

**WINSLOW PUBLIC SCHOOLS
25 MESSALONSKEE AVENUE
WATERVILLE, ME 04901**

BLOODBORNE PATHOGENS

The School Committee acknowledges the risk of infection from bloodborne pathogens that employees may incur when they handle or participate in procedures that involve blood, other body fluids or other potentially infectious materials.

The School Committee directs the Superintendent to implement the mandated Occupational Safety and Health Administration (OSHA) standard to eliminate or minimize occupational exposure to potentially infectious material for employees who have a reasonable anticipation of exposure to blood and other body fluids.

The Superintendent shall prepare for School Committee consideration and approval an initial Occupational Exposure Control Plan with updates on a regular basis. The adopted plan shall be distributed to all employees. The following issues shall be addressed in the plan:

- A. Exposure determination;
- B. Preventive measures including training, universal precautions, Hepatitis B vaccination, engineering controls, work practice controls, and personal protective equipment;
- C. Post-exposure evaluation and follow-up; and
- D. Recordkeeping.

ADOPTED: November 16, 2004

SOURCE: Board Policy

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

- I. Who has an occupational exposure to bloodborne pathogens?
 - A. List job classifications in which all employees have a potential occupational exposure to blood or other potentially infectious materials (OPIM). This means their assigned duties make an exposure likely.

Job Classifications: Include, but are not limited to designated first aid persons, secretaries, principals, special education teachers and educational technicians, custodians, coaches, speech therapists, bus drivers, food service personnel and others.
 - B. List the job classifications in which some employees have potential exposure. List the tasks which create the exposure risk.

Job Classifications: Teachers and other staff.

Task/Procedure: Diaper changing, drooling students, catheter changes, suctioning, handling sanitary pads and cleaning up spills.
- II. Implementation schedule and methods.
 - A. Universal Precautions

All blood and other potentially infectious materials (OPIM) will be treated as if they are infectious.
 - B. Engineering controls, work practice controls and personal protective equipment.
 1. All employees will wear protective gloves when dealing with blood or OPIM.
 2. All spills of blood or OPIM will be cleaned up using an approved tuberculocidal agent.
 3. All employees will wash hands after contact with blood or OPIM, even if they were wearing gloves.
 4. Staff and students who significantly soil their clothing with blood or OPIM will change into clean clothes. The soiled clothing will be bagged and sent home.
 5. Contaminated broken glass and other materials will not be picked up with the hands. It will be swept up or picked up by mechanical means.
 6. Students and staff will no longer do blood testing in class.
 7. Soiled materials should be double bagged, and the custodian should remove them from the classroom immediately.
 - C. Work Area Restrictions

Food and beverages should be prohibited from consumption in IA shops and science labs.

D. Contaminated Equipment

Contaminated equipment will be decontaminated if feasible. If not, it will be sent out for decontamination or disposal.

1. Mops and reusable gloves shall be decontaminated per guidelines in universal precautions.
2. Dispose of non-reusable equipment in double bags.

E. Personal Protective Equipment

Employees will be provided appropriate personal protective equipment free. It will be chosen based on the anticipated exposure and will prevent blood or OPIM from reaching the skin or mucous membranes.

1. Each employee will have protective gloves available to them; gloves which have been contaminated will be removed and appropriately disposed of; gloves will be worn only once then disposed of; the employee will wash his/her hands after removing the gloves.
2. Utility gloves can be washed and reused if they are intact.
3. Replacement gloves can be gotten at the nurse's office or from the janitor.
4. Gauze, tissue and other absorbent materials will be supplied to all staff.

F. The following materials and procedures will be used for decontamination:

1. Cleaning and decontaminating spills of blood.

All spills of blood and OPIM should be promptly cleaned up using an EPA-approved germicide or a 1:10 solution of household bleach in the following manner while wearing gloves. The bleach solution must be discarded every 24 hours. Visible materials should first be removed with disposable towels or other appropriate means that will ensure against direct contact with blood. If splashing is anticipated protective eye wear should be worn along with an impervious gown or apron which provides an effective barrier to splashes. The area should then be decontaminated with an appropriate germicide. Hands should be washed following removal of gloves. Soiled cleaning equipment should be cleaned and decontaminated or placed in an appropriate container and disposed of according to agency policy. Plastic bags should be available for removal of contaminated items from the site of the spill.

III. Hepatitis B Vaccine

- A. All employees identified as having potential occupational exposure will be offered the vaccine free of charge. The vaccine will be offered within ten days of initial assignment, unless the employee has already had the vaccine. Antibody testing to determine sufficient immunity will be available. Any other regular employee who wishes to be vaccinated is able to do so at the employer's expense.

- B. Employees who don't want the vaccine must sign a waiver. The signed declination of the statement will be kept in a personnel file. Employees who decline the vaccine can change their minds and have the vaccine provided at no cost.

IV. Post Exposure Evaluation and Follow-up

- A. When an employee has an exposure it should be reported to the building principal and school nurse.
- B. All employees who have an exposure will be offered post exposure evaluation and follow-up. The follow-up will include:
 - 1. Documentation of route of exposure and circumstances of incident.
 - 2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
 - 3. If the source individual is tested, the employee must obey all confidentiality requirements, and any laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - 4. The exposed employee will be offered testing for HBV/HIV.
 - 5. The exposed employee will be offered post exposure treatment by the latest US Public Health Service Recommendations
 - 6. The exposed employee will be given counseling regarding precautions to take during the period after the exposure incident and potential illness to be alert for. The employee will be asked to report related experiences to appropriate personnel.
 - 7. The school nurse will assure this policy will be effectively carried out.

V. Interaction with Healthcare Professionals

- A. Physician of choice evaluates employees for the school.
 - 1. An employee is sent for hepatitis B shots; and
 - 2. An employee is sent to a healthcare professional after an exposure.
- B. Examining practitioner will limit their reports to the employer to:
 - 1. Whether the Hepatitis vaccine should be given and if the employee has received the vaccine, and
 - 2. If after an exposure:
 - a. That the employee has been informed of the results of the evaluation, and
 - b. The employee has been told about medical conditions resulting from exposure (the report to the employer will not contain personal

medical information).

C. Training

Employees will be trained before assignment to tasks where occupational exposure may occur. The training must include the following:

1. An explanation of the standard for bloodborne pathogens;
2. The epidemiology and symptoms of bloodborne disease;
3. How bloodborne pathogens are transmitted;
4. An explanation of the exposure control plan;
5. Acts which could cause exposure to blood or OPIM;
6. Control methods used at the school; and
7. Personal protective equipment available and who to contact about:
 - a. Post exposure evaluation and follow-up;
 - b. Signs and labels used in the schools; and
 - c. The Hepatitis B vaccine program at the school.

D. Recordkeeping

1. All records required by the standards will be kept in the employees "medical" personnel file.
2. Staff will receive annual refresher training.

VI. Procedure for Accidental Blood Exposure

The procedure for accidental blood exposure will be followed, and all forms will be filled out as required by OSHA and the Bloodborne Exposure Control Plan. Accidental exposure to blood, as from puncture by contaminated sharps, by permucosal or non-intact skin exposure, places the exposed health worker at risk of contracting an infectious disease. In the event of an accidental exposure, the procedure is as follows:

- A. Wash the exposure site thoroughly with soap/disinfectant and water.
- B. Immediately report the injury to the school nurse or appropriate personnel.
- C. Arrange for medical post-exposure evaluation and follow-up.
- D. Required forms to be completed within 24 hours are:
 1. Employee's Report of Injury—includes circumstances under which incident occurred and documentation of route of exposure;
 2. Blood Exposure Incident Report; and
 3. Signed waiver, if indicated.

- E. Flow of completed forms:
 - 1. Original copies to Superintendent's office;
 - 2. Retain copy of each for employee's personal file; and
 - 3. Retain copy for school nurse's file for follow-up.
- F. Bloodborne Pathogens—Information. Given to employee.
- G. Follow-up—Outcome report (GBGAA-E). To be reviewed and filled in by the employee and the doctor and sent to the school nurse.

ADOPTED: November 9, 1993

REVISED: November 16, 2004

ACCIDENTAL BLOOD EXPOSURE FOLLOW-UP/OUTCOME REPORT

Employee Name: _____
 School: _____
 Date of Exposure: _____ Source Name: _____
 Medical Provider: _____

Employee's Report of Inquiry Filed Yes No

Risk Evaluation Performed "X" if done.

A. Source

Blood tested for : HB _____ Date
 HIV _____ Date
 Counseled _____ Date

Comments: _____

B. Employee

Blood tested for: HBV _____ Date
 HIV _____ Date

Hepatitis B No prior hepatitis B vaccination or incomplete series.
 HBIG (Hepatitis B Immune Globulin) received.
 HBV vaccinated—received three doses, previously
 HBV series started

HIV Risk counseling offered

Tetanus Current, within 10 years
 Received booster

Counseled Received adequate answers to questions
 Received current/appropriate health educational material

Comments: _____

WINSLOW SCHOOL DEPARTMENT

This form from the Bureau of Health, Dept. of Human Services, has been adapted for the school setting.