REGIONAL SCHOOL UNIT 19
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In compliance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following Exposure Control Plan has been developed:

1. EXPOSURE DETERMINATIONS

Within the above named facilities, the following job classifications are determined to be those in which occupational exposure may potentially occur:

A. Administrators
B. School Secretary
C. First Aid Designates
D. School Nurse

In addition, the following job classifications may include some employees who may have some occupational exposure:

Job Classification	Tasks
Classroom Teacher	Pupil Instruction
Coach	Co-curricular Instruction
Custodian	Building Cleaning
Bus Driver	Pupil Transportation
Educational Technician	Pupil Supervision
Cook	Food Preparation

2. IMPLEMENTATION SCHEDULE AND METHODOLOGY

Universal precautions will be observed in the above named facilities in order to prevent contact with blood and potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. In this District, the following engineering controls will be utilized: universal precautions, soiled clothing disposal, protective equipment, HBV vaccination, etc.

The above controls will be examined and maintained on a regular basis. The Health Nurse will conduct annual training to all employees and will assess effectiveness of individual controls with school administrators.

Handwashing facilities are available to all employees who incur exposure to blood or other potentially infectious materials. The handwashing facilities are located at numerous sites throughout each facility.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible following contact. Gloves shall be worn where it is reasonably anticipated that employees may have contact of their skin (intact or non-intact) to blood or other potentially infectious materials. Other areas in which transmission may occur is through mucous membranes (eyes, nose and mouth). Universal precautions pertain to blood and bodily fluids containing blood and other bodily fluids such as saliva, sputum, feces, tears, nasal secretions, vomitus, urine, vaginal secretions and semen. These fluid and bodily wastes can be sources of infections and should be handled as if they are infectious. Gloves are available at several locations including principal's offices, nurse stations, custodial closets and on each school bus. These disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical.

Decontamination will be accomplished by utilizing a bleach solution or another approved solution approved by the building principal and/or the school nurse which shall be provided at each site noted above. All contaminated work surfaces will be decontaminated after any spill of blood or other potentially infectious materials.

Clothing contaminated with blood or other potentially infectious material will be handled as little as possible. Such clothing will be placed in appropriately marked plastic bag and will be returned to parent/guardian for decontamination or disposal.

HEPATITIS B VACCINE

All employees who have been identified as having a possibility of exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of the acceptance of this Plan, and within 10 working days of a new employee's initial assignment to work in a designated position.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording prescribed by the OSHA standard. (See Appendix A)

If an exposure should occur the HBV vaccine will be offered with administration to occur within 7 days of the exposure to insure effectiveness.

POST EXPOSURE EVALUATION AND FOLLOW-UP

When an employee incurs an exposure incident, the incident shall be reported to the School Principal, who will report to the School Nurse. The School Nurse will then be responsible for maintaining records of exposure incidents.

All employees who incur an exposure incident will be offered post exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up shall include the following:

- Documentation of the route of exposure and the circumstances related to the incident.

- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood source individual will be tested (after consent is obtained) for HIV/HBV infectivity. Staff members should NOT disclose information regarding the source individual per FERPA regulations.

- The employee will be encouraged to have their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.

- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. Post exposure prophylaxis will include but not be limited to offering HBV vaccination to be given within 7 days post-exposure to insure effectiveness.

- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be aware of and to report any related experiences to the School Nurse.

- The School Nurse is designated to assure that the federal requirements outlined here are effectively carried out and to maintain all records related to this federal requirement.

WRITTEN RECORDS

The School Nurse shall maintain written records:

1. When an employee is sent to obtain the Hepatitis B vaccine.
2. When an employee is sent to health care professional following an exposure incident.

The Health Care Professional shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;
2. That the employee has been informed of the results of the evaluation; and
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

TRAINING

Annual training for all employees will include an explanation of the following:

1. The OSHA Standard for Bloodborne Pathogens.
2. Epidemiology and symptomatology of bloodborne pathogens.
3. Modes of transmission of bloodborne pathogens.
4. This Exposure Control Plan, i.e., points of the Plan, lines of responsibility, how the Plan will be implemented, etc.
5. Procedures which might cause exposure to blood or other potentially infectious materials.
6. Control measures which will be used to control exposure to blood or other potentially infectious materials. (See Appendix B)
7. Post exposure evaluation and follow-up.

RECORD KEEPING

All records required by the OSHA standard shall be collected by the School Nurse and kept in accordance to district protocol.

APPENDIX A

The following form must be signed by all employees. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

RSU 19

HEPATITIS B IMMUNIZATION PROGRAM

PLEASE READ AND SIGN

____Informed Consent (I would like to get the three shot series at work when offered)

____Informed Refusal (I already have received the shots)

_____Date and Location of all three shots

____Informed Refusal (I know the risks, but do not wish to be vaccinated)

I, the undersigned, hereby acknowledge informed consent/informed refusal in my decision to voluntarily participate in the Hepatitis B immunization program. I am aware that there is no guarantee that the vaccine will be effective or free of side effects. I acknowledge that information has been provided to me about Hepatitis B by the RSU 19 Administration prior to or at the time of the immunization.

_____ _____
Signature Date

_____
Printed Name

Previously signed on:

_____
Date

APPENDIX B

PREVENTING TRANSMISSION OF INFECTIOUS AGENTS: GENERAL RECOMMENDATIONS FOR THE HANDLING OF BLOOD AND BODY FLUIDS

The following guidelines are meant to provide simple and effective precautions against transmission of disease for all persons, including pregnant women, potentially exposed to any blood or body fluids.

Does Contact with Body Fluids Present a Risk?

The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term "body fluids" includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g., nasal discharge) and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made with it.

Table 1 provides examples of particular germs that may occur in body fluids and the respective transmission concerns. It must be emphasized that with the exception of blood, urine and semen, which are normally sterile, the body fluids with which one may come in contact usually contain many organisms, some of which may cause disease. HIV infection can only be transmitted by blood, semen or vaginal secretions. These are the only vehicles of transmission. There is no well-documented scientific evidence for HIV transmission by any other body fluid. Transmission of HIV occurs with direct blood-to-blood, semen-to-blood or vaginal secretions-to-blood contact. Such contact is more likely if the HIV infected blood, semen or vaginal secretions contact broken skin or mucous membranes. Further more, many germs may be carried by persons who have no symptoms of illness. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, for chronic carriers of certain infectious agents including the AIDS and hepatitis viruses. In fact, transmission of communicable diseases is more likely to occur from contact with the infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals because these simple precautions are not carried out.

What Should Be Done to Avoid Contact with Body Fluids?

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available where body fluids can be expected to be routinely encountered. Gloves are recommended when direct hand contact with body fluids is anticipated. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

What Should Be Done if Direct Skin Contact Occurs?

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may not be immediately available (e.g., when wiping a runny nose, applying pressure to bleeding injury, helping a person in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Clothing and other nondisposable items (e.g., towels used to wipe up body fluids) that are soaked through with body fluids should be rinsed and placed in plastic bags for transport to the laundry. If presoaking is required to remove stains (e.g., blood, feces) use gloves to rinse or soak the item in cold water. Contaminated disposable items (e.g., tissues, paper towels, diapers) should be handled with disposable gloves.

How Should Spilled Body Fluids Be Removed From the Environment?

The school carries stock sanitary absorbent agents that are specifically intended for cleaning body fluid spills. Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.

- **Handwashing Procedures**

Proper handwashing requires the use of soap and water and vigorous washing under a stream of running water for approximately 10 seconds. Soap suspends easily removable soil and microorganisms allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water and use paper towels to thoroughly dry hands.

- **Disinfectants**

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill bacteria and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in schools.

Various classes of disinfectants are listed below. Brand names are used only as examples of each type of germicidal solution and should not be considered an endorsement of a specific product.

1. Ethyl or isopropyl alcohol (70%).
2. Phenolic germicidal detergent in a 1% aqueous solution (e.g., Lysol).
3. Sodium hypochlorite, with at least 100 ppm available chlorine (1/2 cup household bleach in 1 gallon of water, needs to be freshly prepared each time it is used).
4. Other:

- **Disinfection of Hard Surfaces and Care of Equipment**

After removing spilled body fluid, apply disinfectant. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Non-disposable cleaning equipment (dust pans, buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution and rinse water should be promptly disposed down the drain pipe. Disposable cleaning equipment should be placed in a plastic bag. Apply the sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove the matter with a dust pan and broom, then apply rug shampoo (a germicidal detergent) with a brush and vacuum. Rinse the dust pan and broom in disinfectant. If necessary, wash the brush with soap and water. Dispose of cleaning equipment that is not reusable, as noted above.

- **Disinfection of Rugs**

If a wet vacuum is used, run 1/2 gallon of a 1:10 dilution of chlorine bleach in water through the machine after use. It is not necessary to dismantle the machine.

- **Laundry Instructions for Clothing Soiled with Body Fluids**

The most important consideration of laundering contaminated clothing is to eliminate potentially infectious agents with soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add 1/2 cup of household bleach to the wash cycle. If material is not colorfast, add 1/2 cup nonclorox bleach to the wash cycle.

Contaminated clothing should be properly bagged and given to the student for removal to their home.

Table 1

TRANSMISSION CONCERNS OF INFECTIOUS AGENTS BY BODY FLUID-SOURCE

BODY FLUID SOURCE	ORGANISM OF CONCERN	TRANSMISSION
Blood -cuts/abrasions -nosebleeds -menses -contaminated needle	Hepatitis B virus HIV (AIDS) virus Cytomegalovirus	Blood stream inoculation through cuts and abrasions on hands
*Feces -incontinence	Salmonella bacteria Shigella bacteria Rotavirus Hepatitis A virus Giardia	Oral inoculation from contaminated hands
*Respiratory secretions -saliva -nasal discharge	Mononucleosis virus Common cold virus Influenza virus	Oral inoculation from contaminated hands
Semen	Hepatitis B virus HIV (AIDS) virus Gonorrhea	Sexual contact (intercourse)
*Urine	Cytomegalovirus	Bloodstream and oral inoculation from contaminated hands
*Vomitus	Gastrointestinal viruses, e.g., (Norwalk agent Rotavirus)	Oral inoculation from contaminated hands

*Transmission of HIV (AIDS) virus and Hepatitis B virus is not a concern from these sources unless they are visibly contaminated with blood.

TABLE 2
UNIVERSAL PRECAUTIONS AND THE ATHLETE

1. Before competing, cover any open wounds to reduce the risk of transmission from one open wound to another.

2. Athletes should render first-aid to themselves and cover their own wounds whenever possible.

3. When rendering first-aid to others, wear protective gloves any time blood, open wounds, or mucous membranes are involved. Dispose the gloves and use clean gloves for each person.

4. If you get someone else's blood on yourself, wear protective gloves and wipe it off with a disposable towel using a solution known to inactivate the virus.

5. If blood is present during practice or competition, play should be stopped to allow any contaminated surfaces to be cleaned (i.e., virex or bleach solution) by someone wearing protective gloves.

6. Any surface contaminated with blood should be cleaned by someone wearing protective gloves and the solution to inactivate the virus.

7. Wash your hands after removing the protective gloves.

8. Do not use common towels to clean blood off any contaminated surface. The use of common towels at any time during athletics is a very poor health habit.

9. Wash all soiled uniforms, towels, and other dirty linen in soapy water.

10. In general, use good hygienic practices. Avoid the sharing of towels, cups and water bottles.