

POLICY # 1.4 BLOODBORNE PATHOGENS POLICY

Purpose

To identify all employees who have reasonable anticipated occupational exposure to blood or other potentially infectious materials; and to reduce occupational exposure to bloodborne pathogens, including Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV).

Update and Review

The Exposure Control Plan must be reviewed and updated annually, on or before July 1st of each year, by those employees responsible for maintaining and implementing the policy. Update and revision will also be done whenever any new modifications or functions occur.

Definitions

Biohazard is the recognized symbol for potentially hazardous waste products.

Bloodborne pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans, including Hepatitis B Virus and Human Immunodeficiency Virus, etc.

Decontamination means the physical or chemical removal inactivation, or destruction of bloodborne pathogens of a surface.

Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with infectious materials.

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

Potentially infectious materials means contamination by body fluids including semen, blood, feces, urine, vomitus, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in a dental procedure, undifferentiated fluids, and any contaminated fluid or organ.

Sharps: any object that can penetrate the skin, including needles, scalpels, broken glass, exposed ends of dental wire, etc.

Accountability

The responsibility for overseeing these policies are met with compliance will be as follows:

DISTRICT SAFETY OFFICER (Superintendent)
SITE ADMINISTRATOR (building staff/faculty)

MAINTENANCE SUPERVISOR (custodial staff, bus drivers)

These supervisors are responsible for exposure control in their respective areas. They must do the following:

- A. Identify tasks performed that have occupational exposure
- B. Attend the bloodborne pathogens training sessions
- C. Practice all operations and hygiene habits according to the Work Practice controls.

Exposure Determination

To identify those employees who have the potential for occupational exposure to such pathogens and to insure proper implementation of the Exposure Control Plan. In the district the following job classifications represent all employees who may be exposed to blood or other potentially infectious materials:

Eufaula Public Schools identifies all employees at risk for occupational exposure to bloodborne pathogens. All employees will be expected to complete the proper procedures as outlined in the Bloodborne Pathogens Exposure Control Plan.

Methods of Compliance

A general rule requires the treatment of all body fluids and waste products as if each is known to be infectious with any bloodborne pathogens. In order to ensure protection, all staff members will follow universal precaution at all times while on the job.

A. Universal Precautions

Employees of the district will treat all human blood and body fluids as if they are infected with HBV, HIV, or other pathogens. If there is ever any doubt as to the body fluid content, all fluids will be assumed to be infectious. Handling body fluids includes:

- a. Always wear gloves when handling blood or body fluids
- b. Wash hands after each contact, even when gloves are used
- c. Discard gloves and other materials in biohazard bags
- d. Treat soiled linens as though infectious
- e. Use a face shield in performing CPR

HIV (Human Immunodeficiency Virus) /AIDS (Acquired Immune Deficiency Syndrome) can be found in most all body fluids but it has only been transmitted through blood, semen, vaginal secretions, and breast milk. HIV transmission risk are through blood exposure (punctures or cuts in the skin, non-intact skin, or mucous membranes), sexual contact, and mother to baby during pregnancy or through breast feeding. Exposure is not 100% infectious but most people who contact HIV develop AIDS and die. Testing is done initially, but follow-up is required and results cannot be confirmed for up to six months after exposure.

Hepatitis B transmission risks are through blood exposure, sexual contact, mother to baby during pregnancy, and human bites. HBV is found in blood, semen, vaginal secretions, and saliva. It is very infectious, affects the liver, which can lead to death, chronic problems, or a person can become a carrier displaying no outward symptoms, but being able to spread the virus. Testing can be done immediately after exposure and proper treatment can be given to assist in combating the virus.

B. Engineering Controls

Controls will be used to eliminate or minimize employee exposure to bloodborne pathogens. Equipment will be checked for proper function and repairs and replacements periodically; needs shall be reviewed annually.

Hand washing facilities will be available to all employees with potential for exposure (If no hand washing facilities are immediately available, then antiseptic hand cleaners and disposable towels will be available.)

Containers will be provided which are Biohazard-labeled or Color-coded, and leak proof and sealable (sharps containers must also be puncture-resistant).

Cleaning supplies will include: gloves, disposable towels, disinfectant mops, and buckets.

C. Work Practice Controls

These practices will be utilized to keep employee exposure to bloodborne pathogens at a minimum:

Gloves will be worn when any body fluids are present. Employees will wash their hands (or any other exposed skin) immediately, or as soon as possible, after removal of gloves or other protective equipment.

Handwashing remains the single, most effective means in combating the spread of communicable diseases:

- a. Use soap and running water. Soap suspends easily removable soil and microorganisms and allows them to be removed. Rub hands together and work up lather for 10-15 second, scrubbing between fingers, around knuckles, and under nails.
- b. Rinse hands under running water.
- c. Dry with paper towels or blow dryer. Use the towel to turn off water faucet.
- d. If no hand washing facilities are immediately available, use a disposable towelette and cleanse both hands thoroughly, then as soon as you arrive at facilities wash hands with soap and running water.
- e. All soiled laundry will be handled wearing gloves and washed according to directions.

Contaminated sharps, needles, etc., are not bent, re-capped, or removed unless no alternative is feasible, or such is required by specific medical procedures. Use single-hand technique.

Contaminated sharp objects are disposed of in puncture-resistant, color-coded or biohazard labeled, leak proof, sealable containers.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

All procedures involving blood, or other infectious materials shall be performed in a manner as to minimize splashing, spray, splatter, or generating droplets of these substances.

Blood and other infectious materials are disposed of in a biohazard labeled or color-coded leak proof container.

If outside contamination of primary container occurs, that container is placed inside another leak proof container

Other personnel will be instructed and required not to clean up spills or do any other duties that they have not been trained to do.

D. Protective Equipment

The school district will provide the employees who have occupational risk exposure with personal protective equipment at no charge to the employee. The equipment will be considered appropriate only if it does not allow blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eye, mouth, or mucous membranes under normal use.

This equipment includes: gloves, gowns, aprons, goggles, foot covers, and pocket masks with mouthpieces, which are all appropriate sizes. Hypo allergenic gloves or similar alternatives shall be accessible to employees who are allergic to gloves normally provided.

All equipment should be inspected periodically, cleaned and decontaminated, as needed, or disposed of in a proper way.

Employees identified as working in circumstances where they are at risk or exposure to bloodborne pathogens should:

- a. Remove any garments penetrated by blood or other infectious material immediately or as soon as possible.

- b. All personal protective equipment is removed prior to leaving the work area.
- c. Gloves are worn when there may be contact with blood or infectious materials or when handling or cleaning any contaminated items or surfaces.
- d. Gloves are replaced as soon as possible when contaminated or torn or punctured or when ability to function as a barrier is compromised.
- e. Masks/eye protectors shall be used whenever there is splash, spray, splatter of infectious materials where eye, nose, or mouth contamination can be anticipated.
- f. Protective clothing is worn whenever potential exposure is anticipated.

E. Housekeeping

The district shall maintain a clean and sanitary work site. The housekeeping/custodial staff shall employ the following practices on a regularly written schedule:

All equipment and surfaces are cleaned and decontaminated after contact with blood or other infectious materials, immediately or as soon as possible.

All bins, pails, containers, other receptacles which are intended for reuse and have a reasonable likelihood of being contaminated with blood or other infectious material are decontaminated.

Broken glassware/sharps which may be contaminated shall not be picked up or handled directly with the hands. Use tongs, forceps, brush and dustpan, or other device: Cleanse with decontaminant after use.

Mopping up large blood/body fluid spills should be done while wearing gloves, using two buckets, mop, and disinfectant; and everything used must be decontaminated after use.

Regulated waste is handled in this way:

- a. must be placed in a sealable, puncture-resistant (for sharps), leak proof, and biohazard-labeled or color-coded container.
- b. containers will be present in each building in easy locations for access
- c. to disposal and out of reach of students.
- d. waster containers remain upright, and are not allowed to overfill.
- e. gloves are used to handle soiled laundry.
- f. disposal of regulated waste will be done within the law.

Biohazard signs or color-coding will be used for:

- a. containers of regulated waste
- b. sharps disposal containers

- c. laundry bags of soiled clothing/towels
- d. contaminated equipment
- e. contaminated trash

Specific cleaning incidents including the following:

1. Floors (small spills), bus interiors, and all washable surfaces (Including walls, desks, counter tops, etc.) Put on gloves and any other protective equipment needed (on buses use the kit and follow its directions).
 - a. Use disposable towels to absorb the material, then place into bag.
 - b. Squirt disinfectant (Wexcide or other tuberculocidal) evenly over the spill area.
 - c. Wipe solution with disposable towels and discard in the bag.
 - d. Remove gloves and put into the bag.
 - e. Spray the area with the disinfectant (Wexcide) and allow it to air dry.
 - f. Seal the plastic bag (color coded or labeled)
 - g. Wear gloves to disinfect any aprons or face shields that must be cleansed.
 - h. Disinfect reusable gloves or dispose of the disposable ones.
 - i. Wash hands with soap and running water.
2. For carpets or upholstery Put on gloves and other needed equipment
 - a. Use disposable towels to absorb any material and place into bag.
 - b. Vacuum area using vacuums with disposable paper liners.
 - c. Apply rug or upholstery shampoo.
 - d. After area is cleaned and vacuumed again, spray with disinfectant (Wexcide or tuberculocidal). Air dry.
 - e. Remove disposable bag from vacuum cleaner and place into waste bag (color coded or labeled).
 - f. Clean and disinfect vacuum cleaner and shampoo equipment. (Wexcide).
 - g. Remove gloves and place in bag.
 - h. Tie bag and dispose of properly.
 - i. Wash hands with soap and running water.
3. Laundry: for all washable materials Put on gloves and other needed equipment.
 - a. Wear gloves while handling materials
 - b. Rinse items under cold, running water
 - c. Put items into plastic bag that can be sealed until emptied into washer
 - d. Wipe sink with paper towel and place into a biohazard bag

- e. Remove gloves and put into bag, and place into proper container
- f. Spray sink with disinfectant spray (Wexcide)
- g. Wash hands under running water using soap
- h. Wear gloves and any other needed protective equipment when handling laundry to place into washer
- i. Follow manufacturer's instructions as to detergent
- j. Remove gloves and place into biohazard bag
- k. Wash hands with soap and running water.

4. Small amounts of blood on floors in shop room, etc. may be washed down the floor drain and followed by a spray with a disinfectant (Wexcide or tuberculocidal).

5. For large areas of spill on floors:

- a. Wear gloves and any other protective equipment.
- b. Use the two bucket system (one bucket to wash the soiled surface and one bucket to rinse)
- c. a. In bucket # 1, dip, wring, and mop blood or body fluids
- d. Dip and wring in bucket # 1, mop again
- e. Dip and wring mop in bucket # 1
- f. Dip and wring in bucket # 2, which contains proper disinfectant (Wexcide)
- g. Mop contaminated area again
- h. Rinse and mop again with bucket # 2
- i. Properly dispose of used cleaning solutions down the drainpipe
- j. Soak the mop in a cleaner solution of Wexcide, etc.
- k. Rinse both buckets in disinfectant (Wexcide), after rinsing the buckets, rinse the sink.
- l. Remove gloves and other equipment, dispose of throw away types in biohazard bag, spray disinfectant on reusable equipment.
- m. Dispose of bag in proper place
- n. Wash hands with soap and running water

6. When to Wear Gloves

- a. Always use gloves when handling used feminine pads, tampons, dressing band aids and other soiled items when placing in biohazard bag.
- b. broken glassware or sharp items must not be handled with gloves. Use broom and dustpan to transfer to a puncture-resistant biohazard container. When completed, cleanse items and surface with disinfectant.

Regularly scheduled cleaning procedures are located at each site.

HEPATITIS B

A. Vaccination

Hepatitis B vaccine will be made available to employees who have occupational risk to exposure. This vaccine will be provided in the following ways:

- a. at no cost to the employee
- b. at a reasonable time and place
- c. by or under supervision of a health care worker
- d. according to recommendations of U.S. Public Health Service
- e. be made available to an employee within 10 working days after initial assignment or in job change placing an employee into an occupational exposure category

If employee declines the vaccine initially but later decides to accept, employer shall provide vaccine at that time

- a. employees who decline the Hepatitis B vaccine **MUST** sign a declination statement
- b. the U.S. Public Health Service later recommends a routine booster, such booster shall be made available

B. Post Exposure and Follow-Up

If an employee of the district is involved in an incident where exposure to bloodborne pathogens may have occurred, the following actions are taken:

- a. Report incident to supervisor immediately
- b. Complete an Exposure Incident Investigation Form
- c. Consult with a physician

Much of the information in the post-exposure evaluation is confidential. The providing physician will receive the following information:

- a. A copy of the Bloodborne Pathogens and Exposure Control Plan Policy
- b. A copy of the Exposure Incident Investigation Form
- c. Blood reports from employee file, and from source of contact, if available
- d. Vaccination status or copy of declination statement

The physician then returns to the district (as employer) within 15 days, a report stating:

- a. That Hepatitis B vaccination was or was not indicated, and whether or not vaccination was administered
- b. Confirmation that employee has been counseled and informed regarding the results of the evaluation, and it

Record Keeping

Accurate records of all employee status incidents, and reports will be required to be kept in their file. All employees with occupational risk or exposure must maintain the following in file:

- a. Name
- b. Social Security Number
- c. Copy of Hepatitis B Vaccination status or a declination statement
- d. Copies of all reports of exposure incidents, medical testing, results of exams, and follow-up reports as a result of an employee being exposed to a bloodborne pathogen
- e. Records will be retained in the employee's file the duration of employment plus 30 years
- f. All records are to be kept confidential

Training

All employees with potential for exposure to bloodborne pathogens will be provided education at no cost during working hours initially and annually hereafter. Topics to be covered in the training session include:

- a. An explanation of this plan and where it can be reviewed at any time
- b. An explanation of the bloodborne pathogens and symptoms
- c. Modes of transmission of the bloodborne pathogens
- d. The methods of recognizing the tasks/activities performed that involve exposure to bloodborne pathogens or other potentially infectious material
- e. Review of the methods to be used to reduce exposure (methods of compliance)
- f. All records are to be kept confidential
- g. Warnings used by the district - Biohazard Labeling and color-coding
- h. Information on the Hepatitis B Vaccine
- i. Actions to be taken upon an emergency where blood or other infectious material may be present
- j. The procedures to follow if an incident involving exposure does occur
- k. Information in the post-exposure follow-ups, the evaluation, the testing and the medical consultation
- l. Opportunity for employees to have a question and answer period
- m. Copies of Bloodborne Pathogens Training sessions forms will be kept for a period of three years
- n. Records will include date, contents of session, name, job description of attendees, name and qualifications of trainer(s).

Non-Compliance

This policy is mandated by OSHA to ensure employee safety in the workplace. Employees are REQUIRED to follow this policy in carrying out assigned duties. Non-Compliance of this policy will result in administrative review and may be cause for disciplinary action.

Transfer of Records

If the employer ceases to do business, records will be passed to the successor. If there is no successor, the Director will be notified within three months..

Bloodborne Pathogens Training Record

DATE _____

INSTRUCTOR _____

EMPLOYEE Social Security Number _____

POSITION _____

Bloodborne Pathogens Vaccination Declination Form

DATE _____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B Virus (HIV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline that Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other

potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

EMPLOYEE _____

POSITION _____

Agency Representative Signature

**EUFAULA PUBLIC SCHOOLS
EXPOSURE INCIDENT INVESTIGATION FORM**

DATE OF INCIDENT _____ TIME OF INCIDENT _____
AM/PM

LOCATION: _____

POTENTIALLY INFECTIOUS MATERIALS INVOLVED:

TYPE: _____ SOURCE: _____

CIRCUMSTANCES (work being performed, etc):

HOW INCIDENT WAS CAUSED (accident, equipment malfunction, etc)

PERSONAL PROTECTIVE EQUIPMENT USED:

ACTIONS TAKEN (decontamination, clean-up, etc.)

RESULTS:

Agency Representative Signature

POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

ACTIVITY

1. Employee furnished with documentation regarding exposure incident.

_____ completion date

2. Source individual identified: Name: _____

_____ completion date

3. Source individual's blood tested and results given to exposed employee.

Consent has not been obtained _____

_____ completion date

4. Exposed employee's blood collected and tested.

_____ completion date

5. Appointment arranged for employee with Health care professional.

Professional's name: _____

_____ completion date

6. Documentation forwarded to health care professional:

_____ Bloodborne Pathogens Standard

_____ Description of exposed employee's duties

_____ Description of exposure, incident, including routes of exposure

_____ Result of source individual's blood testing

_____ Vaccination Status or Declination Statement

_____ completion date

Bloodborne Pathogens Policy: Adopted September 11, 2000