

INTRODUCTION TO THE BLOODBORNE PATHOGENS

GUIDELINES FOR SCHOOL DISTRICTS

The guidelines and model plan were developed to assist school districts in developing their plan for protecting school district employees from occupational exposure to bloodborne pathogens. The OSHA federal standards are promulgated and regulated by the United States Department of Labor, the agency responsible for their implementation.

The intent of the new regulation is to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens. The requirements of the OSHA standard can be summarized in sections which include: (1) definitions, (2) exposure control plan, (3) methods of compliance, (4) Hepatitis B vaccination, (5) post exposure evaluation and follow up, (6) training of employees, and (7) recordkeeping. The guidelines contained in this document follow this format in explaining the regulation for the user.

The model plan is a *hypothetical model* to demonstrate format and exemplify an operational model. The operational decisions made for the "Model County School District" might not be the appropriate choice for your school district. The plan should be considered as a "**how to**" **example** for each school district employer in the course of developing their own unique Exposure Control Plan.

NOTE: THIS MODEL IS A SAMPLE ONLY. Do not consider any portion of this sample as policy or rules. Each school district must make individual decisions based on locally determined needs. It is always wise to have proposed local policies and regulations reviewed by legal counsel.

You should verify whether schools in your area are required by state or federal regulations to implement this standard. Regardless, good risk control practice would dictate implementing policies and procedures to minimize and control the risk of exposure, and are appropriate in a school setting. Because of the known risks, careful consideration should be given to implementing a policy to prevent employee exposure to bloodborne pathogens.

OSHA BLOODBORNE PATHOGENS: GUIDELINES FOR SCHOOLS

I. INTRODUCTION

The intent of 29 CFR 1910.1030, put forth by the Occupational Safety and Health Administration (OSHA) is to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), a serious liver disease, Human Immunodeficiency Virus (HIV) and other bloodborne pathogens. OSHA has set the requirements that employers must follow in developing a plan that will protect their employees from reasonably anticipated occupational exposure.

There are several points to consider prior to developing an acceptable plan. One, this regulation does **not** apply to students, only to the employees' health and safety. Secondly, not all the sections in the regulation will be applicable to the school setting. Thirdly, the following guidelines are intended to assist school districts in understanding the regulation as they develop their plan. *It is important to note that not all public school districts will be covered by this regulation - since OSHA regulations do not apply to public entities in some states.* Please review what regulations apply in your local area.

II. SCOPE AND APPLICATION

This federal regulation applies to all occupational exposure and reasonably anticipated exposure to blood and other potentially infectious materials (OPIM). The *OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030* includes definitions, exposure control plan requirements, methods of compliance, Hepatitis B vaccination, post exposure evaluation and follow up, training of employees, and recordkeeping.

III. GUIDELINES

A. DEFINITIONS

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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

Contaminated Laundry means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin, including but

not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U. S. Department of Health and Human Services, or a designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the work place.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potential infectious materials that results from the performance of an employee's duties.

Hand Washing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means

- the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include but are not limited to hospital and clinic patients; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

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

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

B. PURPOSE

The purpose of the written Exposure Control Plan is to eliminate or minimize employee exposure to blood or other potentially infectious materials, i.e., semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, or other body fluid contaminated with blood. The plan identifies tasks and occurrences common in the school setting where occupational exposure can be **reasonably anticipated** and identifies the employees who may be exposed. It includes the methods of compliance that will be implemented in order to significantly reduce the risks of employee contact with bloodborne pathogens and be in compliance with the regulation.

C. EXPOSURE DETERMINATION

Occupational exposure is defined as "reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials -- from performance of an employee's duties." The exposure determination should be made without regard to the use of personal protective equipment by an employee.

The employer is charged with the responsibility of determining which employees, by virtue of their **job classification**, are at risk of occupational exposure to blood or human body fluids. Examples of these job classifications are listed below in Number 1 for consideration in the school district plan. Additionally, there are job classifications where **some** of the employees have occupational exposure because of their assigned duties, but others do not. Examples of these are listed in Number 1.B.

The school district plan for hepatitis B vaccination of employees should consider all job classifications and expected duties in order to determine which employees are "reasonably expected" "the majority of the time" to engage in those activities listed below in Number 2 or other specific activities which place them at occupational risk.

In order to limit the number of employees with occupational exposure, schools may wish to designate a limited number of first aid responders and care providers and protect them accordingly. For workers whose exposure is infrequent, timely post-exposure prophylaxis should be considered rather than routine pre-exposure vaccination (MMWR, November 22, 1991).

1. JOB CLASSIFICATIONS

A. ALL EMPLOYEES IN JOB CLASSIFICATION:

- School Health Nurses
- Health Room Aides
- Designated CPR/First Aid Responders
- Special Ed Teachers / Bus Drivers of Developmentally Disabled
- Teacher Aides - Developmentally Disabled
- All Bus Drivers
- Coaches

B. SOME EMPLOYEES IN JOB CLASSIFICATION HAVE DUTIES WHICH MAY PLACE THEM AT RISK OF OCCUPATIONAL EXPOSURE:

Principal or assistant principal

Custodial staff

Clerical staff

Teachers of vocational education, physical education coaches and Athletic trainers

School bus drivers

2. TASKS AND PROCEDURES IN SCHOOLS THAT EXPOSE EMPLOYEES IN THE "SOME" CATEGORY:

- Rendering first aid, care for wounds, lacerations, tooth evulsion, nose bleeds, emergency deliveries, infectious wound care.
- Designated Cardiopulmonary Resuscitation (CPR) Responder.
- Disaster control - crises intervention team.
- Transporting wounded or pregnant student in labor.
- Cleaning up blood or other potentially infectious materials (OPIM).
- Handling/collecting/transporting/disposing of potentially infectious waste.
- Restraining uncontrollable students - severe emotionally disturbed, drug/alcohol impaired, etc.
- Nursing procedures for health impaired students suctioning, catheterization, tracheotomy care, gastrostomy tube feeding, stoma care, shunt care, etc.
- Dental assessments
- Immunization, hematocrit, blood glucose monitoring, other percutaneous injections.

D. METHODS OF COMPLIANCE

The policies and procedure set forth in this plan are required by the OSHA standard and are necessary for the protection of school district employees. Employees found not in compliance are subject to disciplinary action including but not limited to those stated in the school district Personnel Policies Manual.

1. UNIVERSAL PRECAUTIONS

"Universal Precautions" is a method of infection control in which all human blood and other potentially infectious materials (OPIM) are treated as if known to be infectious for HIV and HBV. The OSHA standard requires that all employers **assure** that universal precautions are carried out by employees.

- A. The employer must provide personal protective equipment (PPE) for employees as noted in the Engineering and Work Practice Control section.
- B. Readily accessible hand washing facilities with warm running water, antiseptic hand cleanser and paper towels must be in each building's designated health care unit or readily accessible to the designated area. When the provision of hand washing facilities is not feasible, the employer must provide antiseptic hand cleaner and towels or antiseptic towelettes.
- C. Employees must wash their hands with soap and warm water immediately or as soon as feasible after removal of gloves or other protective equipment; and wash or flush exposed mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

2. ENGINEERING AND WORK PRACTICE CONTROLS

- A. Sharps (such as needles, syringes, lancets, etc.) which may be contaminated with human blood or OPIM in the course of school activities (health care procedures, chemistry and biology laboratories, vocational education - health occupations classes) must be contained in puncture resistant leak proof containers labeled or color coded and sealed prior to disposal. In developing the school district exposure plan, specific procedures in classrooms where laboratory activities take place, in vocational training facilities and home economic classes, as well as health services units should be reviewed and current disposal methods evaluated. Disposal of sharps containers should be in accordance with state and local regulations.

- B. The storage, transport, and shipping of any blood or OPIM must be packaged, contained and accomplished in a manner that prevents leakage during collection, handling, processing, storage, transport, or shipping.
- C. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are not permitted in work areas where there is a reasonable risk of occupational exposure. Designated areas would include the school health service unit and/or other areas where first aid and other health care procedures take place.
- D. Food and drink may not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.
- E. Blood exposures are to be minimized by performing all health care procedures in a way that minimizes splashing, spraying, spattering.
- F. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- G. Appropriate **personal protective equipment** must be provided at no cost to the employee in appropriate sizes and be readily accessible at the work site or issued to the employee. Equipment appropriate for schools will include gloves, mouthpieces, resuscitation bags, or other ventilation devices designed to minimize employee exposure. Masks, eye protection, glasses, and gown or plastic aprons may be considered as necessary to protect workers in special situations or settings. **The employer must ensure that the precautions are followed and equipment is used consistently.**
 - (1) All PPE will be repaired or replaced as necessary to maintain its effectiveness at no cost to the employee.
 - (2) Gloves must be worn where it can be reasonably anticipated that the employee will have contact with blood, or OPIM. Gloves shall also be worn when performing vascular access procedures and when handling or touching contaminated items or surfaces. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives must be readily accessible to those employees who are allergic to the gloves normally provided.
 - Disposable gloves - (single use gloves) used for procedures shall not be washed or decontaminated for re-use, but shall be replaced as soon as practical when contaminated, or as soon as feasible if they are torn, punctured, or barrier function is otherwise compromised.

- Utility gloves - used for housekeeping services may be decontaminated for re-use if the integrity of the glove is not compromised. They must be discarded when they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or compromised barrier function.

H. Housekeeping - All work areas must be maintained in a clean and sanitary condition in accordance with a written schedule for cleaning. The method of decontamination with an EPA approved disinfectant agent and each area where there is blood or OPIM present should be addressed in the written schedule. The schedule and cleaning methods will be posted in a conspicuous place and include:

- (1) All equipment, and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious material. Surfaces shall be cleaned:
 - after completion of nursing procedures and first aid care;
 - immediately or as soon as feasible after injury or other incidental spill of blood or OPIM;
 - at the end of each work shift if the surface may have become contaminated since last cleaning.
- (2) All pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood of becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis, and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- (3) Broken glass which may be contaminated shall not be picked up directly with the hands. The employee must use mechanical means such as brush and dust pan, tongs or forceps.

I. Laundry contaminated with blood or OPIM must be handled as little as possible and should not be sorted or rinsed in the area of use.

Alternative color coding may be used if the staff responsible for the laundry follow Universal Precautions and recognize the hazards associated with soiled laundry.

If the school district sends contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of

laundry, contaminated laundry must be placed in bags or containers which are labeled or color-coded.

E. HEPATITIS B VACCINATION AND POST EXPOSURE EVALUATION/FOLLOW-UP-

1. VACCINATION

- A. Hepatitis B vaccination, a series of three injections given at zero, three and six months, must be made available to all employees determined to be at risk of occupational exposure. The employee must have received the required training and be offered the **vaccine within ten working days of the initial assignment** unless the employee has previously received the hepatitis B vaccine series; antibody testing has revealed that the employee is immune; or the vaccine is contraindicated for medical reasons.

The vaccine and vaccination series must be made available at no cost, given according to the recommendations of the United States Public Health Service, and administered by, or under the supervision of a licensed physician or another licensed health care professional.

Employees who decline the vaccination must sign a waiver (Appendix A of the regulation). If the employee initially declines the vaccination and later decides to accept, the employer must make the HBV vaccination available at that time.

The Hepatitis B vaccination series will be offered and made available within twenty-four (24) hours to all unvaccinated first aid providers who have rendered assistance in any situation, regardless of whether or not a specific "exposure incident" as defined by the OSHA Standard occurred. The employee has the right to refuse. This provision is for first aid providers who have first aid duties as collateral duties only, not as part of their primary job responsibilities.

2. POST-VACCINATION TESTING TO IMMUNITY

Testing for immunity after vaccination is not recommended routinely but may be medically advised by the licensed health care professional for those persons for whom a suboptimal response may be anticipated. Testing may also be considered for those persons who give frequent injections or conduct procedures which place them at risk of needle stick exposure, and thus might more often need post exposure prophylaxis.

3. POST EXPOSURE EVALUATION AND FOLLOW-UP

Once an exposure incident occurs, it must be reported to the designated staff member assigned this responsibility, investigated and documented. The employer is required to make immediately available to the exposed employee a confidential medical evaluation and follow-up. The follow-up shall be:

- made available at no cost to the employee;
- made available to the employee at a reasonable time and place;
- performed under the supervision of a licensed physician, or by, or under the supervision of another licensed health care professional;
- provided according to the recommendations of the United States Public Health Service current at the time of each evaluation; and
- laboratory tests must be conducted by an accredited laboratory at no cost to the employee;

The evaluation and follow-up must be made if an employee has direct contact with blood or OPIM as from a needle stick, cut, human bite, eye splash or mucous membrane splash, which would necessitate post exposure medical treatment. The post exposure evaluation consists of a written exposure incident report, immediate confidential medical evaluation and follow-up which includes at least the following elements:

- A. documentation of the routes of entry and circumstances surrounding the incident;
- B. identification and documentation of the source individual, unless it is established that identification is not feasible or prohibited by state or local law; and
- C. testing of the source individual's blood as soon as feasible (with consent) in order to determine HBV and HIV affectivity.

The results of the **source individual's testing** must be made available to the exposed employee and the employee must be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Blood testing of the **exposed employee** for HBV and HIV should be accomplished with consent, as soon as feasible and post-exposure prophylaxis provided when medically indicated, as recommended by the United States Public Health Service.

The exposed employee must be offered the option to have their blood collected for delayed HIV serological status testing. The blood sample in such cases should be preserved by the lab for up to ninety days to allow the employee to decide if the blood should be tested for HIV.

If within ninety days of the exposure incident, the employee elects to have the baseline sample tested, such testing should be done as soon as possible.

NOTE: The school district may choose to establish a contract with a private physician, a health clinic, or other health care professional to provide such evaluations as necessary.

F. EMPLOYEE HEALTH RECORDS

The school district must establish and maintain an employee health record of each employee identified as at risk of occupational exposure. This record includes the following information:

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status, including dates of all the hepatitis B vaccinations;
- Any medical records relative to the employee's ability to receive vaccination;
- Documentation of informed consent or refusal of HBV vaccination
- The employer's copy of the health care professional's written opinion; and
- A copy of the information provided to the health care professional, including the exposed employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure and circumstances under which exposure occurred.

All employee health records must be kept confidential and shall not be disclosed or reported, except with the employee's expressed written consent to any person within or outside the work place, except as required by regulation or law. The employee medical records must be kept for at least the duration of the employee's employment plus thirty (30) years.

NOTE: The Confidential Employee Health Record should be maintained in a locked file, secured to protect the employee's right to privacy, with access restricted to the superintendent and the school health nurse to assure confidentiality of health information.

G. TRAINING AND EDUCATION OF EMPLOYEES

Training must be provided at the time of initial assignment to tasks where occupational exposure may take place and annually thereafter. Training must be tailored to the educational and language level of the employee, and offered during the normal work shift. The training must be interactive and include the following items:

- An explanation of the standard and its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the employer's Exposure Control Plan and the means by which an employee can obtain a copy of the written plan.
- An explanation identifying those tasks that may potentially expose school staff .
- An explanation of the use and limitations of various methods to prevent or reduce exposure including Universal Precautions, engineering controls, work practices, and personal protective equipment.
- An explanation of the basis of selection of personal protective equipment (primarily gloves).
- Information on the HBV vaccine, including its efficacy, safety, and the benefits of being vaccinated, and that it is offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including method of reporting the incident and the medical follow-up that will be made available.
- Information on the evaluation and follow-up required after an employee exposure incident.
- An explanation of any signs, labels or color coding systems, if used.

TRAINING RECORDS

Training records must be maintained for three (3) years from the date of training. The school district plan should include who is responsible for maintaining the records and where they will be kept. Training records must include the following information:

- Dates of sessions;
- Content outline or a summary of training provided; and
- Names and job titles of all persons attending the training sessions. Social security numbers and job locations are optional information that schools may wish to include.

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
MODEL SCHOOL DISTRICT**

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
MODEL SCHOOL DISTRICT

I. PURPOSE

The purpose of this exposure control plan is to

- eliminate or minimize employee occupational exposure to blood or certain other body fluids;
- comply with the *OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.*

II. EXPOSURE DETERMINATION

The school district is required to perform an exposure determination concerning which employees may be likely to incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). "Model School District" has determined that the following job classifications may be expected to incur such occupational exposure, regardless of frequency:

- School health nurse
- Health room aides
- Designated CPR and first aid responders (two (2) in each school)
- Special-ed teachers in self-contained classrooms of the developmentally disabled
- Teacher aides working with the developmentally delayed
- Bus drivers for students with handicapped conditions

Additionally, some employees in the following job classifications may have occupational exposure to blood or other potentially infectious materials, if they are designed as responsible for certain tasks or procedures:

JOB CLASSIFICATION	-	TASK/PROCEDURE
Principal/Assistant Principal	-	First aid/CPR designated responder
	-	Crisis intervention team
	-	Transporting wounded
Clerical Staff	-	First aid provider

Coaches	-	First aid/CPR responder
	-	Transporting wounded students
	-	Crisis intervention
Custodian	-	Clean and dispose of bloody or contaminated Wastes
School Security Officer	-	Restraining or dispersing hostile or violent individuals or groups

III. IMPLEMENTATION SCHEDULE AND METHODOLOGY

The policies and procedures set forth in this plan are required by OSHA to meet the requirements of the standard.

A. COMPLIANCE METHODS

Universal precautions, hand washing, and other engineering and work practice controls will be in place to eliminate or minimize exposure of school employees. Where occupational exposure remains after instituting these controls, personal protective equipment will be used. Employees found not in compliance are subject to disciplinary action. The following methods of compliance will be observed in all schools in "Model School District":

1. Universal Precautions

Universal precautions, a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious regardless of the perceived status of the source individual, will be observed by all school employees.

2. Hand Washing

Readily accessible hand washing facilities with soap, warm water and paper towels are located in each school building in restrooms and designated health service clinic areas. Each employee assigned student oversight duties external to the building where hand washing facilities are not accessible is equipped with antiseptic hand cleaners or towelettes.

B. ENGINEERING AND WORK PRACTICE CONTROLS

1. Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken.

2. Containers for Sharps

All contaminated sharps (including needles and syringes, lancets, etc.) are to be discarded immediately or as soon as feasible in puncture resistant, leak proof containers which are labeled with the biohazard warning, color coded red and sealed prior to disposal. The containers are placed in all areas where these items are generated, such as health service units, etc.

3. Contaminated Supplies

Minimally contaminated items used for minor first aid care will be handled with universal precautions as if they were infectious waste. They will be contained in plastic lined containers, closed, and disposed of with daily trash in a larger, heavy-duty plastic bag of sufficient strength to preclude bursting and tearing during handling, storage or transport.

4. Work Area Restrictions

In work areas such as the School Health Unit or other designated areas where there is reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages may not be kept in the same refrigerators, freezers, shelves, cabinets or on counter tops where blood or other potentially infectious materials are present.

All procedures involving blood or OPIM exposure will be done using the correct techniques and by performing all health care procedures in a way that minimizes splashing, spraying, and spattering. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

5. Specimens

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage and transport or shipment.

- (a) Universal precautions will be used in handling all human body parts for and during emergency transportation.
- (b) Specimens taken for health evaluation or monitoring purposes will be labeled and transported according to OSHA standards.

6. **Contaminated Equipment**

The principal or his/her designee is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary.

Biohazard labels will be used in the event that equipment that is used in health screening **or** medical equipment used with students who require technology to support their school attendance cannot be completely decontaminated (inside or out) before shipping. Such labels will contain information as to what surfaces or portions of the equipment are still contaminated.

7. **Personal Protective Equipment**

The school district procurement officer and school health nurse coordinator are jointly responsible for ensuring that personal protective equipment is selected and provided without cost to employees.

Personal protective equipment includes gloves, mouthpieces, resuscitation bags and/or disposable one-way ventilation devices for all personnel designated as first aid/CPR responders or otherwise exposed to blood or OPIM.

(a) **PPE Provision**

Appropriate equipment will be selected by the school nurse coordinator and purchased with district funds in quantity sufficient to supply anticipated need.

(b) **PPE Use**

Each school is responsible for monitoring to **ensure** equipment is appropriately used and supply is adequate. The school principal or his/her designee is responsible for day-to-day monitoring to assure staff are utilizing the equipment supplied.

(c) **PPE Accessibility**

The principal or his/her designee shall ensure that appropriate PPE in the correct sizes is readily accessible at each site or is issued to designated staff and repaired or replaced as necessary to maintain its effectiveness.

(d) **PPE Cleaning, Laundering, and Disposal**

All PPE will be laundered, or disposed of by the employer at no cost to the employees. All repairs or replacements will be made by the employer at no cost to the employees.

(e) **Gloves**

Gloves and other PPE shall be worn when it is reasonably anticipated that the possibility of contamination exists. Disposable gloves will be used for all procedures other than for utility purposes and are not to be washed or decontaminated for re-use and are to be replaced as necessary.

Utility gloves may be decontaminated and re-used so long as the ability to function as a barrier is not compromised.

(f) **Additional Protection**

Other personal protective equipment is generally not required in the school setting but will be made available for individual cases as determined necessary by the school nurse.

8. Housekeeping

All schools in the Model School District will be inspected and cleaned with an EPA approved disinfectant cleaning product and decontaminated as necessary. See the chart below.

AREA	SCHEDULE	CLEANER
Health Service daily Unit or Area	EPA approved disinfectant/cleaning product	
All bathrooms daily and as necessary	EPA approved disinfectant cleaning product	

All contaminated work surfaces will be decontaminated after completion of procedure(s) and immediately after **any** blood or OPIM spill, as well as at the end of the work shift if surfaces have become contaminated since the last cleaning. Materials used for decontamination include the following:

- (1) Chlorine bleach in properly labeled spray bottles noting 1 to 10 solution for decontaminating surface. Diluted solutions must be changed daily.
- (2) EPA approved, tuberculocidal, viricidal disinfectant cleaner.

All housekeeping bins, pails, cans, waste containers and similar receptacles and cleaning equipment are inspected following each use, and cleaned and decontaminated as necessary by the user. The building custodial supervisor is responsible for weekly monitoring of this equipment to ensure compliance.

Broken glassware which may be contaminated with blood or OPIM will be picked up with dustpans and hand brooms to avoid personal contact.

C. WASTE DISPOSAL

1. Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, rigid, puncture-resistant, leak proof on sides and bottom, and labeled or color coded. Reusable containers are not to be used.

During use, containers for contaminated sharps are to be easily accessible to personnel and located close to the immediate area(s).

The containers are maintained upright and replaced as necessary to avoid overfilling.

The containers are chemically disinfected, closed and sealed prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Sharps containers are then disposed of in accordance with state and local regulations.

2. Other Waste

Items contaminated with blood or other potentially infectious body fluids will be chemically disinfected to decontaminate the item(s), bagged, and disposed of in accordance with state and local regulations.

3. **Laundry Procedures**

All laundry will be considered as if contaminated with blood or other potentially infectious materials and be handled as little as possible, using universal precautions and protective gloves. Laundry will be contained in color coded orange bags for transportation to the in-school washer and dryer site. Orange bags will be used only for this purpose, and all staff will be informed of this code.

- (a) Soiled laundry will be washed on-site in hot water, with detergent and disinfectant solution, and dried in a dryer on the "hot" setting.
- (b) Student's personal clothing items replaced because they are soiled with urine, feces, vomit, etc., will be handled with precautions, individually bagged and sent home with the student for home care. Soiled items that are visibly contaminated with blood or OPIM or items that are soiled as the result of an incident that may have contaminated the item with blood or OPIM will be handled with precautions and sealed in an orange colored, heavy-duty plastic bag before being sent with the student for here.

D. POST-EXPOSURE EVALUATION AND FOLLOW-UP AND HEPATITIS B VACCINATION

1. **Post Exposure Evaluation**

(a) **First Aid Incident Reporting**

All first aid incidents involving the presence of blood or OPIM will be reported to the school principal or his/her designee before the end of each school day.

The report will include the following information:

- The names of all first aid providers who render assistance, regardless of whether personal protective equipment was used;
- The time and date of the incident;
- A description of the incident;
- The presence of blood or other potentially infectious materials, and
- A determination of whether an exposure incident occurred.

The report will be recorded on a log that is available to all employees and is provided to the Assistant Secretary upon request.

Training programs for school designated first aid providers will include specifics of this reporting procedure.

Hepatitis B vaccination series will be offered and made available within twenty-four (24) hours to all unvaccinated first aid providers who have rendered assistance in any situation, regardless of whether or not a specific "exposure incident" as defined by the OSHA Standard occurred. The employee has the right to refuse.

(b) Exposure Incidents

The OSHA Standard defines "exposure incident" as "specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties."

All exposure incidents as defined by the OSHA Standard are reported to the school principal or his/her designee immediately or as soon as feasible. Exposure incidents are investigated and documented by the school health nurse, and the following information is provided with the referral to Dr. _____ for the confidential medical evaluation.

Exposure Incident Reports are to contain the following:

- Documentation of the route of exposure and the circumstances under which the exposure incident occurred.
- A written description of the employee's duties as they relate to the exposure incident.
- Identification and documentation of the source individual, including consent for blood testing to determine HBV and HIV infectivity. If consent cannot be obtained, the school health nurse will document the reason that legally required consent cannot be obtained.
- When the source individual is already known to be infected with HBV or HIV, testing will not be repeated. This information will be provided to Dr. _____ with the written consent of the source individual.
- All employee health records relevant to the appropriate treatment of the employee, including vaccination status.
- A copy of 29 CFR 1910.1030.

2. **Hepatitis B Vaccine**

As authorized by the superintendent and approved by the School Board, the "Model School District" offers the Hepatitis B vaccine and vaccination series at no cost to those designated employees who are considered to have occupational exposure, and in conjunction with post-exposure follow-up for all other employees who have an occupational incident involving blood or OPIM. Routine post-vaccination testing is not offered.

The vaccine is made available to designated employees through the School Health Services department after the employee has received training and within ten (10) days for all designated new employees. The School Nurse Supervisor is responsible for establishing the vaccination scheduling, and the vaccine is administered by the assigned School Health Nurse using the approved medical protocol.

Employees also have the option of refusing the Hepatitis B vaccine and vaccination series. They must sign a waiver documenting their refusal and that they understood the significance of their action. (Appendix A of the OSHA Standard.) The employee may reconsider his or her declination and must then be given the vaccine upon request.

E. MEDICAL EVALUATION OF EXPOSURE INCIDENTS

Medical evaluation of exposure incidents and follow-up will be accomplished by Dr. _____ as delineated.

1. The exposed individual's blood will be collected by Dr. _____ within twenty-four (24) hours of the exposure incident.
2. The employee will be offered the option of having their blood collected for testing of HIV/HBV status. In the event that the employee does not consent to HIV serological testing, the blood sample will be preserved by the laboratory for ninety (90) days to allow the employee to decide if they want the blood test.
3. The source individual's blood will be tested for HIV/HBV status, with written consent, unless written documentation of current status is provided by the source individual's health care provider.
4. Medical evaluation and counseling of the exposed employee regarding any medical conditions resulting from the exposure to blood or OPIM that require further evaluation or treatment.

5. A written opinion for the school district will be provided to the superintendent or his/her designee within seven (7) days indicating:
 - (a) Whether HBV vaccination is indicated for the employee and if the employee has received the initial dose of such vaccine.
 - (b) Their written opinion for post-exposure follow-up consisting of the following information:
 - A statement that the employee has been informed of the results of the evaluation;
 - and
 - A statement that the employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. (All other findings or diagnoses shall remain confidential and shall not be included in the written report.)

F. EMPLOYEE MEDICAL RECORDS

The School Health Nurse is responsible for maintaining employee Comprehensive Health Records as indicated below. These records will be kept in a locked file, secured to protect the employee's right to privacy. Access to these records is restricted to the Superintendent and the School Health Nurse.

These records shall contain the following information:

- The name and social security number of employee;
- A copy of the employee's HBV vaccination status, including the dates of vaccination;
- Any medical records relative to the employee's ability to receive the vaccination;
- Documentation of informed consent or refusal of HBV vaccination;
- A copy of the information provided to Dr. _____ including all exposure incident reports;
- A copy of the physician's written opinion following a post-exposure medical evaluation for bloodborne pathogens.

1. **Follow-up Management of Post-Exposure Evaluation**

The School Health Nurse shall obtain and provide the employee with a copy of the evaluating physician's written professional opinion within fifteen (15) days of the completion of the evaluation.

2. **Confidentiality**

Information contained in the Employee Health Record will not be disclosed or reported without the employee's expressed written consent to any person within or outside the work place except as required by law. The record will be maintained for at least the duration of employment plus thirty (30) years.

G. EMPLOYEE TRAINING

1. **Employee Training**

Prescribed training is provided to all school employees at the time of initial employment and annually thereafter. The training is tailored to the educational and language level of the employee and offered during the normal work shift. The training addresses the topics listed in the Standard and allows time for interactive participation with questions and answers.

2. **Training Records**

The School Health Nurse/Coordinator is responsible for maintaining their training records. These records will be kept in the employees' record file at the district office and will be maintained for three (3) years from the date of the training. The training records document the following information:

- Dates and school site of each session;
- Content outline of the training provided;
- Name(s) and qualification(s) of the person(s) conducting the sessions;
- Name, social security number, job title and school work site of all persons Health Nurse/Coordinator is responsible for maintaining the training attending the training sessions.

3. **Availability**

All employee records will be made available to the employee in accordance with 29 CFR 1910.20

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Health and Safety upon request.

4. **Transfer of Records**

If this facility is closed or there is not a successor employer to receive and retain the records for the prescribed period, the Director of NIOSH shall be contacted for final disposition.

H. EXPOSURE CONTROL PLAN IMPLEMENTATION AND REVIEW

Program Review

The superintendent or his/her designee is responsible for annually reviewing this program and for updating the program as needed.

REFERENCE	PROGRAM ELEMENTS	YES	INAD	NO	REMARKS
<p>29 CFR 1910.1030 sec. (c)(1)(i) and (c)(1)(ii)</p>	<p>Does the school have employees with occupational exposures to bloodborne pathogens? IF SO:</p> <p>Has the activity established a written Exposure Control Plan designed to eliminate or minimize employee exposure, and does the plan contain the following elements?:</p> <p>(1) An exposure determination which lists all job classifications, tasks, and procedures where all or some employees will have occupational exposure;</p> <p style="text-align: center;">AND</p> <p>(a) Is this determination made without regard to the use of PPE?</p> <p>(2) The schedule and method of implementation for the following:</p> <ul style="list-style-type: none"> - methods of compliance (i.e. engineering and work practice controls); - Hepatitis B vaccination and post-exposure evaluation and follow-up; - Communications of hazards to employees; - and Recordkeeping. 				
<p>29 CFR 1910.1030 sec. (c)(1)(iii)</p>	<p>(3) The standard operating procedure for evaluating circumstances surrounding exposure incidents?</p>				
<p>29 CFR 1910.1030 sec. (c)(1)(iv)</p>	<p>Is the Exposure Control Plan accessible to employees?</p>				
<p>29 CFR 1910.1030 (d)(1)</p>	<p>Is the Exposure Control Plan reviewed and updated at least annually and whenever new tasks or modifications to existing tasks affect occupational exposures?</p>				

<p>29 CFR 1910.1030 (d)(2)(ii)</p>	<p>Are Universal Precautions observed to prevent contact with blood or other potentially infectious materials ?</p>				
<p>29 CFR 1910.1030 (d)(2)(iii)</p>	<p>Are engineering controls (i.e. sharps boxes etc.) examined and maintained or replaced on a regular schedule?</p>				
<p>29 CFR 1910.1030 (d)(2)(vii)</p>	<p>Are handwashing facilities readily available?</p>				
<p>29 CFR 1910.1030 (d)(2)(viii)</p>	<p>Is bending, recapping, or removal of contaminated sharps (i.e. needles) prohibited unless performed by use of a mechanical device or a one-handed technique?</p>				
<p>29 CFR 1910.1030 (g)(1)</p>	<p>Are sharps containers puncture resistant, labeled or color-coded appropriately, and leak proof on sides and bottom?</p>				
<p>29 CFR 1910.1030 (d)(3)</p>	<p>Is the biohazard warning label affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers, as appropriate per this section?</p>				
	<p>Is PPE provided such as, but not limited to gloves, gowns, lab coats, face shields or masks, eye protection, mouthpieces, and ventilation devices, etc.?</p>				

<p>29 CFR 1910.1030 sec. (f)(2)(I)</p>	<p>Is hepatitis B vaccine made available and within 10 days of receiving bloodborne pathogens training, to all covered personnel when occupational exposure to bloodborne pathogens can be reasonably anticipated?</p> <p>Does the health care professional designated to provide the vaccine also:</p> <ol style="list-style-type: none"> (1) Explain the time schedule for the second and third vaccinations? Temporary employees shall receive as many hepatitis B vaccine injections as time permits. Completion of the series at the Navy's expense should be a condition for rehire. (2) Record the vaccination in the person's medical record? 			
<p>29 CFR 1910.1030 (g)(2)(iv) & (v)</p>	<p>Do all personnel covered under this instruction receive annual training on bloodborne pathogens? Is additional training provided as tasks or procedures change that could affect an individual's occupational exposure?</p>			
<p>29 CFR 1910.1030 (g)(2)(ii)(A)</p>	<p>For new personnel, is the training given at the time of initial assignment to tasks involving occupational exposure?</p>			
<p>29 CFR 1910.1030 (g)(2)(viii)</p>	<p>Does a person knowledgeable in the subject matter administer the training program as it pertains to the workplace?</p>			
<p>29 CFR 1910.1030 (g)(2)(vii)</p>	<p>Does the training program contain at a minimum:</p> <ol style="list-style-type: none"> (1) Copy of the blood borne pathogens standard, this chapter, and an explanation of their content? (2) General explanation of the epidemiology and symptoms of bloodborne diseases? (3) Explanation of modes of transmission of blood borne pathogens? (4) Explanation of the exposure control plan and the means to obtain a copy? (5) Recognition of appropriate tasks/jobs involving 			

	<p>exposure to blood borne pathogens?</p> <p>(6) Explanation of the use and limitations of methods to reduce or eliminate exposure risks?</p> <p>(7) Information on proper use and location of personal protective equipment?</p> <p>(8) Explanation of basis for selection of personal protective equipment?</p> <p>(9) Information on hepatitis B vaccine efficacy, safety, benefits, administration?</p> <p>(10) Appropriate actions and points of contact in emergencies involving blood borne pathogens?</p> <p>(11) Procedures following an exposure incident - reporting and medical follow-up?</p> <p>(12) Post-exposure and follow-up information?</p> <p>(13) Explanation of the signs and labels required?</p> <p>(14) Opportunity for interactive questions and answers with the person administering the training?</p>				
<p>29 CFR 1910.1030 sec. (h)(2)(i)</p>	<p>Do the training records maintained record the dates of training sessions, a summary of the session, the names and qualifications of the persons conducting the training, and the names and job titles of all personnel who attended the training session?</p> <p>Are the training records maintained for 3 years from the date on which the training occurred?</p>				
<p>29 CFR 1910.1030 sec. (h)(2)(ii)</p>	<p>Are the training records provided upon request to personnel participating in the program and other officials, as appropriate?</p>				
<p>29 CFR 1910.1030 sec. (h)(3)(ii)</p>	<p>Does the command ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis are:</p>				
<p>29 CFR 1910.1030</p>	<p>(1) made available to employees at no cost;</p>				

<p>sec. (f)(1)(ii) (A)-(D)</p>	<p>(2) made available at a reasonable time and place; (3) performed by or under the supervision of a physician or other licensed health care provider; (4) and provided according to current U.S. Public Health Service recommendations and guidelines?</p>			
<p>29 CFR 1910.1030 sec. (f)(4)(ii) (C) and (D)</p>	<p>Is the follow-up report submitted to the servicing medical authority? The report should include the following:</p> <p>(1) An explanation of the circumstances surrounding the exposure incident; (2) Identification of the source individual where the law permits. (The source individual's blood shall be tested after consent, if consent is necessary, in order to determine infectivity. If such information is already known, then such testing is not required.); (3) The exposed individual shall have the results of the source individual's testing made available to him/her, and shall be counseled on the confidentiality of the information.</p>			
<p>29 CFR 1910.1030 sec. (f)(4)(ii) (A) and (B)</p>	<p>Is the examining health care professional provided with a copy of 29 CFR 1910.1030 and a description of the exposed individual's duties that relate to the exposure incident?</p>			
<p>29 CFR 1910.1030 sec. (f)(4)(ii)(E)</p>	<p>Does the employer document the exposure route and circumstance including the results of the source individual's blood testing (if available) and all other medical records appropriate to the treatment of the exposed individual, including vaccination status?</p>			
<p>CFR 1910.1030 sec. (f)(5)</p>	<p>Is the exposed individual provided with a copy of the examining health care professional's written opinion within 15 days after completing the evaluation?</p>			
<p>29 CFR 1910.1030 sec. (f)(5)(ii) (A) and (B)</p>	<p>Is the written opinion limited to informing the individual of the results and told of any medical conditions resulting from the exposure that may require further evaluation or treatment?</p>			
<p>29 CFR 1910 sec. (h)(1)(ii) (A) thru (C)</p>	<p>Do the medical records include the name and social security number of the exposed individual and does it include a copy of the individual's hepatitis B vaccination status and a copy of all examinations, medical testing and follow-up procedures?</p>			