk funding is that Kansas should continue to use BOTH student poverty measures AND additional criteria, such as the non-proficient weighting, to determine funding for at-risk student support programs. (Under our policies, we support “phasing out” reductions in state aid, so we also support the “linear transition” change recommend for high density at-risk weighting.)

Why should free lunch counts be the main factor in at-risk funding?

- The overwhelming consensus of our members, of the At-Risk Council and 2010 Commission, of local, state and national assessments and research, and of practices in other states, is that poverty is the best measure of academic need. On average, economically disadvantaged students tend to face more challenges in meeting academic standards, and need extra help. Therefore, districts with more low income students also need more resources to reach state and national standards. This has been the basis of at-risk funding since 1992.
- Both state accreditation standards since the early 1990s and No Child Left Behind standards since 2001 have required districts to identify, assess and meet academic standards for students based on free and/or reduced lunch identification.
- Although no system is completely accurate, the free lunch count is a reasonable proxy for economic status. The recent Post Audit study found “over-identification” rates in Kansas similar to or below the national average. Moreover, that group of students consistently scores below their peers on state and national assessments.
- The free lunch student count was used by the Post Audit cost study to determine how much it costs districts to achieve certain levels of student outcomes, based on five years of actual spending, performance and demographic data.

Does the current system improve student performance?

- Even before the Legislature responded to the *Montoy* lawsuit, at-risk funding was more than doubled, from less than \$20 million in 1997-98 to \$50 million in 2004-05. State tests show overall student performance rose over that period, and performance of free and reduced lunch students rose even faster, which narrowed the achievement gap. (See Post Audit Report.)
- Between 2002 and 2006, the statewide attendance rate rose slightly, from 94.9 to 95.2 percent, while the rate for free/reduced lunch students rose from 93.5 to 94.2 percent. The total graduation rate rose from 85.7 to 90.2 percent (about five points), while the free/reduced rate rose from 73.8 to 83.9 percent (10 points). The drop-out rate dropped from 2.0 to 1.5 percent, while the free/reduced rate fell from 2.7 to 1.4 percent. (State Board Accountability Report Draft)
- These results show the system is working well. Accountability should be based on results; the state is clearly getting positive results. Unless this changes, the state should not impose new restrictions or requirements on at-risk programs.

Why shouldn't the state use direct measures of student need, such as test scores?

- Using free lunch counts to determine funding allows districts to intervene BEFORE students get into serious academic problems. Students may be successful now because of on-going programs funded with at-risk dollars.
- Funding only on the basis of "academic failure" means districts do not receive resources until students are already in trouble. It also means districts stand to lose money if their programs actually help students get back on track.
- Had the state been funding at-risk programs on the basis of non-proficient test scores, the number of those students would have been dropping over the past five years, so at-risk funding might have been reduced, rather than increased – at least until program cuts resulted in more students failing to reach proficiency targets.
- The only state that apparently uses non-poverty factors exclusively in distributing at-risk funding is Georgia. Information from the National Assessment of Education Progress (NAEP) indicates that Georgia student performance has generally tracked the national average, but has remained consistently below the nation. Kansas has also generally tracked the national average, but has remained above the nation.

Why should other factors be used in addition to free lunch?

- Despite the problems with using test scores for at-risk funding, KASB supports continuation of the Non-Proficient Weighting. The reason is simple: we acknowledge the use of free lunch counts is not a perfect measure and factors other than poverty cause academic problems. We believe additional measures should be available for districts with lower poverty rates.
- Our position is broad enough to support additional factors beyond non-proficiency on test scores if such factors can be identified.



House Education Committee Representative Aurand, Chair

H.B. 2337 and 2338 At-risk funding

February 20, 2007
Submitted by: Diane Gjerstad
Wichita Public Schools

Mr. Chair, members of the Committee:

During the past year two independent groups have examined at-risk funding. The **At Risk Council** recommended continuing the current method of distributing at-risk dollars based on poverty. To quote from the **2010 Commission** final report:

“The Commission acknowledges that much debate and review has taken place over the years regarding how best to identify students at risk of failure. To date, the **best method** to distribute funding to school districts for at-risk student programming is based upon the numbers of students eligible for the federal free lunch program in each district.”

“...the Commission **does not recommend any cuts** in funding at-risk programming. The commission strongly recommends that the at-risk weighting included in the 2006 SB 549 be maintained for the full three years of the law.”

The bills before the committee today would trim dollars from the districts serving challenging student populations. H.B. 2337 imposes a maximum age for districts to receive at-risk funding; and H.B. 2338 funds only full time equivalent in at risk programs. Wichita opposes both bills.

H.B. 2338: Of Wichita's all day K population 2591 qualify for free lunch. HB 2338 would count these 2591 as .5, reducing the 2591 to 1295.5. Times the weighting is a **\$2.1m loss** of at risk weighting.

Districts already subsidize all day K – in Wichita by \$5.2m. Last year's legislature recognized the merit of all day K and the lack of funding by allowing districts to use at-risk dollars to fund all day K classes. This bill would effectively reverse last year's policy change.

H.B. 2337: Few adults are brave enough to enroll in alternative schools to finish their high school education. These drop-out recovery programs require smaller classes and personalized attention to address the learning gaps these adult students often have. They are expensive programs which is why at-risk funding is needed to pay for the program. For the small number of adults who participate in high school diploma programs it seems to be a modest investment by the state.

Mr. Chairman, we would encourage the committee to embrace the recommendation of the **2010 Commission** to not cut funding for any at-risk programming by rejecting both bills.

House Education Committee
Date 2-20-07
Attachment # 7



**Terry Forsyth, Testimony
House Education Committee
February 20, 2007**

House Bill 2338

Mr. Chairman, members of the committee, thank you for the opportunity to appear before you on **House Bill 2338**.

We rise today in opposition to this proposal.

It has been suggested that, if the legislature did not intend to fund kindergarten or part time students at the same level as full time students, then it would be appropriate to change the at-risk funding to an FTE basis rather than a headcount.

I want to first point out that the 2010 Commission **did not recommend** this change. In their at-risk recommendations on page 15-10 of the report, the Commission says, "Legislative Post Audit recommended that the House Select Committee on School Finance and the Senate Education Committee **should hear testimony regarding** instituting an age limit for free-lunch students for the purpose of at-risk funding and **changing the at-risk funding count from a headcount to an FTE count.**"

The final recommendation of the 2010 Commission then is stated as:

"While the Commission supports a Legislative review of this recommendation, the Commission does not recommend any cuts in funding at-risk programming. The Commission strongly recommends that the at-risk weighting included in 2006 SB 549 be maintained for the full three years of the law."

The change proposed in HB 2338 runs counter to the recommendation of the 2010 Commission in that it 1) immediately changes to an FTE count without a thorough review as envisioned by the Commission and 2) reduces the funding for at-risk programming.

We would stress to this Committee that at-risk programs are both preventative and interventionist in nature. That is, schools use at-risk funds for programs intended to prevent those children statistically likely to have achievement difficulties – which is why in some places the funds are used for class size reduction – and to provide services to other students who have a demonstrated achievement struggle.

The change in section 1 of the bill would allow funding on an FTE basis for only those students in at-risk programs. This is not simply a change from headcount to FTE but also a change from free lunch to enrollment in an at-risk program. The result of this change would be a significant reduction in funding for at-risk programs. This change runs counter to the recommendations of both the At-Risk Council and the 2010 Commission.

House Education Committee
Date 2-20-07
Attachment # #8

The impact of this change would be to devastate those programs that are preventative in nature. Under this bill, a child would have to fail before the state would intervene.

There is plenty of research evidence pointing to a link between poverty and school achievement. Linking at-risk funding to poverty is not done simply because it is easy but also because of this established link. The best way to address achievement gaps long term is to provide prevention programs such as all-day kindergarten, 4-year-old at-risk, and reduced class size. This is exactly why the committees you established and who studied these issues in depth have both recommended no change in the at-risk formula.

We urge this committee to reject HB 2338.



Kansas City, Kansas Public Schools

Unified School District No. 500

TESTIMONY ON HB 2338

HOUSE EDUCATION COMMITTEE

February 20, 2007

USD 500 is opposed to the passage of HB 2338. Last month, the Kansas House passed SB 30, the 'lock box' bill, by an overwhelming margin. We feel that the passage of both HB 2337 and HB 2338 violates the basic intent of SB 30 by reducing the number of At Risk dollars for years two and three of last year's school finance plan.

USD 500 believes that it would be inconsistent to pledge support to SB 30 and then vote to reduce school funding. Therefore, we ask for a no vote on HB 2338 and any other bills that ask you to compromise your support of SB 30.

Bill Reardon
Lobbyist, USD 500

**Testimony on HB 2337
House Education Committee
February 19, 2007**

Thank you for the opportunity to present written comments on HB 2337, which would make changes to the at-risk student population over the age of 21.

The mission of United School Administrators of Kansas (USA|Kansas*), through collaboration of member associations, is to serve, support, and develop educational leaders and to establish USA|Kansas as a significant force to improve education.

As you know, Kansas students are making unprecedented academic achievement. In many areas, Kansas students are performing above the national average. We urge you to continue supporting initiatives that will maintain and enhance the quality of education for our students.

Administrators are concerned about the impacts of HB 2337 on the at-risk student population. The decision to exclude students over the age of 21 from the free lunch count impacts a small number of students who are most in need of support. These students are often enrolled in drop-out recovery programs and working towards becoming more successful, productive adults; education administrators remain committed to helping them reach this goal.

Furthermore, we would like to remind you that at-risk services are available to students based on a determination of academic need, *not* because they receive free meals. Administrators strongly encourage you to reject HB 2337 and maintain the current system of at-risk funding, including extension of non-proficient weighting.

Thank you for your continued support and for recognizing the value in investing in education and programs that support of education in Kansas.

*USA|Kansas represents more than 2,000 individual members and ten member associations:

Kansas Association of Elementary School Principals (KAESP)
Kansas Association of Middle School Administrators (KAMSA)
Kansas Association of School Administrators (KASA)
Kansas Association of School Business Officials (KASBO)
Kansas Association of School Personnel Administrators (KASPA)
Kansas Assoc for Supervision and Curriculum Development (KASCD)
Kansas Association of Special Education Administrators (KASEA)
Kansas Association of Secondary School Principals (KASSP)
Kansas Council of Career and Technical Education Administrators (KCCTEA)
Kansas School Public Relations Association (KanSPRA)

House Education Committee
Date 2-20-07
Attachment # 10

**Testimony on HB 2338
House Education Committee
February 19, 2007**

Thank you for the opportunity to present written comments on HB 2338, which would make changes to the at-risk student weighting and availability of funds for all-day kindergarten programs.

The mission of United School Administrators of Kansas (USA|Kansas*), through collaboration of member associations, is to serve, support, and develop educational leaders and to establish USA|Kansas as a significant force to improve education.

As you know, Kansas students are making unprecedented academic achievement. In many areas, Kansas students are performing above the national average. We urge you to continue supporting initiatives that will maintain and enhance the quality of education for our students.

Administrators are concerned about the impacts of HB 2338 on the at-risk student population. The decision to calculate at-risk weighting on the full-time equivalent (FTE) enrollment of free lunch eligible students may adversely impact programs that support those students with the greatest need for support.

Specifically, administrators are concerned about the impact that the changes in HB 2338 would have on all-day kindergarten programs. Our experience tells us that, and research confirms, there is a significant return on investment for early childhood education. Students enrolled in full-day kindergarten typically score higher on standardized assessments and require less remediation than those who do not have the same opportunity. Again, the most significant impact is often seen in students from educationally disadvantaged backgrounds.

Many districts throughout the state have implemented all-day kindergarten. This year, school districts were eligible to use at-risk funds to pay for all-day kindergarten; we support this continued flexibility, but realize this alone will not support full implementation. A major impact associated with HB 2338 would be reducing the count of low-income kindergarten students from 1.0 to .50. This action would undermine changes made by the Legislature [last year] to allow the use of at-risk funding for all-day kindergarten programs.

Administrators strongly encourage you to reject HB 2338 and maintain the current system of at-risk funding, including extension of non-proficient weighting and the flexibility to

House Education Committee
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use at-risk funding for all-day kindergarten programs.

Thank you for your continued support and for recognizing the value in investing in education and programs that support of education in Kansas.

*USA|Kansas represents more than 2,000 individual members and ten member associations:

Kansas Association of Elementary School Principals (KAESP)
Kansas Association of Middle School Administrators (KAMSA)
Kansas Association of School Administrators (KASA)
Kansas Association of School Business Officials (KASBO)
Kansas Association of School Personnel Administrators (KASPA)
Kansas Assoc for Supervision and Curriculum Development (KASCD)
Kansas Association of Special Education Administrators (KASEA)
Kansas Association of Secondary School Principals (KASSP)
Kansas Council of Career and Technical Education Administrators (KCCTEA)
Kansas School Public Relations Association (KanSPRA)

HOUSE BILL No. 2343

By Committee on Education

2-1

House Education Committee
Date 2-20-07
Attachment # 12

9 AN ACT relating to education; establishing the early high school grad-
10 uation incentive program.

11
12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. (a) As used in this section:

14 (1) "Building trade worker" means an asbestos worker; boiler maker;
15 bricklayer; carpenter; electrical worker; elevator constructor; floor layer;
16 graphic communication worker; heating, ventilation and air conditioning
17 installer; glazier; iron worker; construction laborer; operating engineer;
18 painter; plumber; pipe fitter; sprinkler fitter; roofer; sheet metal worker;
19 and tile setter.

Construction

20 (2) "School" means any public school in Kansas.

21 (3) "State board" means the state board of education.

22 (4) "Technical college" and "vocational education school" have the
23 meanings ascribed thereto by K.S.A. 74-3201b, and amendments thereto.

"Community college",

24 (b) In order to provide financial support of students seeking postse-
25 condary training as a building trade worker, there is hereby established
26 the early high school graduation incentive program. The program shall
27 be administered by the state board.

construction

28 (c) Subject to the limitations of appropriations therefor, any pupil
29 graduating at least one year earlier than the usual graduation time shall
30 be eligible for an incentive bonus of \$1,000. Moneys received pursuant
31 to this subsection shall be expended solely for the purchase of tools
32 needed as a building trade worker.

construction

33 (d) Subject to the limitations of appropriations therefor, a pupil that
34 receives an incentive bonus pursuant to subsection (c) also shall be eli-
35 gible to receive a scholarship, not to exceed \$3,000, for completing a
36 building trade program at a technical college or vocational education
37 school or completing an apprentice program in a building trade which is
38 provided by a union.

construction trade program at a community college,

39 (e) The state board may adopt any rules and regulations deemed nec-
40 essary to implement the provisions of this act.

Any student who receives a scholarship under this subsection
and who fails to complete the construction trade program shall
reimburse the department for the amount of the scholarship
awarded.

41 Sec. 2. This act shall take effect and be in force from and after its
42 publication in the statute book.

HOUSE BILL No. 2343

By Committee on Education

2-1

9 AN ACT relating to education; establishing the early high school grad-
10 uation ~~incentive~~ program.

bonus and scholarship

11
12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. (a) As used in this section:

14 (1) "Building trade worker" means an asbestos worker; boiler maker;
15 bricklayer; carpenter; electrical worker; elevator constructor; floor layer;
16 graphic communication worker; heating, ventilation and air conditioning
17 installer; glazier; iron worker; construction laborer; operating engineer;
18 painter; plumber; pipe fitter; sprinkler fitter; roofer; sheet metal worker;
19 and tile setter.

20 (2) "School" means any public school in Kansas.

21 (3) "State board" means the state board of education.

22 (4) "Technical college" and "vocational education school" have the
23 meanings ascribed thereto by K.S.A. 74-3201b, and amendments thereto.

24 ~~(b) In order to provide financial support of students seeking postse-~~
25 ~~condary training as a building trade worker, there is hereby established~~
26 ~~the early high school graduation incentive program. The program shall~~
27 ~~be administered by the state board.~~

(b) The board of education of each school district may adopt an early high school graduation incentive program for pupils desiring to become a building trade worker. The board of education of the district shall establish the requirements of the early graduation incentive program of the district.

28 ~~(c) Subject to the limitations of appropriations therefor, any pupil~~
29 ~~graduating at least one year earlier than the usual graduation time~~
30 ~~shall be eligible for an incentive bonus of \$1,000. Moneys received pursuant~~
31 ~~to this subsection shall be expended solely for the purchase of tools~~
32 ~~needed as a building trade worker.~~

(c) In order to provide financial support of students seeking post-secondary training as a building trade worker, there is hereby established the early high school graduation bonus and scholarship program. The program shall be administered by the state board. Any pupil who graduates from high school in accordance with the early graduation incentive program of a school district,

33 (d) Subject to the limitations of appropriations therefor, a pupil that
34 receives an incentive bonus pursuant to subsection (c) also shall be eli-
35 gible to receive a scholarship, not to exceed \$3,000, for completing a
36 building trade program at a technical college or vocational education
37 school or completing an apprentice program in a building trade which is
38 provided by a union.

39 (e) The state board may adopt any rules and regulations deemed nec-
40 essary to implement the provisions of this act.

41 Sec. 2. This act shall take effect and be in force from and after its
42 publication in the statute book.

House Education Committee
Date 2-20-07
Attachment # 13

HOUSE BILL No. 2343

By Committee on Education

2-1

9 AN ACT relating to education; establishing the early high school grad-
10 uation incentive program.

11
12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. (a) As used in this section:

14 (1) "Building trade worker" means an asbestos worker; boiler maker;
15 bricklayer; carpenter; electrical worker; elevator constructor; floor layer;
16 graphic communication worker; heating, ventilation and air conditioning
17 installer; glazier; iron worker; construction laborer; operating engineer;
18 painter; plumber; pipe fitter; sprinkler fitter; roofer; sheet metal worker;
19 and tile setter.

20 (2) "School" means any public school in Kansas.

21 (3) "State board" means the state board of education.

22 (4) "Technical college" and "vocational education school" have the
23 meanings ascribed thereto by K.S.A. 74-3201b, and amendments thereto.

24 (b) In order to provide financial support of students seeking postse-
25 condary training as a building trade worker, there is hereby established
26 the early high school graduation incentive program. The program shall
27 be administered by the state board.

28 (c) Subject to the limitations of appropriations therefor, any pupil
29 graduating at least one year earlier than the usual graduation time shall
30 be eligible for an incentive bonus of \$1,000. Moneys received pursuant
31 to this subsection shall be expended solely for the purchase of tools
32 needed as a building trade worker.

33 (d) Subject to the limitations of appropriations therefor, a pupil that
34 receives an incentive bonus pursuant to subsection (c) also shall be eli-
35 gible to receive a scholarship, not to exceed \$3,000, for completing a
36 building trade program at a technical college or vocational education
37 school or completing an apprentice program in a building trade which is
38 provided by a union.

39 (e) The state board may adopt any rules and regulations deemed nec-
40 essary to implement the provisions of this act.

41 Sec. 2. This act shall take effect and be in force from and after its
42 publication in the statute book.

A tool account shall be established, in the name of the pupil awarded a bonus under this section, at the technical college or vocational school at which the pupil is enrolled. Moneys awarded pursuant to this subsection shall be paid directly to the technical college or vocational school at which the pupil is enrolled and shall be credited to the student's tool account.

Any pupil who receives a scholarship under this subsection and who fails to complete the building trade program shall reimburse the state board for the amount of the scholarship awarded.

House Education Committee
Date 2-20-07
Attachment # 14.