

### 3.15 BLOODBORNE PATHOGENS

The Board recognizes that staff/students incur some risk of infection and illness each time they are exposed to blood or other potentially infectious materials. While the risk to staff/students of exposure to body fluids due to casual contact with individuals in the school environment is very low, the Board regards any such risk as serious.

Consequently, the Board directs adherence to universally recognized precautions. Universally recognized precautions require that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for HIV, HBV and/or other bloodborne pathogens.

To reduce the risk to staff/students by minimizing or eliminating staff exposure incidents to bloodborne pathogens, the Exposure Control Plan (ECP) set forth herein shall be followed. Bloodborne pathogens are defined as pathogenic micro-organisms that are present in human blood and can cause disease in humans. These include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

The plan includes annual in-services for staff and students; first-aid kits will be available in each building; correct procedures for cleaning up body fluid spills and for personal cleanup.

Training followed by an offer of immunization with Hepatitis B vaccine shall be provided for all staff who are required to provide first aid to students and/or for all staff who have occupational exposure as determined by the District. The Assistant Superintendent shall be the District's ECP Coordinator.

#### Exposure Determination

The Occupational Safety and Health Administration (OSHA) requires employers to perform an exposure determination concerning which employees may 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.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications are in this category:

- A. Custodians - Cleaning up of urine and/or vomit.
- B. Principals, teachers, and aides working with students who are prone to biting, scratching, and other such actions that can cause bleeding or exposure to saliva and other body fluids.
- C. School Nurse - Performing duties with students as a medical professional.
- D. Teachers in career and technical education whose students work with equipment that can cause cuts or other injuries that produce bleeding.
- E. Coaches and other members of the staff who have been designated to provide first aid when and if necessary.

In addition, employers are required to maintain a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

- A. Cooks and Cafeteria Workers who could be prone to cuts.
- B. Bus Drivers - May be exposed to a sick students and/or cuts.

## METHODS OF IMPLEMENTATION AND CONTROL

### A. Universal Precautions

All employees will utilize universal precautions.

### B. Exposure Control Plan

Employees covered by the bloodborne pathogens standard shall receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. Upon request, an employee will be provided with a copy of the ECP. The ECP Coordinator is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

### C. Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Engineering controls means controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogens hazard from the workplace. The specific engineering controls and work practice controls used are listed below:

- o Body fluid pick up kits
- o Plastic gloves
- o Sharps containers
- o Universal precaution guidelines issued by the Centers for Disease Control, U.S. Public Health Service

Sharps disposal containers are inspected and maintained or replaced by the ECP Coordinator or designee whenever necessary to prevent overfilling.

The need for changes in engineering control and work practices will be recommended to the Superintendent by the ECP Coordinator.

### D. Personal Protective Equipment (PPE)

PPE 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. PPE is provided to our employees at no cost to them. Training is provided by the ECP Coordinator or designee in the use of the appropriate PPE for the tasks or

procedures employees will perform.

The types of PPE available to employees are as follows:

- Plastic gloves
- Masks, goggles, safety glasses
- Lab coats, aprons

The employee is to be informed of the location of the Personal Protective Equipment and how to obtain it. All employees using Personal Protective Equipment (“PPE”) must observe the following precautions:

4. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
  - a. Use soap and warm running water. Soap suspends easily removable soil and micro-organisms allowing them to be washed off.
  - b. Rub hands together for approximately ten (10) seconds to work up a lather.
  - c. Scrub between fingers, knuckles, backs of hands, and nails.
  - d. Rinse hands under warm running water. Running water is necessary to carry away debris and dirt.
  - e. Use paper towels to thoroughly dry hands.
5. Remove PPE after it becomes contaminated, and before leaving the work area.
6. Used PPE may be disposed of in appropriate containers for storage, laundering, decontamination, or disposal.
7. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
8. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
9. Never wash or decontaminate disposable gloves for reuse.
10. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious material pose a hazard to the eye, nose, or mouth.
11. Remove immediately or as soon as feasible any garment contaminated by blood or other potentially infectious material, in such a way as to avoid contact with the outer surface.

E. Housekeeping

**Regulated waste** is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** shall be that they are closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during disposal.

The procedure for handling **other regulated waste** is that it is to be placed in a container which is closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, labeled or color-coded appropriately, and closed prior to removal.

**Contaminated sharps** are discarded immediately or as soon as possible in containers

that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately.

**Bins and pails** are cleaned and decontaminated as soon as feasible after visible contamination.

**Broken glassware** which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

F. Washable Surfaces

0. For tables, desks, etc.:

- a. Use Lysol\*, or household bleach solution of one (1) part bleach to ten (10) parts water, mixed fresh.
- b. Rinse with water if so directed on disinfectant.
- c. Allow to air dry.
- d. When bleach solution is used, handle carefully.
  1. Gloves should be worn since the solution is irritating to skin.
  2. Avoid applying on metal since it will corrode most metals.

1. For floors:

- a. One of the most readily available and effective disinfectants is the bleach solution (1-1/2 cups bleach to one (1) gallon water).
- b. Use the two (2) bucket system--one bucket to wash the soiled surface and one (1) bucket to rinse as follows:
  1. In bucket #1, dip, wring, mop up vomitus, blood.
  2. Dip, wring, and mop once more.
  3. Dip, wring out mop in bucket #1.
  4. Put mop into bucket #2 (rinse bucket) that has clean disinfectant (such as Lysol\*, bleach solution).
  5. Mop or rinse area.
  6. Return mop to bucket #1 to wring out. This keeps the rinse bucket clean for second spill in the area.
  7. After all spills are cleaned up, proceed with "(3)".
- c. Soak mop in the disinfectant after use.
- d. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate.
- e. Rinse nondisposable cleaning equipment (dustpans, buckets) in disinfectant.
- f. Dispose disinfectant solution down a drain pipe.
- g. Remove gloves, if worn, and discard in appropriate receptacle.
- h. Wash hands as described above under HANDWASHING.

G. Nonwashable Surfaces (rugs, upholstery)

0. Apply sanitary absorbing agent, let dry, vacuum.
1. If necessary, use broom and dustpan to remove solid materials.
2. Apply rug or upholstery shampoo as directed. Revacuum according to directions on shampoo.
3. If using a water extraction cleaner, follow the directions on the label.
4. Clean dustpan and broom, if used. Rinse in disinfectant solution.
5. Air dry.
6. Wash hands as described above under HANDWASHING.

#### H. Soiled Washable Materials (clothing, towels, etc.)

0. Rinse item under running water using gloved hands if appropriate.
1. Place item in appropriate plastic bag and seal until item is washed. Plastic bags containing soiled, washable material must be clearly identified if outside laundry service is used.
2. Wash hands as described above under HANDWASHING.
3. Wipe sink with paper towels, dispose of towels.
4. Wash soiled items separately, washing and drying as usual.
5. If material is bleachable, add 1/2 cup bleach to the wash cycle. Otherwise, add 1/2 cup nonchlorine bleach (Clorox II\*), Borateem\*) to the wash cycle.
6. Dispose of plastic bag.
7. Wash hands as described above under HANDWASHING after handling soiled items.

#### I. Handling and Disposing of Contaminated Fluids

The following procedures are precautionary measures against the transmission of diseases. Prudent actions are to be employed by all staff and students. These actions should focus primarily on steps that staff members can take to ensure their own well-being.

0. Whenever possible, a student should be directed to care for his/her own minor bleeding injury. This includes encouraging students to apply their own bandaids. If assistance is required, bandaids may be applied after removal of gloves if caregiver will not come into contact with blood or wound drainage.
1. In the event handwashing facilities are not readily available, thorough cleaning using an antiseptic cleanser and clean cloth/paper towels or antiseptic towelettes provided by the district as an alternative is necessary. In the event alternatives are used, hands must be washed with soap and running water as soon as possible.
2. Any surface contaminated with blood or other potentially infectious materials must be cleaned after each use and at the end of the day with soap and water and then rinsed with an EPA\* approved disinfectant. These surfaces include equipment, counters, mats (including those used in physical education and athletic events) or changing tables.
3. An EPA approved disinfectant must be used when cleaning fluids such as blood or vomit from the floor or other such contaminated surfaces. Disinfectants which can be used include Lysol, Purex, Clorox, Tough Act bathroom cleanser, Dow bathroom cleaner, Real Pine liquid cleaner, Pine Sol, Spic and Span, Tackle liquid, Comet and other products with EPA numbers.
4. Needles, syringes, broken glassware and other sharp objects found on district property must not be picked up by students at any time, nor by staff without appropriate puncture-proof gloves or mechanical device such as a broom, brush and dust pan. Any such items found must be disposed of in closable puncture resistant, leakproof containers that are appropriately labeled or color-coded.
5. All wastebaskets used to dispose of potentially infectious materials must be lined with a plastic bag liner that is changed daily.

#### J. Labels

The District shall use a method that ensures the proper labeling of all waste containers and other equipment.

Employees are to notify the ECP Coordinator or designee if they discover regulated waste containers, refrigerators containing blood or other potentially infectious materials, contaminated equipment, etc. without proper labels.

## **HEPATITIS B VACCINATION**

The Assistant Superintendent will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost from approved medical facilities after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept by the school nurse.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

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

Should an exposure incident occur, contact the ECP Coordinator or designee.

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless identification is infeasible or prohibited by state or local law).
3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
4. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
5. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
6. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

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

The school nurse will ensure that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. He/she will ensure that the health care professional evaluating an employee after an exposure incident receives the following:

1. a description of the employee's job duties relevant to the exposure incident
2. route(s) of exposure
3. circumstances of exposure
4. if possible, results of the source individual's blood test
5. relevant employee medical records, including vaccination status

The ECP Coordinator or designee will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

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

The ECP Coordinator or designee will review the circumstances of all exposure incidents to determine:

1. engineering controls in use at the time
2. work practices followed
3. a description of the device being used (including type and brand)
4. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
5. location of the incident
6. procedure being performed when the incident occurred
7. employee's training

The ECP Coordinator or designee will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

### **EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens will receive training conducted by the ECP Coordinator or designee.

All employees who have occupational exposure to bloodborne pathogens will receive training in accordance with state and federal law on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program will cover, at a minimum, the following elements:

1. a copy and explanation of the standard
2. an explanation of our ECP and how to obtain a copy

3. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials, including what constitutes an exposure incident
4. an explanation of the use and limitations of engineering controls, work practices, and PPE
5. an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
6. an explanation of the basis for PPE selection
7. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
8. information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
9. an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
10. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
11. an explanation of the signs and labels and/or color coding required by the standard and used by the District
12. an opportunity for interactive questions and answers with the person conducting the training session.

## **RECORDKEEPING**

### **A. Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years. The training records include:

1. The dates of the training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions

### **B. Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The medical records shall include:

1. The name and Social Security Number of the employee;
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations;
3. A copy of the results of examinations, medical testing, and follow-up procedures;
4. A copy of the health care professional's written opinion; and
5. A copy of the information provided to the healthcare professional.

The ECP Coordinator or designee is responsible for maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.



Employee medical records are to be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

C. OHSA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the ECP Coordinator.

D. Sharps Injury Log

All percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

1. The date of the injury;
2. The type and brand of the device involved;
3. The department or work area where the incident occurred; and
4. An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover.